

# COVID-19

PANDEMIC.PROFIT.FALLOUT.

# COVID - 19

## PANDEMIC. PROFIT. FALLOUT

The information in this letter is intended to facilitate discussion and a more rigorous examination and challenge of the Australian government's Covid-19 mitigation policies.

This letter is written to compile research to support my belief that the Australian government's declaration of a 'human biosecurity emergency' and ongoing enactment and enforcement of the Biosecurity Act 2015, may have been undertaken under a fraudulent premise, and may therefore be an unjustified and illegal act against the Australian people.

The Australian government has not provided evidence to show that societal lockdown is proportionate to the risks of society continuing to function, with more nuanced management strategies. It has offered vague promises of 'winning the battle' and implied threats of an apocalyptic public health meltdown if perpetual lockdown is not adhered to. These statements are supported by the advice of modellers who appear to have serious financial conflicts of interest, and who have not published the full extent of their taxpayer-funded work, to allow for external scrutiny.

I believe the Australian government's premise of the 'fighting the Covid-19 outbreak' may be an unjustified suspension of civil rights. It is my opinion that the Australian government's policy response blatantly disregards the international Siracusa Principles, which indicates their policies may be in violation of international law.

Melissa Harrison

21/04/2020

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## PART ONE

# PANDEMIC

The novel coronavirus 'Covid-19' has been deemed a highly infectious pathogen and an international public health risk. The unprecedented international response has resulted in economic devastation and the virtual house arrest of billions of people. I discuss concerns surrounding the irregularities of initial diagnosis and testing procedures. There appears to be an absence of any "gold standard" test, or control groups to assess accuracy of diagnostics. Instead, without external validation, "emergency approval" has been granted by the WHO and national health authorities. Regulators like Australia's TGA acknowledge possible inaccuracies - saying there is a possibility of false positives AND false negatives, but do not state the prevalence to which this is to be expected. Regardless, the WHO and governments are pushing wide-scale, mass genetic testing.

I explore the data used in informing the Covid-19 policy response. Data which governments are relying on can be traced back to dubious sources, including social media and local news reports. International and Australian health authorities appear to be engaging in irregular Covid-19 death attribution. Some hospitals are allegedly financially incentivised to declare Covid-19 cases.

The modelling used for international policy response is based on unpublished, unverified 13 year old code. Australian modellers have appear to have deep financial ties to pharmaceutical companies and conflicted global power structures such as the Gates Foundation and Gavi (Vaccine Alliance).

I discuss the dark possibility of the Covid-19 'plandemic' - involving a series of high profile pandemic scenarios involving the military, G20 members and global organisations like the World Economic Forum and the Gates Foundation. These 'plandemic' scenarios have deeply unsettling parallels to the current Covid-19 outbreak. I note one of the key advisors to the Australian government's Covid-19 response was a member of one of these high level 'plandemic' panels, which involved the World Economic Forum, the Gates Foundation and organisations tied to the US military.

I outline the relationships of Australian government organisations and vaccine manufacturers, and the troubling timelines of their Covid-19 vaccine development - which appear to have pre-empted the current crisis.

I examine the 'unprecedented, unchecked' powers given to Health Minister Greg Hunt and Chief Medical Officer Brendan Murphy under the Biosecurity Act 2015, and Minister Hunt's history as an apparent 'friend of Big Pharma'.



Photo by NASA on Unsplash

## DATA

### CRITICISMS & LIMITATIONS

There have been number of concerns raised about Covid-19 data including selection bias, inadequate data literacy and the misrepresentation of information to the public. Data informing government policies can be traced back to dubious sources, including social media and local news reports. This data has driven decisions to enforce the virtual house arrest of billions of people, mass unemployment, widespread impoverishment and the tearing of societal fabric itself. I find the lack of rigour appalling. I note a distasteful example of opportunistic bias in media reporting on Italy's Covid-19 outbreak.

### INADEQUATE DATA LITERACY

A 2019 study, 'Virus-virus interactions impact the population dynamics of influenza and the common cold'<sup>1</sup>, examined the comparative prevalence of different viral infections detected among patients in Glasgow over a period of years. Coronaviruses made up a fluctuating percentage of all respiratory infections.

Professor Wolfgang Wodarg, physician and Health Policy Adviser and Honorary Member of the Parliamentary Assembly of Council of Europe (PACE), referred to the 2019 study in his critique of Covid-19 testing and data collection process: "Starting from 2005 to 2013 they checked which viruses occur among respiratory diseases... coronavirus [were] 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."<sup>2</sup>

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<sup>1</sup>Nickbaksh et al (2019) Virus-virus interactions impact the population dynamics of influenza and the common cold'

<sup>2</sup> Oval Media via Youtube, March 13th 2020: How Dr Wolfgang Wodarg sees the current Corona pandemic'

The WHO has stated that: “Some assays [Covid-19 tests] may detect only the novel virus and some may also detect other strains (e.g. SARS-CoV) that are genetically similar”.<sup>3</sup> (Emphasis added)

[I note that as of the 14th April 2020, the above quote has been removed from WHO's website. However, I have included links referencing an archived version of the site.]<sup>4</sup>

Australia's drug regulator, the Therapeutic Goods Administration, says “reliability of COVID-19 tests is uncertain due to the limited evidence base... current and past exposure to seasonal human coronavirus infections can cause false-positive results.”<sup>5</sup>

If, according to the 2019 Glasgow study, coronaviruses always make up a fluctuating percentage of all respiratory infections, and regulators say Covid-19 tests may detect 'genetically similar' 'seasonal coronavirus' infections - *how do we accurately judge Covid-19 prevalence? Why aren't the public informed of this?*

Romeike and Schuller (2020) criticised the “Inadequate data literacy” of Covid-19 policy management: *“The measures defined by the politicians are based on a blind flight without sufficient data. Data literacy and data ethics are neglected. This uncertainty in the data base could easily be removed with the help of representative samples - an approach that every risk manager and quality manager uses in practice. If a serious risk or quality manager has no data available, he generates the data using a representative sample. Under no circumstances does he define measures based on the guiding principle "... will somehow fit!"*

*“Against this background, it is difficult to understand that the debate and decision-making in the Corona crisis largely takes place without the participation of statisticians, epidemiologists, data protectors and data ethicists. Distorted data, the quality of which is hardly suitable for decision-making, is analyzed in highly complex models as if it contained the urgently needed information for gaining action knowledge. The negative consequences for social cohesion and prosperity are not well thought out. The political handling of the corona crisis in Germany has so far not been a lesson in responsible data use and data literacy.”*<sup>6</sup>

Mavian et al (2020) describe the *“plethora of analyses based on viral sequences has already been published, in scientific journals as well as through non-peer reviewed channels, to investigate SARS-CoV-2 genetic heterogeneity and spatiotemporal dissemination.”* [Genetic mutations and distance/time spread]

*“We examined all full genome sequences currently available to assess the presence of sufficient information for reliable phylogenetic and phylogeographic studies. Our analysis clearly shows severe limitations in the present data, in light of which any finding should be considered, at the very best, preliminary and hypothesis-generating.”*<sup>7</sup>

## ITALY & COVID - 19

<sup>3</sup> World Health Organisation: Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-n-CoV in humans'

<sup>4</sup> WHO: This quote has since been deleted, archived version of page here

<sup>5</sup> Therapeutic Goods Administration: COVID-19 Testing in Australia - information for health professionals'

<sup>6</sup> RiskNet, Frank Romeike and Katharina Schuller (March 2020): 'Covid-19 and the blind flight' Translated from German)

<sup>7</sup> Mavian et al (2020): Regaining perspective on SARS-CoV-2 molecular tracing and its implications'

The extensive media coverage of the devastating impact of Covid-19 on Italy's healthcare systems is referred to as an example of why nations should impose, and continue, strict lockdown measures.

In March 2020, Off-Guardian reported that a scientific advisor to Italy's minister of health, Professor Walter Ricciardi, said: "The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus [...] On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity – many had two or three."<sup>8</sup>

Off-Guardian reports, "This "means that the Italian death toll figures could have been artificially inflated by up to 88%. If true, this would mean the total number of Italians who have actually died of Covid19 could be as low as ~700. Which would bring Italy, currently a statistical outlier in terms of Covid19 fatalities, well in line with the rest of the world."

The Lombardy region was hardest hit by Covid-19, accounting for 68% of total deaths.<sup>9</sup> Pre-crisis, Lombardy's ICU capacity was already usually at 85% - 90% in winter.<sup>10</sup> The Lombardy region has "alarming" rates of air pollution, with Lombardy the most polluted Italian town of 2017, routinely eclipsing safe limits for fine particles<sup>11</sup>. Residents suffer from seasonal asthma. Italy's health care system is "hemorrhaging cash", with years of cuts on public health care following Italy's economic crisis.<sup>12</sup>

Mainstream media widely reported that on the 'front lines', 'more than 60 Italian doctors had died during the Covid-19 pandemic', with Italy's National Federation of Orders of Surgeons and Dentists updating a daily list. However, the Federation's list "does not specify whether these doctors were still working as physicians or whether they had retired. In Italy, the state pension starts at age 68, but doctors can choose when to retire, so many doctors are often still working at age 70 or older... Other healthcare professionals have also died from COVID-19. The list includes several dentists as well as an ophthalmologist."<sup>13</sup>

The Federation states, "it was decided to include all the doctors, retired or still working..."<sup>14</sup>

This information was an important factor that should have been conveyed to the public. Instead, information was misrepresented to pursue an apparently pre-determined narrative, in what I believe to be an opportunistic manner and disrespectful to the physicians who had passed away.

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<sup>8</sup> 'Off Guardian (March 2020): Italy: Only 12% of "Covid19 deaths" list Covid19 as cause'

<sup>9</sup> 'Istituto Superiore di Sanita: 'Characteristics of COVID-19 patients dying in Italy Report based on available data on March 20 , 2020'

<sup>10</sup> 'Grasselli, et al (2020): Critical Care Utilization for the COVID-19 Outbreak in Lombardy, Italy'

<sup>11</sup> 'The Local (January 2017): Smog levels way above safe limits in northern Italy'

<sup>12</sup> 'Politico, Giulia Paravicini (2016): Troubled Italian health system frustrates doctors, drugmakers'

<sup>13</sup> 'Medscape, Zosia Chustecka (March 2020): More Than 60 Doctors in Italy Have Died in COVID-19 Pandemic'

<sup>14</sup> (National Federation of Orders of Surgeons and Dentists: 'List of doctors who died during the Covid-19 epidemic' (Translated from Italian)





Photo by Markus Spiske on Unsplash

## JOHNS HOPKINS

### COVID 19: GLOBAL DASHBOARD

The Johns Hopkins data is widely cited as an authoritative source on global COVID-19 cases, hot spots and deaths tracking, with the Philadelphia Inquirer reporting their coronavirus dashboard offers “a real-time window on a global pandemic”.<sup>15</sup>

“As of early March, the site was drawing about 1.2 billion “requests” per day, defined as the number of times visitors have “accessed the underlying data” while visiting the dashboard.”

The Philadelphia Inquirer reported the Johns Hopkins data “is used by news sites, government agencies, private industry, even the White House, said Ed Schlesinger, dean of Johns Hopkins’ engineering school. He noted a photo on the PBS News Hour Site from Feb. 28 with Alex Azar, health and human services secretary, giving Vice President Mike Pence a tour of the secretary’s operations centre. Both were looking at the Hopkins map displayed on a wall.”

International mainstream media has expressed confusion about the low mortality rate of COVID-19 in Germany, compared with the high fatality rates documented in other European countries, as displayed on the Johns Hopkins dashboard map.

“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.”

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<sup>15</sup> ‘The Philadelphia Inquirer, Susan Snyder (March 2020): Johns Hopkins coronavirus dashboard offers a real-time window on a global pandemic’



Image source: Johns Hopkins [Covid-19 Dashboard](#)

“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>16</sup>

Germany’s Robert Koch Institute only records official cases reported to the health authorities, using hospital and laboratory information for diagnosis and pathogen evidence to record Covid-19 statistics.<sup>17</sup>

The Robert Koch Institute’s figures deviate significantly from the Johns Hopkins data - which is widely used as the leading reference for government authorities and mainstream media reporting.<sup>18</sup>

Johns Hopkins disclaims any representations to their website, including accuracy and fitness for use. The sources of the Johns Hopkins Covid-19 map data includes local media reports and social media.<sup>19</sup>

Johns Hopkins Covid-19 data map sources include:

- 1point3acres: Database built by “a group of first generation Chinese immigrants in the United States.”<sup>20</sup> Data sources include news reports<sup>21</sup> and Covid Tracking project.<sup>22</sup> Testing location data produced through a voluntary online google.doc, which anyone can update.<sup>23</sup>
- Covid Tracking Project: Source data includes “official press conferences, or (very occasionally) tweets or Facebook updates from state public health authorities or governors.”<sup>24</sup>
- BNO News: Data sources include local media reports.<sup>25</sup>
- DXY: Link broken, unable to verify. Web address from China.<sup>26</sup>
- US Centres for Disease Control and Prevention (CDC): Records Covid-19 as cause of death if “assumed”, no serology testing confirmation required.<sup>27</sup>

<sup>16</sup> 'The Guardian, Philip Oltermann: Germany's low coronavirus mortality rate intrigues experts'

<sup>17</sup>Robert Koch Institute: 'Answers to frequently asked questions about the SARS-CoV-2 coronavirus'

<sup>18</sup> Johns Hopkins: 'Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins'

<sup>19</sup> Johns Hopkins Covid-19 Map FAQ

<sup>20</sup> 1point3acres

<sup>21</sup>Harvard Global Health Institute: 'Can hospitals around the Nation keep up?'

<sup>22</sup>The COVID Tracking Projects: 'About the Data'

<sup>23</sup> Covid-19 Drive Thru Location Tracking

<sup>24</sup> The COVID Tracking Projects: 'About the Data'

<sup>25</sup> 'BNO: Tracking coronavirus: Map, data and timeline'

<sup>26</sup> DXY (Link broken): <https://ncov.dxy.cn>

<sup>27</sup> CDC, National Vital Statistics System: COVID-19 Alert No. 2'

- Worldometer: Data sources include local media.<sup>28</sup>

In an April 2020 interview, Stanford Professor John Ionnidis laid out his concerns about policy decisions based on unreliable Covid-19 data.<sup>29</sup>

“My plea is to get the best data. We have very serious decisions to make, we should make them as informed as possible... Can you imagine what would have happened if [the] 60 million deaths that happen every year in this planet, we had a meter counting them one by one. And having stories written for each one of them. It would be horrible. We have gone into a completely panic state, measuring so far a sizeable number of deaths but nothing close to the total cumulative mortality, that we see both in this country and around the world.”

The ‘meter’ Professor Ionnidis is referring to is the Johns Hopkins Covid-19 global dashboard.

Johns Hopkins researchers published an early ‘apocalyptic’ Covid-19 R0 (disease transmission rate) of between 4.7 and 6.6, with the authors funded by DARPA, the US military technology research agency.<sup>30</sup>

“The Novel Coronavirus, 2019-nCoV, is Highly Contagious and More Infectious Than Initially Estimated...We further show that quarantine and contact tracing of symptomatic individuals alone may not be effective and early, strong control measures are needed to stop transmission of the virus.”<sup>31</sup>

Johns Hopkins collaborates with DARPA on several projects<sup>32</sup>, including research on developing brain-machine interfaces.

As per investigative journalist Whitney Webb’s Covid-19 investigation, ‘All Roads Lead to Dark Winter’<sup>33</sup>, “the other main companies developing Covid-19 vaccines in the U.S. are strategic partners of the controversial Pentagon research agency DARPA...”

Johns Hopkins jointly held the controversial 2019 ‘pandemic simulation’ exercise, with the World Economic Forum and the Bill & Melinda Gates Foundation. (See “Pandemic - predictive or coincidence?”)

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<sup>28</sup> Worldometer, FAQ

<sup>29</sup> Journeyman Pictures (YouTube) (April 2020): ‘Dr Ionnidis on Why We Don’t Have Reliable Data Surrounding COVID-10’

<sup>30</sup> DARPA Defence Advanced Research Projects Agency

<sup>31</sup> Sanche et al (2020): ‘The Novel Coronavirus, 2019-nCoV, is Highly Contagious and More Infectious Than Initially Estimated’

<sup>32</sup> Johns Hopkins: ‘Search Tag: ‘DARPA’

<sup>33</sup> The Last Vagabond, Whitney Webb (April 2020): ‘All Roads Lead to Dark Winter’



## COVID-19: AUS, US & UK

### DATA & CODING

Australian, US and UK health authorities appear to permit clinicians to attribute patient deaths to Covid-19, without requiring a serology test. If a patient's death is "assumed" to be Covid-19, that is how it is coded, regardless of underlying co-morbidities. This matter is not communicated to the public when Covid-19 cases/death rates are reported, in what I believe to be a misleading manner.

### AUSTRALIAN BUREAU OF STATISTICS

The Australian Bureau of Statistics 'Guidance for Certifying Deaths due to COVID-19', says "new coronavirus strain (COVID-19) should be recorded on the medical cause of death certificate for ALL decedents where the disease caused, *or is assumed* to have caused, or *contributed to* death."<sup>34</sup> (Emphasis added)

"Due to the public health importance of COVID-19, the immediate recommendation is to record COVID-19 in Part I of the Medical Certificate of Cause of Death... Due to the public health importance of COVID-19, the WHO have directed that the new coronavirus strain be *recorded as the underlying cause of death*, ie, the disease or condition that initiated the train of morbid events, when it is recorded as having caused *or contributed to* death."

It has not been clearly communicated to the Australian public that the ABS recommends doctors record Covid-19 as the cause of death *on the assumption* that it *contributed to* mortality. The document does not specify requiring any laboratory diagnostics to determine if a patient has/had Covid-19, an 'assumption' is apparently sufficient.

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<sup>34</sup> Australian Bureau of Statistics (March 2020): 'Guidance for Certifying Deaths due to COVID-19'

## U.S. CENTRES FOR DISEASE CONTROL AND PREVENTION

The CDC says “the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.”<sup>35</sup>

“If the death certificate reports terms such as “*probable* COVID-19” or “*likely* COVID-19,” these terms would be assigned the new ICD code. It is not likely that NCHS will follow up on these cases... COVID-19 should be reported on the death certificate for all decedents where the disease caused *or is assumed to have caused or contributed* to death.” (Emphasis added)

“In cases where a definite diagnosis of COVID-19 cannot be made, but it is *suspected or likely* (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID-19 on a death certificate as “probable” or “presumed.” (Emphasis added)

“Ideally, testing for COVID-19 should be conducted, but it is acceptable to report COVID-19 on a death certificate *without this confirmation* if the circumstances are compelling within a reasonable degree of certainty.”<sup>36</sup> (Emphasis added)

A Montana physician of 30 years-turned whistleblower recently published a video presentation revealing how she believed the CDC was inflating Covid-19 statistics by manipulating death certificates. In addition, U.S. Senator Dr Scott Jensen recently revealed that he believes the American Medical Association was encouraging doctors to over-count Covid-19 deaths, with hospitals receiving significant financial incentives for Covid-19 patients.<sup>37</sup>

## UK NATIONAL HEALTH SERVICE

The UK Government has also allowed for cause of death to be attributed to Covid-19 without serology or testing required: “Medical practitioners are required to certify causes of death “to the best of their knowledge and belief”. *Without diagnostic proof*, if appropriate and to avoid delay, medical practitioners can circle ‘2’ in the MCCD (“information from post-mortem may be available later”)... (Emphasis added)

“For example, if before death the patient had *symptoms typical* of COVID- 19 infection, but the test result has not been received, it would be satisfactory to give ‘COVID-19’ as the cause of death... and then share the test result when it becomes available. In the circumstances of there being no swab, it is satisfactory to apply clinical judgement...”<sup>38</sup> (Emphasis added)

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<sup>35</sup> CDC, National Vital Statistics System: ‘COVID-19 Alert No. 2’

<sup>36</sup> CDC, ‘Guidance for Certifying Deaths Due to coronavirus Disease 2019 (COVID-19)’

<sup>37</sup> GreatGameIndia (April 2020): ‘Whistleblower - How CDC in Manipulating COVID-19 Death Toll’

<sup>38</sup> UK Government Office for National Statistics: ‘Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales’

Northern Ireland's Public Health Agency HSC defines a 'Covid-19 death' as "individuals who have died within 28 days of first positive result, *whether or not COVID-19 was the cause of death*". (Emphasis added)<sup>39</sup>

## DATA MISREPRESENTATION

Wilyman (2015), published research on the WHO's alleged fraudulent manipulation of data to enable them to declare the 2009 Swine Flu a pandemic, to the financial benefit of Big Pharma.<sup>40</sup>

Wilyman writes: *"When monitoring the incidence or notifications of a disease it is important that the data is presented to authorities and the public in a transparent manner (AG EHRA 2002). This is because incidence data can be manipulated to increase or decrease the reported occurrence of a disease. There are two main ways in which surveillance data can be used to demonstrate an increase or decrease in a disease. These are:*

*i) Changing the definition of a disease and*

*ii) Altering the way in which the disease is monitored.*

*If either of these variables changes, without informing the public or government authorities, then the statistics can be reported in the media in a way that misrepresents the risk of the disease to the community. For example, a change in the criterion for diagnosis of a disease can achieve a reduction in cases simply by excluding some cases based on different criteria. Similarly if the surveillance of a disease is altered or the surveillance is stopped then it can appear that the incidence of the disease has changed when in fact it is a result of a change in the monitoring of the disease. Media reports of disease etiology seldom reveal the way incidence statistics are used in mathematical models. Furthermore, the media is not accountable to the health department for the information it provides to the public."*

In April 2020, public health officials tested every resident of a Boston homeless shelter. Of the 397 people tested, 146 people tested positive to Covid-19. Not one person tested had any symptoms.

Zero Hedge reported: "The discovery of so many asymptomatic cases, many of which involve individuals who are indigent and presumably at high risk, has, according to the report, changed the way public health officials in Massachusetts are testing....

"But that's not all: It's also forces officials to confront the uncomfortable elephant in the room: what would "the curve" look like if we had the capacity for general testing?

"If we did universal testing among the general population, would these numbers be similar?" said Lyndia Downie, president and executive director at the Pine Street Inn. "I think there are no many asymptomatic people right now. We just don't know. We don't have enough data on universal testing to understand how many asymptomatic people are contagious."<sup>41</sup>

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<sup>39</sup> HSC Public Health Agency (April 2020): 'Daily COVID-19 Surveillance Bulletin'

<sup>40</sup> University of Wollongong, Judy Wilyman (2015): 'A critical analysis of the Australian government's rationale for its vaccination policy'

<sup>41</sup> Zero Hedge (April 2020): 'Shocking Report Shows Half The Homeless At Boston Shelter Tested Positive For COVID-19: And None Had Symptoms'



## MODELLING

### INFORMING COVID-19 POLICY RESPONSE

Models have been instrumental in informing international policy response to the Covid-19 outbreak. I examine the history of one of the models currently used, that of Professor Neil Ferguson.

## PROFESSOR NEIL FERGUSON

Professor Neil Ferguson is an epidemiologist with the Imperial College, which collaborates with WHO and receives funding from the Gates Foundation.<sup>42</sup>

In addition, as reported by Ian Davis, via Off-Guardian<sup>43</sup>, other beneficiaries of the Bill & Melinda Gates Foundation “are the Vaccine Impact Modelling Consortium (VIMC) led by Professor Neil Ferguson.<sup>44</sup> They are based at Imperial College London and are directly funded by the BMGF and GAVI<sup>45</sup> [Global vaccine alliance, also funded by Gates Foundation]. Their objective is to provide statistical data analysis for the BMGF and GAVI in order for them to sell more vaccines.”

The Guardian described Ferguson 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

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<sup>42</sup> Imperial College London, Stephen Johns (2018): ‘\$14.5m Gates Foundation grant to help improve global healthcare’

<sup>43</sup> Off-Guardian, Ian Davis (April 2020): ‘Coronavirus Lockdown and What You Are Not Being Told - Part 2’

<sup>44</sup> Vaccine Impact Modelling Consortium

<sup>45</sup> Vaccine Impact Modelling Consortium, ‘Key Partners’

he founded with colleagues at Imperial College, the MRC Centre for Global Infectious Disease Analysis, collaborates with the World Health Organization.<sup>46</sup>

The code that Professor Ferguson uses to model Covid-19 outcomes (which is informing the UK government's lockdown policy) is based on 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 [Microsoft & Git Hub] 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>47</sup>

This tweet was widely criticised by members of the public:

"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>48</sup>

"Like most C programmers, I'm baffled why you don't publish your source code."<sup>49</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>50</sup>

Interestingly, Prof Neil Ferguson said that the Imperial College is working with Microsoft to document and extend his code to "allow others to use" it.

"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)...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>51</sup>

The Daily Mail Australia reported that UK Ministers were "accused of treating the scientist behind the devastating study that sent Britain into lockdown like a 'demigod' and failing to properly challenge his work."

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<sup>46</sup> The Guardian, Sarah Boseley: 'Neil Ferguson: coronavirus expert who is working on despite symptoms'

<sup>47</sup> Tweet, Neil Ferguson, March 23rd, 2020

<sup>48</sup> Tweet, Eric Leboeuf, March 23rd 2020

<sup>49</sup> Tweet, PJ Kirk, March 23rd, 2020

<sup>50</sup> Twitter, Arguably Wrong, March 22nd 2020

<sup>51</sup> Tweet, Neil Ferguson (March 23rd, 2020)



“Professor Neil Ferguson and his team of academics at Imperial College London last month produced a shocking forecast of 250,000 UK coronavirus deaths without a draconian lockdown, persuading Boris Johnson to abandon his more limited response to the virus.”

“Yesterday, Prof Ferguson said Britain is unlikely to lift lockdown rules until the end of May and warned the infection rate will remain high for ‘weeks and weeks’ if people flout social-distancing rules this weekend.”<sup>52</sup>

The Hill reported that Dr Ferguson’s “world-is-ending projection two weeks ago of as many as 500,000 dead in the United Kingdom and as many as 2.2 million dead in the United States...” had since been ‘drastically scaled back’ “to fewer than 20,000 deaths in Britain.”<sup>53</sup>

Regardless of Ferguson’s revised figures or the government’s interpretation of them, the UK’s lockdown remains in place.

## FERGUSON & SWINE FLU

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>54</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>55</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...”<sup>56</sup>

In 2010, Michael Fumento reported that WHO had ‘deliberately fomented 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>57</sup>

Professor Michel Chossudovsky concluded that 2009 swine flu data “was manipulated. Western governments and the WHO were complicit in a multibillion dollar fraud...”, to the financial benefit of pharmaceutical companies which raked in lucrative government contracts for vaccines.<sup>58</sup>

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<sup>52</sup> The Daily Mail Australia, Mark Hookham and Setphen Adams (April 2020): ‘Ministers are accused of treating Doomsday scientist like demigod: Number 10 has failed to properly challenge the word of coronavirus professor Neil Ferguson whose study sent Britain into lockdown, critics say’

<sup>53</sup> The Hill, Douglas McKinnon (March 2020): ‘What if the ‘sky-is-falling’ coronavirus models are wrong?’

<sup>54</sup> The Telegraph, Murray Wardrop (2009): ‘Swine flu: schools should close to halt spread of virus, ministers told’

<sup>55</sup> Nature, Heidi Ledford (2009): ‘Swine flu spread matches previous flu pandemics’

<sup>56</sup> The Guardian, Matthew Weaver (2009): ‘Swine flu could affect third of world's population, says study’

<sup>57</sup> Forbes, Michael Fumento (2010): ‘Why the WHO faked a pandemic’

<sup>58</sup> Global Research, Prof Michel Chossudovsky (2009): ‘April 2009, The H1N1 Pandemic: Political Lies and Media Disinformation regarding the Swine Flu Outbreak’



## FERGUSON & FOOT AND MOUTH DISEASE

Professor Ferguson's flawed modelling of the 2001 British foot and mouth disease resulted in the unnecessary slaughter of millions of livestock and huge losses to the rural economy.

Campbell and Lee (2003) noted, "The foot and mouth outbreak of 2001 generated costs totalling no less than 9 billion, and with at least 3 billion in direct cost to the public sector... [the private sector] suffered revenue losses of about 5 billion, much of which went uncompensated."<sup>59</sup>

"The regulatory policies devised to deal with FMD so gravely misconceived the magnitude of the risk that an outbreak was destined to become an epidemic... the policies adopted provide a classic example of Coase's notion of 'black-board economics'. The public interventions, although appearing to work splendidly in the abstract, showed little sensitivity to the conditions actually prevailing in modern livestock rearing, and as a result their consequences were not merely imperfect but actually pernicious. We reach the sad conclusion that few lessons have been learned from the outbreak, as the very practices largely responsible for the epidemic are still prevalent, and as legislation and contingency planning show signs of a preparedness merely to repeat the same mistakes."

## MODELLING RISK

A 2016 paper examining the impact of modelling and AI on 'predictive policing' policies, (Lum and Isaac 2016), examined the issues surrounding the accuracy of machine learning modelling algorithms.<sup>60</sup> "Machine learning

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<sup>59</sup> David Campbell and Robert Lee (2003): "Carnage by Computer": The Blackboard Economics of the 2001 Foot and Mouth Epidemic"

<sup>60</sup> In Detail, Kristian Lum and William Isaac (2016): 'To predict and serve?'

algorithms... are designed to learn and reproduce patterns in the data they are given, regardless of whether the data represents what the model's creators believe or intend.”

“A prominent case of unintentionally unrepresentative data can be seen in Google Flu Trends – a near real-time service that purported to infer the intensity and location of influenza outbreaks by applying machine learning models to search volume data. Despite some initial success, the models completely missed the 2009 influenza A–H1N1 pandemic and consistently over-predicted flu cases from 2011 to 2014.... the cause of the biased data was self-induced... the problem resides with the data, not the algorithm. The algorithms were behaving exactly as expected – they reproduced the patterns in the data used to train them...

[Even] the best machine learning algorithms... will reproduce the patterns and unknown biases...”

## COUNTERING THE NARRATIVE

Off Guardian has compiled interviews with a number of respected international experts who contradict the official WHO & MSM narrative on the COVID-19 outbreak.<sup>61</sup> These interviews include:

### Professor Sucharit Bhakdi

Specialist in microbiology. Former Professor of the Johannes Gutenberg University in Mainz and head of the Institute for Medical Microbiology and Hygiene. Dr Sucharit is one of the most cited research scientists in German history.

“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

Israeli physician, politician and former Director General of the Health Ministry

“...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 Wodarg

Physician and Health Policy Adviser. Dr Wodarg 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). While Dr Wodarg was Chair of the Council, PACE publicly investigated WHO for the scandal of ‘deliberating fomenting swine flu hysteria’.

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<sup>61</sup> Off Guardian, March 24th 2020: ‘12 Experts Questioning the Coronavirus Panic’



Image source: Off-Guardian (March 2020): '12 Experts Questioning the Coronavirus Panic'

Dr Wodarg's website contains a significant amount of research to support his views - that 'COVID-19 is not the problem'.<sup>62</sup>

Dr Wodarg says: "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>63</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>64</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

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<sup>62</sup> Wolfgang Wodarg (translated from German)

<sup>63</sup> Off Guardian, March 23rd 2020: 'Italy: Only 12% of "Covid10 deaths" list Covid19 as cause'

<sup>64</sup> Zhuang et al (2020): 'Potential False-Positive Rate Among the 'Asymptomatic Infected Individuals' in Close Contacts of COVID-19 Patients'

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>65</sup>

#### Professor Dr Stefan Hockertz

Immunologist and toxicologist, managing partner of GmbH, one of the leading toxicological and pharmacological technology consultancies in Europe.<sup>66</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>67</sup>

#### Professor Michael Levitt

Stanford biophysicist awarded the Nobel Prize in Chemistry in 2013. 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>68</sup>

In the following pages, I compile research on the three significant Covid-19 diagnostic and test development points, conducted in China, Germany and Australia. My intention is to present information to encourage discussion around the processes involved, as I do not have the expertise or background to ascertain if the methods used were scientifically sound or otherwise.

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<sup>65</sup> Elsevier, Roussel et al (2020): ‘SARS-CoV-2: fear versus data’

<sup>66</sup> TPI Consult Biography Professor Dr Stefan Hockertz (translated from German)

<sup>67</sup> Quote translated from German on Dr Wolfgang Wodarg’s site

<sup>68</sup> Los Angeles Times, Joe Mozingo, March 23rd, 2020: ‘Why this Nobel laureate predicts a quicker coronavirus recover: ‘We’re going to be fine’



Photo by Adi Constantin on Unsplash

## CHINA

### RESEARCHERS DIAGNOSE 'NOVEL CORONAVIRUS'

In December 2019, a cluster of patients with pneumonia of unknown cause were determined to be linked to a seafood market in Wuhan, China. On December 31, the Chinese Centre for Disease Control and Prevention (China CDC), dispatched a “rapid response” team to conduct an investigation.<sup>69</sup>

The team stated, “Evidence for the presence of this virus includes identification in bronchoalveolar-lavage (BALF) fluid in three patients by whole-genome sequencing, direct PCR, and culture... The illness likely to have been caused by this CoV was named “novel coronavirus-infected pneumonia” (NCIP).”

### GENOME SEQUENCING

According to Zhou and Yang et al (2020), samples (including oral swabs, anal swabs, blood and bronchoalveolar-lavage fluid/BALF) from seven patients were sent to the laboratory for diagnosis of causative pathogen, using a test for pan-CoV (all coronaviruses). Five samples tested PCR-positive for pan-CoVs.

As per Zhou & Yang et al, one sample from one patient’s BALF was then analysed using genome sequencing.<sup>70</sup> [Although according to a report by Zhu et al, BALF samples were taken from 4 patients for genomic sequencing.]

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<sup>69</sup> Zhu et al (2020): ‘A Novel Coronavirus from Parents with Pneumonia in China, 2019’

<sup>70</sup> Nature Zhou & Yang et al (3rd February 2020): ‘A pneumonia outbreak associated with a new coronavirus of probable bat origin’

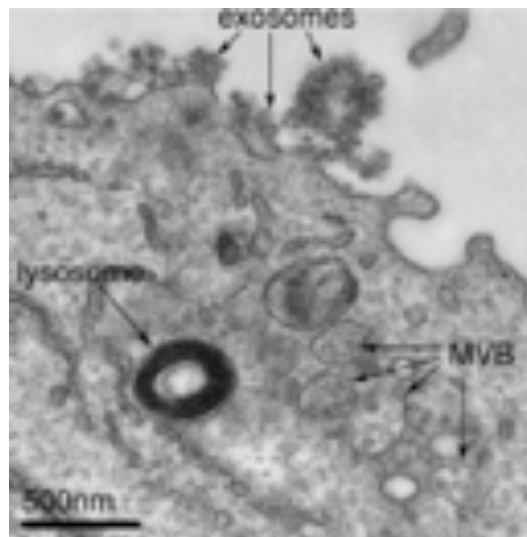


Figure 1: Cancer, NCI Staff (2018): '[Exosomes May Help Tumours Evade Immune System](#)'

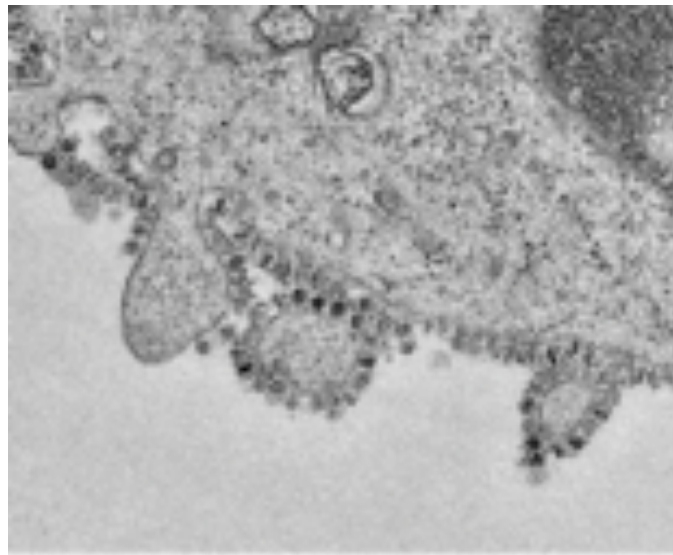


Figure 2: South China Morning Post (2020): '[Vaccine for new coronavirus unlikely to be ready before outbreak is over, says Sars expert](#)'

Dr Andy Kaufman has analysed the Chinese scientists' methods of establishing a diagnosis of a 'novel coronavirus' as the causative agent of the unexplained pneumonia.<sup>71</sup>

Dr Kaufman explained his findings in a March 2020 interview: "When they took this lung fluid out, they did not first try to find a virus in there and separate it out and purify it. But the first thing they did was find and separate some kind of genetic material. Quite an interesting strategy. And what they found was some RNA. But I'll tell you that in our bodies at any given time, there is some free genetic material circulating around our blood and body fluids.... There are quite a number of different sources of different genetic material." (Emphasis added)

"So when they found this genetic material from the lung fluid, they then determined the sequence of it (which is basically the code of the genetic material).... And then they rushed to rapidly develop a diagnostic test, which is

<sup>71</sup> James True (via Youtube, interview with Dr Andy Kaufman) (March 2020): 'The Anatomy of Covid-19'

a qualitative PCR... So in other words, before they really proved anything, they already developed a test. Why didn't they purify the virus and how do they know what the source is of that genetic material?"

The Chinese researchers' genetic sequencing showed the 'novel coronavirus' shared 85% identity with another bat SARS-like CoV genome. Positive CoV results were also obtained with use of a real-time RT-PCR assay used to target bat SARS-like CoV, "although the cycle threshold value was higher than 34 for detected samples".<sup>72</sup>

PCR steps are "cycled" to amplify the target DNA scientists are looking for. The number of cycles is usually 25-35 times, "but may vary upon the amount of DNA input and the desired yield of PCR product."

Higher cycles can create 'signal noise' and risk inaccuracy, whereas "low cycle numbers are preferable for unbiased amplification (as in next-generation sequencing) and accurate replication of target DNA."<sup>73</sup>

As discussed by Kaufman, after the Chinese researchers analysed the BALF samples genomic sequencing and found new RNA, they "rapidly developed" a PCR-based test for Covid-19. Of the samples tested for the seven patients, six BALF and five oral swabs were positive for Covid-19 during the first sampling.

However, in the second sampling, oral swabs *no longer tested positive* for 'novel coronavirus' Covid-19.

In regards to this result, the researchers just recommended that different genetic targets (than the ones they tested for) should be used in PCR testing for the routine detection of Covid-19. There does not appear to be any follow-up of this matter.

## VIRUS CULTURE

The 'Chinese Novel Coronavirus Investigating and Research Team' reported that, in order to isolate the virus, BALF fluid samples were inoculated onto cells which had been obtained from airway specimens of patients undergoing surgery for lung cancer, confirmed to be special-pathogen-free.<sup>74</sup>

Cells that grew the virus were examined under an electron microscope. They found the "observed morphology is consistent with the Coronaviridae family... Typical crown-like particles were observed under transmission electron microscope..."<sup>75</sup>

Research by Dr Andy Kaufman examined the 'crown-like particles' that scientists determined to be those of 'novel' Covid-19. Kaufman found these particles were virtually identical to electron microscope examples of exosomes- particles which are naturally occurring in the body.

Figure 1 is an electron microscope image taken from a 2018 study examining the role of exosomes that were proposed to have a role in helping tumours evade the immune system. The photo is of an electron microscope of a cancerous cell that has secreted exosomes.<sup>76</sup>

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<sup>72</sup> NEJM Zhu, et al (January 24th, 2020): 'A Novel Coronavirus from Patients with Pneumonia in China, 2019'

<sup>73</sup> ThermoFisher Scientific: 'PCR Cycling Parameters- Six Key Considerations for Success'

<sup>74</sup> Zhu et al (2020): 'A Novel Coronavirus from Patients with Pneumonia in China, 2019'

<sup>75</sup> WHO (2020): 'Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)'

<sup>76</sup> Cancer, NCI Staff (2018): 'Exosomes May Help Tumours Evade Immune System'



Figure 2 is a comparative example of novel Covid-19, grown at the University of Hong Kong.<sup>77</sup>

According to Zhu et al, the tissue the 'novel coronavirus' culture was grown in, was sourced from patients undergoing surgery for lung cancer. If the validating 'crown-like' particle that was determined to be evidence of Covid-19, was in fact only naturally occurring exosomes secreted by the cells of the lung cancer patients, Kaufman reasons this may indicate a false positive for visualisation of the Covid-19 virus.

Kaufman reasons that the lack of a diagnostic "gold standard" or control group testing indicates an incomplete picture of the diagnosis.

According to Dilshan, et al (2017), "Exosomes are a naturally-occurring particle that are involved in cell communication and "have been identified in all biological fluids, including blood, urine, saliva and cerebrospinal fluid (CSF), and their number and cargo are known to vary depending upon cell type and health status..."<sup>78</sup>

"Interest in exosome research has increased in the past few years mainly due to mounting evidence that implicates their dynamic role in immune activation, oncogenesis as well as cell death. In this review, we summarize recent progress in the study of exosomes as biomarkers, how exposure to environmental toxins alters the exosomal cargo and its relevance to various human disorders."

A variety of genetic and environmental factors can stimulate the release of exosomes and their composition. These factors include environmental toxins, pesticides, metals, traumatic brain injury, air pollution, smoking and stress.<sup>79</sup>

In 2018, Nolte-Hoen et al examined the relationship between exosomes and viruses. "[It] has recently been found that EVs can have important biological functions and that in both structural and functional aspects they resemble viruses. This resemblance becomes even more evident with EVs produced by cells productively infected with viruses. Such *EVs contain viral proteins and parts of viral genetic material*.... there are many aspects in which EVs resemble viruses, in particular retroviruses.... Moreover, we emphasize that in the specific case of virus-infected cells, *it is almost impossible* to distinguish EVs from (noninfectious) viruses and to separate them."<sup>80</sup> (Emphasis added)

"Obviously, unlike true viruses, EVs that contain viral proteins and fragments of viral genomes do not cause outbreaks and epidemics. However, EVs can either directly interact with retroviruses or modulate host cells, thereby affecting the infection."

The Chinese researchers did not share samples of the cultured 'novel coronavirus' with international researchers to examine. They only shared the virus's genetic sequence.<sup>81</sup>

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<sup>77</sup> South China Morning Post (2020): 'Vaccine for new coronavirus unlikely to be ready before outbreak is over, says Sars expert'

<sup>78</sup> Oxford Academic, Dilshan et al (2017): 'Exosomes in Toxicology: Relevance to Chemical Exposure and Pathogenesis of Environmentally Linked Diseases'

<sup>79</sup> Elsevier, Beninson et al (2014): 'Exosomes: An emerging factor in stress-induced immunomodulation'

<sup>80</sup> PNAS Nolte-Hoen et al (2016): 'Extracellular vesicles and viruses: Are they close relatives?'

<sup>81</sup> Scientific American, Nature Magazine (2020): 'Australian Lab First to Grow New Virus Outside of China'

Update 11/09/20: On the 13th July, 2020, the US Centers for Disease Control published ‘’. This document curiously states Covid-19 virus *has never been isolated*. “Since no quantified virus isolates of the 2019-nCoV are currently available, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA...”<sup>82</sup>

## CAUSATIVE AGENT

Covid-19 was determined to have caused “virus-induced pneumonia” and an epidemic of acute respiratory syndrome of patients in Wuhan, China. Zhou and Yang et al stated that Covid-19-specific genetic information was “observed in all patients tested and provides evidence of an association between the disease and the presence of this virus.”

However, they also state that the “association between 2019-nCoV and the disease *has not been verified* by animal experiments to fulfil the Koch’s postulates *to establish a causative relationship* between a microorganism and a disease.” (Emphasis added)

Koch’s postulates are a scientific criteria for establishing whether a bacteria is the cause of a given disease.<sup>83</sup>

- The bacteria must be present in every case of the disease.
- The bacteria must be isolated from the host with the disease and grown in pure culture.
- The specific disease must be reproduced when a pure culture of the bacteria is inoculated into a healthy susceptible host.
- The bacteria must be recoverable from the experimentally infected host.

The Chinese Novel Coronavirus Investigating and Research Team reported : “Although our study does not fulfill Koch’s postulates, our analyses provide evidence implicating 2019-nCoV in the Wuhan outbreak.”

As per Kaufman, the Wuhan researchers “rapidly developed” a PCR test before they knew if the underlying cause of the unexplained pneumonia was actually a virus.

Interestingly, regardless of this, the Wuhan research team’s paper recommends: “In the long term, broad-spectrum antiviral drugs and *vaccines should be prepared* for emerging infectious diseases that are caused by this cluster of viruses in the future. Most importantly, strict regulations against the domestication and consumption of wildlife should be implemented.” (Emphasis added)

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<sup>82</sup> CDC: CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel

<sup>83</sup> MedicineNet (William C. Shiel): ‘Medical Definition of Koch’s postulates’



Photo by Stefan Widua on Unsplash

## GERMANY

### PROFESSOR DROSTEN CREATES PCR TEST

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. WHO quickly approved this test, (allegedly without rigorous analysis, control groups or external validation). All countries then used Drosten's PCR test to diagnose Covid-19— because there was no other test.

## PROFESSOR CHRISTIAN DROSTEN

Professor Christian Drosten created the first diagnostic PCR test for detection of Covid-19 using nose, sputum or throat swabs. Drosten et al's paper states the PCR test was designed "*before release* of the first [genetic] sequence of the Wuhan virus."<sup>84</sup> (Emphasis added)

Professor Christian Drosten is a Member of the German International Advisory Board on Global Health, along with representatives from the World Health Organisation, Bill & Melinda Gates Foundation and Dr Jeremy Farrar, Director of the Wellcome Trust (which is closely linked to the Gates



Image: Charite University Hospital: [Prof Dr Christian Drosten](#)

<sup>84</sup> WHO, Drosten et al (2020): 'Diagnostic detection of Wuhan coronavirus 2019 by real-time RT-PCR'

Foundation).<sup>85</sup>

Drosten was also a keynote speaker of the February 2020 Charité co-hosted event: 'Pandemic preparedness: Ebola and beyond', speaking along with representatives from the World Health Organisation and the Gates Foundation. The lecture series discussed "...what risks of new global epidemics do we face? Are we prepared for a new pandemic?"<sup>86</sup>

## PROFESSOR DROSTEN & COVID-19

Professor Drosten began to receive the first informal information about the 'novel coronavirus' between Christmas and New Year 2019. At first it was unclear what type of pathogen it was. "Before public release of virus sequences from cases of 2019-nCoV, *we relied on social media reports* announcing detection of a SARS-like virus. *We thus assumed* that a SARS-related CoV is involved in the outbreak."<sup>87</sup> (Emphasis added)

Drosten's Covid-19 PCR diagnostics paper acknowledges that in previous diagnostics of causative viruses during international health emergencies, *virus isolates were always available*. However, Drosten's team designed the test *prior to the publication of the genomic sequence and without a virus isolate*. The Chinese researchers did not share samples of the cultured 'novel coronavirus' with international researchers to examine. They only shared the virus's genetic sequence.

Drosten's paper states: "We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, *designed in absence of available virus isolates or original patient specimens*. Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology."<sup>88</sup> (Emphasis added)

Nature reported, "Because they did not have access to samples of the virus, Drosten's team worked from their knowledge of SARS-CoV-2's close relative, the SARS coronavirus (SARS-CoV). They put together genetic sequences for a PCR test based on a SARS-CoV genome, and when the SARS-CoV-2 sequence was released, they picked the two closest matches: genes encoding the envelope protein and RNA-dependent RNA polymerase. The test is built so that sequences from SARS-CoV can serve as positive controls. To avoid cross-reactivity with SARS-CoV or other coronaviruses, the test detects a region of the gene encoding RNA-dependent RNA polymerase that is unique to SARS-CoV-2."<sup>89</sup>

Drosten's PCR assay (test) uses 45 cycles, the *absolute maximum permitted*.

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<sup>85</sup> Federal Ministry of Health: 'Four new members complete the International Advisory Board on Global Health'

<sup>86</sup> London School of Hygiene and Tropical Medicine, (2020): 'Pandemic preparedness: Ebola and beyond'

<sup>87</sup> Deutschlandfunk, Volkert Wildermuth (2020): 'Diagnostic test from Berlin in demand worldwide (Translated)'

<sup>88</sup> Eurosurveillance, Drosten et al (2020): 'Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR'

<sup>89</sup> Nature Medicine, Amanda B Keener (2020): 'Four ways researchers are responding to the COVID-19 outbreak'

For PCR tests, “The number of cycles is usually 25-35 times...up to 40 cycles may be required to produce a sufficient yield. More than 45 cycles is not recommended as nonspecific bands start to appear with higher numbers of cycles.”<sup>90</sup>

The higher the number of cycles used to amplify target DNA in a PCR test, the more ‘signal noise’ may result in inaccurate results, while “low cycle numbers are preferable for unbiased amplification... and accurate replication of target DNA.”

Drosten’s team *also* tested their assay’s detection range for bat SARS-related coronaviruses. “At present, the potential exposure to a common environmental source in early reported cases implicates the possibility of independent zoonotic infections with increased sequence variability...”

They tested their assay against 6 bat samples, with virus-positive results indicating that detection “within the SARS-related CoV clade suggests that *all Asian viruses are likely to be detected*. This would, theoretically, *ensure broad sensitivity* even in case of multiple independent acquisitions of variant viruses from an animal reservoir.” (Emphasis added)

Because Drosten’s assay was ‘virtual’, using genetic information of Covid-19 without samples of the virus itself, Drosten’s team tested their new assay against old biobanked samples from patients with known respiratory diseases. They reported the test was negative for flu viruses, adenoviruses, enteroviruses or other pathogens.

Drosten reported conducting a ‘litmus test’ to see if his PCR assay accurately detected Covid-19. However, *this test was ‘unofficial’*, with participants unnamed. “We made this test available to colleagues in China, whose names I cannot now name. And they tested it for us and told us that it worked well.”<sup>91</sup>

This informal ‘litmus’ test was apparently enough to convince the World Health Organisation, which quickly approved Drosten’s test. Drosten’s protocol was rapidly distributed to public-health authorities around the world, without any external analysis of its accuracy.<sup>92</sup>

The WHO has published laboratory guidance for ‘assays’ (standardised test systems used in laboratories to detect certain substances), that are used to detect the novel coronavirus. The WHO stated that: “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>93</sup> (Emphasis added)

[I note that as of the 14th April 2020, the above quote has been removed from WHO’s website. However, I have included links referencing an archived version of the site.]<sup>94</sup>

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<sup>90</sup> ThermoFisher Scientific: ‘PCR Cycling Parameters- Six Key Considerations for Success’

<sup>91</sup> Deutschlandfunk, Volkert Wildermuth (2020): ‘Diagnostic test from Berlin in demand worldwide (Translated)’

<sup>92</sup> Nature Medicine, Amanda B Keener (2020): ‘Four ways researchers are responding to the COVID-19 outbreak’

<sup>93</sup> World Health Organisation: ‘Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-n-CoV in humans’

<sup>94</sup> WHO: This quote has since been deleted, archived version of page here

## PROFESSOR WOLFGANG WODARG ON THE DROSTEN TEST

Dr Wolfgang Wodarg is a German 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.<sup>95</sup> Dr Wodarg was a member of the 2010 Parliamentary Assembly of the Council of Europe (PACE), which investigated WHO's role in alleged fraudulent manipulation of data, falsely declaring the 2009 swine flu a 'pandemic', to the financial benefit of pharmaceutical companies.<sup>96</sup>

In a recent interview with Oval Media,<sup>97</sup> Dr Wolfgang Wodarg referred to the scientists in Wuhan, who published the genome sequence of the 'novel coronavirus' RNA.

"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>98</sup> submitted a protocol to the WHO and it got admitted really quickly. 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



Dr Wolfgang Wodarg, Image source:

use this test everywhere...

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"..."

Professor Drosten has said he estimates the Covid-19 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>99</sup>

Dr Wodarg: "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>95</sup> Parliamentarians Network for Conflict Prevention: Dr Wolfgang Wodarg

<sup>96</sup> Parliamentary Assembly (2020): 'Extracts of statements...'

<sup>97</sup> Oval Media via Youtube, March 13th 2020: 'How Dr Wolfgang Wodarg sees the current Corona pandemic'

<sup>98</sup> DZIF (Jan 16th, 2020): 'Researchers develop first diagnostic test for novel coronavirus in China'

<sup>99</sup> Express, Sebastian Kettley, March 2nd 2020: 'Coronavirus horror: 70% of humanity faces infection - Is COVID-10 worse than Spanish Flu?'

Professor Wodarg writes,<sup>100</sup> “Until now, hardly anyone has paid attention to corona viruses. For example, in the reports on ARI of the Robert Koch Institute (RKI), they are only marginally mentioned because there was SARS in China in 2002 and because since 2012 some transmissions from dromedaries to humans have been observed in Arabia (MERS). There is nothing about a regularly recurring presence of corona viruses in dogs, cats, pigs, mice, bats and in humans, even in Germany. However, children's hospitals are usually well aware, that a considerable proportion of the often severe viral pneumonia is also regularly caused or accompanied by corona viruses worldwide.”<sup>101, 102</sup>

Despite Wodarg's attestation of the rarity of coronaviruses, in 2017 the Gates Foundation-funded vaccine organisation CEPI used millions in government funding to target research on three viruses, which included the 2012 MERS CoV. “All three have breached animal-human transmission and could trigger an epidemic or pandemic. CEPI aims to develop two promising vaccines for each of these viruses to avert potential crises.”<sup>103</sup> Several years later, on the 27th January 2020, CEPI's CEO Richard Hatchett announced CEPI would be working with pharmaceutical companies to “leverage” their previous work on the MERS coronavirus to speed up Covid-19 vaccine development.<sup>104</sup>

## PROFESSOR DROSTEN & SARS 2003

Curiously, Professor Christian Drosten was also “one of the co-discoverers of the SARS (Severe Acute Respiratory Syndrome) virus in 2003...” Prof. Drosten was “responsible for developing and making available the first diagnostic test for SARS.”<sup>105</sup>

Professor Drosten rapidly developed the first SARS 2003 diagnostic test *only 11 days after WHO issued the first alert* about the virus. A press release covering Drosten's success stated: “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 colleagues pulled off this feat just 11 days after the World Health Organization (WHO) issued its alert about the disease.”<sup>106</sup>

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<sup>100</sup> Wolfgang Wodarg (March 2020): 'To stop the corona panic, isolate alarmists!' (Translated from German)

<sup>101</sup> Prill et al (2013): 'Human Coronavirus in Young Children Hospitalized for Acute Respiratory Illness and Asymptomatic Controls'

<sup>102</sup> Benet et al (2017): 'Microorganisms Associated With Pneumonia in Children <5 Years of Age in Developing and Emerging Countries: The GABRIEL Pneumonia Multicenter, Prospective, Case-Control Study'

<sup>103</sup> MRFF: 'National Security Against Pandemic Risk'

<sup>104</sup> Bloomberg (February 2020): 'Coronavirus Outbreak Sparks Renewed Interest in Combatting Infectious Diseases'

<sup>105</sup> DZIF, Press Release January 16th: 'Researchers develop first diagnostic test for novel coronavirus in China'

<sup>106</sup> Nature: 'First past the post'



Photo by Ondrej Machart on Unsplash

## AUSTRALIA

### DOHERTY INSTITUTE ISOLATES VIRUS

The Doherty Institute was the first in the world to isolate the Covid-19 virus outside of China (as Chinese scientists did not publish the virus, only the genetic sequence.)

The Doherty Institute said, “Although we used a standard approach to virus isolation, we were the first to isolate the virus during the early stages of the epidemic outside of China. Potential reasons for this success could be related to the viral burden of the specimen, or simply our long standing clinical experience within our reference laboratory.”<sup>107</sup>

### DOHERTY INSTITUTE & COVID-19

On the 23rd of January 2020, the Australian government’s Department of Health published national guidelines for diagnosis and management of the ‘Novel Coronavirus 2019’.

This document states that Covid-19 virus was *not yet internationally available as a test positive control*.

‘Synthetic positive control material’ (genome sequencing) was becoming available through WHO’s viral archive.

The guidelines stated that SARS-CoV could be used as an ‘interim positive control’ for testing.

“Specific PCR primer sets to detect the 2019-nCoV are becoming available, however the majority, including those available through WHO *will also detect other zoonotic coronaviruses* such as SARS coronavirus.” (Emphasis added)

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<sup>107</sup> MJA, Druce et al (2020): ‘Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia’



The US Centers for Disease Control and Prevention says “Zoonotic diseases are very common, both in the United States and around the world. Scientists estimate that more than 6 out of every 10 known infectious diseases in people can be spread from animals...”<sup>108</sup>

On the 24th January 2020, a swab specimen from Australia’s first ‘confirmed case’ of Covid-19 was sent to the Royal Melbourne Hospital’s Victorian Infectious Diseases Reference Laboratory (VIDRL) at the Doherty Institute.<sup>109</sup> “A nasopharyngeal swab and sputum collected on presentation were positive for SARS-CoV-2 on real time RT-PCR assay.” [Presumably using Drosten’s test, as there were no others available at that time.]

The Doherty Institute then grew a culture from this specimen, isolating the virus.

“Electron microscopy of the supernatant confirmed the presence of virus particles displaying morphology characteristic of the family Coronaviridae.”

“Whole genome sequencing of the viral isolate and phylogenetic analysis revealed that the genome sequence from this patient exhibited >99.99% sequence identity to other publicly available SARS-CoV-2 genomes.” [Although as I have noted, Drosten’s PCR test required 45 cycles of amplification, the *absolute maximum permitted*. Higher cycles of amplification incur more risk of inaccurate results.]

The Doherty researchers reported that for Rt-PCR sequencing of Covid-19, SARS-CoV and 229e-CoV (the virus that causes the common cold) were used as positive control material. For the Doherty’s in-house assay, SARS-CoV was used as a positive control.<sup>110</sup>

According to biological reagent distributor, MyBiosource: “There are four globally distributed known human coronaviruses... Coronavirus 229E and Human coronavirus OC43 are known to be the cause for the common cold. HCoV-229E is related to large range of respiratory symptoms, from the common cold to high-morbidity diseases such as pneumonia and bronchiolitis. Additionally, between the Coronaviruses, HCoV-229E is the most frequently co-detected with other respiratory viruses...”<sup>111</sup>

As per Walsh et al (2013) “Coronaviruses are rarely isolated in routine tissue culture and without molecular diagnostic tests the majority of infections go unrecognized. Most descriptions of the epidemiology and clinical impact of CoV are in infants and young children, with only a few small long-term studies in adults, and none that evaluated illness in outpatient and hospitalized populations simultaneously. With the exception of SARS and CoV-EMC, there is little information regarding the relative virulence among coronavirus strains.”<sup>112</sup> (Emphasis added)

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<sup>108</sup> Centers for Disease Control and Prevention: [Zoonotic Diseases](#)

<sup>109</sup> MJA, Druce et al (2020): ‘Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia’

<sup>110</sup> Caty et al (2020) Supplementary methods

<sup>111</sup> Coronavirus 229E (CoV-229E), Recombinant Protein

<sup>112</sup> Walsh et al (2013): ‘Clinical Impact of Human Coronaviruses 229E and OC43 Infection in Diverse Adult Populations’



Image: Dr Julian Druce and Dr Mike Catton of the Doherty Institute. Photo by Reuters/Andrew Kelly, [sourced from devex](#)

The Doherty Institute reported they grew this virus culture from a sample of one patient. This culture would now be used “as positive control material for the Australian network of public health laboratories, and also shipped to expert laboratories working closely with the World Health Organization (WHO) in Europe.”<sup>113</sup>

The Doherty Institute-grown virus is now expected to be used to generate antibody tests and assess the effectiveness of trial vaccines. The Institute does appear to report any external validation of their testing or results, including the use of control groups to verify the test’s accuracy to create a “gold standard” test, or growing the virus culture from other patients.

In an extraordinarily fortuitous coincidence(!), ABC cameras were in the lab to capture the moment that the Doherty Institute scientists discovered they had successfully grown the virus.

ABC filmed co-deputy director of the Doherty Institute, Professor Mike Catton “confirming it with three words. “We got it,” he said.”<sup>114</sup>

I note the Doherty Institute has partnerships with and receives funding from the Gates Foundation and CEPI, which are developing a number of Covid-19 vaccine partnerships. (See ‘Doherty Institute’, ‘CEPI’ and ‘CEPI, Gates Foundation & University of Queensland’)

## HYPOTHETICAL SCENARIO

In 2018, the Doherty Institute conducted a ‘hypothetical scenario’, involving a panel of participants including staff from the Doherty Institute and the Chief Medical Officer, Dr Brendan Murphy. The exercise was co-authored by Doherty Institute Director Sharon Lewin.

Panelists were presented with an evolving pandemic situation, of a novel virus of zoonotic origin (horse origin).

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<sup>113</sup> University of Melbourne (January 2020): ‘Melbourne scientists first to grow and share novel coronavirus’

<sup>114</sup> ABC News, Sophie Scott, Penny Timms, Loretta Florance (January 2020): ‘Australian lab first outside of China to copy coronavirus, helping vaccine push’

Participants were asked detailed questions about the processes of detection, communication, testing, ethics and strategy. [Reference: Episode 1<sup>115</sup>, Episode 2<sup>116</sup>, Episode 3<sup>117</sup>, Episode 4<sup>118</sup>]

The panel was asked what samples they would target for testing.

Dr Mike Catton, Director of the Victorian Infectious Diseases Reference Laboratory:

[On the preferred source of samples] “Because that’s where the virus is... the significant place to find it is where it’s causing infections.”<sup>119</sup>

I note: When the Doherty researchers isolated Covid-19 from the first Australian patient, they reported taking swabs of nasopharyngeal, sputum, urine, faeces, and serum samples.

They do not report collecting or testing samples from bronchoalveolar lavage fluid, although this was where the Wuhan scientists reportedly retrieved their RNA sample from.<sup>120</sup>

The Doherty Institute isolated the Covid-19 virus from a sample of one patient. This sample is now used as a positive control for test and vaccine development.

In the 2018 Hypothetical scenario, Mike Catton also references preferred processes for sample collection.

Catton: “We’ve got a diagnosis in one patient, I think we’ve got other clinical patients that we’ve got access to so certainly we would like to pin the diagnosis on everybody we think were linked and be looking at the sequence to confirm we’ve really got a cluster...”

Throughout the scenario, the moderator consistently reminds participants that there is no virus able to be cultured. The team only has the genomic sequence. The team have to strategise around this factor.<sup>121</sup>

Catton: “You can develop nucleic acid [genetic] tests pretty quickly these days using software off the viral sequence-”

Moderator: [Interrupting] “At the moment we only have this short little segment.”

Moderator: “...we need a serology test fast, but we still haven’t isolated or grown this virus, how can we do it with only genetic sequence?”

Catton: “This is a situation we’ve thought a bit about as you know... The problem here is we haven’t got the virus... we have a couple of projects running at the moment, we haven’t succeeded with them yet, I’m assuming we’ll be facing this outbreak in a few years time when we’ve succeeded with what we’re currently doing. So what we want to do is look at the virus sequence, be able to pick the important parts of the gene

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<sup>115</sup> Doherty Institute: A Hypothetical, Episode 1 - Diagnosis

<sup>116</sup> Doherty Institute: A Hypothetical, Episode 2 - A New Frontier

<sup>117</sup> Doherty Institute: A Hypothetical, Episode 3 - The Twist in the Tale

<sup>118</sup> Doherty Institute: A Hypothetical, Episode 4: An Ethical Dilemma

<sup>119</sup> Doherty Institute: A Hypothetical, Episode 1 - Diagnosis

<sup>120</sup> Caly et al (2020): ‘Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia’

<sup>121</sup> Doherty Institute: A Hypothetical, Episode 4: An Ethical Dilemma

sequence- that code for the bits the immune system sees, synthesise them and create an antibody test based around them...”

“We’ve got a project going at the moment... synthesising the protein antigens, the bits the immune system sees and hope to make an antibody test that way...”

“We’ve got another more recently started project... [collaborating with and funded by APPRISE] to express most of the structural bits of the virus to get to assemble into what are called virus-like particles - the outer coat of the virus without the innards that make it infectious and replicating. And hoping to that way create something that is just like the immune system sees it, without us having to be clever and figure out how the immune system sees it, and in that way create a really good serological test.

Those are the sorts of strategies we would be trying to do to go from viral sequence, which our current technology can get for us, to validated antibody tests. Once you’ve got the technology working, you use your freezer bank of samples from the patients. You’d probably do it in collaboration around Australia because everybody’s got cases. The various labs of the Public Health Lab Network could work together on that, and validate the test.”

Update 11/09/20: The Australian Department of Health’s website infers that Covid-19 tests cannot tell if a person is actually ill or not: “...it should be noted that PCR tests **cannot distinguish between “live” virus and non- infective** RNA.”<sup>122</sup> (Emphasis added)

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<sup>122</sup> Australian Government Department of Health: Novel coronavirus (COVID-19) Information for Clinicians FAQ



## COVID-19 TESTING

### KEY ISSUES: ACCURACY, 'GOLD STANDARD', PREVALENCE

A number of concerns have been raised regarding the accuracy of current Covid-19 testing. Discrepancies have been raised regarding results, prevalence of the outbreak and interpretation of risk.

### COVID-19: GOLD STANDARD TEST?

PCR tests to detect Covid-19 have been rapidly developed and given “emergency” or “special” approval by authorities. As noted by Professor Wolfgang Wodarg, tests for Covid-19 have not been officially validated, but have only been approved by cooperating institutes<sup>123</sup>, including the Doherty Institute’s Lab which is a ‘WHO Collaborating Centre’.<sup>124</sup>

Yamamoto (2002) notes that “the application of PCR to clinical specimens has many potential pitfalls due to the susceptibility of PCR to inhibitors, contamination and experimental conditions. For instance, it is known that the sensitivity and specificity of a PCR assay is dependent on target genes, primer sequences, PCR techniques, DNA extraction procedures, and PCR product detection methods.”<sup>125</sup>

“Since a variety of clinical specimens, such as blood, urine, sputum, CSF and others, vary in regard to the nature of the content and amount available, careful design of the PCR assay for each specific specimen before a PCR application is conducted is essential. In particular, a diagnosis based on detection of a few bacteria in clinical specimens by using PCR must be carefully evaluated technically as well as microbiologically.”

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<sup>123</sup> Wolfgang Wodarg, Home Page, ‘I summarise my technical assessment again here/The significance and application of the PCR test’ (Translated from German)

<sup>124</sup> WHO Collaborating Centre for Reference and Research on Influenza VIDRL: ‘Peter Doherty Institute for Infection and Immunity’

<sup>125</sup> PMC Yamamoto (2002): ‘PCR Diagnosis of Infection: Detection of Bacteria in Cerebrospinal Fluids’

Interestingly, the first Covid-19 test given “emergency” authorisation by Chinese, US and European authorities, was produced by a company called BGI Genomics.<sup>126</sup> This company has a long term strategic partnership with the Bill and Melinda Gates Foundation, “focused on projects and strategies to apply genomic tools to improve global health and agricultural development.”<sup>127</sup>

As noted by Kaufman, the Covid-19 RT-PCR test has never been tested against a gold standard, which is a benchmark to determine the accuracy of a diagnostic test.<sup>128</sup>

Kaufman’s states a ‘gold standard’ would require purified and isolated Covid-19 virus (with genetic material sequenced from that) and a control group of sick and healthy people, to determine the test error rate.

Both Australian health authority representatives, institutions and the World Health Centre have previously demonstrated they are well aware of the requirement for a ‘gold standard’ test to enable accurate diagnostics.

From the Australian Department of Health: “Diagnostic tests are never perfect. False positive and false negative results occur... Samples known to be positive in a “gold standard” assay or from individuals who exhibit specific symptoms and signs of the disease should be tested and the assays sensitivity determined...”<sup>129</sup>

The World Health Organisation’s paper ‘WHO recommendations on the use of rapid testing for influenza diagnosis’, states: “The accuracy of an influenza diagnostic test is determined by the sensitivity and specificity of the test to detect an influenza virus infection compared with a “gold” standard ...”<sup>130</sup>

Professor Allen Cheng is the current Chair of the Australian Therapeutic Goods Administration’s Advisory Committee on Vaccines and is also co-Chair of the government advisory board, the Australian Technical Advisory Group on Immunisation. He is also a Professor in the Department of Epidemiology and Preventative Medicine at Monash University.

Professor Cheng is currently publishing papers on Covid-19<sup>131</sup> and is the Research Leader of APPRISE’s Clinical Research and Infection Prevention team. (APPRISE is the organisation advising Australia’s emergency response to infectious diseases. APPRISE Chief Investigator is Sharon Lewin, Director of the Doherty Institute).

In 2015, Professor Cheng remarked on Ebola tests:

“One of the particular problems they had is that it’s not really clear the test that they’re comparing with is actually a gold standard, so when there’s a discordance with the tests, you can’t tell which one is actually right...”<sup>132</sup>

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<sup>126</sup> BGI Genomics (2020): ‘BGI’s Real-Time SARS-CoV-2 Test to Detect Novel Coronavirus Receives FDA Emergency Use Authorization’

<sup>127</sup> BGI Genomics (2016): ‘BGI Opens Seattle Office for North America Expansion’

<sup>128</sup> James True (via Youtube, interview with Dr Andy Kaufman) (March 2020): ‘The Anatomy of Covid-19’

<sup>129</sup> Australian Government, Department of Health (2012): ‘Appendix A - Template for Molecular testing validation for an in-house assay (Informative)’

<sup>130</sup> WHO: ‘WHO recommendations on the use of rapid testing for influenza diagnosis’

<sup>131</sup> MJA Cheng et al (2020): ‘An outbreak of COVID-19 caused by a new coronavirus: what we know so far’

<sup>132</sup> The Conversation, Sarah Petrova (2015): ‘New bedside test predicts Ebola infection in minutes’

## COVID-19 TESTS

There have been a number of concerns raised about the accuracy of Covid-19 tests.

- In February 2020, Wang Chen, director of the Chinese Academy of Medical Sciences, estimated that tests were only accurate in detecting positive tests 30-50% of the time.<sup>133</sup>
- In March 2020, it was reported that 5-10% of patients from Wuhan who had tested positive, then pronounced “recovered”, had later tested positive again.<sup>134</sup>

Australia’s drug regulator, the Therapeutic Goods Administration, says “The reliability of COVID-19 tests is uncertain due to the limited evidence base. Available evidence mainly comes from symptomatic patients, and their clinical role in detecting asymptomatic carriers is unclear...”

“There is limited evidence available to assess the accuracy and clinical utility of available COVID-19 tests.”<sup>135</sup>

The TGA states the Peter Doherty Institute for Infection and Immunity has also been funded to “undertake a post-market assessment of new COVID-19 rapid tests to inform their best use.”

Because the Doherty Institute developed the national positive test control, reportedly from a sample of one patient, this does not appear to be a controlled, “peer reviewed” or impartial assessment of test accuracy.



Photo by Chokniti Khongchum from Pexels

The Australian Department of Health’s instructions to clinicians appear to ensure that there is limited scope for detection of possible false positive tests for people instructed to quarantine, as follow up PCR testing is not recommended: “Routine PCR testing at seven days after release is not recommended unless the person has clinical features consistent with COVID-19.”<sup>136</sup>

This echoes the WHO, which instructs that “Virus isolation is not recommended as a routine diagnostic procedure... Laboratories are urged to seek confirmation of any surprising results in an international reference laboratory.”<sup>137</sup> [Presumably one of the WHO Collaborating Centres listed on WHO’s website.]

As I have noted above, the WHO published laboratory guidance for assays/tests used to detect Covid-19.

“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>138</sup> (Emphasis added)

<sup>133</sup> 21st Century Business Herald (February 2020): Popular Science: Why is the positive rate of nucleic acid test only 30-50%? (Translated)

<sup>134</sup> NPR, Emily Feng, Amy Cheng (March 2020): ‘Mystery in Wuhan: Recovered Coronavirus Patients Test Negative... Then Positive’

<sup>135</sup> Therapeutic Goods Administration: COVID-19 Testing in Australia - information for health professionals’

<sup>136</sup> Australian government Department of Health: ‘Coronavirus Disease 2019 (Covid-19): CDNA National Guidelines for Public Health Units’

<sup>137</sup>WHO: ‘Laboratory testing or 2017 novel coronavirus (2019-nCoV) in suspected human cases’

<sup>138</sup> World Health Organisation: ‘Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-n-CoV in humans’

[I note that as of the 14th April 2020, the above quote has been removed from WHO's website. However, I have included links referencing an archived version of the site.] <sup>139</sup>

Roussel et al (2020), in 'SARS-CoV-2: fear versus data', compare the incidence and mortality rates of four common coronaviruses with those of SARS-CoV-2 in OECD countries. They conclude "the problem of SARS-CoV-2 is probably being overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time of writing."<sup>140</sup>

## CORONAVIRUSES v COVID - 19

Colson et al's (2020) 'Letter to the Editor' references the authors' study of Covid-19 testing and their results.<sup>141</sup> The authors noted that, several years prior, they had experienced a similar example of disproportionate public fear while conducting studies of the 2012 MERS coronavirus epidemic. "Seven years later [after MERS-coronavirus epidemic], the emergence of SARS-CoV-2 in December 2019 reproduced this pattern of disproportionate fear of importation and spread of infections..."

"In our reference institute for infectious diseases, we have been implementing since the end of January 2020 PCR detection of SARS-CoV-2 RNA using several systems... In total, we have tested to date (as at 19 February 2020) 4,084 respiratory samples by PCR and all the tests have been negative for SARS-CoV-2."

"In striking contrast, we have tested 5,080 respiratory samples for various suspected respiratory viral infections since 1 January 2020 and identified in 3,380 cases respiratory viruses."

In decreasing order of frequency, they were:

- influenza A virus
- influenza B virus
- rhinovirus
- respiratory syncytial virus
- adenovirus
- metapneumovirus
- enterovirus
- bocavirus
- parainfluenza virus
- parechovirus

"Among the diagnosed viruses, there were also 373 common human coronaviruses (HCoV)..."

"Furthermore, analysis of the mortality associated with these viruses has been able to show that since 1 January 2020, one patient died after being diagnosed with [human coronavirus]... Retrospectively, analysis of deaths in

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<sup>139</sup> WHO: This quote has since been deleted, archived version of page here

<sup>140</sup> Roussel et al (2020): '[SARS-CoV-2: fear versus data](#)'

<sup>141</sup> Colson et al (2020) Letter to the editor: Plenty of coronaviruses but no SARS-CoV-2



patients who have had a respiratory sample has shown that at least nine patients have died between 2017 and 2019 after being diagnosed with one of the four coronaviruses commonly circulating in humans.”

“Thus, it is surprising to see that all the attention focused on a virus whose mortality ultimately appears to be of the same order of magnitude as that of common coronaviruses or other respiratory viruses such as influenza or respiratory syncytial virus, while the four common HCoV diagnosed go unnoticed although their incidence is high. In fact, the four common HCoV are often not even identified in routine diagnosis in most laboratories, although they are genetically very different from each other and associated with distinct symptomatology.”



# PANDEMIC

## PREDICTIVE OR COINCIDENCE?

The eerie circumstances of a number of recent 'pandemic simulations', appear to have accurately predicted many detailed and nuanced circumstances of the Covid-19 outbreak.

These simulations involved high level representatives of the military, intelligence organisations, global world leadership forums and included people currently advising the Australian government's Covid-19 response. I have also examined a number of related reports and studies. My intention is to encourage a more rigorous examination of the entities involved.

Investigative journalist Whitney Webb has exposed that a number of the entities involved in Covid-19 'pandemic simulations' were also involved in the 2001 biowarfare simulation 'Dark Winter'. Dark Winter eerily predicted many aspects of the anthrax attacks. People involved in the biowarfare simulation 'scenario' later demonstrated they had clear foreknowledge of the anthrax attacks.

My intention is to consider the dark possibility of a recurrence of 'Dark Winter': a Covid-19 'plandemic'. I want to pose the question - how many 'coincidences' are required before we begin to consider a causal agent?

High-level pandemic simulations include:

- Crimson Contagion (a series of four simulations, draft report dated October 2019\*)
- Event 201\*
- 2017 G20 Health Summit
- Naval War College 'Urban Outbreak'\*

I have also examined a number of other studies and initiatives with a related focus or eerie parallels to the current Covid-19 outbreak.

These include:

- The Rockefeller Foundation's 2010 scenario 'Lockstep'
- The Commission on a Global Health Risk Framework for the Future (GHRF)
- Nuclear Threat Initiative & Johns Hopkins Bloomberg School of Public Health's report: the 'Global Health Security Index'<sup>\*</sup>
- AAHMS Annual Meeting's Scientific Program: Infectious Diseases: Threats Old and New<sup>\*</sup>
- Australian Government, updated 'Australian Management Plan for Pandemic Influenza'<sup>\*\*</sup>
- Doherty Institute: A Hypothetical
- A number of related APPRISE studies

<sup>\*</sup>Events occurred or reports published *within a period of three months*, between August - October 2019.

In 2017, the US government lifted a federal ban on funding research that altered germs to make them more lethal. In 2014, all federal funding was halted on efforts to make three viruses more dangerous - influenza, MERS and SARS. As of 2017, a government panel would regulate permission. "The pathogen to be modified must pose a serious health threat, and the work must produce knowledge — such as a vaccine — that would benefit humans."<sup>142</sup>

In August 2019, the Australian Government published the revised "Australian Management Plan for Pandemic Influenza", the first revision in a decade, since the 2009 Swine Flu 'pandemic'.<sup>143</sup> (See 'Australia & Swine Flu Fraud')

The updated Plan for Pandemic Influenza focusses on vaccines as a solution for future pandemics. "The most effective way of preventing infection with an influenza virus is vaccination. Access to immunisation is one of the main goals of the pandemic response... By definition a pandemic will be caused by a novel virus, so it is likely to be some time before a customised vaccine, that is one based on the actual pandemic virus, becomes available. This could be up to six months."

"To ensure that a new customised vaccine can be accessed as quickly as possible if required, the Australian Government *maintains contracts with vaccine manufacturers* for their rapid development and supply. Prior to the availability of a customised pandemic vaccine it may be appropriate to consider use of a candidate pandemic vaccine if one is available. Candidate vaccines may be developed and potentially stockpiled prior to a pandemic as a precautionary measure... Pandemic vaccination campaigns will build on these seasonal immunisation systems and the *community attitudes established* under these programs." (Emphasis added)

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<sup>142</sup> The New York Times, Donald G McNeil Jr (2017): 'A Federal Ban on Making Lethal Viruses is Lifted'

<sup>143</sup> Australian Government (2019): 'Australian Health Management Plan for Pandemic Influenza'



Photo by Michael Afonso on Unsplash

## NAVAL WAR COLLEGE: URBAN OUTBREAK 2019

In September 2019, a war game was run by the Newport Naval War College called 'Urban Outbreak 2019'. It spanned over two days and involved 50 experts.

Military.com reported, "Some of the conclusions, such as the way forced mass quarantine can backfire and trigger additional disease spread, and how the mortality rate is better than the overall number of disease cases in assessing the scale of an outbreak -- have been proved out through the response to the novel coronavirus."<sup>144</sup>

The premise of the game: an "infectious disease breaks out in a densely populated metropolis and is spreading rapidly, causing respiratory failure and death in its victims. As local containment and response mechanisms break down and cases multiply, it becomes clear that a global response -- spanning governments, humanitarian organizations, health agencies and the military -- will be required."

Military.com reported that before the Covid-19 outbreak, the NWS was working with John Hopkins to "identify the pandemic challenges we might face..."

The 'Urban Outbreak' summary document states:

"The original pathogen proposed for the game had an R0 closer to the COVID-19 virus, exhibited itself with cold and flu like symptoms, and required long-term intensive medical care for a small portion of the population. This proposal was rejected for a variant of a known and curable bacterial pathogen. The learning opportunity lost by failing to use the original pathogen proposed is now obvious."

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<sup>144</sup> Military.com, Hope Hodge Seck (April 2020): 'The Naval War College Ran a Pandemic War Game in 2019. The Conclusions Were Eerie'

“Any containment strategy requires testing and tracing. This is not possible once a large enough population is infected... Forced mass quarantine or any other top down approach to an outbreak securitizes the response. This may not be successful and could increase the spread of the disease.”<sup>145</sup>

“There was no questioning or rejection of the epidemiological reports given to the players even though the infection curve did not follow the normal trajectory for this type of outbreak. This was especially apparent in the final round when there was no clear indicator of why the reported number of infections had fallen dramatically and yet many of the players embraced the idea that it was due to a successful response. This was concerning because designers anticipated questions about data collection and reliability by such a wide array of seasoned experts but not blind acceptance of such abnormal reports.”

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<sup>145</sup> U.S. Naval War College, Davies et al (April 2020): ‘Urban Outbreak 2019 Pandemic Response: Select Research & Game Findings’



Photo by Macau Photo Agency on Unsplash

## CRIMSON CONTAGION

October 2019's 'Crimson Contagion' report documented a series of four pandemic simulations involving 19 US federal agencies and 12 states.<sup>146</sup>

"The Crimson Contagion 2019 Functional Exercise scenario was based on a novel influenza A(H7N9) virus that originates in China and is antigenically distinct (not matched) from stockpiled vaccines... The scenario starts off with tourists becoming ill in China with non-severe acute respiratory illness and then departing the Lhasa airport to other cities in China before flying back to their respective countries... the virus begins to spread around the world, as the ill tourists fly back to their countries of origin."

"The virus rapidly spreads via human-to-human transmission around the world and to the continental U.S... The virus continues to spread to other metropolitan areas across the U.S."

"Figure 6 depicts the virus' high transmissibility and clinical severity, resulting in high-morbidity, and how the H7N9 pandemic compares to other historical pandemics. In the exercise scenario, forecasts give a 90% chance that the pandemic will be of very high severity, with 110 million forecasted illnesses, 7.7 million forecasted hospitalizations, and 586,000 deaths in the U.S. alone."

Whitney Webb's explosive investigative series: 'All Roads Lead to Dark Winter', exposes the history of 'pandemic simulations' Crimson Contagion and Event 201, and their deep ties to the military industrial complex and "bio defence" mass surveillance proponents. I have included an extract of her series here.

Whitney Webb: 'All Roads Lead to Dark Winter'<sup>147</sup>

*"The leaders of two controversial pandemic simulations that took place just months before the coronavirus crisis - Event 201 and Crimson Contagion- share a common history, the 2001 biowarfare simulation Dark Winter. Dark*

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<sup>146</sup> US Assistant Secretary for Preparedness and Response: 'Crimson Contagion 2019 Functional Exercise Key Findings'

<sup>147</sup> The Last Vagabond, Whitney Webb (April 2020): 'All Roads Lead to Dark Winter'

*Winter not only predicted the 2001 anthrax attacks, but some of its participants had clear foreknowledge of those attacks.*

*Yet, upon examining not only these biosafety incidents at Fort Detrick, but the 2001 Anthrax attacks and the current Covid-19 outbreak, another odd commonality stands out — high-level war games exercise took place in June 2001 that eerily predicted not only the Anthrax attacks, but also the initial government narrative of those attacks and much, much more.*

*That June 2001 exercise, known as “Dark Winter,” also predicted many aspects of government pandemic response that would later re-emerge in last October’s simulation “Event 201,” which predicted a global pandemic caused by a novel Coronavirus just months before the Covid-19 outbreak. In addition, the U.S. government would lead its own multi-part series of pandemic simulations, called “Crimson Contagion,” that would also predict aspects of the Covid-19 outbreak and government response.*

*Upon further investigation, key leaders of both Event 201 and Crimson Contagion, not only have deep and longstanding ties to U.S. Intelligence and the U.S. Department of Defense, they were all previously involved in that same June 2001 exercise, Dark Winter. Some of these same individuals would also play a role in the FBI’s “sabotaged” investigation into the subsequent Anthrax attacks and are now handling major aspects of the U.S. government’s response to the Covid-19 crisis.*

*One of those individuals, Robert Kadlec, was recently put in charge of the U.S. Department of Health and Human Services (HHS) entire Covid-19 response efforts, despite the fact that he was recently and directly responsible for actions that needlessly infected Americans with Covid-19.*

*Other major players in Dark Winter are now key drivers behind the “biodefense” mass surveillance programs currently being promoted as a technological solution to Covid-19’s spread, despite evidence that such programs actually worsen pandemic outbreaks. Others still have close connections to the insider trading that recently occurred among a select group of U.S. Senators regarding the economic impact of Covid-19 and are set to personally profit from lucrative contracts to develop not just one, but the majority, of experimental Covid-19 treatments and vaccines currently under development by U.S. companies.*

*This investigative series, entitled “Engineering Contagion: Amerithrax, Coronavirus and the Rise of the Biotech-Industrial Complex,” will examine these disturbing parallels between the 2001 anthrax attacks and the current scandals and “solutions” of the Covid-19 crisis as well as the simulations that eerily preceded both events. By tracing key actors in Dark Winter from 2001 to the present, it is also possible to trace the corruption that has lurked behind U.S. “biodefense” and pandemic preparedness efforts for decades and which now is rearing its ugly head as pandemic panic distracts the American and global public from the fundamentally untrustworthy, and frankly dangerous, individuals who are in control of the U.S. government’s and corporate America’s response.*

*Given their involvement in Dark Winter and, more recently, Event 201 and Crimson Contagion, this series seeks to explore the possibility that, just like the 2001 anthrax attacks, government insiders had foreknowledge of the Covid-19 crisis on a scale that, thus far, has gone unreported and that those same insiders are now manipulating the government's response and public panic in order to reap record profits and gain unprecedented power for themselves and control over people's lives."*

Whitney Webb's investigation also exposed anthrax vaccine profiteers, BioPort [later renamed Emergent BioSolutions] in Part 2 'A Killer Enterprise: How one of Big Pharma's Most Corrupt Companies Plans to Corner the Covid-19 Cure Market'<sup>148</sup>

*"One of the most politically-connected yet scandal ridden vaccine companies in the United States, with troubling ties to the 2001 anthrax attacks and opioid crisis, is set to profit handsomely from the current coronavirus crisis. ...scores of soldiers who had suffered ill health effects from BioPort's anthrax vaccine, some disabled for life, began speaking out, bringing BioPort's most critical product and chief source of income under unwanted scrutiny.*

*While BioPort seemingly faced imminent ruin from these and other scandals in August 2001, the 2001 anthrax attacks that followed a month later came at just the right time for the company, as demand for their anthrax vaccine soon skyrocketed, resulting in new lucrative government contracts.*

*While BioPort seemingly faced imminent ruin from these and other scandals in August 2001, the 2001 anthrax attacks that followed a month later came at just the right time for the company, as demand for their anthrax vaccine soon skyrocketed, resulting in new lucrative government contracts. Their license was also quickly renewed thanks to intervention from the Department of Health and Human Services (HHS) despite many of the problems with its production facility persisting.*

*Though they were conveniently rescued by the unfortunate events of 2001, BioPort would soon lobby for larger contracts than ever before, calling for a massive increase in government purchases of their controversial anthrax vaccine.*

*Not only did Emergent Biosolutions profit from national anthrax fears, they would also cash in on subsequent pandemic panics and later receive substantial backing from the Bill Gates-backed Coalition for Epidemic Preparedness Innovations (CEPI). They would then turn their attention to the still-raging opioid addiction and overdose crisis by buying rights to the only drug approved for treating opioid overdoses at the scene while also suing any and all generic producers of this crucial, life-saving treatment.*

*Given its history, it should come as little surprise that Emergent Biosolutions is now set to profit from the Coronavirus (Covid-19) crisis. They are particularly well-suited to make record profits off of Covid-19, as they are backing not one, but two, vaccine candidates as well as an experimental blood plasma treatment already approved for trials... As noted in [a previous article](#) for The Last American Vagabond, the other main companies*

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<sup>148</sup> The Last American Vagabond, Whitney Webb & Raul Diego (2020): 'A Killer Enterprise: How one of Big Pharma's Most Corrupt Companies Plans to Corner the Covid-19 Cure Market'



*developing Covid-19 vaccines in the U.S. are strategic partners of the controversial Pentagon research agency DARPA, which has become increasingly aligned with HHS in recent years thanks to another Dark Winter participant, Robert Kadlec". [Assistant Secretary for Preparedness and Response, US Department of Health and Human Services]*

CEPI has recently contracted with Emergent BioSolutions to develop a coronavirus vaccine, committing \$36 million to the development of the product.<sup>149</sup>

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<sup>149</sup> Bizjournals, Sarah Gilgore (March 2020): 'Novavax's coronavirus vaccine program is getting some help from Emergent BioSolutions'



Photo by Charles Deluvio on Unsplash

## 2107 G 2 0 HEALTH SUMMIT

In May 2017, the first meeting of the Health Ministers of the G20 took place in Berlin. The theme was “Together Today for a Health Tomorrow - Joint Commitment for Shaping Global Health”, focussing on ‘combating global health hazards’.<sup>150</sup>

The 2017 G20 Health Summit included a simulated pandemic exercise, which was conducted in close cooperation with the World Health Organisation and the World Bank.<sup>151</sup> No members of the media or any other non-G20 participants were permitted to follow the exercise.

“To be better prepared for future health crises, the G20 Health Ministers, together with representatives from the World Health Organization (WHO) and the World Bank, had taken the opportunity to rehearse the event of a transnational outbreak.”<sup>152</sup>

The simulation scenario plot involved the country of ‘Anycountry’- a landlocked, low-income state where there is “an outbreak of a deadly disease that is transmitted via the respiratory tract and threatens to spread globally.”

After the G20 pandemic simulation, German Health Authorities, the Robert Koch Institute, the World Health Organisation and the World Bank adapted the material to create the ‘5C Health Emergency Simulation Exercise’ - a tabletop exercise based on the Berlin exercise that any governments could now use for pandemic preparedness (stating that most of the material was the same, only with references to the G20 removed).<sup>153</sup>

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<sup>150</sup> German Federal Ministry of Health (20th May 2017): ‘First meeting of G20 Health Ministers in Berlin’

<sup>151</sup> G20 2017 Health Summit: ‘Background Information - Crisis Management Exercise for G20 Health Ministers’

<sup>152</sup> German Federal Ministry of Health (20th May 2017): ‘First meeting of G20 Health Ministers in Berlin’

<sup>153</sup> 5C Health Emergency Simulation Exercise Package Manual

A the original G20 simulation exercise was a “high-level political event and its participants had no prior experience of the format or setting,”<sup>154</sup> a ‘G20 Health Working Group’ was formed to “ensure best possible preparation of the G20 health ministers’ meeting.” The G20 Health Working Group members included G20 health experts and representatives of WHO, OECD and the World Bank.<sup>155</sup>

The 5C Simulation Exercise manual says “Three months prior to the exercise, the G20 Health Working Group was briefed on the exercise in a face-to-face meeting in Berlin, following which written background material was circulated.”

The ‘5C Health Emergency Simulation Exercise’ Manual contains a detailed plot, figures of population, employment and exports (Emphasis added):

“Local news reports claim that a severe respiratory disease has led in rapid succession to 10 casualties, some of whom are health care personnel... Local public health officials *are reluctant to publicise the incident*, and WHO comes to learn about the unfolding situation through press screenings. WHO therefore requests Anycountry to verify the reports... However, Anycountry’s government declines offers of external support and *opposes the publication of information.*”

“Despite Anycountry’s objections, yet in full compliance with the International Health Regulations (IHR), WHO proceeds with publishing the event on the IHR Event Information Site (EIS) system. With the epidemic continuing to spread, Anycountry eventually agrees to accept help from a WHO-supported international assessment team, which is tasked with investigating the events. The hypothesis evolves that the infection is possibly being transmitted *at busy market sites* in the mountainous border region...”

“The laboratory succeeds in identifying the pathogen as a *novel respiratory virus*, provisionally named Mountain Associated Respiratory Syndrome (MARS) virus. Based on clinical observations, it is characterized by medium to high pathogenicity and person-to-person transmissibility (see brief fact sheet below)... Anycountry’s health system proves incapable of controlling the epidemic. Rising case numbers increase both international media interest and political pressure to take action.”

“The virus is transmitted person-to-person via droplets or contaminated surfaces. Those infected develop symptoms approximately four days (with a range of two to ten days) after initial exposure... Symptoms include shortness of breath, fever and a dry cough. Approximately 20% to 30% of patients require intensive care and 14% depend on mechanical ventilation. The case fatality rate is around 10%. No specific therapy or vaccine is available; management relies on symptomatic support.”

“Meanwhile, WHO’s Contingency Fund for Emergencies (CFE), which is WHO’s only source of immediate funding for launching disease outbreak investigations or mounting initial disease outbreak responses, has raised only 33% of its USD 100 million target capitalisation as of March 2017... the new WHO Health Emergency Programme is facing a severe funding gap of 41%”

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<sup>154</sup> ‘The 5C Health Emergency Simulation Exercise Package Manual’ p30

<sup>155</sup> GIZ: ‘German G20 Presidency 2017: Identifying health threats and taking action’

## EMERGENCY SIMULATION EXERCISE VIDEOS

The pandemic simulation exercise included nine 'G20 Emergency Simulation Exercise Videos',<sup>156</sup> which simulated news reports and interviews. They included footage of a huge influx of passengers at airports as borders closed, the stock market in "free fall", suspicions that 'Anycountry' *concealed the extent of the outbreak* in order to keep borders open and protect its export earnings.



Image source: Bundesministerium für Gesundheit via Youtube: 'G20 Emergency Simulation Exercise Videos'

The video footage says the novel unknown respiratory virus "originated from mountains...they suspect the pathogen is being spread along the busy market areas along the border."

I note that in December 2019, several weeks prior the Covid-19 outbreak, a documentary produced by China Science Communication was released featuring a Chinese virologist catching wild bats in the mountains of Wuhan. The revelation of the documentary has been covered in mainstream Western press, cited as proof that Covid-19 originated from bats in China.<sup>157</sup>

"The source of the infection remains unknown... the government of Anycountry has been very reluctant to make an official statement. Apparently it has not confirmed to the WHO that there's an unusually high number of cases. Some observers say that the government has refused external help from the WHO."

I note that mainstream Western media and government officials, such as US Secretary of State Mike Pompeo, are accusing China of covering up the scale of the covid-19 outbreak.<sup>158</sup>

The pandemic simulation series concludes with an NGO representative "[expressing] his concerns as initial interest and funding are depleting. It remains unclear where the crisis is headed."

## THE BERLIN DECLARATION

After the 2017 G20 Health Summit pandemic simulation exercise was held, the participating ministers signed the 'Berlin Declaration of the G20 Health Ministers'.<sup>159</sup>

<sup>156</sup> Bundesministerium für Gesundheit via Youtube: 'G20 Emergency Simulation Exercise Videos'

<sup>157</sup> The Daily Mail, Billie Thomson (1st April, 2020): 'Documentary showing a Chinese virus researcher catching wild bats inside Hubei cave fuels conspiracy theory that the coronavirus may have originated in Wuhan;s CDC'

<sup>158</sup> Reuters, Humeyra Pamuk, David Bruunstrom (7th April 2020): 'In apparent swipe at China, Pompeo calls for transparency in coronavirus fight'

<sup>159</sup> G20 2017: 'Berlin Declaration of the G20 Health Ministers'

The 'Declaration' includes commitment to future funding of WHO:

"The international community needs to fully support the WHO in order for the organization to be able to fulfil its role, including in capacity building and in preparing for and responding to health emergencies... we acknowledge that WHO's financial and human resource capacities have to be strengthened, including through adequate and sustainable funding."

The signed 'Declaration' establishes WHO's global authority in health crisis management:

"We acknowledge that efficient global health crisis management *can only be ensured through compliance* with the International Health Regulations (IHR). We will act accordingly within our obligations under the IHR and support the leadership and coordination of WHO in the event of health crises of international concern. We affirm WHO's central role as health cluster lead in particular within the United Nations (UN) coordination mechanisms that are being put in place at the interface to the wider emergency response management..."(Emphasis added)

"Early communication of disease outbreaks, including those which may constitute a Public Health Emergency of International Concern (PHEIC), may be discouraged if countries are led to believe they will face negative consequences due to unjustified travel and trade restrictions by other countries. To limit the negative impact on economies and societies and to foster early communication, we reiterate our commitment to adhering to reporting obligations under the IHR concerning a potential or declared Public Health Emergency of International Concern..."

"We welcome and support new models for R&D preparedness including the "WHO R&D Blueprint", the Global Research Collaboration for Infectious Disease Preparedness (GLOPID-R) and the "Coalition for Epidemic Preparedness Innovations (CEPI)", which is developing new vaccines for epidemics."

I note that In 2017, after Australian Minister Ken Wyatt's involvement with the G20 Health Leaders Summit, the Australian Government funded a 'National Security Against Pandemic Risk' initiative.

As recommended by the signed 'Berlin Declaration', the recipient was the international organisation, the 'Coalition for Epidemic Preparedness Innovations (CEPI), which received \$2 million to "develop vaccines suitable for humans that are ready before a pandemic begins..."<sup>160</sup>

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<sup>160</sup> Australian Government Department of Health: 'National Security Against Pandemic Risk initiative'



image source: Evangeline Shaw via Pexel

## EVENT 201

In October 2019, a simulated ‘Global Pandemic Exercise’ was jointly conducted by John Hopkins, the Gates Foundation and the World Economic Forum, titled ‘Event 201’.

This exercise simulated “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 modelled largely on SARS*, but it is *more transmissible* in the community setting by people with mild symptoms.”<sup>161</sup> (Emphasis added)

“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>162</sup>

Investigative reporter Whitney Webb’s expose ‘All Roads Lead to Dark Winter,’<sup>163</sup> exposes the connection between the leaders of Event 201 and Crimson Contagion - high profile pandemic stimulations that occurred only months before the Covid-19 outbreak. According to Webb, leaders of the exercises “share a common history, the 2001 biowarfare simulation Dark Winter.<sup>164</sup> Dark Winter not only predicted the 2001 anthrax attacks, but some of its participants had clear foreknowledge of those attacks.”

Following the Event 201 exercise, The Johns Hopkins Center for Health Security, World Economic Forum, and Bill & Melinda Gates Foundation proposed a number recommendations for policy makers and organisations.

“The next severe pandemic will not only cause great illness and loss of life but could also trigger major cascading economic and societal consequences that could contribute greatly to global impact and suffering.”

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<sup>161</sup> Event 201: ‘The Event 201 scenario’

<sup>162</sup> Event 201

<sup>163</sup> The Last Vagabond, Whitney Webb (April 2020): ‘All Roads Lead to Dark Winter’

<sup>164</sup> Johns Hopkins Bloomberg School of Public Health, Center for Health Security: ‘Dark Winter’

Challenges would require “new robust forms of public-private cooperation to address [them].”<sup>165</sup>

They recommend governments and international organisations accumulate international stockpiles of vaccines and therapeutics. Governments should coordinate with WHO, CEPI and GAVI to invest in new technologies, manufacturing and industrial approaches.

WHO already has an “influenza vaccine virtual stockpile, with contracts in place with pharmaceutical companies that have agreed to supply vaccines should WHO request them.”

It is recommended that this should include “any available experimental vaccine stockpiles” to “deploy in a clinical trial during outbreaks in collaboration with CEPI, GAVI, and WHO”. Countries should support this effort with additional funding.

Governments need to work with social media and the private sector to counteract misinformation during the next pandemic to “flood media with fast, accurate, and consistent information.... media companies should commit to ensuring that authoritative messages are prioritized and that *false messages are suppressed including through the use of technology.*” (Emphasis added)

“Public health authorities should work with private employers and trusted community leaders such as faith leaders, to promulgate factual information to employees and citizens.”

Private sector employers should increase capacity to “manage rumors and misinformation, and amplify credible information to support emergency public communications.”

Independent journalist Cory Morningstar reported: “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>166</sup>

(For more information on Covid-19 ‘information management’, see ‘Bio-Surveillance State’.

## EVENT 201 & OPEN PHILANTHROPY

The Event 201 exercise was funded by Open Philanthropy. One of Open Philanthropy’s focus areas is ‘Biosecurity and Pandemic Preparedness’. The leader of this work, Andrew Snyder-Beattie, is an alumni of the Johns Hopkins Emerging Leaders in Biosecurity Initiative. Open Philanthropy’s Biosecurity and Pandemic grants amount to tens of millions of dollars over the last several years, with a number of grants being made to Johns Hopkins.<sup>167</sup>

- A \$16 million in 2017 to the Johns Hopkins Center for Health Security to “support CHS’s work on biosecurity, global health security, and global catastrophic risks posed by pathogens.”<sup>168</sup>

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<sup>165</sup> Event 201 Recommendations: ‘Public-private cooperation for pandemic preparedness and response’

<sup>166</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’

<sup>167</sup> Open Philanthropy Grants Database, Biosecurity and Pandemic Preparedness’

<sup>168</sup> Open Philanthropy: ‘Johns Hopkins Center for Health Security — Biosecurity, Global Health Security, and Global Catastrophic Risks (2017)’

- A \$350,000 grant in March 2020 to the Council on Strategic Risks, to “support mentorship and idea generation aimed at preventing the development of biological weapons.” Pictured is Andrew Weber, senior Fellow at the Council, showing then-Senator Barack Obama a vial of anthrax pathogen.<sup>169</sup>
- A 2018 grant to the Center for Global Development's 'Pandemic Policy Project'. A 2020 grant of \$250,000 toward the Center's development of 'COVID-19 Local Response Guidelines'. The Center for Global Development also receives millions of dollars in funding from the Australian Government's Department of Foreign Affairs and Trade, and the Gates Foundation.<sup>170</sup>

## JOHNS HOPKINS

In October 2019 (within the same month as Event 201), the Nuclear Threat Initiative and the Johns Hopkins Bloomberg School of Public Health published their report the 'Global Health Security Index'. The project was funded by the Open Philanthropy Project, the Bill & Melinda Gates Foundation and the Robertson Foundation. “The Global Health Security (GHS) Index is the first comprehensive assessment and benchmarking of health security and related capabilities across the 195 countries that make up the States Parties to the [World Health Organisation's] International Health Regulations.”<sup>171</sup>

“The GHS Index is intended to be a key resource in the face of increasing risks of high-consequence and globally catastrophic biological events and in light of major gaps in international financing for preparedness.” Each country is individually scored on factors including response planning, lab systems, zoonotic disease, financing, immunisation and commitment to sharing biological data.

Johns Hopkins now runs the global Covid-19 Dashboard, widely cited as an authoritative source on global COVID-19 cases, hot spots and deaths tracking, with the Philadelphia Inquirer reporting their coronavirus dashboard offers “a real-time window on a global pandemic... As of early March, the site was drawing about 1.2 billion “requests” per day”.<sup>172</sup> The site is considered an authoritative source by governments, media and authorities, although as I have demonstrated, its data sources include social media and local news reports. (See 'Johns Hopkins - Covid-19: Global Dashboard')

Johns Hopkins researchers published an early 'apocalyptic' Covid-19 R0 (disease transmission rate) of between 4.7 and 6.6, with the *authors funded by DARPA*, the US military technology research agency.<sup>173</sup>

“The Novel Coronavirus, 2019-nCoV, is Highly Contagious and More Infectious Than Initially Estimated... We further show that quarantine and contact tracing of symptomatic individuals alone may not be effective and early, strong control measures are needed to stop transmission of the virus.”<sup>174</sup>

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<sup>169</sup> Open Philanthropy: 'Council on Strategic Risks - Biological Weapons Prevention'

<sup>170</sup> Center for Global Development: 'Funding Agreements Active 2020'

<sup>171</sup> GHS Index: Global Health Security Index 2019

<sup>172</sup> The Philadelphia Inquirer, Susan Snyder (March 2020): 'Johns Hopkins coronavirus dashboard offers a real-time window on a global pandemic'

<sup>173</sup> DARPA Defence Advanced Research Projects Agency

<sup>174</sup> Sanche et al (2020): 'The Novel Coronavirus, 2019-nCoV, is Highly Contagious and More Infectious Than Initially Estimated'



Johns Hopkins collaborates with DARPA on several projects<sup>175</sup>, including research on developing brain-machine interfaces. As per investigative journalist Whitney Webb's Covid-19 investigation, 'All Roads Lead to Dark Winter'<sup>176</sup>, "the other main companies developing Covid-19 vaccines in the U.S. are strategic partners of the controversial Pentagon research agency DARPA..."

Former Director of the Johns Hopkins Center for Health Security, and co-author of pandemic anthrax bioweapon exercise Dark Winter, Tara O'Toole, is now the Executive of In-Q-Tel - the CIA's investment arm.<sup>177</sup>

## WORLD ECONOMIC FORUM

The WEF describes itself as the "the International Organization for Public-Private Cooperation."

The October 2019 'pandemic preparedness exercise' Event 201 (an initiative of the Gates Foundation and World Economic Forum) concluded, "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>178</sup>

On March 11th 2020, the World Economic Forum announced a partnership with WHO to launch the 'COVID Action Platform', to "convene the business community for collective action... The platform is intended to catalyse private-sector support for the global public health response to COVID-19..."<sup>179</sup>

Platform partners include AstraZeneca, Nestle, PepsiCo, Amgen, and Unilever.<sup>180</sup>

Morningstar reports: "...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 coronavirus vaccine."

The WEF announced that in a "high-level COVID Action Platform Virtual Meeting hosted by the World Economic Forum, CEPI CEO Richard Hatchett said for businesses the shift in funding towards covid vaccine development would be "the best investment your companies will ever make."<sup>181</sup> (See also 'CEPI')

In March 2020, the WEF published a white paper, 'Workforce Principles for the COVID-19 Pandemic, Stakeholder Capitalism in a Time of Crisis.'<sup>182</sup>

This white paper says, "businesses that live up to the values of stakeholder capitalism are also likely to be best placed for a rebound, having supported their *human capital* during the present crisis." (Emphasis added)

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<sup>175</sup> Johns Hopkins: 'Search Tag: 'DARPA'

<sup>176</sup> The Last Vagabond, Whitney Webb (April 2020): 'All Roads Lead to Dark Winter'

<sup>177</sup> The Last American Vagabond, Whitney Webb (2020): 'All Roads Lead to Dark Winter'

<sup>178</sup> Event 201

<sup>179</sup> World Economic Forum (March 2020): 'World Economic Forum launches COVID-19 Action Platform to fight coronavirus'

<sup>180</sup> World Economic Forum (March 2020): 'How are companies responding to the coronavirus crisis?'

<sup>181</sup> World Economic Forum (March 2020): 'How are companies responding to the coronavirus crisis?'

<sup>182</sup> World Economic Forum: (March 2020): 'Workforce Principles for the COVID-19 Pandemic Stakeholder Capitalism in a Time of Crisis'

The WEF whitepaper says COVID-19 is accelerating trends related to the future of work. These include remote work, increased use of temporary workers, accelerating the automation of highly repetitive tasks and a shift to flexible/remote working.

The WEF says there is a need for “innovative solutions to enable a rebalancing of talent between industries... Consider a *cross-industry talent exchange* as a means for “sharing” talent. Having organizations collaborate in a talent exchange can significantly *minimize the frictional cost* and time associated *with traditional employment transitions...*”

The WEF whitepaper recommends a number of changes to remove employee protections that, in my belief, will never be returned post Covid-19, including the concepts of ‘shared risks’ and ‘variable pay’. Employees who *have no say* in determining the broader direction or financial risk of their company, will apparently now be expected to partake in ‘shared risk’.

“In tackling this challenge, it is critical for companies to emphasize actions that balance near-term flexibility against the long-term wellbeing of the enterprise and its workers... In addition, it is important to embrace the concept of *shared risks, responsibilities and rewards* in shaping solutions during a crisis. For example, while varying in use across geography, industry and company, *variable pay* could serve as a tool to protect the key elements of total rewards during the crisis, including fixed pay and benefits. These practices may change as the crisis unfolds...” (Emphasis added)

I find the WEF’s response to the social and economic devastation of the Covid-19 outbreak to be primarily geared towards a ‘profit and opportunity focus’. In April 2020, the WEF stated “With some 2.6 billion people around the world in some kind of lockdown, we are conducting arguably the *largest psychological experiment ever...*”.<sup>183</sup> I find this an odd way to phrase the virtual house arrest of billions of people, many of whom suddenly are suddenly impoverished and at the mercy of the state.

The WEF has published a number of articles over the last two years about pandemic preparedness and ‘Disease X’.

Davos, January 2019: “Could the fourth wave of globalization help to end epidemics?... The Fourth Industrial Revolution can provide powerful new tools to fight the epidemics of our future... Globalization 4.0 is giving us the technology and the processing capacity to accelerate the rate at which we can acquire scientific and biological knowledge. It is increasing our understanding of pathogens...”<sup>184</sup>

March 2019: “The global economy is woefully unprepared for biological threats. This is what we need to do... attention on minimising the economic impact of epidemics is not only consistent with the IHR, but also represents a synergistic opportunity to grow engagement towards building core capacities to prevent, detect, and respond to outbreaks generally.”<sup>185</sup>

2018: “The World Health Organisation is worried about Disease X and you should be too... The next pandemic is coming.... As the WHO’s description explains, the disease that turns out to be “Disease X” could be one that

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<sup>183</sup> World Economic Forum, Dr Elke Van Hoof (April 2020): ‘Lockdown is the world’s biggest psychological experiment - and we will pay the price’

<sup>184</sup> World Economic Forum (2019): ‘Could the fourth wave of globalisation help to end epidemics?’

<sup>185</sup> World Economic Forum (2019): ‘The global economy is woefully unprepared for biological threats. This is what we need to do’

we don't yet know is dangerous. Seemingly non-threatening diseases have changed course before... A pandemic could also come from a mutated version of an existing pathogen. It's almost certain that we'll eventually see a disease like the 1918 pandemic influenza that was one of the deadliest events in human history... A mutated flu has long been a contender for the source of our next pandemic..."

The article says possible animal to human transmission could cause a "renegade virus." Melinda Gates is quoted as saying the "scariest global disaster" that she can imagine happening within the next 10 years is an intentionally created pandemic disease.<sup>186</sup>

At the 2019 Davos WEF, scientists from the Imperial College (modellers of UK Covid-19 policy, funding from Gates Foundation) "presented their ideas on next generation vaccines...". The group led a workshop titled "Developing a Vaccine Revolution".<sup>187</sup>

Representatives of the College included Professor Robin Shattock, whose team is "improving the production system of vaccines to quickly provide tens of thousands of new vaccine doses *within weeks of a new threat being identified*. Currently, vaccines can take 10 years or more to develop." Professor Shattock said "We need to completely reimagine the way vaccines are being produced and approved..." (Emphasis added)

Another College representative, Professor Wendy Barclay, spoke about how her team is working to prevent influenza virus crossing from wild birds to chickens. To solve this, her team is using CRISPR gene editing to "precisely alter the genome of a species to introduce beneficial new traits - to develop chickens that are totally resistant to infection by influenza virus." Professor Barclay said "With our idea to *generate farmed animals* that cannot be infected by influenza viruses we aim to bring global health security by stopping influenza pandemics from emerging." (Emphasis added)

## GATES FOUNDATION

I have covered information about Event 201 co-host organisation, the Bill & Melinda Gates Foundation, in chapters 'Global Health Imperialism' and 'The Gates Foundation'.

Foundation co-Founder, billionaire Bill Gates, has made a number of recent oddly predictive statements about the "next global pandemic." Bill Gates has made many references to a coming global pandemic over the last few years, some of which have disturbing parallels to the Covid-19 outbreak.

2018, Business Insider: "Bill Gates says "the next deadly disease that will cause a global pandemic is coming... "adding that the next disease might not even be a flu, but something we've never seen... Gates presented a simulation by the Institute for Disease Modelling that found that a new flu [like the 1918 pandemic] would now most likely kill 30 million people within six months. And the disease that next takes us by surprise is likely to be one we see for the first time at the start of an outbreak, like what happened recently with SARS and MERS viruses."<sup>188</sup>

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<sup>186</sup> World Economic Forum (2018): 'The World Health Organisation is worried about Disease X and you should be too'

<sup>187</sup> Imperial College London, Stephen Johns (2019): 'Imperial scientists present vaccine revolution to world leaders at WEF in Davos'

<sup>188</sup> Business Insider, Kevin Loria (2018): 'Bill Gates thinks a coming disease could kill 30 million people within 6 months -- and says we should prepare for it as we do for war'

At a 2018 Epidemics Event at the Massachusetts Medical Society, Bill Gates delivered at the Shattuck Lecture: 'Innovation for pandemics'.<sup>189</sup>

Gates' presentation included an influenza pandemic simulation (referenced in the aforementioned Business Insider article), which showed the pandemic originating in China.



Image:Bill Gates, Shattuck Lecture: Innovation for pandemics'

Bill Gates' presentation also includes references to Hollywood 'pandemic films' Contagion and Inferno. There has been recent controversy and perplexity about the similarity of plot lines of 'Contagion' and 'Inferno' to Covid-19 outbreak.<sup>190</sup>

Mr Gates says, ““Now watching Hollywood movies, you'd think the world was pretty good at protecting the public from deadly microorganisms... Just look at the tools that like government agents Jack Bauer in 24, or Harvard professors like Robert Langdon in Inferno, or WHO epidemiologist like Leonora Orantes have in Contagion. They are so well equipped but with tools and mandates that literally no one has. So those movies paint an overly optimistic view of preparedness.

“In the real world, the health infrastructures we have for normal times break down very rapidly though major disease outbreak... Even in the US, our response to a pandemic or widespread bio-terrorist attack would be grossly insufficient...”

In the film Gates references, 'Contagion', the fictional virus is of zoonotic bat origin. Infection is spread by droplets of saliva from sneezing or coughing. Virus transmission is spread from surfaces and people touching their faces.

<sup>189</sup> Massachusetts Medical Society (2018): 'The Shattuck Lecture: Innovation for Pandemics'

<sup>190</sup> Massachusetts Medical Society (2018): Bill Gates, The Shattuck Lecture: Innovation for Pandemics'



Slide Image: Bill Gates, Shattuck Lecture: Innovation for pandemics'

Independent journalist Chico Crypto uncovered a number of other disturbing parallels to the film Contagion and the current Covid-19 pandemic.

Parallels included references to obscure herbal cures currently being trialled in China to treat Covid-19, a minor actor of the Contagion film demonstrated to be a 'real-life' CNN reporter that was later interviewed about the Covid-19 outbreak, and an eerie similarity to the number of predictive deaths.<sup>191</sup>

After widespread public concern was voiced about the strange plot similarities, CNN reported on the matter. "Evidence shows that the novel coronavirus transmits through the same mechanisms [as the fictional virus], according to the World Health Organization... In "Contagion," CDC research scientist Dr. Ally Hextall (Jennifer Ehle) stresses that it can take months, maybe a year, to be able to distribute a vaccine after testing, clinical trials, manufacturing and distribution. However, Hextall speeds up the process by inoculating herself with the final experimental vaccine, then is able to provide doses for human use in just several months." "Actors from "Contagion" recently urged people to "control the contagion" by washing their hands, practicing social distancing and following the advice of health experts In a series of PSAs from Columbia Public Health."<sup>192</sup>

Gates also references the film "Inferno", which was released in the US on 28th October 2016, on Bill Gates 61st birthday.<sup>193</sup>

<sup>191</sup> Chico Crypto (via Youtube): 'Global Pandemic PLanned? ID2020, Vaccine and Crypto

<sup>192</sup> CNN (April 2020): 'Contagion' vs. coronavirus: 'The film's connections to a real life pandemic'

<sup>193</sup> Wikipedia: Inferno (2016)

Inferno was based on a book written by Dan Brown. The Malthusian plot line features the hero attempting to stop a billionaire geneticist from unleashing a virus that will kill billions of people. In the film, the billionaire says the world is overpopulated. "Every single global ill- the plague, the earth, can be traced back to human overpopulation..."

MNN reviewed the film: "While Zobrist may sound like your typical madman, Brown is quick to give some context to his nefarious intentions. His reasons have nothing to do with wiping out humanity, but saving it from itself by reducing global population and ensuring the species' long-term survival."<sup>194</sup>

In the book, the virus is a biological plague which causes infertility. The Director of WHO and lead female character decide no to try to reverse the sterility-causing virus, with the Director of WHO acknowledging that the billionaire has a point about the dangers of overpopulation.<sup>195</sup>

## JANE HALTON

Jane Halton was formerly the head of the Australian government Department of Health and implemented Australia's response to the SARS outbreak, and is established "the national stockpile of antiviral drugs and the Office of Health Protection that has [now] swung into action to combat the Wuhan strain."<sup>196</sup>

Halton was formerly chair of the Executive Board of the World Health Organisation, president of the World Health Assembly and of the OECD Health Committee.<sup>197</sup>

Jane Halton participated as a key panel member in the controversial and disturbing 'invite only' high level simulation pandemic exercise Event 201.<sup>198</sup> Today, Jane Halton serves on the Executive Board of the Australian Government's National COVID-19 Coordination Commission (NCCC).

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<sup>194</sup> MNN, Michael D'Estries (2016): "['Inferno' fueled by apocalyptic Malthusian theory](#)"

<sup>195</sup> Wikipedia: Inferno (novel)

<sup>196</sup> The Australian (2020): 'Australian scientists in race to find coronavirus vaccine'

<sup>197</sup> WHO, Biography Ms Jane Halton

<sup>198</sup> Event 201 Players, Jane Halton



## AAHMS ANNUAL MEETING INFECTIOUS DISEASES: THREATS OLD AND NEW

The 2019 AAHMS Annual Meeting's Scientific Program was held on October 10th, 2019, a week before Event 201. The scientific program explored "Infectious Diseases: Threats Old and New."

The event guest speakers included representatives from WHO, the Doherty Institute, CEPI and the Imperial College (which provides the modelling for the UK government's Covid-19 response and receives funding from the Gates Foundation.)

The Australian Academy of Health and Medical Sciences describes itself as "the impartial, authoritative, cross-sector voice of health and medical science in Australia."<sup>199</sup>

Fellows of the AAHMS include Chief Medical Officer Brendan Murphy, Doherty Institute Director Professor Sharon Lewin and Professor Ian Frazer, immediate past president of the AAHMS.

"We will reflect on the 100 years that have passed since the Spanish Flu arrived in Australia and from here, will consider national and global prospects for tackling current and emerging threats – known and unknown. What are the prospects for eliminating infectious diseases? How will the world tackle the next pandemic - 'Disease X'? We will hear from national and international leaders in areas including pandemic preparedness, antimicrobial resistance, and disease elimination strategies."<sup>200</sup>

Guest speakers included:

- Professor Sir Roy Anderson: the London Centre for Neglected Tropical Diseases

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<sup>199</sup> Australian Academy of Health and Medical Sciences

<sup>200</sup> AAHMS Annual Meeting 2019: 'Infectious Diseases: Threats old and new'

- The London Centre for Neglected Tropical Disease is a research initiative from the Imperial College London and the Natural History Museum. Professor Anderson is the Director of the London Centre and also sits on the Imperial College's international Advisory Board.<sup>201</sup> The Imperial College's advice and modelling informed the UK Government's Policy Response to Covid-19. Representatives from the Bill and Melinda Gates Foundation also serve on the Advisory Board.
- Professor Anderson has also served as a non-executive director of pharmaceutical company GlaxoSmithKline.<sup>202</sup>
- Professor Sharon Lewin & Professor Jodie McVernon from the Doherty Institute. McVernon is co-leading the modelling informing the Australian government's Covid-19 response and the Doherty Institute is highly influential in the government's Covid-19 response. (See also 'Conflicted Modeller: Professor Jodie McVernon')
- Dr Melanie Saville: Director of Vaccine Development, Coalition of Epidemic Preparedness Innovations (CEPI)
  - On the 27th of November, one month post the AAHMS event (and after Event 201), Professor Saville co-authored a paper: 'Developing vaccines against epidemic-prone emerging infectious diseases', which outlined CEPI's role and focus to support and develop "new vaccines to prevent future epidemics."<sup>203</sup>
  - Reports from CEPI indicate their development of a Covid-19 vaccine occurred before the virus was identified as problematic. (See 'CEPI' and 'CEPI & the Gates Foundation')
- Professor Kanta Subbarao, Director WHO Collaborating Centre for Reference and Research on Influenza
  - The WHO Collaborating Centre is part of the University of Melbourne/Doherty Institute's services.
- Professor Ian Frazer (See 'Conflicted Inventor - Professor Ian Frazer')

**Topics of talks given at "Infectious Diseases: Threats Old and New."<sup>204</sup>**

'A hundred years of flu pandemics'

'Future pandemics: genomics, ethics and more effective public health response'

'What constitutes 'best' use of limited resources in initial pandemic response?'

'The challenges of preparing for Disease X'

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<sup>201</sup> Imperial College London, International Advisory Board

<sup>202</sup> AAHMS 2019 Annual Meeting - Speakers'

<sup>203</sup> Springer (27th November, 2019) Saville et al: 'Developing vaccines against epidemic-prone emerging infectious diseases'

<sup>204</sup> AAHMS 2019 Annual Meeting Program





## COMMISSION ON A GLOBAL HEALTH RISK FRAMEWORK FOR THE FUTURE

### THE NEGLECTED DIMENSION OF GLOBAL SECURITY: A FRAMEWORK TO COUNTER INFECTIOUS DISEASE CRISES

The Commission on a Global Health Risk Framework for the Future (GHRF) sponsored and initiated an investigation into pandemics, the “underlying neglect of health systems around the globe” and “the associated peril for economies and security.” The investigation concluded in a 2016 report ‘The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises’<sup>205</sup>

Sponsors of the GHRF included Ford Foundation, Bill & Melinda Gates Foundation, Rockefeller Foundation, United States Agency for International Development (USAID), and Wellcome Trust. The Rockefeller Foundation hosted the launch event.<sup>xs</sup>

I have noted several dominant themes of the framework report, which are particularly interesting given the commercial interests of the report sponsors. (See ‘Global Health Imperialism’ and ‘The Gates Foundation’)

## GLOBAL HEALTH SECURITY: GLOBAL PUBLIC GOOD

“To make themselves safer, rich countries must help the poorer parts of the world, since global health security is truly a public good. Zoonotic transfers and outbreaks in even the poorest parts of the world can have global impact...

“Global health security is a global public good... Global leaders must therefore commit to creating and resourcing a comprehensive global framework to counter infectious disease crises.

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<sup>205</sup> Commission on a Global Health Risk Framework for the Future (2016): ‘The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises’

## INFECTIOUS DISEASE: NATIONAL SECURITY RISK

We cannot afford to continue to neglect this risk to global security... It is instructive to take pandemics out of the medical context and think about the threat as a national security issue.”

The report notes that global military spending amounts to \$2 trillion, saying: “As Bill Gates has pointed out, the contrast with the small amount of resources devoted to protecting humankind from potential pandemics is striking...”

## INCREASED POWER TO WHO

“The Commission believes that an empowered WHO must take the lead in the global system to identify, prevent, and respond to potential pandemics. There is no realistic alternative... It needs more capability and more resources, and it must demonstrate more leadership.”

In 2016, after the GHRF study was published, WHO responded with a corresponding paper.

WHO stated that a number of high profile organisations made “Expert group demands to WHO for pandemic preparedness R&D”, included the development of a global fund to develop products and R&D for prioritised pathogens. All of the ‘Expert groups’ listed published these ‘demands’ within a year of each other.<sup>206</sup>

Following the GHRF report, in 2017 the first meeting of the G20 Health Leaders culminated in a signing of the ‘Berlin Declaration’, where Ministers signed commitments to increased funding of WHO.

## INTERNATIONAL FUNDING FOR PRODUCT PANDEMIC DEVELOPMENT

The report recommends international spending of \$4.5 billion a year “...if we spend too little, we open the door to a disaster of terrifying magnitude.”

The GHRF recommended the World Health Organisation develop a ‘Pandemic Product Development Committee’, mobilising \$1 billion a year (out of the \$4.5B total).

“World Health Organization should work with global R&D stakeholders [ie: pharmaceutical and biotech companies] to catalyze the commitment of \$1 billion per year to maintain a portfolio of projects in drugs, vaccines, diagnostics, personal protective equipment, and medical devices...”

“The PPDC should be focused primarily on diseases of pandemic or epidemic potential, including coronaviruses and influenza viruses, among others.”

In 2017, WHO published replacement guidelines for their “Pandemic Influenza Risk Management: A WHO guide to inform & harmonize national & international pandemic preparedness and response”.<sup>207</sup>

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<sup>206</sup> World Health Organisation (2016): Box 1: ‘An R&D Blueprint for Action to Prevent Epidemics’

<sup>207</sup> World Health Organisation (2017): ‘Pandemic Influenza Risk Management’

The main changes included: "Inclusion of the significant development in recent years of the strategies for pandemic vaccine response during the start of a pandemic."

## COMMENTS OF NOTE

"[In] a globalized, media-connected world, national borders are no barriers to real or perceived threats. Fears, whether rational or unwarranted, spread even more quickly than infections. And such fears drive changes in behavior and public policy, often leading governments to implement non-scientific-based actions that exacerbate economic impact, such as travel bans, quarantines, and blockades on the importation of food, mail, and other items."

"Self-interested and misguided behavior by individual countries can be an impediment to an effective international response to infectious disease threats, whether by delaying or suppressing data or alerts or by imposing excessive restrictions on travel and trade. We believe the global community should establish tougher norms and pursue greater compliance in these areas—and be prepared to "name and shame" where necessary."



Image source: NPhoto by Ryan Tang on Unsplash

## LOCKSTEP

### ROCKEFELLER FOUNDATION

The Rockefeller Foundation published a 2010 paper ‘Scenarios for the Future of Technology and International Development’. The first scenario titled ‘Lockstep’, described as: “A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback...”<sup>208</sup>

The 2010 report introductory was letter from Rockefeller Foundation President Judith Rodin:

“One important—and novel—component of our strategy toolkit is scenario planning, a process of creating narratives about the future *based on factors likely to affect* a particular set of challenges and opportunities. We believe that *scenario planning has great potential* for use in philanthropy *to identify unique interventions...* The results of our first scenario planning exercise demonstrate a provocative and engaging exploration of the role of technology and *the future of globalization...* I hope this publication makes clear exactly why my colleagues and I are so excited about the promise of using scenario planning to develop robust strategies...” (Emphasis added)

### ROCKEFELLER FOUNDATION: LOCKSTEP

Rockefeller Foundation’s ‘Lockstep’ scenario (Emphasis added):

“In 2012, the pandemic that the world had been anticipating for years finally hit. Unlike 2009’s H1N1, this new influenza strain—originating from wild geese—was extremely virulent and deadly.... The pandemic also had a deadly effect on economies: *international mobility* of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains. Even locally, normally bustling shops and office buildings *sat empty for months*, devoid of both employees and customers...”

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<sup>208</sup> The Rockefeller Foundation (2010): ‘Scenarios for the Future of Technology and International Development’

“The United States’s initial policy of “strongly discouraging” citizens from flying proved deadly in its leniency, accelerating the spread of the virus not just within the U.S. but across borders. However, a few countries did fare better—China in particular. The Chinese government’s quick imposition and *enforcement of mandatory quarantine for all citizens*, as well as its instant and near-hermetic sealing off of all borders, saved millions of lives, stopping the spread of the virus far earlier than in other countries and enabling a swifter post- pandemic recovery.”

“During the pandemic, *national leaders around the world flexed their authority* and imposed airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, *this more authoritarian control and oversight of citizens and their activities stuck and even intensified*. In order to protect themselves from the spread of increasingly global problems—from pandemics and transnational terrorism to environmental crises and rising poverty—leaders around the world took a firmer grip on power.”

“At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty—and their privacy—to more paternalistic states in exchange for greater safety and stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and national leaders had more latitude to impose order in the ways they saw fit. In developed countries, this heightened oversight took many forms: *biometric IDs for all citizens*, for example, and tighter regulation of key industries whose stability was deemed vital to national interests. In many developed countries, enforced cooperation with a suite of new regulations and agreements *slowly but steadily restored both order* and, importantly, *economic growth*.”

The Rockefeller Foundation, along with the Gates Foundation, funded the Commission on a Global Health Risk Framework for the Future (GHRF), which initiated a 2016 investigation into pandemics, the “underlying neglect of health systems around the globe” and “the associated peril for economies and security.” The investigation concluded in a 2016 report ‘The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises’<sup>209</sup> The investigation concluded that global health security is a ‘global public good’, that the threat of pandemics should be considered as a national security issue, and that nations should give WHO more power and funding.

Now, several years later, The Rockefeller Foundation has published their recommended policy response to Covid-19. Their answer to ‘restart the economy’ is mass genetic testing, bio-surveillance and the launch of a ‘Covid-19 Community Health Care Corps’ - a disturbingly militarised mass-testing and surveillance program. This includes using medical health records, digital tracking of workforces and resting heart rate and temperature trends, in a ‘privacy-centric’ [not private] program.

## ROCKEFELLER FOUNDATION’S MEDICAL ETHICS

In the 1940s, the Rockefeller Foundation and Johns Hopkins were conducting illegal medical experimentation on populations of people, which were later compared to the Nazi medical experiments inflicted upon people in

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<sup>209</sup> Commission on a Global Health Risk Framework for the Future (2016): ‘The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises’

Auschwitz.<sup>210</sup> In January last year, Johns Hopkins, the Rockefeller Foundation and pharmaceutical company Bristol-Myers Squibb faced a \$1 billion lawsuit for their conduct.<sup>211</sup>

“Over 750 victims have sued The Rockefeller Foundation, the Johns Hopkins Hospital, the Johns Hopkins University, The Johns Hopkins University School of Medicine, the Johns Hopkins Bloomberg School of Public Health, and the Johns Hopkins Health System Corporation, alleging that they were the driving force behind human experiments...”

Researchers from the institutions conducted “barbaric human experimentations”, deceiving and intentionally exposing vulnerable populations of Guatemalans to “syphilis, gonorrhea and other venereal diseases and pathogens, without giving any informed consent... Researchers subjected the Guatemalans to repeated blood draws, lumbar punctures and cisternal punctures of the suboccipital portion of the brain, gynecological examinations, touching and penetration of sexual organs, and forced or coerced sexual contact.”

The Obama Administration apologised to Guatemala for the Guatemala Experiments in 2010. The same year that the Rockefeller Foundation published the above paper ‘Scenarios for the Future of Technology and International Development’.

This is not an isolated incident. “Key Rockefeller and Johns Hopkins researchers involved in the Guatemala Experiments, were also behind the now infamous Tuskegee experiments, in which 600 impoverished African-American sharecroppers were never informed they had syphilis, and were given placebos rather than real medicine. The researchers watched while the experiment subjects wasted away and infected their wives and children with the disease. The Tuskegee experiments were halted after being exposed by a whistleblower.”<sup>212</sup>

The School of Hygiene and Public Health at Johns Hopkins was founded in 1916 with funding from the Rockefeller Foundation.<sup>213</sup>

In 1999, the Gates Foundation gave \$20 million to Johns Hopkins “to create the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University School of Public Health.”<sup>214</sup> A further grant of \$40 million was awarded in 2003.<sup>215</sup>

“Major advances could be made toward *solving global problems in population* and reproductive health if countries around the world could put in place appropriate, cost-effective service delivery programs,” said Alfred Sommer, dean of the School of Public Health.” (Emphasis added)

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<sup>210</sup> PR Newswire, Meridian 361 International Law Group (2015): ‘Rockefeller, Johns Hopkins Behind Horrific Human Syphilis Experiments, Allege Guatemalan Victims In Lawsuit’

<sup>211</sup> Reuters, Jonathon Stempel (2019): ‘Johns Hopkins, Bristol-Myers must face \$1 billion syphilis infections suit’

<sup>212</sup> PR Newswire, Meridian 361 International Law Group (2015): ‘Rockefeller, Johns Hopkins Behind Horrific Human Syphilis Experiments, Allege Guatemalan Victims In Lawsuit’

<sup>213</sup> Medical Archives of the Johns Hopkins Medical Institutions: ‘The Institutional Records of The Johns Hopkins Bloomberg School of Public Health’

<sup>214</sup> Gates Foundation, Press Release: Gates Foundations Give Johns Hopkins \$20 Million Gift to School of Public Health for Population, Reproductive Health Institute

<sup>215</sup> Gates Foundation, Press Release: ‘Gates Foundation Commits \$40 Million to Improve Reproductive Health in the Developing World’



Image source: ThisIsEngineering via Pexel  
Image source: The Australian, 'Hunt wants state help on health'

## APPRISE

### RECENT STUDIES & PROJECTS

APPRISE was established in 2016, “an Australia-wide network of experts involved in medical, scientific, public health and ethics research. APPRISE is funded by the [government body] National Health and Medical Research Council... The APPRISE Centre of Research Excellence is developing research to inform Australia’s emergency response to infectious diseases.”<sup>216</sup>

Professor Sharon Lewin, Director of the Doherty Institute, is a Chief Investigator of the organisation. (See ‘Conflicted Institution - The Doherty Institute’ and ‘Australia - Doherty institute isolates virus’)

## VACCINES: CITIZEN’S JURY

In April and May of 2019, the Australian Government’s Department of Health commissioned APPRISE to conduct a ‘citizen’s jury’ to answer the question: ‘How should we distribute initially limited supplies of vaccines in the event of an influenza pandemic?’<sup>217</sup>

The scenario: “Every year there is a seasonal influenza outbreak. However, every few decades there is a much more devastating influenza pandemic. It is possible to develop a vaccine to protect against pandemic influenza, but the nature of vaccine production means that not enough will be available immediately to protect all of the Australian population. Australian Government policy is to vaccinate all Australians against pandemic influenza. Pandemic vaccine will be released in batches over a period of several months until everyone who wants to be, is vaccinated. However, as a consequence, prioritising certain groups for vaccine access must be part of Australian vaccination policy.”

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<sup>216</sup> APPRISE

<sup>217</sup> APPRISE: ‘Community perspectives on distributing an initially limited supply of vaccines in the event of an influenza pandemic’

APPRISE stated what they hoped to achieve: “Our aim is to understand and describe what informed members of the public think is the best way to distribute limited vaccination resources during an influenza pandemic. We will use this research to *inform decision makers of public preferences...*” (Emphasis added)

## RELEVANT PROJECTS

APPRISE was established in 2016. Since then, APPRISE has established *pre-approved protocols* for the “initial action phase of pandemic response in Australia”. “At the beginning of a pandemic or outbreak, researchers need to collect information about the ‘first few hundred’ (FF100) cases... To improve Australia’s ability to respond to an infectious emergency, this project will develop *pre-approved protocols* so the collection and analysis of the first few hundred cases and samples can begin *as soon as an outbreak occurs.*” (Emphasis added)

Professor Lewin also Chairs APPRISE’s ‘Biobanking’ Working/Advisory Group which is “Developing a comprehensive proposal for a national biobank that “Enables the collection and storage of new samples (host and pathogen) in the event of an infectious disease emergency...”<sup>218</sup>

APPRISE’s Leader of the ‘Clinical research and infection prevention group’, Professor Gwendolyn Gilbert, co-authored a June 2019 paper, discussing disease surveillance ethics in the age of big data.<sup>219</sup>

“Achieving optimal benefits would require access to selected data from personal electronic health and laboratory (including pathogen genomic) records and the potential to (confidentially) re-identify individuals found to be involved in outbreaks...”

The APPRISE current study project on ‘Influenza sero-surveillance at the animal-human interface’<sup>220</sup> “Influenza viruses from animals or viruses reassorted in animals can cause serious disease in humans and have caused the last four influenza pandemics... SARS and MERS coronaviruses are other infections (presumed to have originated from bats) that spread to humans through other animal species.”

## ‘PANDEMIC’: CONCLUSION

In this chapter, I have examined prior studies, simulations and initiatives that I believe appear related to the current Covid-19 outbreak. It is possible that a number of them are innocuous coincidences.

However, I want to pose the question - how many ‘coincidences’ are required before we begin to consider a causal agent?

As I will demonstrate in the following chapters, the Covid-19 outbreak has facilitated colossal wealth redistribution from public to private hands, sweeping power grabs and ‘bio-surveillance’ capitalism on an unprecedented scale. I believe it is worth examining the entities involved in the simulations and studies, as many of them now stand to gain immensely from their current positions of power in the management of the Covid-19 outbreak.

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<sup>218</sup> APPRISE: ‘Overview and welcome, APPRISE 2018 Annual Meeting’

<sup>219</sup> APPRISE, Gilbert et al (2019): ‘Communicable Disease Surveillance Ethics in the Age of Big Data and New Technology’

<sup>220</sup> APPRISE: ‘Influenza sero-surveillance at the animal-human interface: a feasibility study in high-risk groups’





## AUSTRALIA

### AUSTRALIAN GOVERNMENT & COVID-19

The Doherty Institute has been an instrumental influence in developing the Australian government's policy response to the novel coronavirus outbreak, Covid-19.<sup>221</sup> Modellers from the Doherty Institute have interpreted international data to provide projections which inform the government's actions. Widespread concern about the burden on the healthcare system is driving arguably draconian lockdown policies.

### PUBLIC HEALTH CUTS

On the 11th March 2020, Prime Minister Scott Morrison announced a \$2.4 billion health package to 'boost the capacity of the health system' to protect all Australians, including vulnerable groups, from Covid-19, stating: "Our medical experts have been preparing for an event like this for years and this is the next step up in Australia's plan."<sup>222</sup>

If, as the Prime Minister says, Australia's 'medical experts have been preparing for an event like this for years', why has the Morrison Government cut billions in funding to the public health system over the preceding years? The government's 'lockdown' policies have resulted in the decimation of small business, mass unemployment and the looming probability of a Great Depression 2.0. (See 'Financial Devastation') Australia's healthcare system may not have been at risk of being overburdened by the possibility of a pandemic, had the government not spent years siphoning off crucial funding. 'Lockdown' may have been unnecessary, and the economy continued to function as it has in countries like Taiwan, Sweden and Singapore.

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<sup>221</sup> Doherty Institute, Jodie McVernon and James McCaw (1st April 2020): 'Models have supported Australia's response to COVID-19'

<sup>222</sup> Prime Minister of Australia, Media Release 11th March 2020'

The (alleged) need for 'lockdown' is not a health problem. It is an economic problem, which may be entirely of the Morrison government's making.

The Morrison government has been repeatedly warned about the risks of its economic management of Australia's healthcare system. In January 2019, Australian Medical Association President Tony Bartone said as much as a billion dollars had been taken out of patient rebates within a four year period.<sup>223</sup>

In 2016, the AMA warned that federal cuts would result in a funding 'black hole' for Australia's over-stressed public hospitals. "The AMA's latest snapshot of the performance of Australia's public hospitals points to an imminent crisis as the effects of Federal funding cuts make it harder for hospitals to meet growing patient demand and to reach significant performance benchmarks."

"Treasury advised the Senate Economics Committee that this change will reduce Commonwealth public hospital funding by \$57 billion over the period, 2017-18 to 2024-25.

"As a result, hospitals will have insufficient funding to meet the increasing demand for services.

"In the 2015-16 Budget, Commonwealth funding for public hospitals was reduced by \$423 million for the three years to 2017-18. A further \$31 million was cut in the December 2015 MYEFO Budget update.

"On top of all that, the Commonwealth is creating additional and unnecessary demand for hospital services by reducing Medicare payments for diagnostic services in the community by \$650 million. "These services are essential to diagnosing and treating people early to keep them out of hospital."<sup>224</sup>

In December 2019, a document leaked to the Sydney Morning Herald revealed that NSW Health needed \$1 billion in funding cuts to meet their funding gap: "NSW Health estimates it will need to slash a fifth of its overall spending to avoid a funding shortfall of \$7 billion to \$10 billion, including a 10 per cent reduction of its workforce, 20 per cent fewer emergency presentations and 20 per cent fewer outpatient visits."<sup>225</sup>

Widespread press coverage of the strain on healthcare systems attributed to Covid-19 has frightened the public into accepting the 'lockdown' premise without question.

"Overwhelmed" hospitals, particularly in London and Lombardy, report a "humanitarian crisis", that "we no longer live in a city with a properly functioning western health-care system".<sup>226</sup> Although this is a dreadful situation, unfortunately it is not unique in recent history and not unique to the recent Covid-19 outbreak. Budget cuts and austerity campaigns have strained national healthcare systems to breaking point. Patients dying as a result of ICU bed shortages, shortage of ventilators, 'rationing' of ICU care and 'doctors forced to choose who lives and who dies' has been reported for the last several years, particularly in the UK.<sup>227</sup>

Yet *policymakers have ignored this*, until now.

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<sup>223</sup> ABC News (2019): AMA President Tony Bartone

<sup>224</sup> Australian Medical Association (2016): 'AMA Public Hospital Report Card 2016'

<sup>225</sup> Sydney Morning Herald, Matt Bungard (2019): 'Leaked document shows NSW Health needs \$1B in job cuts to plug funding gap'

<sup>226</sup> Lancet, Richard Horton (March 2020): 'Offline: COVID-19 and the NHS - "a national scandal"'

<sup>227</sup> See 'Appendix One: 'Strained international healthcare systems'



# NATIONAL COVID-19 COORDINATION COMMISSION (NCCC)

## EXECUTIVE BOARD

In March 2020, Prime Minister Scott Morrison announced the creation of the 'National Covid-19 Coordination Commission (NCCC).

"An Executive Board of Commissioners, will advise the Prime Minister on all non-health aspects of the pandemic response... [the Board will] coordinate advice to the Australian Government on actions to anticipate and mitigate the economic and social effects of the global coronavirus pandemic.... This is about working cooperatively across private-to-private and public-to-private networks to unlock resources..."<sup>228</sup>

Neville Power was appointed Chairman of the Commission. The 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)."

Australian government members of the Commission include the secretary of Prime Minister and cabinet, Phil Gaetjens; and the secretary of the Home Affairs Department, Mike Pezzullo. There are no representatives from the Departments of Infrastructure, Trade, Tourism, Employment or Social Services.

Upon examination, the Board Members of the NCCC do not appear to represent the interests of small business or 'everyday Australians'. Instead, they hold senior board positions of companies in mining, oil and gas, airlines, private hospitals, pharmaceutical companies, casinos and superannuation giants. One member is a billionaire. Another was recently accused for being 'an international tax dodger' by a Senator. Another Chairs an

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<sup>228</sup> Prime Minister of Australia: Media Release 25th March 2020

international organisation at the forefront of brokering private-public partnerships and garnering billions in taxpayer dollars to fund Covid-19 vaccine development.

The Morrison Government's choice of NCCC board members, and the glaring omission of any member who could be said to represent small business or employee unions, is a farcical premise of 'mitigating the economic and social effects' of Covid-10.

I believe to be the true function of the NCCC Executive Board is apparent - to facilitate the taxpayer-funded bailout of the industries they represent, and to broker the transfer of vast swathes of public money to private coffers.

As reported by John Keane, "And almost everywhere, it seems, the time has come for unelected crisis-management bodies sporting war-time names. In Australia, whose national parliament has been mothballed for five months, the Great Pestilence has given birth to the National COVID-19 Coordination Commission (NCCC), an unelected body chaired by a former mining corporation magnate and answerable only to the Prime Minister."<sup>229</sup>

## NEVILLE POWER

Neville Power is Chairman of the Commission. Mr Power is also the Chairman of Perth Airport, the Foundation for WA Museum and the Royal Flying Doctors Federation Board. In September 2019 he was appointed Non-Executive Director and Deputy Chairman of Strike Energy, an oil and gas exploration company.<sup>230</sup>

Power was the managing Director and CEO of Fortescue Metals Group Ltd from 2011 - 2018.<sup>231</sup>

Mr Power has recently been criticised for his conflict of interest in his position from Strike Energy, over controversy that the NCC is planning a 'gas-fired solution' and possible 'mammoth gas pipeline'.<sup>232</sup>

The Guardian reported that, in addition to his position as Chair of Strike Energy, Power also holds \$2.4 million worth of shares in the company and 'holds options over shares that will become worth an additional \$2.1m if the company's share prices rise to 35c'.

In addition, "Guardian Australia **revealed a leaked draft report** by a taskforce advising the NCCC recommended Australian taxpayers underwrite a massive expansion of the domestic gas industry."<sup>233</sup>

## DAVID THODEY

David Thoday is the Deputy Chair of the Commission. Mr Thoday is the former CEO of Telstra, and is 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." CSIRO is 'Fast-tracking vaccine development' for Covid-19. "Our research and collaborations, as

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<sup>229</sup> Michael West Media, John Keane (April 2020): 'Democracy and the Great Pestilence: understanding the mess we're in'

<sup>230</sup> The Market Herald, Jessica De Freitas (2019): 'Strike Energy appoints Neville Power as Non-Executive Director and Deputy Chairman'

<sup>231</sup> NCCC, Who We Are: Chair Neville Power

<sup>232</sup> Energy News Bulletin, Paul Hunt (May 2020): '

<sup>233</sup> The Guardian, Ben Butler and Adam Morton (May2020): '

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>234</sup>

In a March 2020 estimates hearing of the Senate Economics Legislation Committee, [during the current Covid-19 outbreak] the CEO of CSIRO, Dr Larry Marshall, responded to a Senator’s query about CEPI: “It’s called the Coalition for Epidemic Preparedness Innovations. We joined that group about a year ago *in anticipation of an event like this possibly happening in the future*. It’s the *same reason* we created, if you like, the *vaccine pipeline* and manufacturing capability...”<sup>235</sup> (Emphasis added)

Mr Thodey is the Chairman of Tyro, “Australia’s only independent EFTPOS banking institution and Xero, a cloud-based accounting software. Mr Thodey is also a Non-executive Board Director of Ramsay Health care and Vodafone Group.”<sup>236</sup>

Ramsay Health Care is a private hospital company which has “has been providing its facilities and capabilities to the public health system since the federal government announced in early April that it would *guarantee the viability of private hospitals* as long as they made their workforce, essential medical devices and protective equipment available to the states during the pandemic.”<sup>237</sup> (Emphasis added)

Ramsay Health Care now has a financial arrangement with the Victorian Government, which means the company receives taxpayer-funded net recoverable costs in exchange for providing its facilities to the public health system for Covid-19 management.

The NCCC was announced by the Prime Minister on the 25th March 2020. On the 31st of March, Health Minister Greg Hunt announced a “once-in-a-century redesign of Australia’s hospital services “to cost the federal government an extra \$1.3bn, although the amount was uncapped and would be increased if needed.”<sup>238</sup>

Jennifer Doggett reported: “Unfortunately, this money is unlikely to achieve all the benefits promised. Despite their best intentions, governments don’t have the data or expertise needed to negotiate effectively with the private hospital sector or the capacity to deliver on Hunt’s promise to “fully integrate” private hospitals within the public hospital system.”<sup>239</sup>

This taxpayer funded billion-dollar boost to Australia private healthcare corporations is highly favourable to Ramsay Health Care, with Mr Thodey serving as current Non-executive Board Director of the company.

## JANE HALTON

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<sup>234</sup> CSIRO (2020): 'Working against the new coronavirus'

<sup>235</sup> Parliament of Australia, Senate Economics Legislation Committee (April 2020): 'Commonwealth Scientific and Industrial Research Organisation (CSIRO), CEO Dr Larry Marshall'

<sup>236</sup> NCCC Who We Are, Deputy Chair: David Thodey

<sup>237</sup> Sydney Morning Herald, Emma Koehn (April 2020): 'Ramsay Health Care inks COVID-19 deal with Victoria'

<sup>238</sup> The Guardian, Melissa Davey, Daniel Hurst and Ben Butler (March 2020): 'Australian government will pay half to integrate private hospitals in to Covid-19 response'

<sup>239</sup> The Guardian, Jennifer Dogget (April 2020): 'After coronavirus, private hospitals should not be allowed to return to 'business as usual'

Jane Halton was formerly the 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>240</sup>

Ms 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 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 [current] Wuhan strain."<sup>241</sup>

Ms Halton is the Chair of the Coalition for Epidemic Preparedness Innovation (CEPI), which was initiated at the World Economic Forum in Davos 2017. CEPI received \$460 million in startup funding from the Bill and Melinda Gates Foundation, the Wellcome Trust and the governments of Germany, Japan and Norway. CEPI is "a global alliance financing and coordinating the development of vaccines against emerging infectious diseases."<sup>242</sup> Board Members include representatives from the WHO, World Bank, Bill & Melinda Gates Medical Research Institute and Foundation. Members of its Scientific Advisory Board include pharmaceutical/vaccine companies Sanofi Pasteur, Johnson & Johnson and Pfizer.<sup>243</sup>

CEPI is the 'global alliance' coordinating private-public partnerships with vaccine manufacturers/pharmaceutical companies for Covid-19. CEPI is garnering public funds towards these products, saying US\$2 billion in funding is required to develop a vaccine against the virus.<sup>244</sup> CEPI has already received millions of dollars in funding from the Australian government. (See 'CEPI', and 'CEPI, Gates Foundation and University of Queensland')

SBS Australia reported CEPI is "coordinating the development of a [Covid-19] 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, [and now on the government's Covid-19 advisory board] says about \$3 billion is needed so multiple versions of potential vaccines can be developed."<sup>245</sup>

Ms Halton said that "drug regulators here and internationally would also be approached to *shortcut approval protocols*, so serious was the threat."<sup>246</sup> (Emphasis added)

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<sup>240</sup> WHO, Biography Ms Jane Halton

<sup>241</sup> The Australian (2020): 'Australian scientists in race to find coronavirus vaccine'

<sup>242</sup> CEPI: 'New vaccines for a safer world'

<sup>243</sup> CEPI: Leadership

<sup>244</sup> CEPI (March 2020): '\$2 billion required to develop a vaccine against the COVID-19 virus'

<sup>245</sup> SBS News (March 2020): 'Coronavirus vaccine still at least one year away'

<sup>246</sup> The Australian (2020): 'Global vaccine hunt a \$2bn task in virus war'

In 2020, the World Economic Forum announced that in a “high-level COVID Action Platform Virtual Meeting hosted by the World Economic Forum, CEPI CEO Richard Hatchett said for businesses the shift in funding [to vaccine projects] would be “the best investment your companies will ever make.”<sup>247</sup>

It is notable that the vast swathes of public funds demanded by CEPI et al are being utilised in public-private partnerships, to the lucrative profit of pharmaceutical companies. If Covid-19 vaccines are made mandatory, as some Australian officials are suggesting, this represents an unprecedented opportunity for Big Pharma.

I am concerned at the serious implications of financial conflicts of interest in appointing the CEO of CEPI to the National Covid-19 Coordination Commission Board.

Ms Halton participated as a key player in the controversial and disturbing ‘invite only’ high level pandemic simulation exercise Event 201<sup>248</sup>, the October 2019 ‘Global Pandemic Exercise’ conducted by John Hopkins, the Gates Foundation and the World Economic Forum. (See ‘Pandemic/Event 201’)

In 2019, independent journalist Michael Sainsbury reported on “allegations of [Crown’s] serial lawbreaking, even including alleged Crown contractual arrangements with an entity whose principal has been involved in human trafficking, [allegations which] are based on internal company documents and the testimony of at least one former employee on the record.” Sainsbury notes that Ms Halton serves on the board of Crown casinos, serving on Crown’s ‘Risk Management Committee’.<sup>249</sup>

## GREG COMBET

Greg 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, 2019).

Under the time of Mr Combet’s leadership, Industry Super Australia has been found to be investing in Saudi weapons<sup>250</sup>, paying its executives millions<sup>251</sup> while found to be paying a minute amount of tax in Australia,<sup>252</sup> although an online newspaper the company owns recently criticised ‘big corporate hitters’ who weren’t paying tax.<sup>253</sup>

In a 2018 article titled ‘Greg Combet and the future of capitalism’, Mr 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.”

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<sup>247</sup> World Economic Forum (March 2020): ‘How are companies responding to the coronavirus crisis?’

<sup>248</sup> Event 201 Players, Jane Halton

<sup>249</sup> Michael West Media, Michael Saisbury (2019): ‘Crown Resorts board: is Orange the New Black?’

<sup>250</sup> Investor Daily, Eliot Hastie (2019): ‘Industry super funds investing in Saudi weapons’

<sup>251</sup> Michael West (2017): ‘Industry Super: size no boost to performance’

<sup>252</sup> ABC News, Nassim Khadem (2020): ‘ATO data reveals one third of companies pay no tax’

<sup>253</sup> The New Daily, Rod Myer (2019): ‘The big corporate hitters who the ATO says are paying no tax’

The article links to the United Nations Principles of Responsible Investment initiative, which extort its 7,000 signatories to engage in ethical investing .<sup>254</sup>

An example of 'ethical investing': In 2017, the World Bank launched 'Pandemic Bonds', which coincidentally specified only influenza and coronavirus as 'Covered Perils'. The \$500 million bonds matured in June 2020. The pandemic bonds were "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>255</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".

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>256</sup> and 'Don't panic, now could be the time to make some money in superannuation'.<sup>257</sup>

In May 2019, the AFR reported on the 'complex web' of industry super funds, including Industry Super Holdings, in their article 'Got an industry super fund? You've benefited from a Cayman trust'.<sup>258</sup>

"Industry super funds are involved in a complex web of interrelated companies. IFM Investors is a wholly owned subsidiary of IFM Holdings, which is itself a wholly owned subsidiary of Industry Super Holdings. And Industry Super Holdings is wholly owned by 29 Australian not-for-profit super funds.

Earlier this year IFM Investors purchased a stake in DCT Gdansk, the largest container port in Poland. Documents published online by the European Competition Commission show the acquisition was made by Global InfraCo, a wholly owned subsidiary of Cayman-based Conyers Trust Company in its capacity as trustee of IFM's global infrastructure fund. Global InfraCo is incorporated in Luxembourg.

And in 2014, IFM took a stake in Vienna International Airport. The purchase occurred through Airports Group Europe, which is a subsidiary of Global InfraCo.

Conyers Trust is part of the Codan Trust Group, established by the international law firm Conyers Dill & Pearman, which undertake a broad range of professional trustee services in places like the Cayman Islands and Bermuda."

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<sup>254</sup> La Trobe University, Danny Davis (2019): 'Greg Combet and the future of capitalism'

<sup>255</sup> World Bank, Press Release (2017): 'World Bank Launches First-Ever Pandemic Bonds to Support \$500 million Pandemic Emergency Funding Facility'

<sup>256</sup> The New Daily, Rod Myer (2020): 'Superannuation should avoid the worst of the crisis'

<sup>257</sup> The New Daily, Rod Myer (2020): 'Don't panic, now could be the time to make some money in your superannuation'

<sup>258</sup> AFR, Joanna Mather & John Kehoe (2019): 'Got an industry super fund? You've benefited from a Cayman trust'



In April 2020, Prime Minister Scott Morrison called for not-for-profit superannuation funds to use Australians' retirement savings bail out companies affected by Covid-19.<sup>259</sup> Mr Morrison specifically suggested Virgin Airlines, a company which *does not pay tax in Australia*.<sup>260</sup> In the last four years, Virgin Australia recorded \$17.9 billion in income, and paid \$0 in tax.

Mr Morrison said, "The industry super funds in this country have got \$3 trillion worth of assets – here we've got a company that needs capital [referring to Virgin Australia]... Its own workers have been paying in to industry funds and there are funds out there in these super funds that could be investing in a number of companies." "I'd like to see the industry and broader superannuation fund playing a more active role in dealing with the economic issues that we're dealing with at the moment. I mean the government, the taxpayer is not the only economic actor in this event." (Although the taxpayer/economic actor Mr Morrison is referring to is now also apparently expected to also bail out flailing companies with their superannuation retirement savings. I find this an appalling suggestion.)

The Sydney Morning Herald reported that Tim Lyons, the trustee for the \$44 billion hospitality super fund Hostplus, "said the government should not be encouraging the sector to invest in "junk bonds". SMH noted that Virgin Australia's credit rating was recently downgraded further into 'junk territory'.

Mr Lyons said, "The idea of using workers' savings to underwrite subprime debt for an airline that is on its knees would probably be in breach of the Superannuation Industry Act... It is deeply irresponsible and pretty nuts, to be honest."

## PAUL LITTLE

Paul 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>261</sup>

Mr 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. Mr Little reported COVID-19 had affected business: "It might have 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>262</sup>

The Australian government recently announced that airlines would be getting a \$715 million bailout 'to save them from coronavirus collapse'.<sup>263</sup> It is not specified if Melbourne Jet Base is included in this bailout package.

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

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<sup>259</sup> The Sydney Morning Herald, Grieve, Duke & Hatch (April 2020): 'Pretty nuts': Super funds criticise PM's call to invest in Virgin'

<sup>260</sup> Michael West Media, Michael West (2019): 'When it comes to tax, it's Virgin by name and Virgin by nature'

<sup>261</sup> Australian Financial Review, Patrick Durkin (2019): 'Why Paul Little is switching from property to angel investing'

<sup>262</sup> Australian Financial Review, Michael Bleby (2020): 'Coronavirus is parking private jets'

<sup>263</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'

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>264</sup>

## CATHERINE TANNA

Catherine Tanna is a director of the Business Council of Australia and the Managing Director of EnergyAustralia.<sup>265</sup> Ms Tanna is also a member of the Reserve Bank Board, which decides Australia’s monetary policy. She serves as Chair of the Reserve Bank Board Remuneration Committee.<sup>266</sup>

In Parliament in February 2020, a few weeks prior to Ms Tanna’s appointment as Executive Board Member of the NCCC, Senator Rex Patrick stated on the record that Ms Tanna was an ‘international corporate tax dodger’. SMH reported, “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...”<sup>267</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.”

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<sup>264</sup> The Age, Tom Cowie (2020): ‘Taxpayers could still be on the hook for secret grand prix fee despite cancellation’

<sup>265</sup> Energy Australia: ‘Meet Our Leaders’

<sup>266</sup> Reserve Bank of Australia, RBA Board

<sup>267</sup> The Sydney Morning Herald, Jennifer Duke (February 2020): ‘Resign from RBA board’: Senator calls for EnergyAustralia boss to go’



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## NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

### ‘SINGLE TRUSTWORTHY SOURCE’

The Australian government has committed \$1.5 million to support the ‘National COVID-19 Clinical Evidence Taskforce’, that is purported to “ensure every Australian clinician has access to a *single source of trustworthy advice* about critical aspects of COVID-19 care.”<sup>268</sup> (Emphasis added)

On the 4th April 2020, Health Minister Greg Hunt said the Evidence Taskforce was funded “to support guidance for clinicians to ensure they are given the best possible advice on managing COVID-19 patients... to deliver ‘living guidelines’ on the clinical management of patients with suspected or confirmed COVID-19 infection across primary, acute and critical care settings.”<sup>269</sup>

“The Evidence Taskforce will make recommendations including drug treatments, key elements of critical care and disease categories and monitoring. The recommendations will be published in a mobile web app “to make it easier for clinicians to access information at point of care.”

The ‘National COVID-19 Clinical Evidence Taskforce’ receives government funding and backing, and is intended to be used in clinical settings. However, I have noted several connections to the Gates Foundation, and previous evidence of malpractice/conflicts of interest in the organisations involved.

If the Evidence Taskforce will be recommending drug treatments for Covid-19, the organisations involved must be without conflicts of interest. Otherwise, I believe there may be substantial risk clinical evidence may be

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<sup>268</sup> National COVID-19 Clinical Evidence Taskforce: ‘How we develop recommendations’

<sup>269</sup> Australian Government Department of Health, Minister Greg Hunt ‘\$1.5 million to support clinical management COVID-19’

skewed, or the promotion of treatments that are not optimal or are potentially harmful, to the benefit of the entities involved.

The Taskforce has been developed by the Australian Living Evidence Consortium and in partnership with Cochrane, which the Taskforce's website states are "the world's most trusted provider of health evidence".<sup>270</sup>

Principal partners and funders of the taskforce include:

- Cochrane
- Covidence
- Monash University
- Australian Living Evidence Consortium

National COVID-19 Clinical Evidence Taskforce Chairman, associate professor Julian Elliot, is involved with all of the aforementioned organisations.

Professor Elliot is a Monash University researcher, the CEO and one of the co-founders of Covidence, a Senior Research Fellow at the Australasian Cochrane Centre and has also served as a consultant to WHO, UNAIDS and the World Bank.<sup>271</sup> Professor Elliot also serves on the Interim Executive Committee of Australian Living Evidence Consortium.

## COCHRANE

Cochrane is a global healthcare knowledge forum, with contributors and reviewers from health professionals and the public: "Our global independent network gathers and summarizes the best evidence from research to help you make informed choices about treatment..."<sup>272</sup>

The concept of "trust" appears to be a dominant theme claimed by Cochrane:

"Providing trusted evidence... Cochrane can also take a leadership role in explaining and educating the public about different types of health evidence and how to determine if information they hear is trustworthy. ... Our work is recognised as the international gold standard for high quality, trusted information."<sup>273</sup>

Cochrane receives funding from the UK's National Institute for Health Research, the US National Institutes of Health and the Australian National Health and Medical Research Council. Cochrane has partnered with the World Health Organisation since 2011, and has voting rights in WHO's meetings.<sup>274</sup>

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<sup>270</sup> National Covid-19 Clinical Evidence Taskforce

<sup>271</sup> Covidence, 'About us'

<sup>272</sup> Cochrane: 'About us'

<sup>273</sup> Cochrane Methods Prognosis

<sup>274</sup> Cochrane: 'Our funders and partners'

Cochrane has also received \$1.5 million in funding from the Bill and Melinda Gates Foundation.<sup>275</sup> In 2018, the Alliance for Human Research Protection reported, “This may be the last straw in dissolving the illusion of scientific integrity in reviews published by the Cochrane Collaboration group.”<sup>276</sup>

In 2018, allegations of Cochrane’s serious conflicts of interest emerged, with regards to HPV vaccine safety: “The recently published Cochrane HPV vaccine review is severely compromised and cannot be trusted due to the conflicts of interest of authors on the original protocol and the final review document.

The US Government benefits from the sale of HPV vaccine products... Indicating a stunning lack of transparency, it appears the value of these royalties is kept secret, i.e. it is protected from disclosure under the US Freedom of Information Act.... The Bill and Melinda Gates Foundation has been very influential in promoting HPV vaccination. In regards to the Cochrane HPV vaccine review, Cochrane has a conflict of interest in that it is a beneficiary of Bill and Melinda Gates Foundation funding.”<sup>277</sup>

The Bill & Melinda Gates Foundation “one of the largest single investors in biotechnology for farming and pharmaceuticals in the world. It is heavily invested in pharmaceutical companies.”<sup>278</sup>

As reported by Quijano (2019): “The Gates Foundation’s ties with the pharmaceutical and vaccine making industry are intimate, complex, and long-standing... BMGF’s interventions are designed to create lucrative markets for surplus pharmaceutical products, especially vaccines.”<sup>279</sup>

National COVID-19 Clinical Evidence Taskforce Chairman, associate professor Julian Elliot, is a Senior Research Fellow at Cochrane.

## COVIDENCE

Covidence is partnered with Cochrane and is the production platform for Cochrane Reviews, the primary screening and data extraction tool for Cochrane authors, streamlining the production of standard intervention reviews. Covidence is based within the Monash School of Public Health and Preventative Medicine.

National COVID-19 Clinical Evidence Taskforce Chairman, Professor Julian Elliot, was a co-founder and is the CEO of Cochrane.<sup>280</sup>

## AUSTRALIAN LIVING EVIDENCE CONSORTIUM

The Australian Living Evidence Consortium is hosted by Cochrane Australia, and Monash University’s School of Public Health and Preventative Medicine. Cochrane is listed as the Consortium’s lead organisation.

Consortium Members represent organisations including Monash University, NHMRC, Pharmaceutical Benefits Committee and Cochrane.<sup>281</sup>

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<sup>275</sup> Cochrane (2016): ‘Cochrane announces support of new donor’

<sup>276</sup> Alliance for Human Research Protection (2018): ‘Cochrane Science Reviews Tainted by Financial COI — eg, Gates Foundation’

<sup>277</sup> BMJ Journals Elizabeth Hart (2018): ‘HPV vaccine safety: Cochrane launches urgent investigation into review after criticisms’

<sup>278</sup> Annual Survey of International & Comparative Law, Sharmeen Ahmed (2017): ‘Accountability of International NGOs: Human Rights Violations in Healthcare Provision in Developing Countries and the Effectiveness of Current Measures’

<sup>279</sup> Bulatlat, Romeo F Quijano (2019): ‘Vaccination: most deceptive tool of imperialism’

<sup>280</sup> Australian Living Evidence Consortium: ‘Why we’ve come together’

<sup>281</sup> Australian Living Evidence Consortium: ‘Why we’ve come together’

National COVID-19 Clinical Evidence Taskforce chairman, associate professor Julian Elliot, is on the Interim Executive Committee of Australian Living Evidence Consortium.

## MONASH UNIVERSITY

Monash University has received a number of grants from the Bill and Melinda Gates Foundation.

This included:

- A grant for a “Viral Self-Destruct Sequences: A Novel Vaccine Technology”. Researchers would engineer “a live virus with a self-destruct sequence for use in a vaccine. This virus would be identical to a wild-type virus, but contain destabilizing domains fused to key proteins that can be regulated to first allow the virus to replicate and induce an immune response, and then be destroyed...”<sup>282</sup>
- A new ‘crystal-based vaccine carrier’ called a MicroCube.<sup>283</sup>
- A US\$1 million grant to “test the stability and efficacy of a dry powder formulation of oxytocin in an aerosol inhalant format, identify a suitable inexpensive inhaler device, and prepare for clinical trials.”<sup>284</sup>
- \$50 million to Monash’s World Mosquito Program, involving “introducing naturally occurring Wolbachia into *Aedes aegypti* mosquitoes to reduce their ability to transmit dengue, Zika and chikungunya. Once released, they breed with wild mosquitoes, passing on their ability to block these harmful viruses. Unlike other methods, the WMPs approach is self-sustaining requiring no further need for releases.”<sup>285</sup>

National COVID-19 Clinical Evidence Taskforce chairman, associate professor Julian Elliot, is a Monash University Researcher.

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<sup>282</sup> Monash University (2010): ‘Bill and Melinda Gates Foundation Grant’

<sup>283</sup> Monash University (2013) ‘MicroCubes bring macro funding’

<sup>284</sup> Monash University (2013): ‘New drug delivery to save the lives of women’

<sup>285</sup> Monash University (2018): ‘\$50m win for Australian technology targeting dengue and Zika’



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## THE DOHERTY INSTITUTE

### MODELLERS & POLICY ADVISORS

The Doherty Institute is a joint venture between the University of Melbourne and the Royal Melbourne Hospital. The Doherty Institute has been an instrumental influence in developing the Australian government's policy response to the novel coronavirus outbreak, Covid-19.<sup>286</sup>

### INFLUENTIAL ADVISORS

Researchers from the Doherty Institute and APPRISE, Professor Jodie McVernon and Professor James McCaw, have designed the Covid-19 modelling which is used by the Australian Government to “inform the public health response to COVID-19”,<sup>287 288</sup> (Although I note not all of the taxpayer-funded modelling data has been released to the public.)

McVernon and McCaw wrote, “Based on our advice since early February 2020, the Commonwealth has worked with jurisdictions to prepare for a scenario worse than those previously envisaged, in an accelerated timeframe... Australia is contributing to global efforts to identify effective antiviral drugs that will reduce COVID-19's impact and to development of vaccines that may be able to definitively stop the outbreak.”<sup>289</sup>

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<sup>286</sup> Doherty Institute, Jodie McVernon and James McCaw (1st April 2020): 'Models have supported Australia's response to COVID-19'

<sup>287</sup> APPRISE (8th April 2020): 'COVID-19 modelling papers and press conference'

<sup>288</sup> Doherty Institute (7th April 2020): 'COVID-19 modelling papers and press conference'

<sup>289</sup> COSMOS, Jodie McVernon & James McCaw (1st April 2020): 'Models have supported Australia's response to COVID-19'

## FUNDING

Health Minister Greg Hunt has announced a \$2.6 million investment from the government's Medical Research Future Fund into "cutting-edge diagnostics research at the Peter Doherty Institute for Infection and Immunity, to tackle the evolving novel coronavirus health emergency."<sup>290</sup>

Minister Hunt also met with the Doherty Institute's Professor Katherine Kedzierska, saying Professor Kedzierska "has led the mapping of the immune response, probably the world's most advanced mapping of the immune response to coronavirus in mild to moderate patients."

"Further than that, we have also seen some very important developments with regards to vaccines and treatments with regards to the COVID-19 particular strain of coronavirus.

Why is this important? It's important for two reasons. It's about fast-tracking a vaccine by identifying which candidates are most likely to be successful."<sup>291</sup>

On the 18th February 2020, Prime Minister Scott Morrison and Minister Hunt made a public visit to the Doherty Institute, speaking with Professor Sharon Lewin, Institute Director.<sup>292</sup>

The Prime Minister praised the Institute for its "overnight success": "The world got to know a lot about the Doherty Institute on about Australia Day when they were the first to grow and share the coronavirus..."

Mr Hunt referred to the Commonwealth's ongoing financial contributions of \$25 million to the Victorian Infectious Diseases Reference Laboratory (which is partnered with the Doherty Institute), and "an additional \$50 million through the National Health and Medical Research Council [the government's medical research funding organisation] for the Doherty Institute."

The Doherty Institute's March 2020 paper, 'Breadth of concomitant immune responses prior to patient recovery: a case report of non-severe COVID-10', examined infectious and symptom progression in an Australian patient diagnosed with Covid-19.<sup>293</sup>

Co-authors from the Doherty Institute include Director Sharon Lewin. Competing interests of Professor Lewin's Institution included, "received funding for investigator-initiated grants from Gilead Sciences, Merck, Viiv Healthcare and Leidos; and honoraria for advisory boards and educational activities (Gilead Sciences, Merck, Viiv Healthcare and Abbvie)."

Funding was also declared from the Australian Partnership for Preparedness Research for Infectious Disease Emergencies (APPRISE; Professor Lewin co-leads the organisation's laboratory research) and a government NHMRC grant.

The Doherty Institute has been granted \$3.2 million by the Jack Ma Foundation to create a Covid-19 vaccine.<sup>294</sup> The Jack Ma Foundation was founded by Alibaba Group Founder Jack Ma.

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<sup>290</sup> Australian Government Department of Health, Minister Greg Hunt (21st March 2020): '\$2.6 million for coronavirus research, including a new simpler Australian pathology test'

<sup>291</sup> Australian Government Department of Health, Greg Hunt (17th March 2020): 'Doorstop interview about coronavirus (COVID-19)'

<sup>292</sup> The Doherty Institute, News (February 2020): 'Commonwealth announces \$2m MRFF competitive funding for COVID-19 vaccine'

<sup>293</sup> NatureMedicine, Lewin et al (2020): 'Breadth of concomitant immune responses prior to patient recovery: a case report of non-severe COVID-9'

<sup>294</sup> The Doherty Institute (March 2020): 'Doherty Institute awarded Au\$3.2 million by the Jack Ma Foundation to accelerate a vaccine for Covid-19'



The Alibaba Group operates an online drug distribution and sales system which covers the entire industry chain. Alibaba Health Information Technology Limited was formed in 2014, by Alibaba and Yunfeng Capital Ltd, a private equity firm set up by Alibaba founder Jack Ma.

Pharmaceutical companies AstraZeneca, SANOFI, Merck and Pfizer, have established strategic partnerships with Alibaba Health.<sup>295</sup>

In 2019, the Doherty Institute, CSIRO and the University of Queensland were awarded \$4.7 million in funding from Gates Foundation-founded CEPI “for the rapid development of vaccines aimed at halting the spread of pandemics and other infectious diseases.”<sup>296</sup>

In April 2020, the CEO of CSIRO, Dr Larry Marshall, said CSIRO had “joined that group about a year ago *in anticipation of an event like this [Covid-19] possibly happening in the future*. It's the same reason we created, if you like, the vaccine pipeline and manufacturing capability... “We're working with CEPI, and CEPI have given us a contract for some \$4.7 million between the University of Queensland, Doherty and us.”<sup>297</sup> (Emphasis added)

CEPI recently announced a collaboration with pharmaceutical company GSK (Glaxosmithkline) to “coordinate engagements between GSK and entities funded by CEPI who are interested in testing their vaccine platform with GSK’s adjuvant technology to develop effective vaccines against 2019-nCoV. The first agreement to formalize this arrangement has been signed between GSK and the University of Queensland, Australia...”<sup>298</sup> CEPI has said it will require billions of dollars to develop Covid-19 vaccines, requiring funding commitments from governments.

In March 2020, the World Economic Forum announced that in a “high-level COVID Action Platform Virtual Meeting hosted by the World Economic Forum, CEPI CEO Richard Hatchett said for businesses the shift in funding [to vaccine projects] would be “the best investment your companies will ever make.”<sup>299</sup>

## GLOBAL COLLABORATIONS

A significant number of the Doherty Institute’s Global Projects and researchers collaborate with and receive funding from the Bill and Melinda Gates Foundation and its close partner, the Wellcome Trust.<sup>300</sup>

The Doherty Institute’s ‘Vaccines Innovations Prioritisation Working Group’ is led by Dr Christopher Morgan. The Group collaborates with the World Health Organisation, Gavi [the Vaccine Alliance, founded by the Bill & Melinda Gates Foundation], PATH, The Bill and Melinda Gates Foundation, as part of a multi-partner program “to identify which new techniques to administer, store or track vaccines represents the best investment opportunity for global immunization partners.”

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<sup>295</sup> Value Invest Asia, Ruzaini Ahmad (January 2020): ‘Can Alibaba Health Information Technology Transform China’s Pharmaceutical Industry?’

<sup>296</sup> Australian Financial Review, Angus Grigg (2019): ‘Gates Foundation backs University of Queensland vaccine bid’

<sup>297</sup> Parliament of Australia, Senate Economics Legislation Committee (April 2020): ‘Commonwealth Scientific and Industrial Research Organisation (CSIRO), CEO Dr Larry Marshall’

<sup>298</sup> CEPI: ‘CEPI and GSK announce collaboration to strengthen the global effort to develop a vaccine for the 2019-nCoV virus’

<sup>299</sup> World Economic Forum (March 2020): ‘How are companies responding to the coronavirus crisis?’

<sup>300</sup> Doherty Institute: ‘Where we work’

Dr Morgan chairs the WHO Immunization Practices Advisory Committee and is a principal for Immunization, Vaccines and Immunity at the Burnet Institute.<sup>301</sup>

IN 2019, University of Melbourne and Doherty Institute research groups benefited when a new laboratory was opened up to fight against dengue, as part of a “collaborative NHMRC grant” which included Monash university groups, interfacing with the Bill and Melinda Gates Foundation, the National Institutes of Health and the Wellcome Trust.<sup>302</sup>

A number of the Doherty Institute’s studies are affiliated with Glaxosmithkline.<sup>303, 304, 305</sup>

## DIRECTOR SHARON LEWIN

In 2019, Professor Sharon Lewin was awarded the Order of Australia for “distinguished service to medical research, and to education and clinical care, in the field of infectious diseases...”<sup>306</sup>

Professor Lewin Chairs the NHMRC’s ‘Health Translation Advisory Committee’, which “[advises] the CEO and Council of NHMRC on opportunities to improve health outcomes in areas including clinical care, public, population and environmental health, communicable diseases and prevention of illness...”<sup>307</sup>

In addition to her leadership roles at the NHMRC, Professor Lewin has also received multiple grants from the NHMRC and declares “Current, past and likely future application to NHMRC for research and people support.”

Professor Lewin is a Chief Investigator at APPRISE, the Australian Partnership for Preparedness Research on Infectious Disease Emergencies. APPRISE is reportedly involved in supporting the government’s Covid-19 national incident room and has begun working with international collaborators to begin a preclinical vaccine.<sup>308</sup>

The NHMRC’s website lists a number of Professor Lewin’s disclosures.<sup>309</sup>

Professor Lewin has a substantial representation on various governmental advisory panels, including the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infection, Ministerial Advisory Committee on Health and Medical Research (Victoria), the Scientific Advisory Board at the National Institute for Health’s Vaccine Research Centre.

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<sup>301</sup> Doherty Institute, Dr Christopher Morgan

<sup>302</sup> Doherty Institute (June 2019): ‘New laboratory opened to step up fight against dengue’

<sup>303</sup> Doherty Institute: ‘Evaluation of 4-amino 2-anilinoquinazolines against Plasmodium and other apicomplexan parasites in vitro and in a P. Falciparum Humanized NOD-scid IL2Rnull Mouse Model of Malaria’

<sup>304</sup> Doherty Institute: ‘The presence of HLA-E-Restricted, CMV-Specific CD8+ T Cells in the blood of lung transplant recipients correlates with chronic allograft rejection’

<sup>305</sup> Doherty Institute: ‘Circulation and characterization of seasonal influenza viruses in Cambodia, 2012-2015’

<sup>306</sup> APPRISE (January 2019): ‘APPRISE investigator, Professor Sharon Lewin, appointed an Officer of the Order of Australia’

<sup>307</sup> NHMRC: ‘Health Translation Advisory Committee’

<sup>308</sup> Australian Government Parliament, COVID-19, Dr Katrina Allen MP, 2nd March 2020

<sup>309</sup> NHMRC: ‘Health Translation Advisory Committee’

Professor Lewin is also a Member of the Strategic and Technical Advisory Committee on HIV at the World Health Organisation.

In addition, Professor Lewin has participated in advisory boards to a number of pharmaceutical companies including Merck, Gilead, ViiV, Bionore, Abivax, Calimmune and InniVirVax, which produce vaccination products. Professor Lewin is also a consultant to Tetralogic, Calimmune, Geovax and Abivax, companies which produce vaccination products.

Professor Lewin has also received funds from National Institutes for Health and the Wellcome for research projects. She has declared funding to support investigator initiated projects from ViiV Healthcare, Merck, Gilead Sciences and Tetralogic.

It is deeply concerning that the Institute responsible for modelling which is informing the Australian Government's Covid-19 policy, appears to have a potential financial conflict of interest in ensuring that the 'solution' for ending lockdown policy is a vaccine, to the possible financial gain of their numerous benefactors.



Photo by National Cancer Institute on Unsplash

## APPRISE

### INFECTIOUS DISEASE EMERGENCIES

APPRISE is the Australian Partnership for Preparedness Research on Infectious Disease Emergencies. It is a “Centre of Research Excellence to develop research and evidence to inform Australia’s capacity to prepare, respond and recover from infectious diseases.”<sup>310</sup> APPRISE collaborates with the Doherty Institute.

A 2017 APPRISE paper co-authored by Professor Lewin and Chief Medical Officer Dr Brendan Murphy titled ‘Is Australia prepared for the next pandemic?’ writes, “Pieces of the plan are in place, but we must continue to strengthen preparedness research capacity...” The paper cites the risk of ‘population growth ‘ and ‘climate change’ causing rapid changes in human populations as factors which “[increase] the risk of infection transmission within and between countries and from animal species...”<sup>311</sup>

The paper acknowledges efforts to ensure “onshore vaccine manufacturing capacity to safeguard against the emergence of novel influenza strains.... However, influenza is not the only threat to Australia’s health security... new threats highlighted the need to develop response plans that are agile, can be adapted to known and unknown pathogens and syndromes and are well coordinated with international responses.”<sup>312</sup>

## FUNDING

APPRISE was awarded \$5 million in funding from the NHMRC (the Australian government’s medical research funding entity) from 2016 - 2021. The NHMRC says APPRISE “was established through an NHMRC

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<sup>310</sup> APPRISE: ‘Who we are’

<sup>311</sup> APPRISE (2017): ‘Is Australia prepared for the next pandemic?’

<sup>312</sup> MJA Lewin, Murphy et al, (April 2017): ‘Is Australia prepared for the next pandemic?’

competitive, peer reviewed special funding call for a national multi-disciplinary team of collaborators to set priorities and develop Australia's capacity for infectious disease emergency response research."<sup>313</sup>

Professor Lewin co-leads APPRISE's laboratory research area and is a member of the executive leadership group. Professor Lewin is also 'Theme Leader' of APPRISE's Partnerships, collaboration and translation. In addition to her role at APPRISE, Professor Lewin is also Chair of the NHMRC's Health Translation Advisory Committee and has been a Member of the NHMRC's Council for several years. She has been a recipient of multiple grants from the NHMRC.<sup>314</sup>

APPRISE's 2017 funding request papers submitted to the NHMRC for 'developing research priorities for Australia's response to infectious disease emergencies' are co-authored by Professor Lewin.<sup>315</sup> It is difficult to credit the NHMRC's position that APPRISE's funding was allocated through a truly 'competitive' process, given Professor Lewin's simultaneous leadership positions in both organisations.

APPRISE's 2017 'Stakeholder Consultation Report' was developed through consultations with stakeholders including representatives from the World Health Organisation. The report was conducted by 'Chief Investigators' which included Professor Sharon Lewin. APPRISE submitted this report to NHMRC to confirm future funding.<sup>316</sup> "APPRISE has proposed a set of research priorities for each pillar and platform. These priorities are based on expert and stakeholder advice on the pathogens that are of highest risk and have the most substantial potential health impact. This includes influenza viruses, Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV), Middle East Respiratory Syndrome Coronavirus (MERS-CoV), and haemorrhagic viruses such as ebolavirus (EBOV)."

Notably, key members of APPRISE have previously received funding from the Gates Foundation, including APPRISE Deputy Director (Partnerships) Associate Professor David Anderson.<sup>317</sup>

APPRISE's 2017 Stakeholder Consultation Report's 'Sustainability Plan' includes a commitment to "Securing ongoing competitive grants through the NHMRC, Wellcome Trust, European Union grants, National Institute of Health (NIH), Gates Foundation and other sources."

## APPRISE & COVID-19

In Parliament on 2nd March 2020, Liberal MP Dr Katrina Allen highlighted the work of APPRISE and Professor Lewin, noting how essential the organisation had been to the government's response to Covid-19, including "support capacity gaps for the national incident room set up by the Morrison government".<sup>318</sup>

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<sup>313</sup> NHMRC: 'COVID-19 Impacts'

<sup>314</sup> NHMRC, Members of Council 2018 -2021 triennium, Professor Sharon Lewis, Declaration

<sup>315</sup> APPRISE (tabled 2017): 'Developing research priorities for Australia's response to infectious disease emergencies'

<sup>316</sup> APPRISE (June 2017): 'Australian Partnership for Preparedness Research on Infectious Disease Emergencies: NHMRC Centre for Research Excellence'

<sup>317</sup> APPRISE: 'Profile: David Anderson'

<sup>318</sup> Australian Government Parliament, COVID-19, Dr Katrina Allen MP, 2nd March 2020

“The Morrison government has been preparing for the current public health emergency epidemic by investing in centres for research excellence, like APPRISE, to improve Australia's response to infectious disease emergencies... Already APPRISE has begun *working with international collaborators to begin a preclinical vaccine.*” (Emphasis added)

APPRISE does not appear to declare this ‘preclinical vaccine’ work amongst their ‘Fast-tracked new Covid-19 projects’.<sup>319</sup>

APPRISE states it “is supporting the international research effort to address the novel coronavirus disease (COVID-19) pandemic caused by the SARS-CoV-2 virus.... We recognise the enormous amount of emerging material and aim to provide a reliable source of research links.”

The APPRISE site links to the Johns Hopkins Global Covid-19 dashboard (which, as I have noted, uses data from sources including social media and news reports). (See ‘Johns Hopkins’)

APPRISE ‘reliable research links’ includes: ‘Bill Gates, ‘Responding to Covid-19 - A once in a century pandemic?’ Bill Gates is not a medical professional or a scientist. His Foundation, however, is one of the world's largest investors in biotech and pharmaceutical companies.

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<sup>319</sup> APPRISE: [‘Fast-tracked new COVID-19 projects to fill critical research need’](#)



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## MEDICAL RESEARCH FUTURE FUND

### STATE FUNDED HEALTH & MEDICAL RESEARCH

The Australian Government's Medical Research Future Fund (MRFF) provides taxpayer funding towards health and medical research. The NHMRC works with the Department of Health to disperse research funds from the MRFF.<sup>320</sup>

'Expert Advisory Panels' guide the MRFF's 'research missions'. Representatives of the Advisory Panels also hold positions on various health institutions and research organisations, many of which have received grants from the MRFF.<sup>321</sup>

The Australian Medical Research Advisory Board sets the priorities for the fund and advises the Minister for Health on MRFF matters.<sup>322</sup>

The AMAB is Chaired by Professor Ian Frazer. Professor Frazer is also Chair of the MRFF Expert Advisory Panels: 'Genomics Health Futures' and 'Cancer Research Foundation' Committees. Simultaneously, Professor Frazer has ownership stakes in biopharmaceutical companies and receives funding from pharmaceutical companies. (See 'Professor Ian Frazer').

The MRFF has been used to grant funding to combat Covid-19, announcing an allocation of \$30 million for "vaccine, anti-viral and respiratory medicine research. This will enable Australian researchers to be at the forefront of the drive to develop both treatments and a vaccine."<sup>323</sup>

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<sup>320</sup> NHMRC: 'Medical Research Future Fund'

<sup>321</sup> Australian Government Grant Award List: 'Medical Research Future Fund'

<sup>322</sup> Australian Government Department of Health: 'MRFF Governance'

<sup>323</sup> Prime Minister of Australia, Media Release 11th March 2020

The University of Melbourne (partnered with the Doherty Institute) reported that Health Minister Greg Hunt said the government would offer an initial \$2 million to the Doherty Institute “towards a vaccine for the novel coronavirus” and further funding would be determined by the “quality of the grants.”<sup>324</sup> “We’ll get the NHMRC (National Health and Medical Research Council) to advise on the merit order of those,” Minister Hunt said.

Professor Lewin replied: “We will certainly apply for this funding to boost our efforts to create a vaccine for this virus... Our infectious diseases experts have been working on the response to COVID-19 since we first heard about the outbreak in January... We have clinicians prepared to treat patients in hospitals; scientists continuing to screen for and diagnose new cases; epidemiologists working closely with the State and Commonwealth Governments on policy; and researchers working on antibody tests, treatments and a vaccine.”

Minister Hunt’s acknowledgment of the NHMRC’s role in ‘advising on the merit of further funding grants from the MRFF’ for the Doherty Institute, would presumably include Doherty Institute Director Professor Lewin herself, as she is a member of the NHMRC Council.

## MRFF, NATIONAL SECURITY AGAINST PANDEMIC RISK & CEPI

In 2017, shortly after Minister Ken Wyatt’s involvement with the first G20 Health Leaders Summit, (See ‘Pandemic/G20 Health Summit’) the MRFF funded the Australian Government’s ‘National Security Against Pandemic Risk’ initiative.

The recipient was the ‘Coalition for Epidemic Preparedness Innovations (CEPI), which received \$2 million to “develop vaccines suitable for humans that are ready before a pandemic begins...”<sup>325</sup>

CEPI was a recommended organisation in the G20 Summit’s ‘Berlin Declaration’, which attending leaders signed.

The MRFF says the National Security Against Pandemic Risk initiative’s desired outcomes are “Galvanised innovative partnerships between public, private, philanthropic and civic organisations... Vital vaccines moved from pre-clinical to proof-of-concept development stages in humans *before an epidemic begins*.”<sup>326</sup> (Emphasis added)

“CEPI has already identified three initial viruses to be targeted: Lassa virus, MERS Co-V and Nipah virus. All three have breached animal-human transmission and could trigger an epidemic or pandemic. CEPI aims to develop two promising vaccines for each of these viruses to avert potential crises.”

Several years later, on the 27th January 2020, CEPI’s CEO Richard Hatchett announced CEPI would be working with pharmaceutical companies to “leverage” their previous work on the MERS coronavirus to speed up Covid-19 vaccine development.<sup>327</sup>

In May 2019, Health Minister Greg Hunt announced that the MRFF was contributing \$1 million to fund “a world first Australian research project using the latest genome editing technology to rapidly detect and identify infectious disease and antimicrobial resistance.”

The project is called the ‘c-FIND: CRISPR Frontier Infection Diagnostics to Detect Infection project’.<sup>328</sup>

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<sup>324</sup> University of Melbourne (18th February 2020): ‘Commonwealth announces \$2m MRFF competitive funding for COVID-19 vaccine’

<sup>325</sup> Australian Government Department of Health: ‘National Security Against Pandemic Risk initiative’

<sup>326</sup> MRFF: ‘National Security Against Pandemic Risk’

<sup>327</sup> Bloomberg (February 2020): ‘Coronavirus Outbreak Sparks Renewed Interest in Combatting Infectious Diseases’

<sup>328</sup> Greg Hunt (May 2019): ‘Funding Vital Medical Research’



“There is an urgent, unmet need around the world for rapid and accurate identification of infectious disease in patients, to combat antimicrobial resistance and mitigate the devastating consequences of epidemics and pandemics.”

A year later in April 2020, Scientific American announced that “CRISPR gene editing may help scale up coronavirus testing.” The developers hope that this technology can replace PCR testing.<sup>329</sup>

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<sup>329</sup> Scientific American, Jim Daley (April 2020): ‘CRISPR Gene Editing May Help Scale Up Coronavirus Testing’



Photo by Robynne Hu on Unsplash

# AUSTRALIAN ACADEMY OF HEALTH & MEDICAL SCIENCES

## CONTEMPLATING ‘IMMUNITY CERTIFICATE’

The Australian Academy of Health and Medical Sciences describes itself as “the impartial, authoritative, cross-sector voice of health and medical science in Australia.”<sup>330</sup>

Fellows of the AAHMS include Chief Medical Officer Brendan Murphy, Doherty Institute Director Professor Sharon Lewin, Professor Terry Nolan, Professor Mark Pelligrini, Professor Katherine Kedzierska and Professor Ian Frazer, immediate past president of the AAHMS.

The AAHMS appears highly influential in the direction of medical research funding. In 2019, the AAHMS received “a government grant [which] assisted with our delivery of priority-setting advice in relation to the Medical Research Future Fund.” This report was produced for the Department of Health, laying out “*priority setting* for the Medical Research Future Fund.”<sup>331</sup> (Emphasis added)

The AAHMS reported their Fellows and Associate Members, including the Chief Medical Officer Professor Brendan Murphy, were contributing to the Covid-19 outbreak.<sup>332</sup>

The AAHMS published a Tweet on the 9th of April, which asked “How do we get back to normal life after #COVID19? Is an ‘immunity passport’ the answer?”

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<sup>330</sup> Australian Academy of Health and Medical Sciences

<sup>331</sup> AAHMS ‘Annual Report June 2019’

<sup>332</sup> Australian Academy of Health and Medical Sciences (March 31, 2020): ‘COVID-19 AAHMS Information Hub’

To answer the question, the AAHMS published a video of Professor Peter Doherty (AAHMS Fellow) suggesting the possibility to “potentially test and give people an immunology certificate or a passport or something that would say, “Yes I’ve had the infection, I’m not going to infect you”, to allow people to “possibly trickle back into the workforce”.<sup>333</sup>

The idea of a “digital certificate” for vaccination or immunity is gaining traction, initially suggested by Bill Gates and is being considered by the German government. (See ‘Victorian Government: Mandating Vaccines’ and ‘The Bio-Surveillance State’)

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<sup>333</sup> Twitter, Australian Academy of Sciences, April 9th, 2020’



## CEPI

### COALITION FOR EPIDEMIC PREPAREDNESS INNOVATION

The Coalition for Epidemic Preparedness Innovation (CEPI) was initiated at the 2017 World Economic Forum in Davos. It received \$460 million in startup funding from the Bill and Melinda Gates Foundation, the Wellcome Trust and the governments of Germany, Japan and Norway. CEPI is “a global alliance financing and coordinating the development of vaccines against emerging infectious diseases.”<sup>334</sup>

Board Members include representatives from the WHO, World Bank, Bill & Melinda Gates Medical Research Institute and Foundation.<sup>335</sup> Members of its Scientific Advisory Board include pharmaceutical/vaccine companies Sanofi Pasteur, Johnson & Johnson and Pfizer.

## CEPI: VACCINE CANDIDATES

In Whitney Webb’s expose ‘All Roads Lead to Dark Winter’, Webb reveals “Not only did Emergent Biosolutions profit from national anthrax fears [in 2001], they would also cash in on subsequent pandemic panics and later receive substantial backing from the Bill Gates-backed Coalition for Epidemic Preparedness Innovations (CEPI).”<sup>336</sup>

In 2018, CEPI funded Emergent BioSolutions’ development of a Nipah virus vaccine. Gates-backed nonprofit ‘aid organisation’ PATH partnered with Emergent BioSolutions to work on clinical development.<sup>337</sup> (See ‘Global Health Imperialism’ and ‘The Gates Foundation’)

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<sup>334</sup> CEPI: ‘New vaccines for a safer world’

<sup>335</sup> CEPI: Leadership

<sup>336</sup> The Last American Vagabond, Whitney Webb & Raul Diego (2020): ‘A Killer Enterprise: How one of Big Pharma’s Most Corrupt Companies Plans to Corner the Covid-19 Cure Market’

<sup>337</sup> University of Minnesota, CIDRAP, Lisa Schirring (2018): ‘CEPI announces new collaboration and funding for Lassa vaccine’

CEPI has now added of number of Covid-19 vaccine candidates to its investment portfolio, providing initial funding to Curevac, Inc., Inovio Pharmaceuticals, Inc., Moderna, Inc., Novavax, Inc., The University of Hong Kong, The University of Oxford, the Institut Pasteur and The University of Queensland.<sup>338</sup>

CEPI recently announced a collaboration with GSK (Glaxosmithkline) to “coordinate engagements between GSK and entities funded by CEPI who are interested in testing their vaccine platform with GSK’s adjuvant technology to develop effective vaccines against 2019-nCoV. The first agreement to formalize this arrangement has been signed between GSK and the University of Queensland, Australia...”<sup>339</sup>

CEPI says US\$2 billion in funding is required to develop a vaccine against the COVID-19 virus.<sup>340</sup>

SBS Australia reported CEPI is “coordinating the development of a [Covid-19] 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, [and now an Executive Board Member of the government’s National Covid-19 Coordination Commission] 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>341</sup>

CEPI Chair Jane Halton was a panel member of ‘plandemic’ simulation Event 201. (See also ‘Pandemic/Jane Halton’)

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.”<sup>342</sup> (Emphasis added)

“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.”

The federal Commonwealth Scientific and Industrial Research Organisation (CSIRO) has been engaged by CEPI “to undertake critical new research as part of the rapid global response to the novel coronavirus outbreak”.<sup>343</sup>

CSIRO says: “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>344</sup>

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<sup>338</sup> CEPI: ‘CEPI collaborates with the Institut Pasteur in a consortium to develop COVID-19 vaccine’

<sup>339</sup> CEPI: ‘CEPI and GSK announce collaboration to strengthen the global effort to develop a vaccine for the 2019-nCov virus’

<sup>340</sup> CEPI (March 2020): ‘\$2 billion required to develop a vaccine against the COVID-19 virus’

<sup>341</sup> SBS, March 9th 2020: ‘Coronavirus vaccine still at least one year away’

<sup>342</sup> The Australian (2020): ‘Global vaccine hunt a \$2bn task in virus war’

<sup>343</sup> Link broken, recheck: <https://www.csiro.au/en/Research/Health/Infectious-diseases-coronavirus/Our-response/Understanding-the-virus>

<sup>344</sup> CSIRO (2020): ‘Working against the new coronavirus’

In a March 2020 estimates hearing of the Senate Economics Legislation Committee, [during the current Covid-19 outbreak] Dr Larry Marshall attended in his capacity as CEO of CSIRO.

Dr Marshall responded to a Senator's query about CEPI: "It's called the Coalition for Epidemic Preparedness Innovations. We joined that group about a year ago *in anticipation of an event like this possibly happening in the future*. It's the same reason we created, if you like, the vaccine pipeline and manufacturing capability..."<sup>345</sup> (Emphasis added)

"We're working with CEPI, and CEPI have given us a contract for some \$4.7 million between the University of Queensland, Doherty and us."

Although Dr Marshall said CSIRO "joined that group [CEPI] about a year ago", the CSIRO is not listed as a partner on CEPI's website.

In January 2019, CSIRO published a document 'Clamping down on the mysterious Disease X', referring to their collaboration with CEPI and the University of Queensland.<sup>346</sup>

"With support from CEPI, University of Queensland will scale-up its breakthrough technology called a "molecular clamp". It could reduce the development time for vaccines anywhere from a year or more to as little as 16 weeks. Our [CSIRO's] biomedical and manufacturing expertise (and facilities) will play an important role turning this biomedical breakthrough into a viable vaccine."

"UQ will use our Advanced Biomedical Manufacturing Platform (at our Biomedical Manufacturing Precinct) to create a vaccine that's capable of being mass-produced. With UQ's "clamp" breakthrough, we'll scale up the manufacturing process, allowing hundreds of thousands of vaccine doses to be quickly produced under strict regulatory guidelines... It's the latest step in the long partnership between UQ and CSIRO on biomedical research." CSIRO's promise of 'scaled up, rapid vaccine manufacturing' under 'strict regulatory guidelines', appears incompatible with NCCC board member Jane Halton's recent demand for regulators to 'shortcut approval protocols' for Covid-19 vaccines.

In 2019, the AFR reported on a 'consortium' led by the University of Queensland and including the CSIRO and the WHO Collaborating Centre for Reference and Research on Influenza at the Doherty Institute's Victorian Infections Diseases Reference Laboratory.

The consortium won \$4.7 million in funding from CEPI "for the rapid development of vaccines aimed at halting the spread of pandemics and other infectious diseases."<sup>347</sup>

The AFR reported CEPI Chair Jane Halton said: "'At the moment it can take years to produce a vaccine ... the hope is that the UQ technology will be able to produce a vaccine within 16 weeks of a virus being detected."

In January 2019, Minister for Foreign Affairs Marise Payne announced funding of \$4.5 million to support CEPI, "for vital vaccine development to fight infectious disease epidemics."<sup>348</sup> (An interesting figure, as this almost

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<sup>345</sup> Parliament of Australia, Senate Economics Legislation Committee (April 2020): 'Commonwealth Scientific and Industrial Research Organisation (CSIRO), CEO Dr Larry Marshall'

<sup>346</sup> CSIROscope, Chris Still (2019) 'Clamping down on the mysterious Disease X'

<sup>347</sup> Australian Financial Review, Angus Grigg (2019): 'Gates Foundation backs University of Queensland vaccine bid'

<sup>348</sup> Senator Marise Payne (January 2019): Media Release: 'Australian support to fight epidemics'

amounts to CEPI receiving a full taxpayer-funded refund for their \$4.7 million grant to the University of Queensland/CSIRO 'consortium', both awarded in the same month.)

The press release from Senator Payne's office stated: "CEPI – a global alliance between governments, industry, academia, philanthropy and civil society – develops vaccines against known epidemic threats and new technologies that can be used to combat unknown pathogens that may pose a future threat."

Prior to this, in 2017, after Minister Ken Wyatt's attendance at the G20 Health Leaders Summit, the taxpayer-funded Medical Research Future Fund (MRFF) funded the Australian Government's 'National Security Against Pandemic Risk' initiative.

As per the recommendation in the signed G20 Summit 'Berlin Declaration', the recipient was CEPI, which received \$2 million to "develop vaccines suitable for humans that are ready before a pandemic begins..."<sup>349</sup>

The MRFF stated the National Security Against Pandemic Risk initiative's desired outcomes are "Galvanised innovative partnerships between public, private, philanthropic and civic organisations... Vital vaccines moved from pre-clinical to proof-of-concept development stages in humans *before an epidemic begins*."<sup>350</sup> (Emphasis added)

"CEPI has already identified three initial viruses to be targeted: Lassa virus, MERS Co-V and Nipah virus. All three have breached animal-human transmission and could trigger an epidemic or pandemic. CEPI aims to develop two promising vaccines for each of these viruses to avert potential crises."

Several years after CEPI identified MERS Co-V as one of three initial viruses to be targeted for their research, CEPI's CEO Richard Hatchett announced CEPI would be working with pharmaceutical companies to "leverage" their previous work on the MERS coronavirus to speed up Covid-19 vaccine development.<sup>351</sup>

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<sup>349</sup> Australian Government Department of Health: 'National Security Against Pandemic Risk initiative'

<sup>350</sup> MRFF: 'National Security Against Pandemic Risk'

<sup>351</sup> Bloomberg (February 2020): 'Coronavirus Outbreak Sparks Renewed Interest in Combatting Infectious Diseases'



Photo by Polina Jankilevitch from Pexels

## CEPI, GATES FOUNDATION & UNIVERSITY OF QUEENSLAND RAPID RESPONSE VACCINE PARTNERSHIP

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 up to \$14.7 million.<sup>352</sup> The collaboration includes the University, CSIRO, WHO Collaborating Centre for Reference and Research on Influenza [part of the Doherty Institute’s Victorian Infections Diseases Reference Laboratory], the Australian National University, Hong Kong University and Q-Pharm Pty Ltd.

In a media release, the Queensland State government announced a pledge of \$10 million in State funding to the project, with Premier Anastacia Palaszczuk, announcing a \$17 million [total] package to “fast track a world-leading vaccine for coronavirus developed in Queensland.”<sup>353</sup>

Innovation Minister Kate Jones said “this research will help Queensland tap into a multi-trillion-dollar industry.”

“[Lead Covid-19 researcher] 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...”

“[A Covid-19] 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>354</sup>

The University of Queensland has partnered with Dutch company ‘Vironics Xplore’ to undertake pre-clinical studies of their vaccine.

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<sup>352</sup> CEPI, Mario Christodoulo (2019): ‘CEPI partners with University of Queensland to create rapid-response vaccines’

<sup>353</sup> Queensland Government, Media Statements (2020): ‘State and Federal Govts fund development of COVID-19 vaccine’

<sup>354</sup> RACQ, Jessica Wilson (2020): ‘Queensland developing coronavirus vaccine’



The University announced, “UQ has also announced a partnership with Cytiva, formerly known as GE Healthcare Life Sciences, which will develop the material for clinical trials and is also preparing scale-up equipment for future mass production... Dr Chappell said UQ was able to use data from the 2003 SARS epidemic to speed up production of a COVID-19 vaccine..”<sup>355</sup>

Cytiva [formerly GE Healthcare Life Sciences] was recently acquired for \$21.4 billion by biopharma giant Danaher. Danaher owns Cepheid, the company which produces ‘GenExpert’ Covid-19 tests, which the TGA has ‘fast-tracked’ for approval.<sup>356</sup> ‘GenExpert’ has previously partnered with and received funding from the WHO and the Gates Foundation.<sup>357</sup>

RACQ reported that Immunologist Professor Ian Frazer, (Chair of the government’s Australian Medical Research Advisory Board and Professor at UQ) said UQ was on the cutting-edge of Covid-19 vaccine research, saying. “Queensland has arguably the best centre for vaccine development at UQ...”<sup>358</sup>

Professor Ian Frazer is credited as the co-inventor of the HPV vaccine against cervical cancer, developed at the University of Queensland. Frazer’s HPV vaccine has now been concluded to be extraordinarily dangerous by a significant number of independent studies, linked to causing cervical cancer and numerous other serious adverse reactions.

Alliance for Natural Health has referenced a number of clinical studies revealing serious adverse events caused by the HPV vaccine, including “a study just released by a World Health Organization (WHO) monitoring centre in Sweden [which] shows that adverse event reports received from national authorities — and these will represent only a fraction of those actually experienced — show [the HPV vaccine has] a tendency to produce clusters of serious adverse events that... *that exceeds any other vaccine.*” <sup>359,360</sup> (Emphasis added)

Regardless of this, in 2018-19 the WHO still stated “Introduction of HPV vaccine should be prioritized in all countries...”<sup>361</sup>

HPV Vaccine Australia addresses ‘claims circulating on social media’ about health risks of the HPV vaccine and states “there is no scientific or epidemiological evidence to suggest that the vaccine has caused these illnesses.”<sup>362</sup>

“The World Health Organization, the Australian Technical Advisory Group on Immunisation, and the Centers for Disease Control and Prevention in the USA, as well as many other experts, continue to recommend that the HPV vaccine be administered and promoted to prevent HPV-related disease and deaths.”

As I have noted (See chapter ‘Who Watches the Watchers?’), the board members of the government’s Australian Technical Advisory Group on Immunisation (ATAGI), appear to have a number of serious financial

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<sup>355</sup> University of Queensland (April 2020): ‘International partnership progresses UQ COVID-19 vaccine project’

<sup>356</sup> news.com.au, Sarah McPhee (March 2020): Coronavirus Australia: Test kits approved giving results in 15 minutes

<sup>357</sup> Clinton Foundation: Developing New Tools to Fight Tuberculosis

<sup>358</sup> GAVE The Vaccine Alliance: ‘HPV vaccine inventor Ian Frazer sees his idea become reality’

<sup>359</sup> Alliance for Natural Health (2017): ‘It’s official: HPV vaccine, the most dangerous vaccine yet’

<sup>360</sup> Chandler et al (2015): ‘Current Safety Concerns with Human Papillomavirus Vaccine: A cluster Analysis of Reports in VigiBase’

<sup>361</sup> WHO, SAGE (2018): ‘Executive Summary: Human papilloma virus’

<sup>362</sup> HPV Vaccine: ‘Are there any side effects?’

conflicts of interest in recommending the safety of vaccines, as they also disclose receiving funding from the pharmaceutical companies which manufacture them.<sup>363</sup>

In 2019, the WHO's 'Global Advisory Committee on Vaccine Safety' published their views that "the Committee concluded that there was no evidence for a causal relation between HPV vaccination and POI [primary ovarian insufficiency]".<sup>364</sup>

GAVI, the international vaccine alliance, reported Professor Ian Frazer said "The only hope for preventing cervical cancer in the developing world... is to have a universal vaccination programme".<sup>365</sup>

The University of Queensland states Professor Frazer "in conjunction with UQ waived royalties on the [HPV] vaccine to ensure it could be administered throughout the developing world, to the people who needed it most."<sup>366</sup> Frazer's Translational Research Institute states that HPV royalties have been waived on Gardasil sales in 72 developing countries.<sup>367</sup>

From this statement, it can be inferred that Professor Frazer and the University of Queensland do receive royalties on their HPV vaccine Gardasil from sales in 'developed' countries like Australia. The HPV vaccine is listed on the Australian government's Pharmaceutical Benefits Scheme, which means the pharmaceutical company receives taxpayer-funded remuneration from every sale.<sup>368</sup>

The Australian Government's National COVID-19 Coordination Commission Executive Board Member Jane Halton, has previously recommended that regulators would need to 'shortcut' Covid-19 approval protocols, so that drug manufacturers could fast-track vaccines.<sup>369</sup>

The University of Queensland has apparently already participated in the ongoing production and promotion of a vaccine which has produced serious adverse events, that researchers using the WHO's own statistics have declared '*exceeds any other vaccine*'.

This vaccine is still praised by WHO, UQ and Professor Frazer and remains on the Australian Government's immunisations schedule. Professor Frazer remains Chair of the government's Australian Medical Research Advisory Board, which advises the government on where to commit public funding for medical research. Lead COVID-19 vaccine researchers state they aim to have material ready for human dosing within 16 weeks. The Chair of CEPI and NCCC government advisor Jane Hanlon wants Australian drug regulators to shortcut approval protocols.

I believe this situation sets a dangerous precedent that could have horrific consequences for the health of the unwitting Australian public.

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<sup>363</sup> Page number

<sup>364</sup> World Health Organisation, Global Advisory Committee on Vaccine Safety (2019): 'Human papilloma virus vaccines and infertility'

<sup>365</sup> GAVI (2012): 'HPV vaccine inventor Ian Frazer sees his idea become reality'

<sup>366</sup> University of Queensland, People: Professor Ian Frazer

<sup>367</sup> Translational Research Institute: 'Gardasil HPV Cervical Cancer Vaccine'

<sup>368</sup> Australian Government Department of Health, Pharmaceutical Benefits Scheme: HPV

<sup>369</sup> The Australian (2020): 'Global vaccine hunt a \$2bn task in virus war'



Photo by ev on Unsplash

## BIOSECURITY ACT 2015

### ‘UNPRECEDENTED POWER, LIMITED OVERSIGHT’

On 18 March 2020, in response to the COVID-19 outbreak in Australia, the Governor-General declared that a human biosecurity emergency exists. The declaration gives the Minister for Health expansive powers to issue directions and set requirements in order to combat the outbreak. This is the first time these powers under the Biosecurity Act have been used.<sup>370</sup>

### UNCHECKED, UNFETTERED POWER

On March 3rd 2020, Law Council of Australia President, Pauline Wright, cautioned the government on the Biosecurity Act 2015, prior to the Governor-General's declaration of a human biosecurity emergency.<sup>371</sup>

Ms Wright said "...powers under the Biosecurity Act 2015 (Cth) are extraordinary and must be approached with the utmost caution and should only be used as a last resort. The exceptional powers under the Act do not have the types of safeguards and independent oversight protections afforded to our law enforcement and security agencies' exercise of coercive powers. The determination of a particular disease as a Listed Human Disease (LHD) can have significant repercussions under the Bill, particularly in relation to control orders."

"While control orders in cases of infectious disease may be justified, there is *no requirement for a person to actually be infected* or for the officer to *even reasonably believe or suspect* that the person is infected, or may be infected, with a LHD, before a control order can be made.

Control orders can potentially have a significant impact upon a person's liberty as they can, for example, require isolation or restricted movement measures to be in place. While the use of such a power may be necessary to limit the spread of potentially dangerous infectious diseases, the threshold for determining a LHD and then for

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<sup>370</sup> Parliament of Australia (March 2020): "COVID-19 Human Biosecurity Emergency Declaration Explainer"

<sup>371</sup> Law Council of Australia, Media Releases (March 2020): "Law Council of Australia President, Pauline Wright, statement regarding biosecurity control orders"

imposing a control order needs to be carefully considered to ensure it achieves this purpose based on reasonable grounds.” (Emphasis added)

As reported by the Guardian, the Dean of the law faculty at the University of New South Wales, George Williams, said: “You can’t get much more extensive than that. I mean, it’s largely unchecked unfettered power that now resides in the federal health minister, and that shows the gravity of the situation... We’ve moved remarkably quickly from a restrained and quite cautious government response to one where all bets are off. And suddenly the gloves have been removed when it comes to the powers they’re exercising...”<sup>372</sup>

Under the Biosecurity Act 2015, the Minister for Health Greg Hunt is afforded unprecedented power, to issue any requirement or direction that then supersedes all other rights and laws.

During the human biosecurity emergency period, the Health Minister may:

- issue any direction to any person
- determine any requirement

that the Minister considers is necessary to:

- prevent or control the entry to, emergence, establishment, or spread of COVID-19 in Australia
- prevent or control the spread of COVID-19 to another country or
- implement a WHO Recommendation under the International Health Regulations.

“A requirement is a non-disallowable legislative instrument... These requirements and directions may be given ‘despite any provision of any other Australian law’... the Minister [is required to] exercise these powers personally, they cannot be delegated.”<sup>373</sup>

“Under the Biosecurity Act, provided that the Minister is satisfied that an action is necessary to either combat the listed human disease (in this case, COVID-19) or to implement WHO recommendations in relation to that disease, the Minister may make a direction or set a requirement to ensure that action takes place.”

“The Governor-General may extend a declaration *indefinitely* (with each extension being for no longer than three months) if the Health Minister remains satisfied that the conditions that required a declaration of a human biosecurity emergency continue.” (Emphasis added)

“A person must comply with emergency requirements and directions. A person who intentionally engages in conduct that contravenes a requirement or a direction commits a criminal offence punishable by a maximum penalty of imprisonment for five years and/or a fine of 300 penalty units (\$63,000).”

The Australian Law Commission’s ‘Justifying limits on rights and freedoms’: says that limits on civil rights must be proportionate and the encroachment justified: “In short, a structured proportionality analysis involves

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<sup>372</sup> The Guardian, Josh Taylor, (March 2020): ‘Australia’s civil liberties under coronavirus: advocates warn laws must be temporary’

<sup>373</sup> Parliament of Australia (March 2020): ‘COVID-19 Human Biosecurity Emergency Declaration Explainer’

considering whether a given law that limits important rights has a legitimate objective and is suitable and necessary to meet that objective, and whether—on balance—the public interest pursued by the law outweighs the harm done to the individual right.”<sup>374</sup>

The ‘Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights’, are an international set of guidelines for the conditions and grounds for permissible limitations of rights.<sup>375</sup>

“It has long been observed... that one of the main instruments employed by governments to repress and deny the fundamental rights and freedoms of peoples has been the illegal and unwarranted Declaration of Martial Law or a State of Emergency. Very often these measures are taken under the pretext of the existence of a “public emergency which threatens the life of the nation” or “threats to its national security.””

“The principle of strict necessity shall be applied in an objective manner. Each measure shall be directed to an actual, clear, present, or imminent danger and may not be imposed merely because of an apprehension of potential danger.”

“...national security cannot be used as a pretext for imposing vague or arbitrary limitations and may only be invoked when there exist adequate safeguards and effective remedies against abuse.”

I would argue that, in light of the data and information I have presented, the government’s response to Covid-19 is in violation of the Siracusa Principles, and I believe it is reasonable to suppose that the government’s policy actions are therefore in violation of international law.

## FORMER UK SUPREME COURT JUSTICE, LORD SUMPTION

Former UK Supreme Court Justice, Lord Sumption was recently interviewed about the response of the UK Government and Police to Covid-19.

“The real problem is that when human societies lose their freedom, it’s not usually because tyrants have taken it away. It’s usually because people willingly surrender that freedom in return for protection against some external threat. And the threat is usually a real threat but is exaggerated. And that’s what I fear we are seeing now... Anyone who has studied history will recognise here the classic symptoms of collective hysteria. Hysteria is infections. We are working ourselves up into a lather in which we exaggerate the threat, and stop asking ourselves whether the cure may be worse than the disease.

“We should not be surprised, we have to recognise that this is how societies become despotisms. And we also have to recognise that this is a process which leads naturally to exaggeration. The symptoms of coronavirus are clearly serious for those with other significant medical conditions, especially if they are old. There are exceptional case in which young people have been struck down, which have had a lot of publicity but the numbers are pretty small... so yes this is serious, and yes it’s understandable that people cry out to the government.

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<sup>374</sup> Australian Government, Australian Law Reform Commission (2016): ‘Justifying limits on rights and freedoms’

<sup>375</sup> Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (1985)

But the real question is, is this serious enough to warrant putting most of our population under house imprisonment, wrecking our economy for an indefinite period, destroying businesses that honest and hardworking people have taken years to build up, saddling future generations with debt, depression, stress, heart attacks, suicides and unbelievable distress, inflicted on millions of people who are not especially vulnerable and will suffer only mild symptoms or not at all..."

"The tradition of policing in this country is that policeman are citizens in uniform. They are not members of a disciplined hierarchy operating just at the government's command... This is what a police state is like. It's a state in which the government can issue orders or express preference with no legal authority and the police will enforce Minister's wishes."

"I am not a scientist. But it is the right and duty of every citizen to look and see what the scientist have said, and to analyse it for themselves, and to draw common sense conclusions. We are all perfectly capable of doing that, and there's no particular reason for why the scientific nature of the problem should mean that we have to resign our liberty into the hands of scientists."<sup>376</sup>

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<sup>376</sup> BBC Radio 4, via YouTube, Jack Bainbridge: 'Lord Sumption explains national overreaction to coronavirus'



Image source: Wikimédia Commons: JJ Harrison

## HEALTH MINISTER GREG HUNT

### A FRIEND OF BIG PHARMA?

The Biosecurity Act 2015 gives Health Minister Greg Hunt extraordinary powers over the Australian people, that supersede all other laws. As Prime Minister Morrison has ordered Parliament to be closed until August 2020, there is virtually no democratic oversight to Minister Hunt's powers, who along with CMO Brendan Murphy, is effectively empowered to govern by decree.

### GREG HUNT: VACCINES AS A 'MORAL DUTY'

Upon examination, I have become concerned about Minister Hunt's history of appearing to implement policies which overwhelmingly benefit the pharmaceutical industry at the expense of the Australian taxpayer, publicly promoting vaccine products of specific companies and his instrumental role in the exponential increase of fast-tracking medications to the PBS.

In 2018, the AFR reported "Big US pharmaceuticals companies such as Johnson & Johnson, Pfizer, Merck, AbbVie and Eli Lilly want to invest more in Australia... Health Minister Greg Hunt has said. Mr Hunt said the increased interest was the result of the government's cumulative efforts over several years to turn more of Australia's world-leading medical and pharmaceuticals research into commercial products..."<sup>377</sup>

Health Minister Greg Hunt has made a number of media releases promoting taxpayer-funded vaccinations from Medicines Australia Members such as Glaxosmithkline, Sanofi and Seqirus.<sup>378, 379, 380</sup> including personally

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<sup>377</sup> Australian Financial Review, Ben Potter (2018): 'Big pharma wants to invest more in Australian biotech says Greg Hunt'

<sup>378</sup> Greg Hunt: 'Protecting Australia from influenza in 2017'

<sup>379</sup> Australian Government Department of Health, The Hon Greg Hunt MP: 'Record numbers of Australian getting vaccinated against the flu'

<sup>380</sup> Sydney Morning Herald, Melissa Cunningham and Dana McCauley (February 2020): 'Roll out flu jabs sooner, experts say, amid fears of dual infections'

thanking Sanofi for their support in delivering vaccines through the (taxpayer funded) National Immunisation Program.<sup>381</sup>

Minister Hunt's Senior Adviser, Sam Develin, joined the Department of Health's team directly after employment as GSK's Senior Government Affairs and Policy Advisor. Prior to this, Mr Develin worked in Medicines Australia as Access and Funding Policy & Reimbursement Policy Manager.<sup>382</sup>

In 2017, Greg Hunt signed a Strategic Agreement with Medicines Australia Ltd, on behalf of the Commonwealth of Australia.<sup>383, 384</sup> Members of Medicines Australia Ltd include Glaxosmithkline, Gilead, Merck, Bayer, Novartis. Pfizer Sanofi and Astra Zeneca.<sup>385</sup>

In a letter to Medicines Australia Chair Wes Cook, Minister for Health Greg Hunt said, "The enclosed agreement has been developed in close consultation between my Department and Medicines Australia. I believe the outcome of this process reflects the positive and strong relationship between the Commonwealth and the innovator pharmaceutical sector... I look forward to continuing this strong relationship with you and your organisation."<sup>386</sup>

In his reply to Minister Hunt, the Chairman of Medicines Australia said he "would also like to thank you for your *personal commitment* to the success of the discussions..."<sup>387</sup> (Emphasis added)

The term of the Strategic Agreement lasts until 2022. Under the agreement, the Commonwealth agrees not to make any "medicine pice based savings" that "may impact on the innovative medicines sector without first consulting with Medicines Australia at the earliest opportunity..." (3.3)

The Agreement also appears to contain a commitment from the government to pursue legal avenues for Medicines Australia to access Australians' health information: "To enable monitoring of the sustainability of the innovator medicines sector in Australia, the Commonwealth will progress work to enable Medicines Australia to access relevant information directly from the enterprise data warehouse operated by the Department once that enterprise data warehouse is available for use by parties outside the Commonwealth..." (11.4)

Medicines Australia reported Chairman Wes Cook said, "This agreement upholds the key principles sought by Medicines Australia, such as the need for policy predictability and certainty for industry... The decision to sign the Strategic Agreement ends a long period of uncertainty for industry and will help to improve the confidence of

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<sup>381</sup> Sanofi Pasteur, Press Release (2018): 'Latest Sanofi Pasteur influenza vaccine shipment arrives in Australia'

<sup>382</sup> LinkedIn: 'Sam Develin'

<sup>383</sup> Australian Government (2017): 'Strategic Agreement: Commonwealth of Australia and Medicines Australia Limited'

<sup>384</sup> Medicines Australia: Strategic Agreement

<sup>385</sup> Medicines Australia: Our Members

<sup>386</sup> The Hon Greg Hunt MP, Letter to Mr Wes Cook, Chair of Medicines Australia

<sup>387</sup> Medicines Australia Chairman Wes Cook, Letter to The Hon Greg Hunt MP



our members to continue to bring innovative medicines to Australia and to invest in local research and development, such as clinical trials..."<sup>388</sup>

In a 2018 interview, Minister Hunt spoke to Leon Byer on the Turnbull government's 'Get the Facts' child immunisation campaign, which was "targeting parents across the country... with a very powerful message around the need to vaccinate their children with a new campaign rolling out today."

Mr Hunt said: "It's a deep, profound public health and *moral duty* to lift the vaccination rate."<sup>389</sup> (Emphasis added)

In 2018, the Age reported Federal Health Minister Greg Hunt "slammed a controversial anti-vaccination documentary ahead of its Australian launch, warning against "false and reckless claims" targeting the government's cancer prevention program."

"The science is in and the medical experts advice is absolute – vaccinations save lives and protect lives and they are an essential part of a healthy society," Mr Hunt told Fairfax Media. "I have no time for the false and reckless claims made by anti-vaxxers and I will continue call out their dangerous claims."<sup>390</sup>

The documentary 'Sacrificial Virgins' opposed the HPV Gardasil vaccination program, citing research of the "highest reported adverse reactions of any existing vaccine", "exposing increasing evidence of serious neurological damage following the HPV injections." The film was the recipient of several awards, including the the Special Jury Prize at both the Melbourne Underground Film Festival and Queens World Film Festival.<sup>391</sup>

In October 2017, Minister Hunt said "Gardasil 9 will save lives and protect lives... I'm delighted that Australia will lead the world in the introduction of Gardasil 9... as of the 1st of January 2018 we will commence the introduction of Gardasil 9 for all young Australians, 12 and 13 throughout the country."<sup>392</sup>

Minister Hunt has also promoted pro-Gardasil articles on his Twitter page.<sup>393, 394</sup>

Gardasil is produced by Merck. In 2014, the Gates Foundation funded the Programme for Appropriate Technology in Health (PATH), which administered experimental HPV vaccine trials on 23,000 young girls in remote areas of India. 1,200 suffered severe side effects and seven died. The vaccines were developed by Glaxosmithkline and Merck.<sup>395</sup>

An Indian Parliamentary Inquiry Committee found Indian government health agencies approved and facilitated the trials, misusing government funds "against all laws of the land and even international ethical norms and

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<sup>388</sup> Medicines Australia (2017): 'Strategic Agreement between the Innovative Pharmaceutical Industry and Government delivers certainty for industry, savings to taxpayers and benefits to patients'

<sup>389</sup> Australian Government, Department of Health, The Hon Greg Hunt MP: 'Interview with Leon Byner on FiveAA'

<sup>390</sup> The Age, Dana Cauley (2018): "'False and reckless': Health Minister slams anti-vaccination documentary maker"

<sup>391</sup> Sacrificial Virgins

<sup>392</sup> Greg Hunt (2017): 'Transcript - Announcement of the addition of Gardasil 9 to the National Immunisation Program'

<sup>393</sup> Twitter: Greg Hunt October 13th 2017

<sup>394</sup> Twitter: Greg Hunt October 8th, 2017

<sup>395</sup> PATH (2010): 'Update: PATH's HPV vaccine project in India'

rules". The inquiry exposed "above all the blatant violation by PATH of all regulatory and ethical norms laid down by the Government of India..." The Gates Foundation, Merck and Glaxosmithkline were allegedly conducting illegal medical experimentation on children.<sup>396</sup>

In a 2019 speech at the opening of Medicines Australia Pharm Aus 2019, Minister Hunt outlined the extraordinary increase in the rate of medicine approval since he had been appointed Health Minister.<sup>397</sup>

"And so, the big picture is that together, we've now been able to list over 2200 – and today is the first time I've been able to use that figure – 2200 new medicines since we came to government on the PBS. And that amounts to over 965 since I was fortunate to come to this role – essentially *one a day on average*." (Emphasis added)

"And that's part of the deal that we struck with Medicines Australia... where the PBAC makes the recommendations and their conditions are accepted, then we will list it. We'll do it post-haste. I'm delighted to announce that on our watch, and in particular over the last two years, there's been a 40 per cent reduction in the time to listing and I think that that's a very powerful message to Australia.

It's a deep, passionate, personal commitment. It's part of what's been over a \$10.6 billion investment in new listings but with over \$40 billion for PBS listings and supporting the PBS over the coming four years in what is an uncapped budget. I have a commitment to continue that. [Albeit out of taxpayer funds]... we will be continuing to deliver on new rounds of clinical trials under the Medical Research Future Fund. We announced in the 2019 budget a 10-year investment plan for the Medical Research Future Fund – so there's certainty, also so nobody could take it away. We're also working to expedite our clinical trial pathways..."

In May 2019, BioPharmaDispatch reported Leah Goodman, managing director of Merck Australia, said "... events are certainly presenting new opportunities we need to think about as a sector," she said, pointing to the election result, a potential change in minister or the reappointment of Greg Hunt as health minister..."<sup>398</sup>

In 2019, it was widely reported that the Pharmaceutical Benefits Advisory Committee was uncertain about the evidence purporting to show the effectiveness of Glaxosmithkline's meningococcal B vaccine, which delayed the drug being added to the National Immunisation program.<sup>399</sup>

Minister Hunt said: "The vaccine is not currently free because the Pharmaceutical Benefits Advisory Committee is uncertain about how effective it is in a "population wide program"..."I urged GlaxoSmithKline to resubmit to the PBAC with any new evidence to address these issues in the hope of funding a vaccine against this awful disease..."

(Please see chapter 'Professor Helen Marshall'. Here I have referenced evidence that the Australian Department of Health states meningococcal is a 'very rare' disease, however representatives linked to Glaxosmithkline have

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<sup>396</sup> Parliament of India Rajya Sabha (2013): 'Alleged Irregularities in the Conduct of Studies using Human Papilloma Virus (HPV) Vaccine by Path in India (Department of Health Research, Ministry of Health and Family Welfare)'

<sup>397</sup> Greg Hunt: 'Speech - Medicines Australia PharmAus 2019'

<sup>398</sup> BioPharmaDispatch (2019): 'Merck's Leah Goodman says the 'long term' is now'

<sup>399</sup> The Courier (2019): 'Vaccine for meningococcal B could be free'

campaigned for it to be added to the government's national immunisation schedule. (See 'Conflicted Advisor - Professor Helen Marshall')

## MINISTER HUNT & COVID-19 PRODUCTS

On the 13th of April 2020, Minister Hunt made a public announcement after donating blood to the Australian Red Cross Lifeblood, which he said "sits behind so much of the work of [pharmaceutical company] CSL, their work on vaccinations and treatments on blood products... I would encourage Australians to continue doing what they have been doing and donating blood... One of the products, which is very important, is blood plasma. Blood plasma has recently been identified... as a potential part of globally leading treatment in a cooperative consortium between Australia's CSL and Japanese interests."<sup>400</sup>

The alliance between CSL and Takeda Pharmaceutical Company intends to "develop a potential plasma-derived therapy for treating COVID-19." Development of the product "will require plasma donation from many individuals... whose blood contains antibodies that can fight the novel coronavirus. Once collected, the "convalescent" plasma would then be transported to manufacturing facilities where it *undergoes proprietary processing*, including effective virus inactivation and removal processes, and then is purified into the product."<sup>401</sup> (Emphasis added)

The World Economic Forum says that Takeda's product "*can only be produced at scale* if Takeda can access plasma from people who have recovered from COVID-19 or who have been vaccinated against the virus, once a vaccine is developed... Takeda is *currently in discussions with national health agencies* and healthcare partners in the US, Asia, and Europe to step up the pace and push the research into TAK-888 forward."<sup>402</sup> (Emphasis added)

In October 2019, the Sydney Morning Herald reported "CSL does process plasma collected by the Red Cross, however this is under a government contract to make products used in the Australian healthcare system. It does not enter CSL's commercial supply chain."<sup>403, 404</sup>

It appears that perhaps it does. Takeda is a Japanese company. Their Covid-19 plasma product is announced as 'a partnership of 'Global Plasma Leaders', with companies collaborating to 'accelerate development' of a potential therapy. "In addition to pooling industry resources, we will also collaborate with government and academic efforts as a single alliance whenever we can, including important activities like clinical trials."<sup>405</sup>

Why is Minister Hunt using his political platform to cajole Australians into handing over their blood for the apparent purpose of contributing to a 'global leading' pharmaceutical product? Why is Minister Hunt encouraging Australians to donate plasma to the profit of pharmaceutical companies, *even naming the*

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<sup>400</sup> Australian Government, Department of Health, Greg Hunt (13th April 2020)

<sup>401</sup> CSL (2020): 'Global Plasma Leaders Collaborate to Accelerate Development of Potential COVID-19 Hyperimmune Therapy'

<sup>402</sup> World Economic Forum: 'How are companies responding to the coronavirus crisis?'

<sup>403</sup> Sydney Morning Herald, Patrick Hatch (2019): 'Will there be blood? Medical companies can't find it fast enough'

<sup>404</sup> Australian Government: National Fractionation Agreement for Australia

<sup>405</sup> Takeda (April 2020): 'Global Plasma Leaders Collaborate to Accelerate Development of Potential COVID-19 Hyperimmune Therapy'

*companies involved*, if the government contract prohibits this? Minister Hunt said the Australian Red Cross Lifeblood (which collects voluntary blood donations from Australians) “sits behind so much of the work of CSL, their work on vaccinations and treatments on blood products...”, indicating that Minister Hunt believes Australian blood products do enter CSL's commercial supply chain.

Minister Hunt should clarify his remarks to the public. If the answers are unsatisfactory, an investigation should be conducted into CSL's use of Australian blood products.

CSL/Takeda's product requires 'donation from many individuals' to be produced at scale. Once collected, the blood will undergo propriety processing and is manufactured into a product.

As Takeda says they are 'currently in discussion with national health agencies to push research forward', it can be surmised why Minister Hunt may have made a 'spontaneous' visit to donate blood while shilling the interests of pharmaceutical companies.



Image source: [The Leader/ AAP](#)

Australian Red Cross Lifeblood is funded by the Australian Government.<sup>406</sup> The Blood Service collects donated plasma to supply to CSL for the manufacture of plasma derived products. CSL has a multi-year, multi-billion dollar contract with the Australian government to supply blood plasma products. The contract is intended to “assure the provision of a safe, secure and affordable supply of plasma products to the Australian community.”<sup>407</sup>

In another twist, in 2016 the Australian Red Cross Lifeblood announced its involvement in the new \$4.3 million Centre for Biopharmaceutical Innovation (CBI), funded by the Australian Research Council. The CBI is based at the University of Queensland (Covid-19 vaccine manufacturers with CEPI, CSIRO and the Doherty Institute). Partners of the centre include CSL Limited, GE Healthcare and Patheon Biologics Australia Pty Ltd.<sup>408</sup>

In January 2020. Minister Hunt was accused of “improperly interfering in the review of a medical product”.

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<sup>406</sup> Australian Red Cross Lifeblood: About us

<sup>407</sup> National Blood Authority Australia: 'Plasma and Recombinant Product Procurement'

<sup>408</sup> Australian Red Cross Lifeblood (2016): 'Lifeblood a partner in leading-edge biopharma centre'

Australian Associated Press reported “Emails obtained under freedom of information laws show the health minister’s office was “very keen” for the Therapeutic Goods Administration (TGA) to review the devices.... The chairman of the company behind the medical devices has donated almost \$600,000 to the Liberal and Liberal-National parties since 2014.... Labor’s health spokesman Chris Bowen said the “unprecedented” ministerial intervention raised “huge concerns” about Mr Hunt’s integrity.”<sup>409</sup>

## PRIVATE SECTOR BAILOUTS

To combat Covid-19, Minister Hunt announced that the federal government would wear half of the cost of integrating the private hospital system with the public one. A significant part of the sector is dominated by foreign-owned companies. Minister Hunt has effectively approved an Australian taxpayer-funded bailout of foreign entities with ‘primary accountability to shareholders, and not the Australian public.’

The Guardian reported “Hunt told reporters on Tuesday he expected the deal – a “once-in-a-century redesign” of the country’s hospital services – to cost the federal government an extra \$1.3bn, although the amount was uncapped and would be increased if needed.”<sup>410</sup>

“Economists and health analysts warned on Monday that the private sector should not be given special treatment ahead of other businesses and sectors facing unemployment and profit losses... Grattan Institute health economist Stephen Duckett said he did not see why hospitals should be receiving government support to pay for overheads while they were empty...”

Jennifer Doggett reported: “Unfortunately, this money is unlikely to achieve all the benefits promised. Despite their best intentions, governments don’t have the data or expertise needed to negotiate effectively with the private hospital sector or the capacity to deliver on Hunt’s promise to “fully integrate” private hospitals within the public hospital system.”<sup>411</sup>

“Australia has 657 private hospitals and the government has no systematic way of engaging with them at a national level... Only a handful of these hospitals are “full service” facilities able to take on the patient load of a large public hospital... These hospitals have very limited experience with infectious diseases and are unlikely to be equipped to treat long-stay or highly complex medical cases.”

“This situation is the result of decades of policy neglect of the private hospital sector by successive governments... Most of our private hospitals are now operated on a “for profit” basis and many are owned by companies based outside of Australia.” Healthscope and Health Care are among the largest providers and are foreign owned companies.

As Doggett states, “Their primary accountability is to their shareholders and not the Australian public.”

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<sup>409</sup> Australian Associated Press/The Leader (January 2020): ‘Dutton defends Health Minister Greg Hunt’

<sup>410</sup> The Guardian, Melissa Davey, Daniel Hurst and Ben Butler (March 2020): ‘Australian government will pay half to integrate private hospitals in to Covid-19 response’

<sup>411</sup> The Guardian, Jennifer Doggett (April 2020): ‘After coronavirus, private hospitals should not be allowed to return to ‘business as usual’



Image source: Wikimedia Commons: Thennicke

## CHIEF MEDICAL OFFICER BRENDAN MURPHY

### POWERS UNDER THE BIOSECURITY ACT (2015)

Under the Biosecurity Act 2015, Chief Medical Officer Brendan Murphy is afforded significant power, able to issue legally binding orders to a person who is only required to ‘possibly’ have Covid-19.

“[The Health Minister] may not impose certain biosecurity obligations on an individual, such as requiring them to undergo a medical examination, requiring body samples for diagnosis, or requiring them to receive specified treatment or medication. Such measures can only be authorised under a human biosecurity control order, made by the Commonwealth Chief Medical Officer or a biosecurity officer in relation to a person who may have a listed human disease (including COVID-19).”<sup>412</sup>

“The Commonwealth CMO may make members of the Australian Defence Force human biosecurity officers if satisfied that they have appropriate clinical expertise... The Commonwealth CMO is required to determine, in writing, training and qualification requirements for human biosecurity officers. Such officers can exercise various powers under the Biosecurity Act, including the making of human biosecurity control orders.”

### HUMAN BIOSECURITY CONTROL ORDER

The Biosecurity Act 2015 gives the Chief Medical Officer the power to declare a human biosecurity order.<sup>413</sup>

“[A] human biosecurity control order can be imposed on an individual if the individual may have a listed human disease. A human biosecurity control order that is in force in relation to an individual may require the individual to

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<sup>412</sup> Parliament of Australia (March 2020): “COVID-19 Human Biosecurity Emergency Declaration Explainer”

<sup>413</sup> Biosecurity Act 2015 - SECT 59 Simplified outline of this part

comply with certain biosecurity measures... they include vaccination, restricting the individual's behaviour and ordering the individual to remain isolated.”

An individual may consent to a biosecurity measure included in a human biosecurity control order that is in force in relation to the individual. An individual who refuses to consent to such a measure (other than an isolation measure or traveller movement measure) is not required to comply unless a direction has been given by the Director of Human Biosecurity requiring the individual to do so... For some biosecurity measures, an individual who is given a direction from the Director of Human Biosecurity to comply with the measure must do so immediately.”

In 2018, Chief Medical Officer Brendan Murphy was a participant on a Doherty Institute panel which which discussed a ‘hypothetical scenario’ in which a pandemic breaks out from a novel virus of zoonotic origin. (See chapter ‘Australia- Doherty Institute’)

## PART TWO

# PROFIT

I examine the apparently pervasive influence of Big Pharma over Australian politicians, concluding that “Big Pharma is gaming the government” and using the Pharmaceutical Benefits Scheme to siphon off billions from Australian taxpayers.

I note the grotesque conflicts of interest in Australia’s drug regulators, advisors, researchers and inventors. The “regulatory capture” by pharmaceutical companies is deeply concerning - given that in the response to Covid-19, all options - including mass mandatory vaccination - appear to be on the table.

I conduct a case study of “regulatory capture”, showing evidence of a former Prime Minister who personally profited from ‘medically coercive’ legislation passed under his government.

I examine the role of organisations and people playing an instrumental role in the Australian government’s Covid-19 response, including the Doherty Institute. I find serious implications of financial conflicts of interest. Modellers recommending the draconian lockdown of Australia, which has resulted in economic devastation and societal ruin, appear financially incentivised to keep lockdown in place *until their own vaccines* are ready for manufacture.

I explore the relationship between the Australian media and pharmaceutical companies, with sensationalist media stories acting as an apparent advertising funnel to drug companies, including seeming to contribute to the garnering of Australian children for profitable clinical drug trials. I draw parallels to the media’s current obsessive coverage of Covid-19, and the apparent lack of any balanced reporting.

A case study of the 2009 Swine Flu Pandemic reveals a European Parliamentary Inquiry determined that WHO manipulated information to fraudulently declare a pandemic, activating lucrative ‘sleeping contracts’ with pharmaceutical companies. It is also revealed that the Australian Department of Health misrepresented statistical data to alarm the public about swine flu, although this alarm was unjustified. The government ordered vaccines prepared before there was any evidence that swine flu was more serious than other strains of flu (in the end, it wasn’t.)

I examine the Imperialist ‘pharmaceutical colonialism’ of the Gates Foundation, an organisation which is highly influential in determining global health policy. The World Health Organisation’s International Health Regulations are legally binding, with Australia as a signatory.

The Gates Foundation operates under a banner of philanthropy, but their deep financial ties to biotech and pharmaceutical companies show evidence of their apparent true purpose - to facilitate the transfer of vast swathes of public money to drug companies. I reference numerous examples of deeply unethical and predatory practices of the Gates Foundation- revealing their claim of ‘philanthropy’ to be an abomination. These examples include an Indian parliamentary Inquiry which found the Foundation was partnering with drug companies to allegedly conduct illegal medical experimentation on tens of thousands of children. State-funded Australian organisations are now partnering one of these companies to develop a Covid-19 vaccine. I expose a disturbing revelation - the Australian government is collaborating with the Gates foundation to commit public funding to projects which increase poverty and starvation in developing nations, to the obscene profit of biotech companies.





Photo by on

## AUSTRALIAN POLITICS & BIG PHARMA

### BIG PHARMA IS 'GAMING' THE GOVERNMENT

It seems the pharmaceutical industry has entrenched itself in the halls of Australian power. I have examined what I believe to be grotesque conflicts of interest within Australia's supposedly 'impartial' medication and vaccine advisory boards, the millions of dollars a year received in political donations, and the parasitical relationship the industry has over the government, leaching the wealth of the taxpayers of Australia.

I have found evidence of media collusion, citing 'trustworthy' academics with undisclosed conflicts of interest, acting as an apparent 'advertising funnel' for pharmaceutical companies to sway public opinion and even contribute to the garnering of subjects for paediatric drug trials.

### PHARMACEUTICAL BENEFITS SCHEME - BENEFITS WHO?

Pharmaceutical companies in Australia receive billions of dollars from Australian taxpayers for supplying medicines through the Pharmaceutical Benefits Scheme.

In 2017, investigative journalist Michael West reported that the PBS, once costing taxpayers \$6.5 billion per year, was now expected to surpass \$11 billion per year. "...Big Pharma – heavily subsidised on one front and heavily avoiding tax on the other – is "gaming" government."<sup>414</sup>

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<sup>414</sup> Michael West (2017): 'And they beat us in the PBS too'

Writing in 2010 for the Guardian, Adele Ferguson and Eric Johnstone investigated the “ruthless tactics” of ‘Big Pharma’ in Australia.<sup>415</sup>

“While doctors and health groups receive millions of dollars a year from pharmaceutical companies in grants and sponsorships, the industry spends far more on political donations in an attempt to influence health policy and get drugs on the PBS.”

“Australia’s PBS system is world-renowned for giving consumers access to the cheapest drugs for serious illness. But the system which costs \$7.7 billion annually and the process by which drugs are listed have become increasingly vulnerable to commercial and political pressures.”

A 2018 study conducted by the Grattan Institute concluded that, after 20 years, the PBS is still not working as originally intended.<sup>416</sup>

“The main aim of Australia’s policy is to save the government money. A policy that worked would not just shift costs onto patients, it would also help them avoid the costs of over-priced drugs by giving them the option of cheaper ones. But the policy is failing even on the narrow objective of cost shifting. It only applies to two drugs, and saves the government less than \$2 million a year. The pharmaceutical industry is too closely involved in how the Health Department designs and runs the therapeutic group premium.”

“More generally, the Health Department should keep lobby groups at arm’s length... lobby group involvement seems to have gone well beyond appropriate consultation. The joint Health Department-industry working group is described as “agreeing” and “determining” how the policy is designed and implemented. New guidelines should make it clear that vested interests can be informed, consulted and debated, but that their agreement is not required before proposals go to the Health Minister.”

Health Minister Greg Hunt was reported to have “completely rejected any suggestion that the pharmaceutical lobby had influence over the listing of medicines on the pharmaceutical benefits scheme, a process which he said was completely separate from government.”<sup>417</sup>

Ferguson’s 2010 article quotes criticism of the laundry list of ex-politicians, ex-political advisors, Senators, MPs, Health Ministers and former government staffers that “seem to circulate around the different health lobby groups,” in “relationships that were detrimental to the democratic process.”

“An investigation by Weekend Business has revealed that the health industry, which spans everything from pharmaceutical companies, hospitals, pharmacy chains, general practitioners and health insurance companies, spends millions of dollars a year buying political access and influence, through lobbying, hiring former government staffers both internally and externally, issuing ads and making grassroots campaign contributions.”

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<sup>415</sup> Sydney Morning Herald, Adele Ferguson and Eric Johnstone: ‘The other drug war - the politics of big business’

<sup>416</sup> The Grattan Institute, Stephen Duckett and Peter Breadon (2015): ‘Premium policy? Getting better value from the PBS’

<sup>417</sup> The Guardian, Christopher Knaus and Nick Evershed (2018): ‘he

## CASE STUDY: NO JAB, NO PAY

A prominent example of abhorrent and undemocratic ties between pharmaceutical companies and legislators can be evidenced in the political conflicts of interest of former Prime Minister Malcolm Turnbull.

The Turnbull Government's 'No Jab, No Pay' immunisation policy was criticised by members of the Australian public as 'medically coercive', with widespread public concern that it violated multiple human rights conventions and disadvantaged Australian families living close to the poverty line.

A Senate Inquiry into the matter received over 2,500 submissions opposing the 'No Jab No, Pay Bill, yet the Committee only published 550 of them and still recommended the Bill be passed.<sup>418</sup>



Image source:

On the 13th of October 2015, the Joint Parliamentary Committee on Human Rights scrutinised the legislation and reported that it had identified significant human rights incompatibilities in the No Jab No Pay Bill. The Committee requested a response from the Minister of Social Services, (now Prime Minister) Scott Morrison.<sup>419</sup> Scott Morrison did not respond. Without addressing the Committee on Human Rights' concerns, on the 23rd of November 2015, the No Jab, No Pay Bill passed both Houses.

Scott Morrison became Treasurer on the 21st September 2015. (See chapter 'Murdoch Media')

It was not until March 2016 the following year, that the new Minister for Social Services, Christian Porter, responded to the Human Rights Committee on the No Jab No Pay Bill.<sup>420</sup> Minister Porter replied it was his view that the Bill was "compatible with human rights because it advances the protection of the right to physical

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<sup>418</sup> Parliament of Australia, Senate Inquiry into the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015.

<sup>419</sup> Australian Government, Parliamentary Joint Committee on Human Rights 'Human rights scrutiny report: Twenty-ninth report of the 44th Parliament'

<sup>420</sup> Australian Government, Parliamentary Joint Committee on Human Rights: 'Thirty-seventh Report of the 44th Parliament'

health, and to the extent that it may also limit human rights, those limitations are reasonable, necessary and proportionate.”

It is unquestionable that the ‘No Jab No Pay’ Bill was to the significant financial benefit of pharmaceutical companies.

In the 2016 Guardian article ‘No jab no pay’: thousands immunise children to avoid family payment cuts’ authors said the policy had “prompted thousands of parents who had previously refused to immunise their babies to get them vaccinated.”<sup>421</sup>

“Under the policy, family payments of up to \$15,000 a year can be withheld from parents who don’t immunise their children. Families receiving child care benefit and the child care rebate were given until March this year to get immunisations up to date or miss out on payments. Social services minister Christian Porter told the ABC that while it was not ideal to threaten to withhold family welfare payments, it was clear the policy was working.” “More than 148,000 children who were not up-to-date with their immunisations are also now meeting the requirements.”

From 2010 to 2017, and while the No Jab No Pay Bill was debated, the subject of a Senate Inquiry and subsequently enacted, Prime Minister Malcolm Turnbull’s wife, Lucy Turnbull, sat on the board of biotech company Prima BioMed (later Immutep), which manufactured vaccines,<sup>422</sup> and she owned significant shares in the company.<sup>423</sup>

In 2012, the AFR reported on Prima Biotech’s new vaccine product C-Vac. The product was awaiting regulatory approval over the next few years, analysts predicting the market worth potentially US\$2 billion a year.<sup>424</sup>

At the time, Prime Minister Turnbull owned investments in a Vanguard ETF fund, of which pharmaceutical/vaccine companies Novartis and Glaxosmithkline were in the top ten holdings.<sup>425</sup>

In the years prior to the No Jab, No Pay legislation, Prima Biomed licensed its technology to vaccine producers Glaxosmithkline and Novartis for substantial sums.<sup>426 427</sup>

In 2018, the Guardian analysed donations and lobbyist records, revealing the extent of the industry’s influence on Australia’s political parties, saying “The pharmaceutical industry is engaging vast numbers of lobbyists and donating millions to both political parties...”<sup>428</sup>

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<sup>421</sup> The Guardian (2016): ‘No jab, no pay’: thousands immunise children to avoid family payment cuts’

<sup>422</sup> SMH, Eli Greenblat (2010): ‘Turnbull takes chair at Prima BioMed’

<sup>423</sup> Sydney Morning Herald, Christopher Webb (2013): ‘Lucy Turnbull buys up Prima BioMed shares after difficult times for investors’

<sup>424</sup> AFR, Sarah Thompson and Anthony MacDonald (2012): ‘Eyes on Prima BioMed’s vaccine update’

<sup>425</sup> Sydney Morning Herald, Heath Aston (2015): ‘Malcolm Turnbull urged to dump investments in tobacco companies’

<sup>426</sup> GlobeNewswire (2015): ‘Prima BioMed to Receive Financial Milestone Payment from GSK’

<sup>427</sup> BiotechDispatch (2015): ‘Prima to receive milestone payment from Novartis’

<sup>428</sup> The Guardian, Christopher Knaus and Nick Evershed (2018): ‘Pharmaceutical industry donates millions to both Australian political parties’

Although the Australian Government passed legislation to effectively financially coerce citizens to vaccinate their children, Dr Judy Wilyman's 2015 PhD, 'A critical analysis of the Australian government's rationale for its vaccination policy', notes the Australian Government's Immunise Australia Program website contains a concerning disclaimer.<sup>429</sup>

The Australian Immunisation Handbook's and the National Immunisation Program's (NIP) Disclaimer says, "We do not accept any liability for any injury, loss or damage caused by use of the information provided in our website. The information may include the views or *recommendations of third parties* and does not necessarily reflect the views of the Australian Government or indicate a commitment to a particular course of action... we do not provide any guarantees, and assume no legal liability or responsibility for the accuracy, currency or completeness of the information." (Emphasis added)

Wilyman notes: "Yet the Australian government is using the recommendations on the IAP [Now NIP] website to legislate mandatory vaccination in social welfare policies. This course of action infringes on human rights even though the Commonwealth of Australia is *not stating* that it supports the recommendations provided on the IAP website... The recommendations on the IAP website are stated to be for a legitimate public health purpose yet the government is *not claiming that the information is accurate*, current or complete or that it supports the course of action recommended." (Emphasis added)

The Australian government's 'Disclaimer' is highly concerning, given that it uses this information, which includes 'recommendations of third parties' [ie Big Pharma] to legislate mandatory medication of Australian children in its welfare policies. Would such a 'disclaimer' be acceptable in any other circumstance? Would any health professional be permitted to prescribe drugs or health interventions with such a 'disclaimer'?

In 2012, the ABC reported on the influence of pharmaceutical companies on Australian doctors, which then prescribed their drugs to the public. "The purpose of these educational sessions is, of course, to influence doctors to prescribe the company's drugs over its competitors... such practices are common within the pharmaceuticals industry. They are also lucrative for the individual doctors involved... former pharmaceutical company representative Petra Helesic told of doctors - mainly specialists - being paid between \$750 to \$1,500 per presentation to deliver promotional presentations. The drug companies even dictated the topics and provided the PowerPoint slides to ensure the doctor stayed on message."<sup>430</sup>

"In Australia at least, pharmaceutical companies aren't obligated to report the amount spent on such activities. The Federal Government's most recent review of therapeutic goods regulations in 2011, which included promotional practices, concluded that pharmaceutical companies *can regulate themselves* when it comes to paying money to doctors. This is despite a range of criticisms directed at self-regulation that have been presented to the Federal Government." (Emphasis added)

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<sup>429</sup> University of Wollongong, Judy Wilyman (2015): 'A critical analysis of the Australian government's rationale for its vaccination policy'

<sup>430</sup> ABC News, Christopher Scanlon (2012): 'The drug plug dilemma'



Image source: Drew Benner via Pexels

## WHO WATCHES THE WATCHERS?

### CONFLICTS OF INTEREST IN AUSTRALIA'S MEDICAL ADVISORS

Upon examining the current and past representatives of the government's official advisory medical, vaccine and pharmaceutical Committees, I have become deeply concerned about an apparent prevalence of serious financial conflicts of interest in a significant majority of members. Frankly, I believe the sheer scale and pervasiveness of financial conflicts in the sector beggars belief. I have included only five case studies, out of a plethora of what I believe to be disturbing examples of possibly serious financial conflicts of interest.

### CONFLICTED ADVISORS

I have examined Government advisory bodies including:

- The National Health and Medical Research Council (NHMRC)
- The eight 'Expert Advisory Panels' to the Medical Research Future Fund
- The Australian Medical Research Advisory Board
- Australian Technical Advisory Group on Immunisation (ATAGI)
- National Immunisation Program
- Therapeutic Goods Administration

These federal entities include what I believe to be a significant and deeply concerning amount of past and current representatives who appear to have financial conflicts of interest and ties to pharmaceutical companies which are often not disclosed.

Information about past members of the advisory boards is not displayed on these government websites, which I believe may be intentional - as past members have been embroiled in various high profile scandals, including

pharmaceutical incidents which have resulted in the serious harm and probable death of Australian children. These people continue to work in influential government and industry roles.

The majority of the examples concern vaccines. I believe this particular sector of drugs is extremely attractive to pharmaceutical companies for a number of reasons.

- **Market base:** Vaccines are used as a public health policy response, and are intended for healthy people. This market is vast because it includes the majority of the public. For example, drugs specifically targeted to treat renal failure are only relevant to a small percentage of the population, whereas vaccines are practically 'for everyone'. The market is potentially the majority of Australians.
- **Taxpayer funding:** If a vaccine is added to the National Immunisation Program, it is recommended by the government and heavily subsidised by taxpayer funds. This is a lucrative payday for the pharmaceutical company. The government doesn't issue routine widespread recommendations for the general public to take any other kind of medication.
- **'Coercive legislation':** The 2015 'No Jab, No Pay' Bill means Australian parents have welfare withheld if they refuse to vaccinate their children. The child's access to certain schools and daycare centres is also restricted. It is undeniable that this legislation influences the uptake of vaccines and financially favours pharmaceutical companies. It is not unreasonable to assume the legislation may also incentivise Big Pharma to produce more evidence of the need for Australian children to receive an increasing variety of highly lucrative 'taxpayer-funded' vaccines.
- **'Preventative, not a treatment':** Vaccines do not need to 'cure' a disease. For example, a patient with heart failure takes a medication. If the drug does not treat their condition, the failure of the drug will be quickly apparent. The drug will 'fail' and be replaced by one that works as claimed. But after a vaccine, a person just needs to not contract a specific illness. Often, as in the case of meningococcal, the disease is extremely rare anyway. There is not much community evidence required to support a pharmaceutical company's claim that their product works as intended. Indeed, I have included examples of a vaccine 'failing' in the community. The drug company's answer? More vaccines! Would this arrangement be acceptable *in any other drug sector?*

I have noticed that 'vaccines' in general appear to be a touchy subject, which can quickly disintegrate into an unproductive dialogue. I was at first reluctant to use vaccines as examples of what I believe to be 'regulatory capture' and financial conflicts of interest in Australia's drug industry. However, I have decided to include them as they were *by far* the most represented class of drugs. I believe this is because of their highly lucrative nature, as demonstrated above.

The policy response to Covid-19 has included government officials stating they intend to possibly make Covid-19 vaccines mandatory. As such, I believe the industry requires closer examination by *unconflicted entities*.

Vaccines are a drug. However, unlike other medications, they are a politically charged subject. I have noted that somehow, many safeguards that are in place to protect the public, do not seem to properly apply to vaccines. This includes official safety and efficacy requirements. It is my opinion that this is a financially incentivised situation.



Photo by on

## CONFLICTED REGULATOR?

### THERAPEUTIC GOODS ADMINISTRATION

The Therapeutic Goods Administration's funding model requires it to cover costs and fees and charges, including a "fee for service" such as a product evaluation.<sup>431</sup> It is my opinion that the TGA appears to have a financial conflict of interest and is incentivised to serve the wishes of influential pharmaceutical companies.

### TGA: REGULATORY CAPTURE

Dr Judy Wilyman's 2015 PhD examined financial conflicts of interest within Australia's drug regulators.<sup>432</sup> Wilyman experienced serial harassment for her work, including smears in the mainstream media and industry lobbying to have her PhD revoked, which the University of Wollongong refused to do, saying they stood by Dr Wilyman's research.

As per Wilyman (2015), "Government regulators of drugs/vaccines for many countries are funded by the industry whose products they approve. This includes... the Australian Therapeutic Goods Administration (TGA). The situation where government regulators promote the interests of the industries they monitor instead of the public interest is described by sociologists as 'regulatory capture'. This is now a global practice..."

"The Therapeutic Goods Administration (TGA)... is conflicted by being 100% funded by the industry whose products it monitors... The pharmaceutical and manufacturing industry funds the TGA even though this government board has the dual role of approving drugs for its sponsor and monitoring the safety of these same

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<sup>431</sup> Australian Government Therapeutic Goods Administration: 'Fees and payments'

<sup>432</sup> University of Wollongong, Judy Wilyman (2015): 'A critical analysis of the Australian government's rationale for its vaccination policy'



*drugs in the Australian population... At present the processes of the TGA are not transparent to the public and funding arrangements for this government body illustrates that pharmaceutical companies are influencing the approval and monitoring of drugs/vaccines in the population.... The current funding situation for the TGA does not provide incentive to implement an effective monitoring system for vaccines because the TGA is monitoring the very drugs it has approved for its sponsors for commercial gain.... The clinical trials used by government regulators to approve drugs are being funded by industry and performed by researchers who are voting members on vaccine advisory boards for the Australian government.”*

Wilyman's research examines a case study of conflicts of interest within the TGA's Influenza Specialist Group: *“Value judgments made in political decisions can have serious implications for public health. In 2008 at least two members of the ISG believed that the advice given by the ISG regarding influenza policy was questionable. Associate Professor Michael Whitby, an infectious disease physician, decided not to be actively involved on the ISG committee because:*

*‘He was concerned about the organization promoting influenza vaccination for indications not supported by national guidelines, especially the promotion of vaccination of children’.*

*“Professor Peter Collignon and colleagues expressed similar sentiments in an article that was published in the British Medical Journal. Collignon has also been quoted saying ‘The TGA made that decision (about risk-benefit to children) without any evidence to back it up’. At this time there were members of the ISG that had financial COI that had not been disclosed to the public.*

*One member of the Influenza Specialist Group (ISG) had been the previous Research and Development Manager at Commonwealth Serum Laboratories (CSL), Australia's only flu vaccine manufacturer. Another member had shares in CSL and was in charge of the WHO influenza laboratory in Melbourne at the time the ‘Swine Flu’ pandemic unfolded...”*



Photo by Lukas from Pexels

## CONFLICTED MODELLER?

### PROFESSOR JODIE MCVERNON

Doherty Institute's Professor Jodie McVernon is co-leading the modelling for COVID-19, which is highly influential to "inform the public health response to COVID-19".<sup>433 434</sup>

So far, the Australian government response to Doherty's Covid-19 modelling has included mandating extreme "social distancing" and lockdown measures, which have decimated small business, led to mass unemployment and devastation to Australia's economy. Here I explore my concerns that Professor McVernon's possible conflicts of interest may influence the advice she gives to the Australian government.

## VACCINE AS THE ONLY SOLUTION

In April 2020, Prime Minister Scott Morrison "reiterated that life as we know it will not return for months as global leaders race to find a coronavirus vaccine... that while many states have managed to "push the curve down", ultimately, "there needs to be a vaccine"... "A vaccine ultimately enables everybody to go back to life as it was..."<sup>435</sup>

Professor McVernon wrote, "Based on our advice since early February 2020, the Commonwealth has worked with jurisdictions to prepare for a scenario worse than those previously envisaged, in an accelerated timeframe."<sup>436</sup>

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<sup>433</sup> APPRISE (8th April 2020): 'COVID-19 modelling papers and press conference'

<sup>434</sup> Doherty Institute (7th April 2020): 'COVID-19 modelling papers and press conference'

<sup>435</sup> 7 News, Summer Woolley (April 2020): 'Coronavirus Australia update: PM says vaccine is key to wearing restrictions'

<sup>436</sup> COSMOS, Jodie McVernon & James McCaw (1st April 2020): 'Models have supported Australia's response to COVID-19'

“Australia is contributing to global efforts to identify effective antiviral drugs that will reduce COVID-19's impact and to development of vaccines that may be able to definitively stop the outbreak.”

Both Professor McVernon and her employer, the Doherty Institute, appear to have deep financial ties to pharmaceutical and vaccine companies, and pro-vaccine organisations such as the Gates Foundation and CEPI. The Doherty Institute has received millions of dollars in federal and industry funding to develop a Covid-19 vaccine.

Professor McVernon and the Doherty Institute appear to have a strong financial incentive to recommend the government continue lockdown measures until their vaccine is produced, to the benefit of their industry benefactors. I believe they may have a strong financial incentive to recommend that the vaccine be mandatory, which Chief Medical Officer Brendan Murphy has the legal authority to mandate.

Neither Professor McVernon, nor the Doherty Institute appear to have disclosed their financial conflicts of interest regarding this matter. The Chief Medical Officer and the government have refused to release modelling that is based on Australian data and measures.

In an interview with the ABC's Sabra Lane on the 8th April 2020, Professor McVernon was asked about her Covid-19 modelling. Professor McVernon appeared to be committed to a vaccine as the solution to Covid-19.<sup>437</sup>

As noted by Lane, “The modelling released yesterday wasn't based on Australian data or measures. It showed in theory, without any restrictions or physical distancing, that 35,000 Australians could need ICU treatment each day of its peak.”

Professor McVernon said, “So I think the value of that early scenario modelling, of saying what could happen if we do nothing, was really important in driving very decisive action early in Australia about things like border measures and repatriation and quarantine and isolation and case finding and about setting off a whole train of preparedness activities while we bought time with those measures to try to delay importation of the virus.”

“The key message of the model, which is highly theoretical, is that you need a multi-pronged approach and you need to work out how to balance those different aspects that will stop people getting infected in the first place by distancing. Shut down chains of transmission where they start by case finding and then provide care for those who still get through and need it.

These three things together work but how we can use those tools available to us while we are waiting for effective drugs, while we are waiting for vaccines is really the challenge in getting through this next phase.”

“...I think we need to look forward and recognise the intense international effort that is going into this and the organisations like CEPI (Coalition for Epidemic Preparedness Innovations) that have set up the sort of prior networks and capacities to mean that this process can be accelerated. So I think all of that is great and we all are hoping for a vaccine... we really need to understand how those vaccines might work, how they are best used and where they are best applied.”

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<sup>437</sup> ABC, Sabra Lane (April 2020): 'We cannot promise lives will not be lost': Modelling expert'

Professor McVernon has served on the Australian government's Australian Technical Advisory Group on Immunisation (ATAGI) since 2014. Professor McVernon is also a member of the ATAGI's Meningococcal Working Group.<sup>438</sup>

Professor McVernon also serves as Chair of the Scientific Advisory Committee for the National Centre for Immunisation Research and Surveillance.<sup>439</sup>

Professor McVernon has "been an investigator on vaccine and epidemiological studies sponsored by a range of vaccine manufacturers"<sup>440</sup>, and has received funding from pharmaceutical companies which produce vaccines including Novartis Vaccines, GlaxoSmithKline, Commonwealth Serum Laboratories, Sanofi, bioCSL and Pfizer.<sup>441, 442</sup>

## MENINGOCOCCAL VACCINES

In January 2017, Professor McVernon was featured on Norman Swan's ABC's Health Report, 'Deadly meningococcal W concerns'<sup>443</sup> discussing a new meningococcal vaccine available in Western Australia, but apparently *did not disclose* that she or her employer, the Doherty Institute received funding from pharmaceutical companies and international pro-vaccination organisations such as CEPI and the Gates Foundation, which have commercial relationships with vaccine manufacturers.

The ABC report promoted a 'free vaccination program' (taxpayer-funded) being rolled out for Western Australian teenagers for a meningococcal vaccine.

In a similar example, on the 31st of January 2019, the ABC reported on a survey that found "parents are confused about meningococcal disease", noting that the tax-payer funded vaccine will soon be available for free in South Australia.<sup>444</sup>

The ABC report does not disclose that this survey was funded by Glaxosmithkline.<sup>445</sup> Meningococcal Australia, the nonprofit organisation primarily referred as an authority on the disease, receives funding from Glaxosmithkline and Pfizer.<sup>446</sup>

The Therapeutic Goods Administration approved the Novartis/Glaxosmithline's 'Bexsero meningococcal B vaccine', but the drug was rejected *three times* by the Pharmaceutical Benefits Advisory Council, which advises the Pharmaceutical Benefits Scheme.

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<sup>438</sup> ATAGI: Meningococcal Working Party

<sup>439</sup> National Centre for Immunisation Research and Surveillance: 'Scientific Advisory Committee'

<sup>440</sup> University of Melbourne, McVernon et al (2015): 'Antibody Persistence in Australian Adolescents Following Meningococcal C Conjugate Vaccination'

<sup>441</sup> American Journal of Epidemiology, McVernon et al (2017): 'Determining the Best Strategies for Maternally Targeted Pertussis Vaccination Using an Individual-Based Model'

<sup>442</sup> ATAGI Conflicts of interest (archived version of site as current link broken)

<sup>443</sup> ABC Health Report (January 2017): 'Deadly meningococcal W concerns'

<sup>444</sup> ABC, Sarah Maunder: 'Survey finds parents are confused about meningococcal disease'

<sup>445</sup> GSK (January 2019): 'Parents' confusion about meningococcal strains and vaccines may leave Australian children and adolescents at risk'

<sup>446</sup> Meningococcal Australia 'About'

Bexsero was rejected because it did not “did not address *multiple uncertainties* in relation to the *clinical effectiveness* of the vaccine against the disease when delivered in a vaccination program...”<sup>447</sup> (Emphasis added)

The Sydney Morning Herald reported “Minister Greg Hunt has *encouraged* B vaccine manufacturer GSK to re-apply Pharmaceutical Benefits Advisory Committee approval once additional data – expected in 2019 – is available... A spokeswoman for GSK said it was important to note the TGA has also assessed the adverse event profile of Bexsero and concluded there were no unexpected safety issues and that the number of reports were within expectations.” (Emphasis added)

In 2016, TGA’s Bexsero monitoring “found no new or *unexpected* safety issues.” (Emphasis added) Adverse events included fevers, generalised allergic reaction and Kawasaki disease (a disease in which blood vessels throughout the body become inflamed), but the TGA stated “All of these adverse events were identified in association with immunisation with Bexsero in the pre-market evaluation and the numbers of reports were within expectations.”<sup>448</sup>

In October 2018, the Sydney Morning Herald reported that Dr Alan Leeb said Bexsero was “wildly reactive”, with *one in four* children having an adverse reaction to the vaccine. However, Dr Leeb reassured that “SmartVax had not identified any serious adverse events and medical attendance rates were still relatively low”.<sup>449</sup>



Image source: Alex Ellinghausen/SMH

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<sup>447</sup> Pharmaceutical Benefits Scheme: ‘July 2015 PBAC Meeting PBAC Outcomes - Subsequent decisions not to recommend’

<sup>448</sup> Australian Government, Therapeutic Goods Administration: ‘Bexsero meningococcal B vaccine, Final update - monitoring finds no new or unexpected safety issues’

<sup>449</sup> Sydney Morning Herald, Kate frareon (2018): ‘Free vaccine for teenagers amidst rise of deadly meningococcal disease’

[Note 'SmartVax is a government funded national vaccine surveillance initiative led by the National Centre for Immunisation Research and Surveillance (NCIRS). I have noted NCIRS Board members connections to pharmaceutical industry interests, see 'Conflicted Advisor - Professor Helen Marshall']

Glaxosmithline itself states that it *does not know* if its meningococcal vaccine is even effective.

"The effectiveness of BEXSERO against diverse serogroup B strains has not been confirmed... BEXSERO may not protect all vaccine recipients. BEXSERO may not provide protection against all meningococcal serogroup B strains."

Glaxosmithkline officially acknowledges that "safety and effectiveness of Bexsero have not been established in children younger than 10 years, or in adults older than 65. GSK also does not know if vaccine components are excreted in breastmilk. GSK does not have data on the safety and effectiveness of using Bexsero in conjunction with other meningococcal B vaccines.<sup>450</sup>

Yet, the Australian National Centre for Immunisation Research & Surveillance (NCIRS) recommends Bexsero for infants from 6 weeks of age.<sup>451</sup> As above, I have noted NCIRS members connection to pharmaceutical companies, see 'Conflicted Advisor - Professor Helen Marshall'.

A European study found that eight weeks after meningococcal B vaccination, 33.9% of those vaccinated did not have antibodies that indicate immunity to meningococcal disease.<sup>452</sup>

It is not clear that the meningococcal vaccine program is proportionate to the disease incidence. The Australian Government's 2017 'Invasive Meningococcal Disease [IMD] National Surveillance Report' states that: "Nationally the number of invasive meningococcal disease (IMD) cases and overall risk remains low." In 2017, there was a total of 8 deaths in Australia reported due to Meningococcal B.<sup>453</sup>

Regardless of the above, in September 2018 at a public presentation, Health Minister Greg Hunt announced "free meningococcal vaccines" would now be listed on the Pharmaceutical Benefits Scheme, subsidised by taxpayers.<sup>454</sup>

Professor McVernon was present at the announcement, Minister Hunt acknowledging her as "one of our leading specialists in vaccinations, who's on the Technical Advisory Group on Immunisation... And with Jodi here, it's absolutely clear that vaccinations are safe, that they are effective, and that they do save lives. And not vaccinating your children is putting your children at risk."

[Note: Minister Hunt's claim of 'absolute clarity' is not evident in GSK's *own official documentation*, yet tens of thousands of Australian children are being administered this vaccine, funded by the taxpayer.]

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<sup>450</sup> Glaxosmithkline, Bexsero: 'Prescribing information'

<sup>451</sup> National Centre for Immunisation Research & Surveillance: 'Meningococcal vaccines'

<sup>452</sup> European Centre for Disease Prevention and Control: 'Expert opinion on the introduction of the meningococcal B (4CMenB) vaccine in the EU/EEA'

<sup>453</sup> Australian Government 2017 Invasive Meningococcal Disease [IMD] National Surveillance Report'

<sup>454</sup> Australian Government, Department of Health, Hon Greg Hunt (2018): 'Doorstop in Sydney'

Professor McVernon said, “I’ve been part of a whole committee of technical experts who provided advice to prove that this disease was increasing in Australia, that there is a safe and effective vaccine that’s available to help prevent it.”

Professor McVernon is referring to a 2017 study on the epidemiology of meningococcal B which she co-authored, a study conducted on behalf of the government body, the Australian Technical Advisory Group on Immunisation (ATAGI) Meningococcal Working Party.<sup>455</sup>

Co-authors of the study included Professor Peter McIntyre, who has received funding from a number of pharmaceutical companies including GSK, Pfizer and Merck.<sup>456</sup> Professor McIntyre was formerly Director and continues to be a Senior Professional Fellow of the NCIRS (which recommends MenB vaccines in children as young as six weeks old), and is now a member of the WHO Strategic Advisory Group on Experts on Immunisation.<sup>457</sup>

McVernon’s study concludes with a warning that a lack of government funding for MenB vaccines exposes Australians to risk from meningococcal disease, even though the Department of Health appears to contradict this statement.<sup>458</sup>

“Indeed, the decision of the Pharmaceutical Benefits Advisory Committee to not include MenB vaccine in the National Immunisation Program highlights the uncertainty about the protection afforded at the time of its review, the extent and duration of effect, variability in MenB strain coverage, and the potential for herd immunity.... In the absence of funding by the National Immunisation Program, Australia is at risk of falling victim to the inverse care law, in that access to and availability of the MenB vaccine may be lowest among the highest risk population groups we identified in this study.”

Prior to Minister Hunt’s 2018 public announcement about the “free meningococcal B vaccine”, the TGA’s database of adverse event notifications for Bexsero included a total of 718 reported cases, including 620 cases with a single suspected medicine (ie Bexsero). Reported adverse events included febrile convulsion, syncope (loss of consciousness) and seizures.<sup>459</sup>

After Minister Hunt’s announcement, today the TGA records the number of of adverse event notifications for Bexsero has risen to include a total of 1,125 cases, with 863 cases related to a ‘single suspected medicine’ (ie Bexsero). Reported adverse events include febrile convulsions, cardiac disorders and nervous system disorders. One death is reported.<sup>460</sup>

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<sup>455</sup> MJA Archer et al (2017): ‘Epidemiology of invasive meningococcal B disease in Australia, 1999–2015: priority populations for vaccination’

<sup>456</sup> ATAGI Conflicts of interest (archived version of site as current link broken)

<sup>457</sup> NCIRS, News (2018): ‘Congratulations Professor Peter McIntyre – appointment to the WHO SAGE on Immunization’

<sup>458</sup> Australian Government 2017 Invasive Meningococcal Disease [IMD] National Surveillance Report’

<sup>459</sup> Therapeutic Goods Administration, Database of Adverse Event Notifications, Bexsero, period of 2015 - 25th September 2018

<sup>460</sup> Therapeutic Goods Administration, Database of Adverse Event Notifications, Bexsero, period of 2015 - 2020



Photo by [redacted] from [redacted]

## CONFLICTED INSTITUTION?

### DOHERTY INSTITUTE DIRECTOR SHARON LEWIN

The Doherty Institute has been instrumental in the Australian response to Covid-19, including being the first in the world outside China to report growing the virus, the recipient of millions of dollars in government and institutional funding to develop a vaccine, and is also conducting the modelling which is informing the Australian Government's policy response to Covid-19. Here I discuss factors which underly my concern about Doherty Institute Director Professor Lewin's influential role in advising Australian government policy response to Covid-19.

### DIRECTOR SHARON LEWIN

Professor Lewin Chairs the NHMRC's 'Health Translation Advisory Committee', which "[advises] the CEO and Council of NHMRC on opportunities to improve health outcomes in areas including clinical care, public, population and environmental health, communicable diseases and prevention of illness..." Professor Doherty's biography lists a number of disclosures, which I have included below.<sup>461</sup>

The National Health and Medical Research Council (NHMRC) is the government body responsible for allocating funds for medical research.

In addition her leadership roles at the NHMRC, Professor Lewin has also received multiple grants from the NHMRC and declares "Current, past and likely future application to NHMRC for research and people support."

Professor Lewin has a substantial representation on various governmental advisory panels, including the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infection, Ministerial Advisory

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<sup>461</sup> NHMRC: 'Health Translation Advisory Committee'



Committee on Health and Medical Research (Victoria), the Scientific Advisory Board at the National Institute for Health's Vaccine Research Centre.

Professor Lewin is also a Member of the Strategic and Technical Advisory Committee on HIV at the World Health Organisation.

In addition, Professor Lewin has participated in advisory boards to a number of pharmaceutical companies including Merck, Gilead, ViiV, Bionore, Abivax, Calimmune and InniVirVax, which produce vaccination products.

Professor Lewin is also a consultant to Tetralogic, Calimmune, Geovax and Abivax, companies which produce vaccination products.

Professor Lewin has also received funds from National Institutes for Health and the Wellcome for research projects. She has declared funding to support investigator initiated projects from ViiV Healthcare, Merck, Gilead Sciences and Tetralogic.

Professor Lewin has also previously disclosed funding from Lewin disclosed support from the the NIH, amfAR, Leidos, the Wellcome Trust, the Australian Centre for HIV and Hepatitis Virology Research, and the Melbourne HIV Cure Consortium.<sup>462</sup>

Professor Lewin's organisation, the Doherty Institute, receives funding from and collaborates with the Gates Foundation on a number of projects.<sup>463</sup>

Since 2019, the Doherty Institute has collaborated with CEPI, CSIRO and the University of Queensland to develop a Covid-10 vaccine, supporting "large-scale manufacture with industry partners both locally and overseas."<sup>464</sup> CEPI recently brokered a formalised Covid-19 vaccine development agreement between the University of Queensland and Glaxosmithkline.<sup>465</sup>

Professor Lewin is a Chief Investigator of the APPRISE Centre of Research Excellence. Researchers from the Doherty Institute and APPRISE, Professor Jodie McVernon and Professor James McCaw, have designed the Covid-19 modelling which was used by the Australian Government to "inform the public health response to COVID-19".<sup>466 467</sup>

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<sup>462</sup> MedPage Today, Molly Walker (2020): 'After 30 months, 'London Patient' still in HIV remission'

<sup>463</sup> Doherty Institute: 'Where we work'

<sup>464</sup> University of Queensland (2020): '\$17m shot in the arm for UQ's Covid-19 vaccine research'

<sup>465</sup> CEPI: 'CEPI and GSK announce collaboration to strengthen the global effort to develop a vaccine for the 2019-nCov virus'

<sup>466</sup> APPRISE (8th April 2020): 'COVID-19 modelling papers and press conference'

<sup>467</sup> Doherty Institute (7th April 2020): 'COVID-19 modelling papers and press conference'



Photo by

## CONFLICTED ADVISOR

### PROFESSOR HELEN MARSHALL

Professor Helen Marshall Chairs the Australian Technical Advisory Group's (ATAGI) Human Papillomavirus (HPV) Working Party.<sup>468</sup> Professor Marshall also serves as a member of the Scientific Advisory Committee of the National Centre for Immunisation Research and Surveillance.<sup>469</sup> The NCIRS states: "NCIRS has a policy governing the interactions of staff-members with the pharmaceutical industry."<sup>470</sup> It is not clarified just what that policy is. Here I discuss factors that underly my concern that government advisory board members such as Professor Marshall, which are highly influential in determining Australia's medication and vaccine policy, appear to have serious financial conflicts of interest.

In addition to these official advisory roles, Professor Marshall is also a supporter of 'Friends of Science in Medicine',<sup>471</sup> a pro-vaccine lobby group which was influential in the Australian Government's 'No Jab, No Pay' legislation.<sup>472</sup>

Professor Marshall is an investigator on sponsored vaccine studies (GSK, Pfizer, Novavax),<sup>473</sup> and discloses she is an "investigator on a number of clinical trials including investigational vaccines. Research grants received by employer (The University of Adelaide) from GSK, Merck, Novartis, Pfizer, and Sanofi." Professor Marshall also discloses she is a Member of Pertussis Advisory Board, GSK. (No payment.)<sup>474</sup>

<sup>468</sup> ATAGI Human Papillomavirus (HPV) Working Party.

<sup>469</sup> National Centre for Immunisation research and Surveillance: 'Scientific Advisory Committee'

<sup>470</sup> National Centre for Immunisation Research and Surveillance: 'Funding and governance'

<sup>471</sup> Friends of Science in Medicine: 'Our Friends'

<sup>472</sup> Elizabeth Hart (2018): 'Open letter to PM Malcolm Turnbull: Conflicts of interest in vaccination policy and the No Jab, No Pay Law'

<sup>473</sup> University of Adelaide, Professor Helen Marshall: 'Protecting our children against serious infectious diseases'

<sup>474</sup> ATAGI: Conflict of interest

## CERVICAL CANCER

Professor Marshall currently serves as an Associate Investigator of the NHMRC Centre of Research Excellence in Cervical Cancer Control.<sup>475</sup>

The Centre “brings together Australia’s leaders in cervical cancer control, in both HPV vaccination and cervical screening... The prior work of C4 investigators has underpinned Australia’s major innovations in public health in terms of the successful delivery of HPV vaccination in girls and boys and the implementation of an HPV-based cervical screening program.”<sup>476</sup>

A 2018 study listed under the Centre’s ‘Publications’<sup>477</sup> is co-authored by Professor Marshall:

‘The impact of 10 years of human papillomavirus (HPV) vaccination in Australia: what additional disease burden will a nonavalent vaccine prevent?’

Several of the authors, including Professor Marshall, are also members of the Australian Technical Advisory Group on Immunisation’s (ATAGI’s) HPV Working Party. In addition to these official advisory roles, the authors also receive “funding for HPV-related research *from manufacturers of HPV vaccines*”. (Emphasis added)

Professor Marshall’s institution “receives funding for vaccine trials sponsored by GlaxoSmithKline and Seqirus.”<sup>478</sup>

## MENINGOCOCCAL

In 2016, an ABC article titled ‘SA Health, University of Adelaide roll out meningococcal B vaccine trial’, promoted the taxpayer funded Meningococcal B vaccine clinical trial.<sup>479</sup>

“South Australian teenagers will be given free vaccines for meningococcal B as part of a “nation-leading” trial. Up to 60,000 students in years 10, 11 and 12 will be offered the vaccine by the University of Adelaide and SA Health in 2017. The organisations are examining the impact of immunising large community groups against the disease... There have been repeated calls for the Commonwealth to subsidise the cost of the vaccine, which is up to \$500... A worldwide shortage of the vaccine, known as Bexsero, has led to waiting lists at many pharmacies.”

ABC quotes Professor Marshall, who said “researchers wanted to reach as many eligible students as possible... We haven’t restricted it to metropolitan South Australia, we are literally able to offer it to every student in South Australia in Year 10, 11 and 12,” she said... Associate Professor Marshall said parents should consider purchasing the “effective” vaccine if their children are not part of the trial.”

The article noted that Glaxosmithkline, the company which makes the drug, is funding the trial.

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<sup>475</sup> NHMRC Centre of Research Excellence in Cervical Cancer Control: ‘Professor Helen Marshall’

<sup>476</sup> NHMRC Centre of Research Excellence in Cervical Cancer Control: ‘Making a Difference’

<sup>477</sup> NHMRC Centre of Research Excellence in Cervical Cancer Control: ‘2018 Publications’

<sup>478</sup> Marshall, et al (2018): ‘The impact of 10 years of human papillomavirus (HPV) vaccination in Australia: what additional disease burden will a nonavalent vaccine prevent?’

<sup>479</sup> ABC News, Tom Fedorowytch (2016): ‘SA Health, University of Adelaide roll out meningococcal B vaccine trial’

But it does not connect GSK with Professor Marshall, or disclose that she was involved in the GSK funded trial, that she had received funding from GSK, or that she also performed dual roles in advisory boards which recommend vaccines to the government, including a role in the ATAGI, which approved Bexsero.<sup>480</sup>

The ABC article only refers to Professor Marshall as a representative of the Women's and Children's Hospital and the University of Adelaide's Robinson Research Institute.

### 2017 -18 'B Part of It' School Leaver Trial

The 2017-18 'B Part of It' "herd immunity" clinical trial was the largest of its kind in the world. It was State funded and intended to examine "if the licensed and recommended meningococcal B vaccine reduced the spread of meningococcal bacteria in teenagers by immunising a large community group."<sup>481</sup>



Professor Helen Marshall  
Image source:

Over 34,400 South Australian high school students participated in having a baseline sample collected, over 55,700 swabs were taken. Over 58,000 doses of Men B (Bexero) vaccine were administered.

The study was also sponsored by the University of Adelaide and funded by Glaxosmithkline, the company which made the Meningococcal B vaccine, 'Bexsero'.

The 'B Part of It' website lists government, university and research organisations as sponsors on its landing page but does not list Glaxosmithkline. Reference to GSK's funding of the clinical trial is only found on the FAQ page- in the 14th drop down question.<sup>482</sup>

Here, Professor Marshall is referenced: "The study was initiated and led by Professor Helen Marshall, Deputy Director, Robinson Research Institute, The University of Adelaide. Helen Marshall partnered with SA Health, SA Pathology and other providers to implement the study which is funded by the pharmaceutical company GlaxoSmithKline (GSK)."

However, it is not noted that Professor Marshall has disclosed funding conflicts of interest with GSK, Pfizer and Sanofi Pasteur, or that she served on the government's Australian Technical Advisory Group on Immunisation (ATAGI).<sup>483</sup>

Professor Helen Marshall, while serving on government's ATAGI board,<sup>484</sup> led a research team carrying out the Meningococcal B (Bexsero) trial, which was funded by Glaxosmithkline.<sup>485</sup>

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<sup>480</sup> Australian Government, Australian Technical Advisory Group on Immunisation (ATAGI) (2014): 'Advice for immunisation providers regarding the use of Bexsero—a recombinant multicomponent meningococcal B vaccine'

<sup>481</sup> B Part of It

<sup>482</sup> B Part of It 'FAQ'

<sup>483</sup> ICMJE: 'ICMJE Form for Disclosure of Potential Conflicts of Interest'

<sup>484</sup> ATAGI 2018 'Conflicts of Interest'

<sup>485</sup> BJG, Marshall et al (2019): 'B Part of It School Leaver protocol: an observational repeat cross-sectional study to assess the impact of a meningococcal serogroup B (4CMenB) vaccine programme on carriage of Neisseria meningitidis'

The majority of the researchers, including Professor Marshall and her employer, the University of Adelaide, disclosed having received funding from GSK or other pharmaceutical companies.

Murdoch media-owned outlet 'The Advertiser', reported on the trial: 'SA high school students to get free meningococcal B vaccine despite world-wide shortage', saying "it is hoped the findings will provide a strong push to get the Bexsero vaccine on the National Immunisation Program."<sup>486</sup>

### 2018 - Meningococcal B Vaccine

In March 2018, Professor Marshall was featured in a video, speaking as a representative of the 'Robinson Research Institute of the University of Adelaide', in the online article "Meningococcal B victim Jordan Braddock's family mount online awareness campaign".<sup>487</sup>

The article states "The family of a six-month-old boy who died from meningococcal is raising awareness about the deadly disease and campaigning to have the B strain vaccine added to the national immunisation program."

In the video, Professor Marshall acknowledged that meningococcal was an "uncommon infection", although serious. However, other state representatives interviewed still promoted the study and widespread school/child participation to help fight the admittedly 'uncommon' disease.

### The 'B Part of It' trial - a Proportionate Initiative?

The Australian Government's 2017 'Invasive Meningococcal Disease [IMD] National Surveillance Report' states that: "Nationally the number of invasive meningococcal disease (IMD) cases and overall risk remains low..."<sup>488</sup>

- In 2017, a total of 383 cases of IMD were reported, at an infection rate of 1.6 per 100,000 (0.0015%)
- In 2017, there were 28 deaths reported. (28 deaths out of 383 infections = 7.31% Case Fatality Rate, out of an infection rate reported at 0.0015%)

Even though the Department of Health state risk of death from meningococcal vaccine is rare, Professor Marshall, the State of South Australia and various other organisations still pushed a widespread meningococcal vaccination program involving tens of thousands of South Australian children.

The project appears to possibly have been a huge taxpayer-funded clinical trial to the benefit of its corporate sponsor - Glaxosmithkline.

Regardless of the rarity of meningococcal disease, Bexsero has now been added to South Australia's immunisation program, with all year 10 students offered the vaccination as part of the taxpayer-funded school vaccination program.<sup>489</sup> It was an ongoing program which ended in February 2020, with the deadline extended to reach as many young adults as possible.<sup>490</sup>

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<sup>486</sup> The Advertiser, Katrina Stokes (2017): 'SA high school students to get free meningococcal B vaccine despite world-wide shortage'

<sup>487</sup> The Advertiser, Josephine Lim (2018): 'Meningococcal B victim Jordan Braddock's family mount online awareness campaign'

<sup>488</sup> Australian Government 2017 Invasive Meningococcal Disease [IMD] National Surveillance Report'

<sup>489</sup> SA Health: 'Meningococcal B Immunisation Program'

<sup>490</sup> SA Health: '2020 Update: Meningococcal B Immunisation Program'

The ATAGI's official recommendations for Bexsero are listed in the government's Australian Immunisation Handbook.<sup>491</sup>

### 2019 Meningococcal B

A 2019 paper co-authored by Professor Marshall says the ongoing Meningococcal B year 10 student program vaccination program is "considered only direct protection against MenB disease, as evidence for herd immunity is lacking. This extensive program is expected to prevent 12 cases of IMD [meningococcal disease] per year and about one death every 2 years."<sup>492</sup>

"Only a very small proportion of carriers develop IMD, with the mechanism of invasion poorly understood." Regardless of the need or the effectiveness of the program, as noted above, State-funded MenB vaccinations were offered and encouraged to tens of thousands of year students in South Australia.

It is highly questionable that the efficacy of the "expected" results of this program justifies vaccinating/ medicating tens of thousand of children, particularly as Professor Marshall's 2019 study says: "There are several questions remaining in relation to *the safety and effectiveness* of MenB vaccines, which a program evaluation will assist in answering." (Emphasis added)

### Bexsero adverse reactions

The benefit to the South Australian children involved in the clinical trial is not demonstrated.

GSK states that "The [Bexsero] vaccine is *not expected to provide protection* against all circulating strains of meningococcal serogroup B strains... As with any vaccine, BEXSERO® may not fully protect all vaccine recipients."<sup>493</sup> (Emphasis added)

GK says Bexsero "should not be administered to individuals with hypersensitivity to this vaccine or to any ingredient in the formulation or components of the container closure."

[Although it is difficult to see how the children participating could have prior knowledge of pre-existing hypersensitivity to the Bexsero vaccine...]

The majority of the New Zealand's 'Medicines Adverse Reactions Committee's report on Bexsero's 'Risk Management Plan' is redacted and unable to be read.<sup>494</sup>

A study of Bexsero conducted in Germany recorded a total of 664 ICSR, around 20% of which were classified as serious.<sup>495</sup> The ages varied from infants to adolescents.

"In 358 ICSR (53.9%), the outcome at the time of reporting was 'recovered', in 25 ICSR (3.8%) 'improved', in 65 ICSR (9.8%) 'not recovered', and in 214 ICSR (32.2%) 'unknown'. In one case (0.2%) the vaccinee suffered

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<sup>491</sup> Australian Government, Department of Health, Australian Immunisation handbook, 'Meningococcal Disease: 'Variations from product information'

<sup>492</sup> MJA, Marshal teal (2019): 'First statewide meningococcal B vaccine program in infants, children and adolescents: evidence for implementation in South Australia'

<sup>493</sup> GSK: 'Bexsero'

<sup>494</sup> NZ Medicines Adverse Reactions Committee 'Bexsero'

<sup>495</sup> Eurosurveillance, Mentzer etal (2018): 'Adverse events following immunisation with a meningococcal serogroup B vaccine: report from post-marketing surveillance, Germany, 2013 to 2016'

permanent damage and in another case (0.2%) the vaccinee died (. Of the ICSR, 452 (68.1%) were assessed as 'consistent' and 50 (7.5%) as 'inconsistent' to a causal association to immunisation."

Adverse reactions listed (of varying causal basis) included two deaths, nervous system disorders, skin and subcutaneous tissue disorders, febrile convulsions/seizures, anaphylactic shock, hypotonic-hyporesponsive episode, and 'apparent life-threatening event'.

The study states their data analysis was conducted "strictly adhering to WHO criteria for causality assessment". Even after the listed adverse reactions, the study concludes that "Vaccination against bacterial meningitis caused by *Neisseria meningitidis* serogroup B, in general, is well tolerated."



Photo by Karolina Grabowska from Pexels

The Australian Therapeutic Goods Administration records the number of adverse event notifications for Bexsero includes a total of 1,125 cases, with 863 cases related to a 'single suspected medicine' (ie attributed to Bexsero). Reported adverse events include febrile convulsions, cardiac disorders, nervous system disorders. One death is reported.<sup>496</sup>

#### Bexsero and Aluminium

The Australian Immunisation Handbook also notes Bexsero contains 0.5mg of aluminium hydroxide.<sup>497</sup>

I have noted a significant number of studies on the neurotoxicity of aluminium to the central nervous system, indicating "clearly negative impacts of aluminum on the nervous system across the age span. In adults, aluminum exposure can lead to apparently age-related neurological deficits resembling Alzheimer's..."<sup>498</sup>

"In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders. Many of the features of aluminum-induced neurotoxicity may arise, in part, from autoimmune reactions, as part of the ASIA syndrome."

A 2009 study investigating 'Gulf War Syndrome', which caused symptoms such as "neurological deficits including various cognitive dysfunctions and motor neuron disease", found the likeliest cause of the disorder was aluminium hydroxide, used as an adjuvant in the anthrax vaccine administered to members of the military.<sup>499</sup>

A 2011 paper published in the Journal of Pediatric Pharmacology and Therapeutics, referenced a 2006 study by Poole et al, which "calculated the expected daily aluminum exposure from pediatric PN solutions... Even when

<sup>496</sup> Therapeutic Goods Administration, Database of Adverse Event Notifications, Bexsero, period of 2015 - 2020

<sup>497</sup> Australian Government Department of Health: 'Bexsero'

<sup>498</sup> PubMed, Shaw, et al (2013): 'Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity'

<sup>499</sup> PubMed Shaw, et al (2009): 'Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration'

selecting products allegedly containing the lowest aluminum concentration, expected average aluminum exposure in infants was 59.9 mcg/kg/day, exceeding the FDA recommended limit *by a 12-fold measure*. The FDA's recommended limit of 5 mcg/kg/day was only feasible in patients weighing over 50 kg. ... aluminum assays of compounded neonatal PN solutions *still exceeded the FDA limit of 5 mcg/kg/day by 3 to 5 times.*"<sup>500</sup> (Emphasis added)

A 2016 study of aluminium adjuvant in vaccines found that "it has been suspected to occasionally cause delayed neurologic problems in susceptible individuals", including chronic disorders. The study found that the particles tended to migrate and slowly accumulate in the lymphoid organs and the brain (known as 'Trojan horse phenomenon'). The study concluded, "these novel insights strongly suggest that serious re-evaluation of long-term aluminum adjuvant pharmacokinetics and safety should be carried out."<sup>501</sup>

It is of serious concern that independent, non-conflicted studies of the safety and efficacy of these widely distributed drugs have not been routinely taken in Australia. Studies funded by pharmaceutical companies cannot be relied upon to give unbiased results, as so much money depends on the outcome. I do not believe that 'expert opinions' from academics and government advisors *who are also funded by pharmaceutical companies* cannot be relied upon.

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<sup>500</sup> Poole, et al (2011): 'Aluminum in Pediatric Parenteral Nutrition Products: Measured Versus Labeled Content'

<sup>501</sup> PubMed Gherardi et al (2016): 'Aluminum adjuvants of vaccines injected into the muscle: Normal fate, pathology and associated disease'





## CONFLICTED RESEARCHER

### PROFESSOR TERRY NOLAN

Professor Nolan formerly served as Chair of the government's ATAGI and was the Deputy Chair of the National Health and Medical Research Council's (NHMRC) Research Committee.

In 2009, at the same time Professor Nolan was serving on the government's primary advisory board for vaccination policy decisions, the ATAGI, he was also the primary researcher for a CSL funded clinical trial for a paediatric influenza vaccine, 'Fluvax'.<sup>502</sup>

Here I discuss factors contributing to my concern that Australian researchers may have serious conflicts of interest which influence the outcomes and direction of their research. Most disturbingly, this involves a history of serious harm of Australian children which appear to have effectively been guinea pigs for drug research, to the benefit of Big Pharma.

### FLUVAX

Professor Nolan chaired an ATAGI advisory board which recommended the government implement the Fluvax vaccine into the national childhood vaccination program in 2009-2020. Fluvax was added to the Pharmaceutical Benefits legislation on the 1st February 2009.<sup>503</sup>

In the Fluvax clinical trial paper, Professor Nolan declared "being an investigator on vaccine studies sponsored by CSL Limited and other companies; being a member of a CSL Limited vaccine advisory board for and

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<sup>502</sup> Nolan et al (2010): 'Immunogenicity of a Monovalent 2009 Influenza A(H1N1) Vaccine in Infants and Children'

<sup>503</sup> Australian Government: 'Determination- Pharmaceutical benefits' p62

receiving honoraria; and receiving travel support to attend scientific meetings to present research findings from CSL Limited, Novartis, and GlaxoSmithKline.”

The paediatric influenza (swine flu) trial for CSL’s Fluvax vaccine was withdrawn from the market after many children had serious adverse events to the vaccine. These included high fever, pain, vomiting, seizures, and a suspected death of a two year old child, but post mortem could not determine cause of death, although the vaccine as causal agent was not ruled out.<sup>504</sup>

InSight reported on the matter<sup>505</sup>. [I note that the link to the Australian article reference by InSight is broken and an internet search does not recover the article.]

“In response to an article last week in The Australian, Professor Nolan, who chairs the Australian Technical Advisory Group on Immunisation (ATAGI), said it was not his role to advise the TGA of the adverse events seen in the clinical study.

“We did a clinical study. It was published in a peer-reviewed journal. The serious adverse events were notified to the sponsor [CSL]”, said Professor Nolan, who is also head of the school of population health at Melbourne University.”



Murdoch Children's Research Institute  
Image source: [World Allergy](#)

InSight reported Professor Peter Collignon, professor of infectious diseases at the Australian National University, said ““How a government agency can say it didn’t matter that the side-effect profile was twice what we saw before I find astounding...”

The ATAGI and the Therapeutic Goods Administration Joint Working Group was established to “provide advice to the Chief Medical Officer on adverse events following the 2010 trivalent seasonal influenza vaccine.”<sup>506</sup>

This means that, as Chair of the ATAGI, Professor Nolan was *on the team which investigated* the thousands of severe adverse event that children had to the Fluvax vaccine. I find this apparent conflict of interest appalling.

Today, Professor Nolan leads the Murdoch Children’s Research Institute’s ‘Vaccine and Immunisation Research Group’.<sup>507</sup> The Group receives funding from pharmaceutical companies Novartis, Glaxosmithkline and SanofiPasteur. Research includes “social research in vaccine hesitancy.”<sup>508</sup>

<sup>504</sup> ABC News (2010): ‘Flu vaccine can’t be ruled out in toddler’s death’

<sup>505</sup> InSight (2011): ‘TGA defends Fluvax decision’

<sup>506</sup> Australian Government Therapeutic Goods Administration (2010): ‘Analysis of febrile convulsions following immunisation in children following monovalent pandemic H1N1 vaccine (Panvax/Panvax Junior, CSL)’

<sup>507</sup> Murdoch Children’s Research Institute: ‘Professor Terry Nolan’

<sup>508</sup> Murdoch Children’s Research Institute: ‘Vaccine and Immunisation Research Group (MIRGo)’



Photo by from

## CONFLICTED INVENTOR

### PROFESSOR IAN FRAZER

Professor Ian Frazer is credited as the co-inventor of the HPV vaccine against cervical cancer at the University of Queensland. Frazer's HPV vaccine has now been alleged to be extraordinarily dangerous by a significant number of independent studies, linked to causing cervical cancer and numerous other serious adverse reactions. Here I discuss my concerns of an example of an 'approved' (although purportedly unsafe) and highly promoted drug which has been pushed to the apparent financial benefit of pharmaceutical companies and its inventor, who also sits on a number of government advisory boards. I am concerned as a number of the entities involved are also 'fast-tracking' development of a Covid-19 vaccine.

### CONFLICTS

Professor Frazer participates in a significant number of government advisory boards including:

- Chair of the Genomics Health Futures Mission Expert Advisory Committee (Committee guides the MRFF 'research missions')
- Chair - Medical Research Future Fund Advisory Board (Advises the Australian Government how to spend the MRFF money)
- Member of the NHMRC Council (which processes grants for medical research)
- Until late 2019, was a Member of the government's National Science and Technology Council

Professor Frazer also participates in a number of organisations boards including:

- As Immediate Past President and co-founder of Australian Academy of Health and Medical Science (Professor Frazer went from President of the AAHMS to Chair of the government's Medical Research Fund Advisory Board)
- Founding Chief Executive Officer and Director of Research for the Translational Research Institute (TRI).
  - TRI's partners include the University of Queensland.<sup>509</sup>
  - TRI's 'Commercial Incubators' include Admedus Immunotherapies and Vaxxas.<sup>510</sup>
  - In March 2020, TRI reported that a TRI-based company, Vaxxas, has received over \$14 million in funding from the Bill and Melinda Gates Foundation, to develop 'micro-needle patch vaccine technology, as an "enhanced immune response for the influenza vaccine" compared to a needle.<sup>511</sup>
  - Vaxxas receives funding from the WHO and the Bill and Melinda Gates Foundation.<sup>512</sup>
- Member of the Commonwealth Science Council

Professor Frazer also works for the University of Queensland

- Chair - University of Queensland Advancement Board
- Professor at the University of Queensland
- Affiliate Professorial Research Fellow at the UQ Institute for Molecular Bioscience
- Non-Board Member of the Australian Cervical Cancer Foundation.<sup>513</sup> Professor Frazer is described as "a driving force in ACCF's efforts to reduce the impact of cervical cancer on women..." Professor Frazer is the co-inventor of the HPV cervical cancer vaccine and reportedly receives royalties for sales, in Australia (as a "developed nation").<sup>514</sup>

Professor Frazer also works with a number of commercial companies:

- Board Member- Bellberry Ltd, a company which aims to "improve the welfare of human research participants." <sup>515</sup>
- Board member and consultant- Jingang Medical Pty Ltd. This company was registered in May 2019 and does not appear to have a website.
- Board Member - Implicit Bioscience- a biotech company working on immunotherapy.
- Professor Frazer heads a a biotechnology company, Admemus Vaccines, working n new vaccine technologies
- Admedus has previously worker with Professor Fraser to create DNA vaccines for cervical cancer,<sup>516</sup> and is currently the recipient of a \$250,000 Queensland government grant to conduct trials on a new cancer vaccine.<sup>517</sup>

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<sup>509</sup> Molecular Biology Experts, Ian Frazer

<sup>510</sup> TRI 'Commercial Incubators at TRI'

<sup>511</sup> TRI (18th March 2020): 'Vaccine patch trial success'

<sup>512</sup> Pitchbook: Vaxxas

<sup>513</sup> Australian Cervical Cancer Foundation: 'Board Members'

<sup>514</sup> Translational Research Institute: 'Gardasil HPV Cervical Cancer Vaccine'

<sup>515</sup> Bellberry: 'New Bellberry Board Members'

<sup>516</sup> Admedus (2016): 'Gardasil creator is testing a DNA vaccine to wipe out cancer-causing HPV virus'

<sup>517</sup> Admedus (2017): 'New neck and head cancer treatment: a step closer to trials'

- Scientific Advisor for Anixa Biosciences<sup>518</sup> (produces vaccine products)
- Advisor to EnGenelC, a biopharmaceutical nanotech company which holds over 400 patents for its technology in development of cancer therapeutics. <sup>519</sup>
- Implicit Bioscience, which owns the rights to the “world’s only clinical-stage therapeutic” drug targeting neurodegenerative diseases. Professor Frazer is on the Management Team as Chief Scientific Officer.<sup>520</sup>

## HPV VACCINE DEVELOPMENT

Professor Frazer invented the HPV vaccine at the University of Queensland. Frazer’s HPV vaccine has now been linked to numerous serious adverse reactions.



Professor Ian Frazer  
Image Source: [Australian Government](#)

Alliance for Natural Health has compiled a number of clinical studies on serious adverse events caused by the HPV vaccine, including “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... *exceeds any other vaccine.*” <sup>521,522</sup> (Emphasis added)

Professor Frazer recently said the University of Queensland was on the cutting-edge of vaccine research, saying. “Queensland has arguably the best centre for [Covid-10] vaccine development...”<sup>523</sup>

<sup>518</sup> Anixa Biosciences: Ian Frazer, MD

<sup>519</sup> EnGenelC, Dr Ian Frazer

<sup>520</sup> Implicit BioScience: ‘The Team’

<sup>521</sup> Alliance for Natural Health (2017): ‘It’s official: HPV vaccine, the most dangerous vaccine yet’

<sup>522</sup> Chandler et al (2015): ‘Current Safety Concerns with Human Papillomavirus Vaccine: A cluster Analysis of Reports in VigiBase’

<sup>523</sup> GAVE The Vaccine Alliance: “HPV vaccine inventor Ian Frazer sees his idea become reality”

Regardless of research published regarding HPV adverse events, in 2018-19 the WHO still stated “Introduction of HPV vaccine *should be prioritized in all countries...*”<sup>524</sup> (Emphasis added)

Dr Judy Wilyman has examined “conflicts of interests that were declared in the development and approval of the HPV vaccine – a vaccine for which the benefits and risks of protecting against 2 of 20 cancer causing strains of HPV are still undetermined in 2013.”<sup>525</sup>

Conflicts of interest in the development of the HPV vaccine, as referenced by Dr Wilyman:

- CSL funded the research for the development of the HPV vaccine at the University of Queensland.
- Clinical trials for the vaccine were funded, designed, analysed and managed by the vaccine manufacturer Merck.
- External academics involved in the clinical trials received funding from, were former employees of, served on advisory boards or received consulting fees from Merck.
- Some trial investigators had also received consulting fees and served on advisory boards for Glaxosmithkline
- Investigators received funding from Merck for natural history studies of HPV infection, for conducting modelling studies of the effectiveness and cost-effectiveness of the vaccine in different settings.
- 17 authors received funding from Merck through their institutions to conduct clinical trials of the vaccine
- In 2005 CSL also entered into a cross-licensing agreement with GlaxoSmithKline, the pharmaceutical company producing the competitor HPV vaccine: Cervarix 19
- From 2003 – 2007 Gardasil was tested for efficacy against pre-cancerous lesions but safety data comparing vaccinated and unvaccinated groups was not collected for this time period.
- There are no long-term studies (1-3 years) of all the health outcomes from the use of Gardasil.
- Cervical Cancer takes 8 - 25 years to develop and most pre-cancerous lesions in young women are not an indicator of cancer later in life 3. In addition, HPV infection on its own does not progress to cancer, therefore the benefits and risks of this vaccine are still unknown in 2013.

In 2014, the Gates Foundation funded the Programme for Appropriate Technology in Health (PATH), which administered experimental HPV vaccine trials on 23,000 young girls in remote areas of India. 1,200 suffered severe side effects and seven died. The vaccines were developed by Glaxosmithkline and Merck.

A Parliamentary Inquiry Committee found Indian government health agencies approved and facilitated the trials, misusing government funds “against all laws of the land and even international ethical norms and rules”. The inquiry exposed “above all the blatant violation by PATH of all regulatory and ethical norms laid down by the Government of India...”<sup>526</sup>

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<sup>524</sup> WHO, SAGE (2018): ‘Executive Summary: Human papilloma virus’

<sup>525</sup> Judy Wilyman: ‘The Conflicts of Interest in the Development and Approval of HPV Vaccine’

<sup>526</sup> Parliament of India Rajya Sabha (2013): ‘Alleged Irregularities in the Conduct of Studies using Human Papilloma Virus (HPV) Vaccine by Path in India (Department of Health Research, Ministry of Health and Family Welfare)’



Image source: brotIN biewaS via Pexel

## MURDOCH & BIG PHARMA

### POWER & PROFIT

I have noted apparent coordination between mainstream media event reporting and the pharmaceutical industry. In particular, I have focussed on the Murdoch media group due to its political influence.

In 2018, Anne Davies reported on the “outsize influence of a media mogul two Australian prime ministers blame for their demise... Rupert Murdoch is the name firmly in the frame along with his ubiquitous News Corp empire – an organisation which is accused of playing a major role in orchestrating the removal from office of not just Turnbull but also Labor’s Kevin Rudd.”<sup>527</sup>

“By that week’s end the deed was done. Turnbull was out as prime minister, replaced by Scott Morrison.”

As per Davies: “Australia has the world’s third-most concentrated media market after Egypt and China, according to a major international study by the US researcher Eli Noam... News Corp Australia [Murdoch owned] dominates the country’s media sector, with 58% of daily newspaper circulation; a swathe of regional newspapers, the only national broadsheet, the Australian; the only pay TV network, Foxtel, which broadcasts the Murdoch-owned Sky News; and the most-viewed website, news.com.au.”

““This is familiar territory, and it’s gone on many times before,” says Associate Professor David McKnight from the University of New South Wales, who has written extensively on Murdoch and how he wields political power. “In my view, Rupert Murdoch intends to transform Australia into a conservative nation and he wants to put it on the Trump road.”

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<sup>527</sup> The Guardian, Anne Davies (2018): ‘A very Australian coup: Murdoch, Turnbull and the power of News Corp’

Dr Judy Wilyman has published extensive research on the pharmaceutical industry's influence over the Australian media.<sup>528 529</sup> Dr Wilyman says, "Australian journalists and government ministers are required to represent all stakeholders and it must be demonstrated that non-biased science is being used in public health policy. Instead the mainstream media is informing the public that any questioning of the science is a 'conspiracy theory' and that 'there is no other side to this debate.'"

In reply to Dr Wilyman's formal complaint to the Australian Communication and Media Authority about the lack of balance in the media regarding the debate on vaccination drugs, the ACMA investigated "and supported the right of journalists *to not present the scientific evidence* that provides evidence of the dangers of vaccines." (Emphasis added)

In 2015, the Sydney Morning Herald reported that Scott Morrison met with Rupert Murdoch for a private lunch, in their article: 'Scott Morrison will almost certainly lead the Liberals. The question is when?'<sup>530</sup>

As noted in 'Government and Big Pharma', Scott Morrison was Social Services Minister when the 'No Jab No Pay' legislation was approved by the federal government. Mr Morrison *did not respond* to the Parliamentary Committee on Human Rights report of 'human rights compatibilities' in the legislation.

The Murdoch family and Murdoch owned companies appear to have strong connections to the pharmaceutical industry:

- Rupert Murdoch's son, James Murdoch, was appointed to GSK's executive board in 2009. After a phone-hacking scandal involving a Murdoch-owned tabloid, Murdoch was pressured to step down from GSK.<sup>531</sup>
- GSK and Murdoch-owned News Corp partnered to promote GSK Australia's Children's Panadol.<sup>532</sup>
- Murdoch Children's Research Institute
  - Dame Elizabeth Murdoch established the Murdoch Children's Research Institute.<sup>533</sup> Sarah Murdoch sits on the Board of Directors.<sup>534</sup>
  - Corporate partners are Foxtel and News Corp (Murdoch owned)<sup>535</sup>
  - The Institute's 'Vaccine and Immunisation Research Group' receives funding from pharmaceutical companies Novartis, Glaxosmithkline and Sanofipasteur. Research includes "social research in vaccine hesitancy."
    - The Group is headed by former ATAGI government advisor Professor Terry Nolan.<sup>536</sup>
    - Current projects include studies of GSK & Novartis vaccinations on children ranging from 18 months - adolescents, for illnesses such as influenza, meningococcal, DTPa.

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<sup>528</sup> Vaccination Decisions, Judy Wilyman (2019): 'Scott Morrison was Social Services Minister in 2015 when No Jab No Pay was Approved'

<sup>529</sup> Vaccination Decisions, Judy Wilyman: 'Media Reporting of Vaccines'

<sup>530</sup> The Sydney Morning Herald, Adam Gertrell (September 2015): 'Scott Morrison will almost certainly lead the Liberals. The question is when?'

<sup>531</sup> Reuters, Kate Holton, Georgina Prodhan (20120): 'James Murdoch to quit GSK board'

<sup>532</sup> Mumbrella (2018): 'GSK Australia and PHD partner with Newsamp for Kidspot children's Panadol campaign'

<sup>533</sup> Murdoch Children's Research Institute: 'About Us'

<sup>534</sup> Murdoch Children's Research Institute: 'Board and Committees'

<sup>535</sup> Murdoch Children's Research Institute: 'Corporate Partners'

<sup>536</sup> Murdoch Children's Research Institute: 'Vaccine and Immunisation Research Group (MIRGo)'



- One current project: “Development of New Strategies for Targeting Vaccine Hesitant Parents in Victoria – a Vaccine Education and Communication Training program for Paediatricians”
- Upcoming projects include studies on vaccinations in pregnant women and adolescents.
- The Institute also receives funding from GAVI Alliance and the Bill and Melinda Gates Foundation.<sup>537</sup>

In addition to ‘health scare’ and ‘pro-vaccine’ articles, the ‘No Jab No Pay’ Bill received wide and favourable coverage in the Murdoch press. The Murdoch media’s potential conflicts of interest are not disclosed- Murdoch media’s corporate partnership and association with the Murdoch Children’s Research Institute, which conducts research on Australian children in studies funded by pharmaceutical companies.



Image source: The Guardian, Paul Scruton and Finbarr Sheehy

As per Ferguson et al: “Using children in campaigns to influence governments is one of the oldest tricks in the lobbyists’ book. Add in the threat of a media campaign with the poor suffering kids pleading for help, and the pressure becomes real.”<sup>538</sup>

Taken in light of the Murdoch’s affiliations with pharmaceutical companies, examples of press like the following appear to be a grotesque advertising funnel for the vaccine/pharmaceutical industry.

During 2017/18, Glaxosmithkline was aggressively pushing their Meningococcal B vaccine: in taxpayer funded trials involving Australian children, for government approval, and to be added to the immunisation program (which it now is).

Murdoch owned ‘The Advertiser’, reported on Glaxosmithkline’s Meningococcal B trial: ‘SA high school students to get free meningococcal B vaccine despite world-wide shortage’, saying “it is hoped the findings will provide a strong push to get the Bexsero vaccine on the National Immunisation Program.”<sup>539</sup>

The Advertiser also featured an interview with Professor Helen Marshall regarding meningococcal, in the online article “Meningococcal B victim Jordan Braddock’s family mount online awareness campaign”.<sup>540</sup>

The article states “The family of a six-month-old boy who died from meningococcal is raising awareness about the deadly disease and campaigning to have the B strain vaccine added to the national immunisation program.” However, The Advertiser did not disclose that Professor Marshall was also was one of the lead researchers in the MenB trial funded by Glaxosmithkline.

<sup>537</sup> Murdoch Children’s Research Institute: ‘New Vaccines’

<sup>538</sup> Sydney Morning Herald, Adele Ferguson and Eric Johnstone: ‘The other drug war - the politics of big business’

<sup>539</sup> The Advertiser, Katrina Stokes (2017): ‘SA high school students to get free meningococcal B vaccine despite world-wide shortage’

<sup>540</sup> The Advertiser, Josephine Lim (2018): ‘Meningococcal B victim Jordan Braddock’s family mount online awareness campaign’

### 'More ill as state waits for vaccine'

"A vaccine to combat the most prevalent strain of meningococcal disease will be made available nationally, Federal Health Minister Greg Hunt has promised as more Queenslanders are struck down.... The B strain, Queensland's most common, is not funded federally because vaccines are yet to be approved by the Pharmaceutical Benefits Advisory Committee, but Mr Hunt said yesterday that once approved, the Government would implement the vaccine and it would be added to the National Immunisation Program..." [The Meningococcal B vaccine produced by Glaxosmithkline]<sup>541</sup>

### 'Parents of South Australian baby who was killed by meningococcal say they couldn't afford the vaccine'

"This has prompted calls to make the vaccine affordable for all... Hopes of a free jab to prevent the dangerous meningococcal B strain were given a boost last night after it emerged urgent high level briefings will be given to the South Australian State Government within days...

"We don't want to alarm people because cases are rare ... but some babies will die or be disabled if we don't do this," he said. "We don't want to embarrass the new government and we understand that it's going to cost money but it's really a no-brainer."... A government spokesman on Tuesday night said ministers will next week "receive a briefing from vaccine provider GSK".<sup>542</sup>

### 'Meningococcal vaccine shortage worries WA parents'

"Parents are struggling to find meningococcal vaccines to protect their babies... Government-funded vaccinations.. have been guaranteed supply, but pharmaceutical giant GlaxoSmithKline confirmed yesterday that the private market was affected."<sup>543</sup>

The 'No Jab No Pay' campaign received wide and favourable coverage in the Murdoch press:

### 'Three doctors investigated over getting children exempt from compulsory vaccinations'

"THE Victorian government has slammed an underground network of anti-vax doctors and said they must be stopped... Melbourne surgeon and vaccination advocate Dr John Cunningham said some doctors had fallen into a "cult of fallacies and misinformation"... "This is cult-think."<sup>544</sup>

### 'Melbourne hit by highly contagious measles outbreak'

"A major health alert has been issued... Measles is a serious disease for children, but it's preventable with a vaccine."<sup>545</sup>

### 'Parents who refuse to vaccinate will be docked money from their family tax benefit from today'

"The minister said getting less cash would be a "constant reminder".<sup>546</sup>

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<sup>541</sup> news.com.au Kylie Lang (2018): 'More ill as state waits for vaccine'

<sup>542</sup> news.com.au (2018): 'Parents of South Australian baby who was killed by meningococcal say they couldn't afford the vaccine'

<sup>543</sup> news.com.au Cathy O'Leary (2018): 'Meningococcal vaccine shortage worries WA parents'

<sup>544</sup> news.com.au: 'Three doctors investigated over getting children exempt from compulsory vaccinations'

<sup>545</sup> Sky News (2018): Melbourne hit by highly contagious measles outbreak'

<sup>546</sup> news.com.au (2018): 'Parents who refuse to vaccinate will be docked money from their family tax benefit from today'

## MURDOCH MEDIA & COVID-19

It now appears that the Murdoch media are rolling out a similar campaign for Covid-19.

Arguably obsessive coverage of Covid-19 has dominated all mainstream media outlets, including Murdoch media. <sup>547, 548, 549</sup> Vaccines for Covid-19 are being developed by a number of pharmaceutical companies, including those associated with Murdoch Children's Research Institute.

Cue Murdoch media:

'Nobel prize winning scientist 'very confident' coronavirus vaccine will be developed'<sup>550</sup>

'Race is on for a coronavirus cure with 115 vaccines in the works'<sup>551</sup>

'Coronavirus vaccine trial launched in South Australia'<sup>552</sup>

'The decision Australia needs to make on how we end the coronavirus epidemic'

"Now that Australia appears to have got the coronavirus under control, it faces an even more disturbing choice on how to end the epidemic... So we can either wait it out for up to 18 months and hope the vaccine is developed quickly, or we can slowly infect Australians, knowing that some people will die."<sup>553</sup>

Sensational and obsessive reporting on Covid-19 in the media appears to have dominated the narrative, not allowing for any reasoned debate or questioning of the validity of data sources, which I believe I have demonstrated is sorely needed.

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<sup>547</sup> news.com.au 'Covid-19 Australian statistics'

<sup>548</sup> news.com.au (2020): 'Coronavirus Australia live updates: Government won't consider herd immunity approach'

<sup>549</sup> news.com.au (2020): 'Coronavirus Australia: 'Long tail' of COvid-19 may mean we have to live with virus for months'

<sup>550</sup> news.com.au (2020): Nobel prize winning scientist 'very confident' coronavirus vaccine will be developed'

<sup>551</sup> news.com.au Ross et al (2020): "Race is on for a coronavirus cure with 115 vaccines in the works"

<sup>552</sup> news.com.au (2020): Coronavirus vaccine trial launched in South Australia

<sup>553</sup> news.com.au Charis Cheng (2020): 'The decision Australia needs to make on how we end the coronavirus epidemic'



Photo by from

## WHO & SWINE FLU FRAUD

### PANDEMIC DECLARATION TRIGGERED 'SLEEPING CONTRACTS' WITH BIG PHARMA

In 2009, a Parliamentary Committee investigated WHO over declaring a “false pandemic”. Professor Neil Ferguson, who is currently the creator of models advising the UK Government’s Covid-19 response, was also instrumental in modelling the 2009 Swine Flu and advising the UK government on mitigation policy, such as advising school closures.<sup>554</sup>

### SWINE FLU FRAUD

"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>555</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.”<sup>556</sup>

In 2010, Michael Fumento reported that WHO had ‘deliberately tormented swine flu hysteria’.

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<sup>554</sup> The Telegraph, Murray Wardrop (2009): ‘Swine flu: schools should close to halt spread of virus, ministers told’

<sup>555</sup> Nature, Heidi Ledford (2009): ‘Swine flu spread matches previous flu pandemics’

<sup>556</sup> The Guardian, Matthew Weaver (2009): ‘Swine flu could affect third of world's population, says study’

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>557</sup>

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 the 2010 European Parliamentary Assembly (PACE) public hearing: "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>558</sup>



Dr Wolfgang Wodarg at PACE Hearing  
Image source:

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... 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."

Wilyman (2015) explains the historical background and financial conflicts of interest behind WHO's declaration of the Swine Flu epidemic:

*"In 1993 the World Health Assembly encouraged the participation of public-private partnerships in health development in the governance system of the WHO... This means that many of the members of WHO advisory boards now have financial and professional links to pharmaceutical and biotechnology companies that are involved in identifying and monitoring viruses and manufacturing vaccines. Whilst the WHO states that*

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<sup>557</sup> Forbes, Michael Fumento (2010): 'Why the WHO faked a pandemic'

<sup>558</sup> Parliamentary Assembly (2010): 'Extracts of statements...'

*safeguards were put in place to protect the public interest there are many scientists who believe the safeguards lack substance and process. The safeguards were also not evidenced in the establishment of a secret Emergency Committee (EC) in 2009 to advise the WHO when to call a pandemic. The Parliamentary Assembly has expressed concern that this lack of transparency and unregulated or secret lobbying... has undermined the democratic principles and good governance provided by the WHO. In particular there is concern about the systematic recruitment of key opinion leaders by specific image and communication agencies in the pharmaceutical industry.”*

*Notably the global ‘Swine Flu’ pandemic was declared on June 11 2009 when the EC changed the definition of a pandemic and removed the requirement for the need to show how severe the impact of the virus would be on the population. Without this change to the definition it would not have been possible to declare a level 6 pandemic. Under the IHR’s governments had PPP’s (Pandemic Preparedness Plan) that were termed ‘sleeping contracts’ with pharmaceutical companies, which were to take effect when the WHO declared a pandemic. These contracts required national regulatory authorities to license vaccines developed by various vaccine manufacturers (sometimes following accelerated procedures) to ensure vaccines were available more rapidly than for seasonal flu.... When governments apply compulsory health measures the IHR’s do not require due process protections.”*

*The vaccine manufacturers had a vested interest in the declaration of a pandemic because of the billion dollar ‘silent’ contractual agreements with member countries regarding vaccination campaigns that were put in place in 2006/7. Viewed in this light the change in definition of a pandemic that occurred a month before the declaration is significant. Pharmaceutical companies could make huge profits because of this change. Estimations from the international investment bank JP Morgan indicate that sales of H1N1 vaccines in 2009 were expected to result in profits of approximately 7-10 billion dollars to pharmaceutical laboratories.*

*The appearance of a ‘pandemic’ can be created by increased global surveillance and sub-typing of influenza viruses which results in an ‘incidence’ of the new strain of flu that is identified. If the definition of a pandemic refers only to the spread of this new strain and not the severity then it is a ‘pandemic’ of influenza that will be no more serious than the many other strains of influenza that circulate each year. The only difference is that new technology has enabled scientists to identify sub-types of the influenza virus.”*



Photo by

## AUSTRALIA & SWINE FLU FRAUD

### DATA MANIPULATION & PRE-EMPTIVE VACCINES

Dr Judy Wilyman's case study examination of the Australian government's role in exaggerating the risk of the 2009 swine flu is an intriguing parallel to the apparent manipulation of data to currently create general panic about Covid-19.

This below information is an excerpt from Dr Judy Wilyman's 2015 PhD: 'A critical analysis of the Australian government's rationale for its vaccine policy'<sup>559</sup>

*"In August 2009 the Australian government prioritized the implementation of a vaccine against this new strain of influenza H1N1. This preventative action was notable because there was little evidence in the community that this new influenza strain was more virulent than other new strains of flu which occur regularly. In fact, prior to a vaccine being produced, the WHO stated the majority of people who contract this disease experience the milder form of influenza and recover without requiring treatment. The Therapeutic Goods Association stated 'the experience in Australia of the disease is mild in most cases'.*

*In addition, the Australian Health Department did not produce statistics showing that the overall death rate for influenza in 2009 was significantly worse than in previous years before it considered buying a vaccine. Analysis of the case-fatality data at the end of the pandemic (2010) in Australia and other countries showed the excess mortality from influenza and pneumonia to be lower than in recent influenza seasons.*

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<sup>559</sup> University of Wollongong, Judy Wilyman (2015): 'A critical analysis of the Australian government's rationale for its vaccination policy'

*In 2009 many cases of the new strain - Type A H1N1 2009 - were identified in comparison to sub-types for previous years because national and international surveillance centres were actively and systematically sub-typing cases of influenza A.*

*In previous years many of these cases would have gone unnoticed and been recorded as 'Influenza Type A' or 'respiratory infection'. This is because few national or international surveillance systems distinguish between influenza and influenza-like-illness... Prior to 2009 surveillance systems in most countries were not distinguishing between these viruses because it was not considered important and systems were not geared up for it.*

*H1N1 is a strain of influenza that has been covered for many years in the seasonal influenza vaccine. Therefore it would be expected that the Australian Health Department would have mortality data for seasonal H1N1 from previous years... The Western Australian Health Department stated this data was never collected in previous years, even though Type A H1N1 has been one of the most virulent and prevalent strains and regularly covered in the influenza vaccine for many years.*

*In 2009 the Australian Health Department changed the surveillance of influenza in the community to monitor the new strain of 'swine' influenza... enhanced surveillance systems that were put in place specifically to monitor the incidence of this virus. Prior to 2009 influenza that was notified by GP's and laboratories was not systematically followed up or linked to hospitalization/death data to determine outcomes. In addition, post-mortem victims were not routinely tested for sub-types of influenza. In previous years deaths were listed as 'influenza' and were not routinely sub-typed for the strain. The Australian Health Department also stated 'hospitals were less likely to routinely test admitted patients with respiratory viruses, including pneumonia, for influenza, so (in previous years) many cases remained undiagnosed or were assumed to be primary bacterial infections'.*

*Yet in 2009 most cases of influenza notified by labs or GP's were followed up to see whether the cases led to hospitalization or death. The Australian Health Department was also systematically testing hospitalizations/deaths for H1N1. As a result, the health department was able to claim that 90-95% of laboratory proven influenza cases were due to 'swine' H1N1 (GWA CDCD 2009). However they could not produce the morbidity or mortality statistics for previous strains of seasonal H1N1.*

*It has been known for many years that incidence figures for a disease can be inflated by monitoring a disease in a more systematic manner. This knowledge is not always beneficial because it can include sub-clinical or mild infections that give a false representation of the burden of the disease to the community. A more sensitive or systematic test will identify cases that would previously have gone unidentified, so a greater recorded incidence of a disease does not always indicate greater severity (or burden) to the population. This is the case with a disease such as influenza which has a high incidence in the community but epidemics are known to be mild for the majority of people).*

*Members of the public could not easily assess whether this new strain of 'swine' H1N1 was more virulent than the regular seasonal H1N1 if the testing and surveillance of influenza had changed, particularly as there was no evidence of a 'pandemic' in the community. The changes in surveillance in 2009 meant that even though influenza Type A H1N1 was prevalent in previous years there was no data on the number of deaths associated with this strain in previous years because it wasn't monitored. The Health Department also stated it was unclear*



to what extent 'swine' H1N1 infection contributed to the deaths it was associated with because there were usually several infections present and in most cases underlying medical conditions.

The Health Department did not produce statistics that demonstrated the overall death rate for influenza in 2009 was significantly worse than in previous years but the media did not report this to the public.

The evidence presented above illustrates how using different surveillance methods can enhance the apparent incidence of disease in the community... The public was misinformed by reporting this strain of Influenza A (H1N1) virus as 'swine flu' and by exaggerating the risk from this new strain."

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* [for increasing the supply of pandemic influenza vaccines]...."<sup>560</sup> (Emphasis added)

In 2009 (after spending 2008 deciding the 'right marketing strategy' and 'appropriate spin'?), WHO declared Swine flu a pandemic, making it "possible for the pharmaceutical industry to transform this opportunity into cash, under contracts which were mainly secret."<sup>561</sup>

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<sup>560</sup> WHO (2007): 'The Global Action Plan (GAP) to Increase Supply of Pandemic Influenza Vaccines'

<sup>561</sup> Parliamentary Assembly (2010): 'Extracts of statements...'



## SWINE FLU PROFITEERS

### CASE STUDY: GILEAD

Pharmaceutical company Gilead's vaccination 'Tamiflu' was prescribed prophylactically for swine flu. "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... Gilead is expected to reap \$200 million in sales from Tamiflu in 2010."<sup>562</sup>

### RUMSFELD & GILEAD CASH IN

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>563</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>564</sup>

Lisa Derrick reported, "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>565</sup>

The Independent reported, "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

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<sup>562</sup> ABC News, Matt Krantz (2009): 'Investors look for stocks that could gain from swine flu'

<sup>563</sup> Pharmatimes (2005): 'Roche settles dispute with Gilead over Tamiflu'

<sup>564</sup> Samim, Recent Gilead News

<sup>565</sup> Shadowproof, Lisa Derrick (quoting Lisa Parsons: 'Late night: Rumsfeld, Swine flu, fringe nuts and you'

developed Tamiflu, the drug being bought in massive amounts by Governments to treat a possible human pandemic of the disease.”<sup>566</sup>

Voltaire reported, “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>567</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>568</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>569</sup>

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

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<sup>566</sup> Independent, Geoffrey Lean and Jonathon Owen (2006): ‘Donald Rumsfeld makes \$5m killing on bird flu drug’

<sup>567</sup> Voltaire (2018): ‘Gilead Sciences's criminal drug testing: a cover for the Pentagon's illegal arms testing?’

<sup>568</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>569</sup> Fierce Pharma, Kyle Blankenship March 25th, 2020: ‘Gilead asks FDA to rescind remdesivir orphan drug tag after public backlash’

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>570</sup>



Donald Rumsfeld  
Image source

Gilead's covid-19 product Remdesivir has potential competition to COVID-10 treatment: readily available, cheap malaria drugs chloroquine and hydroxychloroquine.<sup>571</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>572</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>573</sup>

On April 18th, 2020, Reuters reported that Gilead's shares surged "following a report that the company's experimental drug, remdesivir, showed promise in treating patients with COVID-19".<sup>574</sup>

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<sup>570</sup> Forbes, Trefis Team, March 16th, 2020: 'Why is Coronavirus Helping Gilead's Stock?'

<sup>571</sup> Tech Crunch, Darrell Etherington (2020): 'French study finds anti-malarial and antibiotic combo could reduce COVID-19 duration'

<sup>572</sup> Tweet, Nassim Taleb, March 25th, 2020

<sup>573</sup> AXIOS, Bob Herman, 2020: 'Man dies after self-medicating with chloroquine phosphate'

<sup>574</sup> Twitter, Reuters, 18th April 2020



Photo by \_\_\_\_\_ on \_\_\_\_\_

## THE WHITE HOUSE & BLACKROCK

### REIGN OF THE PRIVATE SECTOR

#### WHITE HOUSE CORONAVIRUS TASK FORCE

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>575</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>576</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>577</sup>

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<sup>575</sup> US Government: 'Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020'

<sup>576</sup> Revolving Door Project, Max Moran (March 2020): 'The Coronavirus Crisis: A Who's -Who of Trumpian Mismanagement'

<sup>577</sup> Citizens for Responsibility and Ethics in Washington, Jordan Libowitz (March 2020): 'Kushner's shadow task force appears to violate multiple laws'

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.”

## BLACK ROCK

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>578</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>579</sup>

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<sup>578</sup> Fortune, Katrina Booker (2008): ‘Can this man save Wall Street?’

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## ‘GLOBAL HEALTH IMPERIALISM’

### VACCINES AS PHARMACEUTICAL COLONIALISM

Quijano (2019) examines vaccination as a historical ‘imperialist program’. Today “pharmaceutical colonialism” is conducted under a banner of private-public partnerships between global health organisations such as the UN and the WHO, under the influence of powerful ‘not-for-profits’, such as the Bill and Melinda Gates Foundation. The result is obscene profit for the Foundations and Western pharmaceutical companies.

### THE BIG PHARMA EMPIRE

*“If we look carefully into the history of vaccination, we will find that the development of vaccination coincided with the development of imperialism. Medicine and public health have played important roles in imperialism....”<sup>580</sup>*

*Mass vaccination emerged as a major imperialist program, notwithstanding the erroneous, reductionist concept behind it and despite the utter lack of proper safety and efficacy studies. Vaccination was hailed as the savior of colonized people from infectious disease despite clear evidence of adverse effects worse than the original disease. Many of these forced mass vaccination campaigns resulted in disastrous results.*

*The concept of “global health governance” (GHG) arose in the early 1990s... The new global health governance regime systematically bypassed or compromised national health ministries via “public-private partnerships” and similar schemes... “emerging infections” were hyped as inevitable and potentially catastrophic and the global health governance scheme was framed within the larger discourse of “security” that arose in the wake of the dubious 9/11 event.”*

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<sup>580</sup> Bulatlat, Romeo F Quijano (2019): ‘Vaccination: most deceptive tool of imperialism’

The Gates Foundation has extraordinary influence over the global public health and the World Health Organisation. This private foundation operates under a banner of philanthropy, but has been alleged to have committed numerous crimes on a vast scale, including illegal medical experimentation on children in developing nations, to the financial benefit of pharmaceutical companies.

*The Gates Foundation says, "All lives have equal value... We seek to unlock the possibility inside every individual. We see equal value in all lives. And so we are dedicated to improving the quality of life for individuals ..."*<sup>581</sup>

Quijano (2019) explains the purportedly "development financing" of the philanthropy of Gates et al, which is in fact a grotesque "neoliberal financing scheme" using vaccines as the medium.

*"The Vaccination Trojan Horse of Imperialism in recent years has become much bigger with the growing power of Bill and Melinda Gates Foundation which is the main driver of global health policy.... With his unprecedented power, Bill Gates was able to initiate an elaborate neoliberal financing scheme for vaccines that inevitably transfers public funds to private coffers.*

*Ostensibly, the scheme is designed to help developing countries to fund their vaccination programs but in reality, these countries are caught in a debt-trap.*

*This so-called "innovative development financing" is a debt-based mechanism that taps capital markets to subsidize vaccine buyers and manufacturers through an intermediary, the International Finance Facility for Immunization (IFFIm).*

*Gavi floats bonds which are secured by the promise of government donors to buy millions of doses of vaccines at a set price over periods as long as 20 years. Capitalists take a cut at every stage of the value chain while poor countries are supposed to benefit from access to vaccines that might not otherwise be affordable. Bondholders receive a tax-free guaranteed return on investment, suited to an era of ultra-low interest rates. Pharmaceutical firms, meanwhile, are able to peddle expensive vaccines at subsidized prices in a cash-poor but vast and risk-free market.*

*By creating a predictable demand pull, IFFIm addresses a major constraint to immunization scale-up: the scarcity of stable, predictable, and coordinated cash flows for an extended period."*

In 'The Gates Foundation, Ebola, and Global Health Imperialism', Jacob Levich analyses the Gates Foundation. Levich proposes the term "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."<sup>582</sup>

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<sup>581</sup> Gates Foundation

<sup>582</sup> The American Journal of Economics and Sociology, Jacob Levich (2015): 'The Gates Foundation, Ebola, and Global Health Imperialism'



Recent BMGF/GAVI activities in Sri Lanka offer a virtual case study in what has been called “pharmaceutical colonialism.” GAVI targeted the country in 2002, offering to subsidize a high priced, patented pentavalent DtwP-hepB-Hib vaccine. In exchange for GAVI’s support, the country agreed to add the vaccine to its national immunization schedule. Within three months of the vaccine’s introduction, 24 adverse reactions including 4 deaths were reported, leading Sri Lanka to suspend use of the vaccine.

The Gates Foundation is now committing \$50 million to 12 pharmaceutical companies to speed up development of a Covid-19 vaccine.<sup>583</sup>



Bill & Melinda Gates  
Image source: Business Insider/Lurovic Marin via Getty

Martens and Seitz (2015) note that: *“Through the sheer size of their grant-making, personal networking and active advocacy, large global foundations, most notably the Rockefeller Foundation and the Bill & Melinda Gates Foundation, have played an increasingly active role in shaping the agenda-setting and funding priorities of international organizations and governments. So far, there has been a fairly willing belief among governments and international organizations in the positive role of philanthropy in global development.”*<sup>584</sup>

*“In addition to its grant-making activities, the Gates Foundation has recently stepped up its support for the biotechnological industry directly, through a US\$1.5 billion funding window called the “Programme Related Investments.” This money is used to invest directly in private corporations. As the New York Times points out, “Whereas most foundations use this kind of investing to provide loans for nonprofit entities, the Gates Foundation’s investment interests are primarily in the private sector.”*

*“In February 2015, the Foundation made its largest investment to date, taking a US\$52 million equity stake in CureVac, a German biopharmaceutical company... The collaboration aims to accelerate the development of mRNA-vaccines against various diseases... The Gates Foundation now holds almost 6 percent of CureVac shares, and will further provide up to US\$2 billion for the development and clinical trial of future vaccines developed by CureVac.”*

<sup>583</sup> Robb Report, Martin Lerma (March 2020): ‘Bill Gates Is Donating \$50 Million to Speed Up the Development of a Coronavirus Treatment’

<sup>584</sup> Global Policy, Jens Martens and Karolin Seitz (2015): ‘Philanthropic Power and Development: Who shapes the agenda?’



Image source: Bui Hoang Lien via Pexels

## THE GATES FOUNDATION

### ‘EXPLOITATION & UTTER LACK OF ETHICS’

The Bill & Melinda Gates Foundation is the world’s largest private foundation; with about \$50 billion in assets.<sup>585</sup> Quijano (2019) reports the Foundation “exercises power not only by means of its own spending but also through steering an elaborate network of “partner organizations” including nonprofits, government agencies, and private corporations.”<sup>586</sup>

### THE MASK OF PHILANTHROPY

As per Quijano, “As the second largest donor to the UN’s World Health Organization (WHO), [the Gates Foundation] is a dominant player in the formation of global health policy. It orchestrates elaborate public-private partnerships and is the chief funder and prime mover behind the Vaccine Alliance (formerly GAVI), a public-private partnership between the World Health Organization and the vaccine industry.”

“The chief beneficiary of BMGF’s activities is not the people of the Global South but the Western pharmaceutical industry. The Gates Foundation’s ties with the pharmaceutical and vaccine making industry are intimate, complex, and long-standing. Soon after its founding, BMGF invested \$205 million to purchase stakes in major pharmaceutical companies, including Merck & Co., Pfizer Inc., Johnson & Johnson, and GlaxoSmithKline. BMGF’s interventions are designed to create lucrative markets for surplus pharmaceutical products, especially vaccines.”<sup>587</sup>

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<sup>585</sup> Bill and Melinda Gates Foundation, Foundation fact Sheet

<sup>586</sup> Bulatlat, Romeo F Quijano (2019): ‘Vaccination: most deceptive tool of imperialism’

<sup>587</sup> Bulatlat, Romeo F Quijano (2019): ‘Vaccination: most deceptive tool of imperialism’

The Annual Survey of International & Comparative Law's 2017 paper: 'Accountability of International NGOs: Human Rights Violations in Healthcare Provision in Developing Countries and the Effectiveness of Current Measures', examines the role of the Gates Foundation in global health programs.<sup>588</sup>

"The Gates Foundation is the largest foundation in the world... It is also one of the largest single investors in biotechnology for farming and pharmaceuticals in the world. It is heavily invested in pharmaceutical companies."

"The Gates Foundation focuses on world health and population and highlights its strategy of accelerating scientific discovery with reducing costs. Since the early 2000s, the Global Alliance for Vaccines and Immunizations (Gavi), Global Health Innovative Technology Fund and PATH, all heavily funded by the Gates Foundation, have been distributing vaccines and drugs to vulnerable populations in Africa and India. In 2010, the Gates Foundation funded experimental malaria and meningitis vaccine trials across Africa and HPV vaccine programs in India. All of these programs resulted in numerous deaths and injuries, with accounts of forced vaccinations and uninformed consent. Ultimately, these health campaigns, under the guise of saving lives, have relocated large scale clinical trials of untested or unapproved drugs to developing markets where administering drugs is less regulated and cheaper."

"Recent reports of human rights abuses resulting from the Gates Foundation funded vaccine trials in Africa and India have raised questions about their activities and agenda. Critics have shared concerns on the Gates Foundation and potential policies on population control."

Global Research alleges a number of abhorrent medical malpractice and predatory abuse of vulnerable and impoverished people at the hands and funds of the Gates Foundation and WHO.<sup>589</sup>

Examples include:

- An experimental malaria vaccine which killed and paralysed hundreds of African infants, funded by Glaxosmithkline and the Gates Foundation.<sup>590</sup>
- A DTP vaccine which kills more African children than the disease it was supposed to prevent.<sup>591</sup>
- South African news articles declaring "We are guinea pigs for the drug makers." "...[Some] of the trials contravene South African laws and the international drugs-trial protocol. In one instance, children as young as six were taken off life-saving medication so that they could participate as a control group in a clinical trial."<sup>592</sup>
- "In 2014, Kenya's Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a "tetanus" vaccine campaign.<sup>593</sup> Independent labs found a sterility formula, the

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<sup>588</sup> Annual Survey of International & Comparative Law, Sharmeen Ahmed (2017): 'Accountability of International NGOs: Human Rights Violations in Healthcare Provision in Developing Countries and the Effectiveness of Current Measures'

<sup>589</sup> Global Research, Robert F Kennedy Jr (April 2020): 'Gates' Globalist Vaccine Agenda: A Win-Win for Pharma and Mandatory Vaccination'

<sup>590</sup> NEJM, White (2011): 'First Results of Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Children'

<sup>591</sup> Elsevier, Mogensen et al (2017): 'The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment'

<sup>592</sup> Times Live, Katherine Child (2013): 'We are guinea pigs for the drug makers'

<sup>593</sup> Daily Nation, Evans Habil (2014): 'Now House team orders probe into tetanus vaccine'

hormone hCG, in every vaccine tested.<sup>594</sup> Similar accusations came from Tanzania, Nicaragua, Mexico, and the Philippines.<sup>595</sup> A 1987 paper in the 'Bulletin of the World Health Organisation says: "The world stands to gain immeasurable from the development of immunological methods of fertility regulation... A major candidate for vaccine development [is] human chorionic gonadotrophin (hCG)... vaccines that interfere with sperm function and fertilisation should be available for human testing by the early 1990s."<sup>596</sup>

In 2014, the Gates Foundation funded the Programme for Appropriate Technology in Health (PATH), which administered experimental HPV vaccine trials on 23,000 young girls in remote areas of India. 1,200 suffered severe side effects and seven died. The vaccines were developed by Glaxosmithkline and Merck.



Bill & Melinda Gates in India  
Image source: [The New York Times/Agence France-Presse - Getty Images](#)

A Parliamentary Inquiry Committee found Indian government health agencies approved and facilitated the trials, misusing government funds *"against all laws of the land and even international ethical norms and rules"*. *The inquiry exposed "above all the blatant violation by PATH of all regulatory and ethical norms laid down by the Government of India..."*<sup>597</sup>

The Inquiry found that *"before the trials started, many expected side effects including anaphylaxis (severe allergic reaction), syncope, convulsions, asthma, central demyelinating diseases, acute disseminated encephalomyelitis, Idiopathic Thrombopenia Purpura, etc. were known... PATH did not provide for urgent expert medical attention in case of serious adverse events whether known or unexpected."*

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<sup>594</sup> Oller et al (2017): 'HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World'

<sup>595</sup> PubMed, Vaccine Wkly (1995): 'Tetanus vaccine may be laced with anti-fertility drug. International / developing countries'

<sup>596</sup> Bulletin of the World Health Organisation. 65 (6) J. Spieler (1987): 'Development of immunological methods of fertility regulation'

<sup>597</sup> Parliament of India Rajya Sabha (2013): 'Alleged Irregularities in the Conduct of Studies using Human Papilloma Virus (HPV) Vaccine by Path in India (Department of Health Research, Ministry of Health and Family Welfare)'

The Committee cited “grave irregularities” in a “gross violation of the consent and legal requirement of consent”. It was “deeply shocked” to find that a large number of the parental ‘consent’ forms for the experimental vaccine trials were signed with thumb prints or signed by hostel wardens, as many parents were illiterate.

*“The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation. Had PATH been successful in getting the HPV vaccine included in the universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination. To achieve this end effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as “Observational Studies” or “Demonstration Project” and various such expressions. Thus, the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined and self-servicing nomenclature which is not only highly deplorable but a serious breach of law of the land... The Government should take up the matter with the Governments of these countries through diplomatic channels to know the truth of the matter and take appropriate necessary action, accordingly. The Committee would also like to be apprised of the responses of these countries in the matter.”*

In 2017, Indian health authorities “shut the gate on the Bill and Melinda Gates Foundation on a critical national health mission, and possible conflict of interest issues arising from the foundation’s “ties” with pharmaceutical companies is one of the reasons.”<sup>598</sup>

“All financial ties of the country’s apex immunisation advisory body, National Technical Advisory Group on Immunization (NTAGI), with the Gates Foundation have been cut off.”

“There were questions about the Gates Foundation’s ties with pharmaceutical companies and the possible influence this may have on the country’s vaccination strategy.”

The Gates Foundation “took control of India’s National Technical Advisory Group on Immunization (NTAGI) which mandated up to 50 doses<sup>599</sup> (Table 1) of polio vaccines through overlapping immunisation programs to children before the age of five.<sup>600</sup>”

“Indian doctors blame the Gates campaign for a devastating non-polio acute flaccid paralysis (NPAFP) epidemic that paralyzed 490,000 children beyond expected rates between 2000 and 2017.”<sup>601</sup> This epidemic was determined to have been *caused by the polio vaccines themselves.*

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<sup>598</sup> Economics Times, Anubhuti Vishnoi (February 2017): ‘Centre shuts health mission gate on Bill and Melinda Gates Foundation’

<sup>599</sup> CDC: ‘Progress Toward Poliomyelitis Eradication - India, January 2009 - October 2010’

<sup>600</sup> Global Polio Eradication Initiative: ‘Financial resource requirements 2008-2012’

<sup>601</sup> International Journal of Environmental Research and Public Health Dhiman et al (2018): ‘Correlation between Non-Polio Acute Paralysis Rates with Pulse Polio Frequency in India’

“In 2017, the Indian government dialled back Gates’ vaccine regimen and asked Gates and his vaccine policies to leave India. NPAFP rates dropped precipitously.”

In 2017, the World Health Organization’s director of polio eradication, Michael Zaffran, admitted that the global explosion in polio was *attributed to a vaccine strain*.

“For the first time, the number of children paralyzed by mutant strains of the polio vaccine are greater than the number of children paralyzed by polio itself.

“In June, the World Health Organization reported 15 cases of children paralyzed in Syria by vaccine-derived forms of polio... WHO is staging a massive response to the Syrian outbreak. WHO plans to work with local health officials and aid groups to vaccinate a quarter of a million children...

“Of course we need to recognize that there have been a few cases of children paralyzed because of the vaccine virus, which is regrettable. But, you know, from a public health perspective, the benefits far outweigh the risk.”<sup>602</sup>

Martens and Seiz (2015) report: “In February 2008, Dr. Arata Kochi, the former head of WHO’s malaria programme, complained in an internal memorandum to Margaret Chan, Director-General of WHO, that the Gates Foundation was dominating research in the area of malaria treatment and risked stifling the diverse views held by others in the scientific community. He argued that the Gates Foundation was undermining scientific creativity in a way that “could have implicitly dangerous consequences on the policymaking process in world health.” He expressed concern that Gates-funded studies were adopting “a uniform framework approved by the Foundation, leading to a homogeneity of thinking: “Gates has created a ‘cartel,’ with research leaders linked so closely that each has a vested interest to safeguard the work of others. The result is that obtaining an independent review of scientific evidence (...) is becoming increasingly difficult.”<sup>603</sup>

The Gates Foundation’s prioritisation of vaccine solutions for multiple health problems reflects the foundation’s preference for interventions with quick, measurable and visible solutions. Marten and Seiz (2015) note that one of GAVI’s senior representatives reported that Bill Gates often told him in private conversations “that he is vehemently ‘against’ health systems... he basically said it is a complete waste of money, that there is no evidence that it works, so I will not see a dollar or cent of my money go the the strengthening of health systems.”

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<sup>602</sup> NOR, Jason Beaubien (2017): Mutant strains of polio vaccine now cause more paralysis than wild polio’

<sup>603</sup> Global Policy, Jens Martens and Karolin Seitz (2015): ‘Philanthropic Power and Development: Who shapes the agenda?’



Image source: Jamie Davies via Pexel

## AUSTRALIA & THE GATES FOUNDATION

### TAXPAYER-FUNDED COLLABORATION

Australia's Department of Foreign Affairs and Trade (DFAT) commits millions of dollars to co-funded foreign aid and development projects with the Bill and Melinda Gates Foundation, in initiatives directed by WHO and the World Economic Forum.<sup>604, 605.</sup>

### COMPLICIT IN CORRUPTION

Australia provides foreign aid through 'Product Development Partnerships (PDPs)' which are "organisations which use an innovative public-private partnership model for co-investing in the development of new drugs, vaccines and diagnostic tests for use in developing countries."<sup>606</sup>

Product Development Partnerships essentially use non-profit organisations as a 'bridge' to funnel government funding into private sector companies.<sup>607</sup>

A key mechanism for DFAT to work with NGO's (non-government organisations ) is through its formal Memorandum of Understanding with the Australian Council for International Development (ACFID). ACFID is the peak body for Australian international development NGOs.<sup>608</sup>

<sup>604</sup> Australian Government, Department of Foreign Affairs and Trade: 'Business partnerships in agriculture, fisheries and water'

<sup>605</sup> Australian Government, Department of Foreign Affairs and Trade: 'Emergency Response to Artemisinin Resistance (ERAR) in the Greater Mekong Sub region: Independent mid-term report and management response (June 2015): Summary of publication'

<sup>606</sup> Department of Foreign Affairs and Trade (2017): 'Final evaluation of Australia's investment in Product Development Partnerships (2013-2018): Evaluation findings and options for future DFAT investment'

<sup>607</sup> FIND: Product Development Partnerships

<sup>608</sup> Australian Government, Department of Foreign Affairs and Trade: 'Australian Council for International Development (ACFID) partnership'

Taxpayer money is committed to public-private partnerships, which include initiatives such as the 'Global Crop Diversity Trust (GC), of which Australia is a leading donor. The the Global Crop Diversity Trust has "the mandate of conserving and improving the genetic resources for the world's major food crops for food security worldwide." The Gates Foundation is a partner.<sup>609</sup>

The Trust builds the capacity of crop genebanks, conducting research on and collecting plant genetic material.

Independent studies in Africa have alleged the Gates Foundation and USAID are funding companies which conduct research on genetically modifying African non-commercial crops- traditional crops which are primarily grown as a staple and vital food source.<sup>610</sup>

In disregard for biosafety and socioeconomic consequences<sup>611</sup>, the Gates-funded GM technology generously "donated" to Africans, does not improve crops and in fact contributes to starvation and debt, as GM based technology increases costs for farmers because the seeds cannot be propagated and GM varieties are proprietary technology- subject to plant breeders' rights.

The African Centre for Biodiversity (quoting Mayet) says: "In this way, they will be expected to give away their age old farmers' rights to freely reuse, exchange and sell seed and propagating materials in their farming and seed systems."<sup>612</sup>

Australia is committing taxpayer funds to a Trust which appears to serve the Gates Foundation and their private industry partners. The Trust conducts genetic 'crop diversity' research, and the Gates-backed corporations then research how to genetically modify them. The result is contributing to poverty and starvation in Africa.

In 2010, the Gates Foundation increased its shareholdings of Monsanto a leading producer of GMOs, even though prior to this, some of Monsanto's GM crops had failed in Africa, devastating farmers.<sup>613</sup> The Gates Foundation has continued to give grants to Monsanto, including US\$37 million to Monsanto acting as a "contractor" working for the 'African Agricultural Technology Foundation'.<sup>614</sup>

A 2014 analysis found that, of the \$3 billion the Gates Foundation granted to food and agricultural projects, about 90% went to rich Northern countries for biotechnology research and product development. A significant portion of the funds went towards 'advocacy and policy' - to get policy makers to change seed, land and IP laws to favour corporate investment.<sup>615</sup>

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<sup>609</sup> Department of Foreign Affairs and Trade: 'Global Crop Diversity Trust (GCDT)'

<sup>610</sup> African Centre for Biodiversity (2016): "For your own good!" The chicanery behind GM non-commercial 'orphan-crops' and rice for Africa'

<sup>611</sup> US Right to Know, Stacy Malkan (2016): 'What Bill Gates Isn't Telling You About GMOs'

<sup>612</sup> African Centre for Biodiversity: 'Africa to lose heritage crops to multinationals 'donating' GM technology'

<sup>613</sup> Community Alliance for Global Justice' (2010): 'Gates Foundation Invests in Monsanto'

<sup>614</sup> Bill and Melinda Gates Foundation: 'Agricultural Development: Overview'

<sup>615</sup> GRAIN (2014): 'How does the Gates Foundation spend its money to feed the world?'



In 2015, the Australian Department of Foreign affairs announced they "worked closely with the Bill and Melinda Gates Foundation on promoting financial inclusion, food security and health."<sup>616</sup>

Australia's innovationXchange is part of the 'Global Innovation Exchange (GIE)', an "open platform that brings funders and innovators together to democratize and accelerate innovation."

GIE was launched by USAID in 2016, four months later, "the Exchange transitioned to third party management... accountable to a multi-donor Executive Board comprised of USAID, DFAT, KOICA and the Bill and Melinda Gates Foundation."<sup>617</sup>

Australia's innovationXchange "brokers new connections so that innovation becomes intrinsic to the delivery of the whole aid program." innovationXchange is "guided by a high level International Reference Group made up of global thought leaders..."

These 'thought leaders' include:

- Billionaire Michael Bloomberg
- The Head of FIND (funded by DFAT and Gates Foundation)<sup>618</sup>
- Dr Bjorn Lomborg (his institution funded by Gates Foundation<sup>619</sup>, writes many pro-Gates articles<sup>620</sup>),
- An Executive Director for International Development at Mastercard,
- The Vice Chair of an energy & transportation conglomerate,
- Mr Ryan Stokes (CEO of Australian Capital Equity & Seven Group, and Director of Westrac).
- Ms Sam Mostyn, President of the Australian Council for International Development (ACFID). ACFID collaborates with the Gates Foundation.<sup>621</sup> Also a board member of Virgin Australia, Transurban Group, Mirvac, Citibank Australia.

Partners of innovationXchange include Bloomberg Philanthropies, CSIRO, Google, the World Bank, USAID and the Global Innovation Fund.<sup>622</sup>

The Department of Foreign Affairs and Trade proposed and financed the 'Multi-Donor Trust Fund (MDTF), which is managed by the World Bank and the work carried out by World Bank staff. The MDTF seeks to "support countries in strengthening their health systems... with a particular focus on assessing and supporting the financial and programmatic sustainability of externally financed programs".

MDTF Donors include Gavi (the Vaccine Alliance), the Global Fund, and the Bill and Melinda Gates Foundation, which are called "relevant stakeholders".

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<sup>616</sup> Department of Foreign Affairs and Trade: 'Multilateral replenishments and global development partnerships'

<sup>617</sup> Department of Foreign Affairs and Trade: 'Global Innovation Exchange'

<sup>618</sup> Gates Foundation, How We Work: 2014 Grant 'FIND'

<sup>619</sup> Gates Foundation, How We Work: 2017 Grant 'Copenhagen Consensus Centre USA, Inc'

<sup>620</sup> Project Syndicate, Bjorn Lomborg (2017): 'Learning from Bill Gates'

<sup>621</sup> Australian Council for International Development: '2014 ACFID Annual Report'

<sup>622</sup> innovationXchange: 'Our Partners'

“DFAT’s investment has been influential in expanding the World Bank’s role in health in Southeast Asia and the Pacific...” The MDTF supports work to “help strengthen oversight of ‘grassroot’ services”, in a collaboration with the World Bank, funded by the Bill and Melinda Gates Foundation.<sup>623</sup>

Australia’s Department of Foreign Affairs and Trade commits millions in taxpayer funding to a number of ‘Product Development Partnerships’.

These partnerships include the Medicines for Malaria Venture (MMV), FIND, Gavi (the Vaccine Alliance), Bloomberg Philanthropies - Data for Health and the TB Alliance.<sup>624</sup>



2011 Malaria Forum, Gates Foundation  
Image source:

The Medicines for Malaria Venture (MMV)

“leverages the facilities, knowledge and expertise of the pharmaceutical and biotechnology industries” to funnel government funding into drug development.

MMV receives funding from the Australian government, the Bill and Melinda Gates Foundation and a number of other countries and aid organisations.<sup>625</sup>

MMV-supported projects include drug development from GSK, Sanofi, Novartis and

Merck.<sup>626</sup>

In a 2005 presentation by Bill Gates, “We’ve seen a malaria vaccine in trials last year that showed promise of preventing severe malaria. This year it will move to the biggest malaria vaccine field study ever. This is the first solid scientific evidence in history that a malaria vaccine for young people is possible.”<sup>627</sup>

In 2007, the World Health Organisation rolled out an aggressive global campaign to ban the manufacture and distribution of oral anti-malaria therapy, saying that it caused malarial parasite resistance. The studies and authors supporting this assertion were funded by the WHO, the Gates Foundation and the Wellcome Trust.<sup>628</sup>

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The TB Alliance “manages the largest pipeline of new TB drugs in history and has advanced multiple products to market.”<sup>630</sup>

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<sup>623</sup> Department of Foreign Affairs and Trade (2019): ‘World Bank Multi-Donor Trust Fund Mid Term Review’

<sup>624</sup> Australian Government, Department of Foreign Affairs and Trade: ‘Private Sector partnerships in health for development’

<sup>625</sup> Medicines for Malaria Venture: Current donors

<sup>626</sup> Medicines for Malaria Venture: ‘MMV-supported projects’

<sup>627</sup> World Health Organisation (2005): ‘Presentation by Mr Bill Gates, Co-founder of the Bill and Melinda Gates Foundation at the Fifty-eighth World Health Assembly’

<sup>628</sup> World Health Organisation, Global Malaria Programme (2014): ‘Emergence and spread of artemisinin resistance calls for intensified efforts to withdraw oral artemisinin-based monotherapy from the market’

<sup>629</sup> Malaria Journal, Ujuju et al (2017): ‘When it just won’t go away: oral artemisinin monotherapy in Nigeria, threatening lives, threatening progress’

<sup>630</sup> TB Alliance: Our Pipeline

Funders include the Bill and Melinda Gates Foundation, The Rockefeller Foundation, USAID and the Medical Research Council.<sup>631</sup>

The Foundation for Innovative New Diagnostics (FIND) is a non-profit which accelerates “the development, evaluation and delivery of high quality, affordable diagnostic tests for poverty-related diseases...”<sup>632</sup>

Donors include CEPI, the Bill and Melinda Gates Foundation, USAID, GAVI and the World Health Organisation.<sup>633</sup> FIND says these donations are received “Alongside significant financial contributions from our private sector partners...” but this does not specify which companies these private sector donors are. (Although a 2019 FIND media release identifies a partnership with Merck.<sup>634</sup>

DFAT’s Private Sector Partnerships include GAVI, the Vaccine Alliance. The Australian government has committed millions of dollars funding to a partnership between Gavi and pharmaceutical companies Glaxosmithkline and Pfizer, in a long term commitment to supply vaccines.<sup>635</sup> The GAVI Alliance was launched in 2000 as a partnership between UNICEF, WHO, the World Bank and the Bill and Melinda Gates Foundation. Australia invested \$200 million into Gavi from 2011 to 2013.<sup>636</sup>

Australia has committed hundreds of millions of taxpayer dollars in aid to effectively subsidise drug development for pharmaceutical companies.

It appears there may be more efficient and less conflicted strategies to contributing foreign aid.

In 2019, UK Opposition Leader Jeremy Corban said he wanted to legislate to create a state-owned generic drugs company.<sup>637</sup>

In addition to supplying cheap medicines to Australian citizens, this concept could potentially be applied to research and development for independent and ethical medications for developing nations, with all aspects of the supply chain controlled by the Australian government. Australian citizens could determine that their taxpayer funds were being responsibly and ethically spent, currently difficult to ascertain due to the obscurity of opaque workings behind the veil of NGOs and private sector partners.

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<sup>631</sup> TB Alliance: Donors

<sup>632</sup> Foundation for Innovative New Diagnostics

<sup>633</sup> FIND: Partners and Donors

<sup>634</sup> FIND (2019): ‘Find extends neglected tropical diseases portfolio to include schistosomiasis’

<sup>635</sup> Australian Government, Department of Foreign Affairs and Trade (2010): ‘Healthy returns on Australian aid investment’

<sup>636</sup> Australian Government, Department of Foreign Affairs and Trade: ‘Australia’s International Development Assistance Program 2013-14, Global Programs’

<sup>637</sup> Financial Times, Jim Pickard, Sebastian Payne, Sarah Neville (2019): ‘Corbyn promises state drugs company to supply NHS’



Image source: Annie Spratt via Pexels

## WHO & AUSTRALIA

### SURRENDERING OUR SOVEREIGNTY

WHO's International Health Regulations (IHRs) are legally binding on member states, including Australia.<sup>638</sup>

"The purpose and scope of the Regulations are "to prevent, protect against, control and provide a public health response to the international spread of disease... Because the IHR (2005) are not limited to specific diseases but apply to new and ever- changing public health risks, they are intended to have long-lasting relevance in the international response to the emergence and spread of disease."

### AUSTRALIA: SUBJECT TO FOREIGN POWER

Wilyman (2015) says, "*The Australian government's NIP [National Immunisation Program], like all member countries of the World Health Organisation (WHO), is recommended by the Global Alliance for Vaccines and Immunisation (GAVI). This is a partnership with the WHO and UNICEF that includes the World Bank, the International Monetary Fund, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the Bill and Melinda Gates Foundation (BMGF), the Rockefeller Foundation, the United Nations Development Fund (UNDF) and other private research institutions.*

*"When governments apply compulsory health measures the IHR's do not require due process protections... Global health strategies have resulted in a decline in the authority of governments over the control of population health even though governments formally have the right to decide health policies for their own regions and populations. This is a fundamental principle of the international community and transgressing this principle results in a loss of authority over human rights for individuals. Vaccination is a technological procedure and its adoption in government public health policy, using coercive and mandatory strategies, infringes on the*

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<sup>638</sup> Strengthening health security by implementing the International Health Regulations (2005), International Health Regulations (2005) Third edition'

*fundamental human right to bodily integrity and informed consent. This right is protected in the Geneva Declaration which includes the physicians oath declaring that they will not use their medical knowledge to 'violate human rights and civil liberties, even under threat'."*

*"The Australian government's NIP [National Immunisation Policy] has been set within the framework and directives of the WHO's global health policy. It has not been developed within the specific environmental context of the Australian community but to comply with directives from the WHO on global vaccination policies..."*

*"Australia's NIP expanded in the 1980's and 1990's according to WHO goals for achieving high participation rates for all the recommended vaccines. The goals were set to increase childhood vaccination rates to ninety percent for all the vaccines in Australia even though there was no significant threat to the majority of the population from the targeted infectious diseases... even though the vaccines listed on the national schedule were implemented after deaths and illnesses from infectious diseases greatly declined in Australia, the government included all of them (plus new ones) in a new national campaign insisting that 'high participation rates (90%) in vaccination programs are necessary to control infectious diseases.'"*

Australia is legally bound by the WHO's International Health Regulations and to follow WHO's health directives, including the management of the Covid-19 outbreak. But who is really dictating the direction of the WHO's policies?

Ian Davis, reporting for Off-Guardian, recently investigated WHO's funding mechanisms and found that a significant and concerning majority was contributed by Big Pharma.<sup>639</sup>

*"The World Health Organisation (WHO) is financed through a combination of assessed and voluntary contributions. Assessed contributions are paid by nation states<sup>640</sup> for WHO membership and figures are released quarterly. Voluntary contributions are additional contributions from member states and "other partners." For some reason these figures haven't been reported for more than three years.<sup>641</sup>*

*About 80% of the WHO's finances come from voluntary contributions.<sup>642</sup>*

*In its most recent 2017 voluntary contribution report<sup>643</sup> the WHO accounted for the \$2.1 billion it received from private foundations and global corporations.*

*This compared to just over \$1 billion voluntarily provided by governments.*

*Contributors included GlaxoSmithKline, Bayer AG, Sanofi, Merck and Gilead Sciences... The third-largest single contributor in 2017 was GAVI. Formerly called the Global Alliance for Vaccines and Immunization, they contributed nearly \$134 million. GAVI are partnered with the WHO, UNICEF, the Bill & Melinda Gates Foundation and the World Bank to sell vaccines globally.*

*The World Bank contributed nearly \$146 million themselves and the largest individual payment, by some margin, at nearly \$325 million came from the Bill & Melinda Gates Foundation (BMGF). Though like many other*

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<sup>639</sup> Off-Guardian, Ian Davis (April 2020): 'Coronavirus Lockdown and What You Are Not Being Told - Part 2'

<sup>640</sup> World Health Organisation: 'Assessed contributions'

<sup>641</sup> World Health Organisation: 'Voluntary contributions'

<sup>642</sup> World Health Organisation, Executive Board, Special session on WHO reform, Provisional agenda item 3 (2011): 'Financing of the World Health Organisation'

<sup>643</sup> World Health Organisation (2018): 'Voluntary contributions by fund and by contributor, 2017'

*foundations and corporations, through their various networks of interlinked partnerships, their overall contribution was much higher.”*

*“On March 23rd the UK State legislated for the Coronavirus Act and placed the UK in lockdown. Just as the WHO and their other partners called on them to do.”* [‘Other partners’: Big Pharma and Gates Foundation et al]

The immense sums of ‘voluntary contributions’ the WHO receives from Big Pharma - entities with a vested interest in influencing global health policy - gives rise to alarming questions regarding WHO’s purported independence.

Are we witnessing ‘regulatory capture’ on a staggeringly vast, international and industrial scale?

Is the WHO merely a proxy to legally enforce the wishes of their pharmaceutical benefactors, who have no legal or moral imperative to act in the best interests of the public, and no accountability or cost if their products harm vulnerable people? The financial and social cost of any adverse drug events or outcomes are worn by primarily by the public health sector, and the taxpayer.

Can we be sure that *any* health directive from the WHO, including Australia’s national immunisation programs, Covid-19 management or public health policies, are determined by what is best for the Australian people?

Or are WHO’s directives what is best for the pharmaceutical companies, who continue pouring billions of dollars, every year, into WHO’s coffers. It is hard to credit the belief these companies do this for the joy of it. They are not known for their generosity or philanthropy. Rather, I have demonstrated their abhorrent predatory and utterly immoral practises. These include involvement in the harm of thousands of children, apparently with full knowledge of the probable outcomes. In my opinion, this indicates pathological corruption and criminal negligence. They are not to be trusted.

This invokes a chilling question - who runs Australia’s health policy: the WHO or Big Pharma?



Photo by on

## CEPI & THE GATES FOUNDATION

### COVID-19 VACCINE ACCELERATOR

CEPI announced their Covid-19 vaccine program on the 23 January, at the 2019 Davos meeting of the World Economic Forum. This occurred *one week before* the WHO declared a Public Health Emergency on the 30th January 2020. The WHO had published their *first* Covid-19 situation report *only three days earlier*, on the 20th January.<sup>644</sup>

### CEPI & GATES FOUNDATION

The Coalition for Epidemic Preparedness Innovations (CEPI) was announced at the 2017 Davos meeting of the World Economic Forum, “a unique initiative to shorten the response time to epidemics by creating vaccines that could be released quickly once an outbreak occurs. By financing and doing the research before a crisis erupts, CEPI would dramatically speed up the ability to counter the spread of an infectious disease...”<sup>645</sup>

CEPI went on to receive \$460 million in startup funding from the Bill & Melinda Gates Foundation, the Wellcome Trust and the governments of Germany, Japan and Norway, and further promises for a total of \$700 million. The programme involves the global vaccine manufacturers, so that “prepared vaccines could go straight to phase-three trials and get regulator approvals faster.”

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<sup>644</sup> World Health Organisation, 20th January 2020: Novel Coronavirus (2019-nCoV), Situation Report 1

<sup>645</sup> World Economic Forum (2017): ‘CEPI Initiative Aims to Prepare Vaccines to Speed Up Global Response to Epidemics’

## CEPI & COVID-19

CEPI's Covid-19 vaccine program was announced *only two weeks after* Chinese authorities shared the genetic sequence of the 'novel coronavirus'.<sup>646</sup>

At the January 23rd World Economic Forum conference, CEPI's CEO Richard Hatchett announced, "we've been working very aggressively *over the last couple of weeks*, to assess the situation first to try to make determinations about what steps are appropriate... our hope is to have thee vaccines developed very rapidly and to rapidly develop clinical trials..."<sup>647</sup> (Emphasis added)

If Mr Hatchett's 'last couple of weeks' indicates three weeks, this places the commencement of CEPI's Covid-19 vaccine project around approximately the first few days of January 2020.

On the 1st January, Who stated the "causal agent" of the Wuhan pneumonia outbreaks "had not yet been identified or confirmed" and was requesting information from Chinese authorities to assess the risk.<sup>648</sup>

This is curiously early for CEPI to begin 'aggressively' working on Covid-19.

Also on the WEF CEPI panel, Jeremy Farrar of the Wellcome Trust made several statements about the disease transmission rate, how infections were transmitted, comparing Covid-19's epidemiological information to SARS. How Mr Farrar would have the data to back these statements up is highly questionable, given that only the day before CEPI's announcement, WHO's field visit to China concluded that "challenges still remain regarding the transmission, epidemiology and our understanding of the behavior of the virus..."<sup>649</sup>

CEPI CEO Richard Hatchett clarified Mr Farrar's remarks, saying: ""We are inferring a lot... we don't understand the transmission or the severity... we don't know the number of cases or the extent of the spread..."

It is therefore curious that CEPI was already announcing strategic partnerships with pharmaceutical companies, combining millions of dollars in funding to create a vaccine, and had reportedly been 'aggressively' working on the situation *for a couple of weeks*.

The 'pre-emptive' development of a Covid-19 vaccine is not unique to CEPI.

On 30th March 2020, Johnson & Johnson announced "the selection of a lead COVID-19 vaccine candidate from constructs *it has been working on since January 2020*; the significant expansion of the existing partnership between the Janssen Pharmaceutical Companies of Johnson & Johnson and the Biomedical Advanced Research and Development Authority (BARDA)" [which is part of the U.S. Department of Health and Human Services]. (Emphasis added)

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<sup>646</sup> World Health Organisation: WHO Timeline - Covid-19

<sup>647</sup> World Economic Forum, Update: Wuhan Coronavirus

<sup>648</sup> World Health Organisation (January 2020): 'Pneumonia of unknown cause - China'

<sup>649</sup> World Health Organisation (January 2020): 'Mission summary: WHO Field Visit to Wuhan, China 20-21 January 2020'



Both entities committed *more than \$1 billion* combined in investment to co-fund development “novel coronavirus vaccine research and development.” Johnson & Johnson’s goal is to scale up manufacturing to supply one billion vaccines of a COVID-19 vaccine.<sup>650</sup>

## COVID-19 THERAPEUTICS ACCELERATOR

The WEF and the WHO’s COVID Action Platform describes a new Platform project, the COVID-19 Therapeutics Accelerator. The COVID-19 Therapeutics Accelerator is an initiative of the Bill & Melinda Gates Foundation, the Wellcome Trust and Mastercard, intended to speed development of Covid-19 treatments, committing a combined total of \$125 million in seed funding.<sup>651</sup>

“The COVID-19 Therapeutics Accelerator will work with the World Health Organization, government and private sector funders and organizations, as well as the global regulatory and policy-setting institutions...”

“The COVID-19 Therapeutics Accelerator will operate jointly as an initiative of the funders... [pursuing] several aspects of the development cycle to streamline the pathway from candidate product to clinical assessment, use, and manufacturing. The biotech and pharmaceutical industries will be critical partners... lending commercialization and other expertise that will be required to scale up successful drugs...”

The Gates Foundation announced: “...we believe we can help by partnering with private and philanthropic enterprises to lower the financial risk and technical barriers for biotech and pharmaceutical companies developing antivirals for COVID-19.... 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.”<sup>652</sup>

The WEF announced that in a “high-level COVID Action Platform Virtual Meeting hosted by the World Economic Forum, CEPI CEO Richard Hatchett said for businesses the shift in funding [to vaccine projects] would be “the best investment your companies will ever make.”<sup>653</sup>

At a 2010 TED conference, Bill Gates listed population control as one of four possible factors that would have to “get to pretty near to zero” to achieve the goal of getting global CO2 levels 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...*”<sup>654</sup> (Emphasis added)

<sup>650</sup> Johnson & Johnson (March 2020): ‘Johnson & Johnson Announces a Lead Vaccine Candidate for COVID-19; Landmark New Partnership with U.S. Department of Health & Human Services; and Commitment to Supply One Billion Vaccines Worldwide for Emergency Pandemic Use’

<sup>651</sup> Wellcome Trust (March 2020): ‘Bill & Melinda Gates Foundation, Wellcome and Mastercard launch initiative to speed development of and access to therapies for COVID-19’

<sup>652</sup> Gates Foundation, Mark Suzman (2020): ‘Announcing the COVID-19 Therapeutics Accelerator’

<sup>653</sup> World Economic Forum (March 2020): ‘How are companies responding to the coronavirus crisis?’

<sup>654</sup> TED, Bill Gates (2020): ‘Innovating to zero’

The Gates Foundation et al appear determined to drive rapidly approved, vast scale manufacture and distribution of vaccines. The private sector, including global pharmaceutical companies, are fully on board and start to make lucrative profit. The projects are receiving substantial government funding.

This includes in Australia, as CEPI partners with the CSIRO, the Doherty Institute and the University of Queensland to accelerate creation, manufacture and distribution of a Covid-19 vaccine, with significant taxpayer funding. (See 'CEPI, Gates Foundation & University of Queensland')

However, as per Wilyman (2015), this "one size fits all" treatment for 'global public health' is overly simplistic and could have widespread, dangerous consequences.

*"The evidence provided by the Australian government and the AAS for vaccinating with multiple vaccines does not include an assessment of the ecological complexity of the cause of infectious diseases or account for the genetic diversity of the population. It also does not provide direct evidence of the influence of vaccines in controlling any infectious diseases. In addition, the adverse events from using multiple vaccines in infants/adults should be considered in the adoption of a management strategy that is implemented in public health policy. The government information analysed here does not provide estimates of the frequency and type of risk associated with each vaccine - or with the combination of vaccines. It also does not provide evidence that policy- decisions about infectious diseases are being made for the benefit of the majority of the community."*

*"The government has not provided evidence that the 'best judgments' for public policy are being made on comprehensive and independent evidence.*

*Australia's vaccination policies include undone research and a lack of transparency in the rigour of scientific trials and the assumptions used in the evaluation of vaccines. This is a consequence of a culture that promotes scientific research for 'profit' as opposed to its contribution to progressing knowledge. In the 21st century industry is sponsoring vaccine clinical trials without evaluation from independent experts. This is not disinterested science and it is being promoted in public policy by experts with vested interests... national governments did not provide an adequate surveillance system for the accurate determination of the frequency of causally related adverse events from vaccines. The harm caused by vaccines, either individually or in the combined schedule, has not been included in the economic modelling for the cost- effectiveness of vaccination programs."*



## PART THREE

# FALLOUT

I explore Western world leaders, including Australian Prime Minister Scott Morrison, who appear adamant that “life will not go back to what it was” until there is a Covid-19 vaccine. The proposal of ‘digital vaccine certificates’ to prove immunity is gaining traction, an idea originally proposed by the Gates Foundation and Gates-funded Gavi (Vaccine Alliance).

I examine the conflicts of interest surrounding the Victorian government’s extreme policing response to the ‘pandemic’ and officials’ stated intention to mandate a Covid-19 vaccine. I expose the State government’s history of alliance with pharmaceutical companies and the State’s apparent financial incentive to legislate mandatory vaccination.

I expose the financial devastation of lockdown policy, and Covid-19 legislation that favours the rich.

The swift rise of the international Bio-Surveillance State appears coordinated, with leaders of the movement also involved in the high-level “pandemic preparedness” exercises.

I examine the new partnerships between Big Tech and governments, involving companies with deep ties to intelligence agencies. Tracking, big data and genetic surveillance is being rapidly pushed by government, military and intelligence organisations to ‘combat Covid-19’, enabling ‘structural reforms’ that the public would not have accepted without the pandemic narrative.

I discuss the plethora of international human rights violations conducted under the guise of ‘fighting Covid-19’ and conclude that the sweeping power re-allocation may have forever altered the relationship between citizen and state.

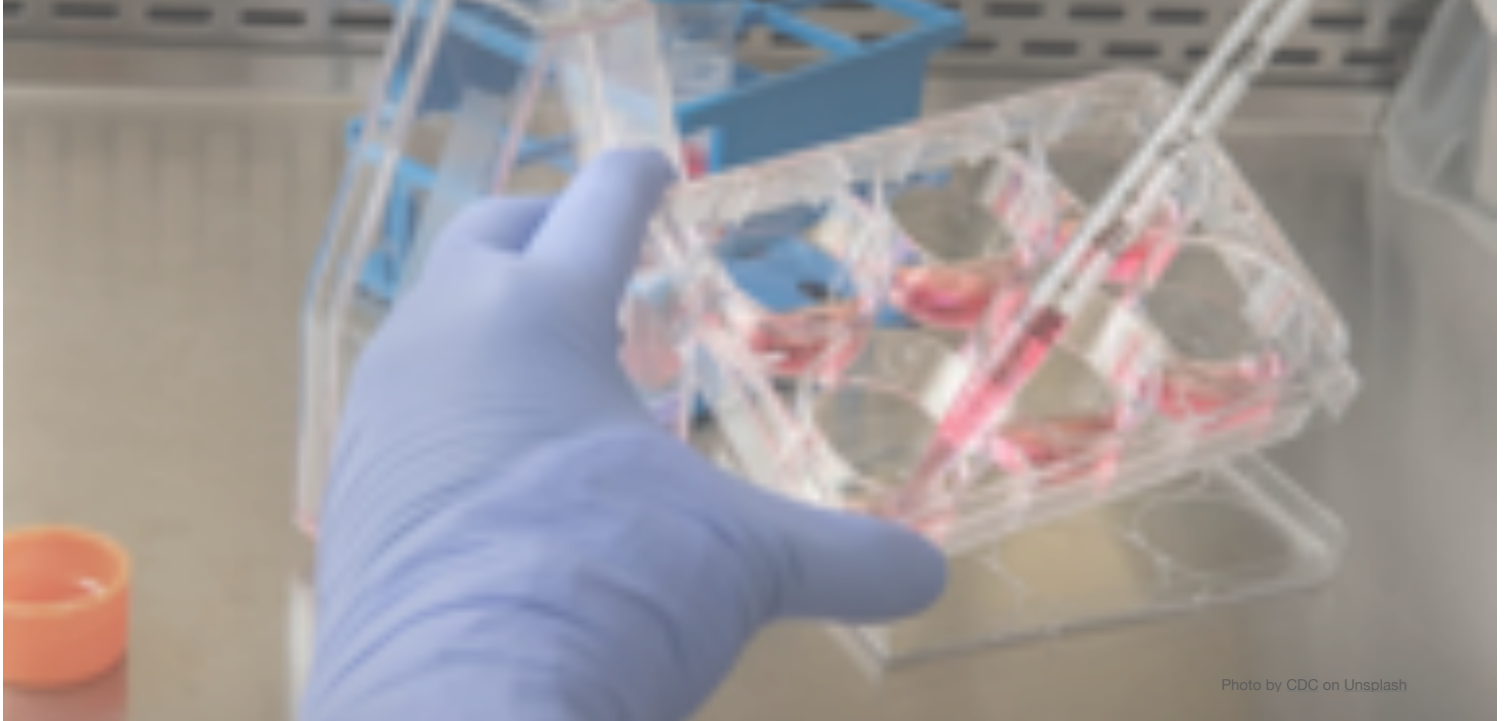


Photo by CDC on Unsplash

## RESOLVING LOCKDOWN

### VACCINES CLAIMED THE ONLY SOLUTION

Western world leaders appear determined that life “will not go back to normal” until a Covid-19 vaccine is developed. It is my opinion that the influence of modelling ‘experts’ with deep financial ties to pharmaceutical companies and conflicted nonprofits such as the Gates Foundation, may be the primary driver for the reductionist concept that a full societal lockdown is the only response to Covid-19. The resulting devastation of the economy, decimation of small business, suspension of civil liberties and human rights and tearing of societal fabric are a necessity to endure. Dissenting data and advice, no matter how expert or thorough, appear irrelevant in the face of this narrative.

The swift and apparently coordinated rise of bio-surveillance capitalism in response to Covid-19, involving US military, intelligence and Big Tech, gives rise to troubling questions about the motivation of our leaders, including Australian Prime Minister Scott Morrison.

### VACCINES TO GO BACK TO “LIFE AS IT WAS”

#### Australian Prime Minister Scott Morrison

“Unlike pandemic influenza, where the strategy was to control and contain until the vaccine came, because we knew the vaccine would come, we don’t know if and when a vaccine will come with this virus. If it does, that’s a beautiful way out. So, we have to look at a range of different potential scenarios. ... But there is no single right answer.”<sup>655</sup>

In April 2020, Prime Minister Scott Morrison “reiterated that life as we know it will not return for months as global leaders race to find a coronavirus vaccine... that while many states have managed to “push the curve down”,

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<sup>655</sup> The COversations, Michelle Grattain (April 2020): ‘Scott Morrison indicated ‘eliminating’ CoVID-19 would come at too high a cost’

ultimately, “there needs to be a vaccine”...“A vaccine ultimately enables everybody to go back to life as it was...”<sup>656</sup>

On April 21st, 2020 the Canberra Times reported Scott Morrison and Bill Gates “discussed the future of the World Health Organisation... The prime minister spoke with Bill Gates on Tuesday, just days after the Microsoft founder and philanthropist used a global broadcast organised by Lady Gaga to appeal for support for the embattled global health body. Mr Morrison and Mr Gates are also understood *to have discussed vaccines* and the Indo-Pacific's health challenges.”<sup>657</sup> (Emphasis added)

The disturbing elements of the Australian Prime Minister consulting with a ‘philanthropic billionaire’ about global health policy and vaccines are covered previously in ‘Global Health Imperialism’, ‘The Gates Foundation’ & ‘Australia and the Gates Foundation’.

#### Canadian Prime Minister Justin Trudeau

“This is the new normal, until a vaccine is developed... “It’s important that people understand that we will have to be vigilant for a year or year and half. There will be things we are not able to do,” Trudeau said.<sup>658</sup>

#### US Director of the National Institute of Allergy and Infectious Disease, Dr Anthony Fauci

“Even when a vaccine is developed, [Dr Fauci] said things may never return to what was considered normal before the virus, because it will always be a looming threat in society.

[Dr Fauci] previously said that the virus will likely come back every year, especially without a vaccine to prevent future outbreaks. However, he said Monday that he’s hoping scientists will develop therapeutic drugs and a workable vaccine in the meantime that will help contain the virus better than it is today.”<sup>659</sup>

Dr Anthony Fauci is also a member of the ‘Decades of Vaccines Collaboration Leadership Council’, a collaboration between the WHO, UNICEF, the US National Institute of Allergy and Infectious Diseases and the Bill and Melinda Gates Foundation.

This collaboration seeks to “increase coordination across the international vaccine community and create a Global Vaccine Action Plan.”<sup>660</sup>

It is concerning that ‘experimental’ Covid-19 vaccines are being globally fast-tracked, on a timeline of months rather than traditionally years. Especially given that these experimental vaccines including RNA/DNA vaccines which directly inject genetic material into people.<sup>661</sup> These types of vaccines have never been approved for human use.<sup>662, 663</sup>

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<sup>656</sup> 7 News, Summer Woolley (April 2020): ‘Coronavirus Australia update: PM says vaccine is key to wearing restrictions’

<sup>657</sup> Canberra Times (April 2020): ‘PM, Bill Gates share windows into virus’

<sup>658</sup> PBS, Rob Gillies (April 2020): ‘Canada unlikely to return to normal until there is a OVID019 vaccine’

<sup>659</sup> CNBC, Noah Higgins-Dunn (April 2020): ‘White House health advisor Fauci says we may never get back to ‘nprma,’ after coronavirus pandemic’

<sup>660</sup> Gates Foundation: ‘Global Health Leaders Launch Decade of Vaccines Collaboration | Bill & Melinda Gates Foundation’

<sup>661</sup> Doherty Institute (April 2020): ‘Where are we at with developing a vaccine for coronavirus?’

<sup>662</sup> World Health Organisation: ‘DNA Vaccines’

<sup>663</sup> The Guardian, Laura Spinney (April 2020): ‘When will a coronavirus vaccine be ready?’

## DIGITAL VACCINE CERTIFICATES

The influential Australian Academy of Health and Medical Sciences (which counts Chief Medical Officer Brendan Murphy as a Fellow), published a Tweet on the 9th of April 2020, which asked “How do we get back to normal life after #COVID19? Is an ‘immunity passport’ the answer?”

To answer the question, the AAHMS published a video of Professor Peter Doherty (AAHMS Fellow) suggesting the possibility to “potentially test and give people an immunology certificate or a passport or something that would say, “Yes I’ve had the infection, I’m not going to infect you”, to allow people to “possibly trickle back into the workforce”.<sup>664</sup>

The idea of a “digital certificate” for vaccination or immunity was also suggested by Bill Gates and is being considered by the German government.

“‘Immunity passports’ could speed up return to work after Covid-19... Researchers in Germany are currently preparing a mass study into how many people are already immune to the Covid-19 virus, allowing authorities to eventually issue passes to exclude workers from restrictive measures currently in place.

“Those who are immune could be issued with a kind of vaccination pass that would for example allow them to exempted from restrictions on their activity,” said Gerard Krause, head of epidemiology at the Helmholtz Centre for Infection Research in Braunschweig.”<sup>665</sup>

The Helmholtz Centre for Infection Research has received funding from the Bill and Melinda Gates Foundation “supporting a global health project for development of nanoparticles that release the vaccine active ingredients through the skin upon contact with perspiration.”<sup>666</sup>

The “mass Covid-19 study” was organised by the Robert Koch centre and the Institute for Virology at Berlin’s Charite Hospital. The Institute for Virology was the first to create a Covid-19 test (which was quickly approved by WHO). The Institute of Virology created the test *before* the genome sequence was released.

Professor Drosten, heads the Institute and was also the first to create a test for SARS virus in 2003, which was also quickly approved by WHO. (See ‘Germany - Professor Drosten creates PCR test’)

I have outlined below, (See ‘The Bio-Surveillance State’) the troubling push for mass collection of genetic data, appearing to further the interest of Big Tech and the military industrial complex, under the guise of ‘fighting Covid-19’.

On the 13th April, Doherty Institute Director Sharon Lewin spoke of the Institute’s plans to conduct a “national sero prevalence study” to find out how many people are “really immune to coronavirus”.

“Many of you would have heard about the concept of herd immunity, or people becoming immune to the virus without ever getting sick. Well, we still have no idea how common that occurs. To do that we need a blood test

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<sup>664</sup> Twitter, Australian Academy of Sciences, April 9th, 2020’

<sup>665</sup> Kate Proctor, Ian Sample and Philip Oltermann (2020): ‘Immunity passports’ could speed up return to work after Covid-19’

<sup>666</sup> EurekAlert, Helmholtz Association (2020): ‘Helmholtz Centre for Infection Research receives project funding from Gates Foundation’

for coronavirus, which we now have... we will analyse thousands of Australians from different risk groups to understand how common immunity is.”<sup>667</sup>

Professor Lewin is also the Chair of APPRISE’s ‘Biobanking Working Group’, which aims to develop a ‘national biobank’ that “Enables the collection and storage of new samples (host and pathogen) in the event of an infectious disease emergency...”<sup>668</sup>

Bill 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>669</sup>

Morningstar (2020) reported, “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>670</sup>

The Gates Foundation funded MIT’s digital vaccine certificate 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>671</sup>

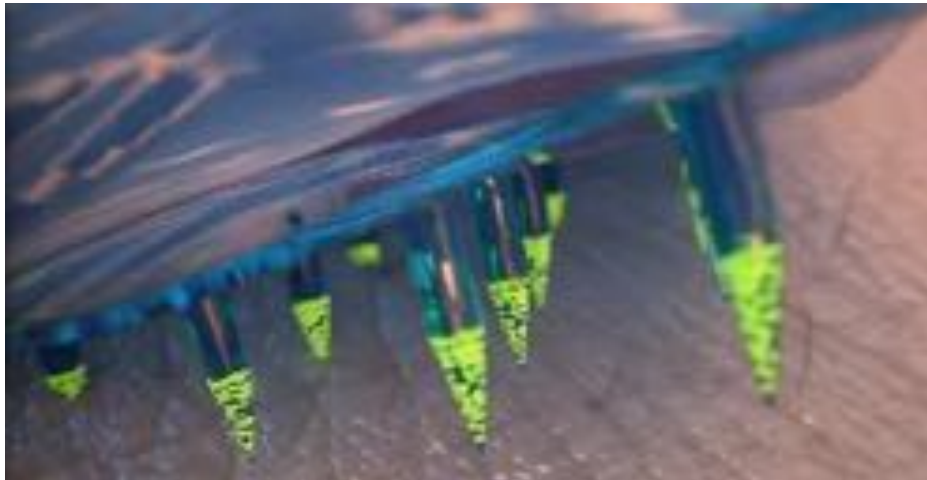


Image source: [Science Translational Medicine](#)

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<sup>668</sup> APPRISE Annual Meeting (2018)

<sup>669</sup> GatesNotes (2020): 31 Questions and answers about COVID-19’

<sup>670</sup> Twitter via Threadreaderapp, Cory Morningstar

<sup>671</sup> Science Alert, Victor Tangermann (2019): ‘An Invisible Quantum Dot ‘Tattoo’ Could be Used to Vaccinate Kids’





## VICTORIAN GOVERNMENT: MANDATING VACCINES

### ANDREWS GOVERNMENT - TIES WITH BIG PHARMA

The Australian Biosecurity Act 2015 gives the Chief Medical Officer legal powers to enforce mandatory vaccination. Victorian state officials have said that if a vaccine was available, they would add it to the Covid-19 legislation. I discuss my concerns that the Victorian State Government may be financially incentivised to continue to impose arbitrary lockdown and mandate vaccines.

### STATE MANDATED MEDICATION

The Guardian Reported: "There is currently no vaccine for Sars-CoV-2 – the novel coronavirus that causes Covid-19 – but work is under way to develop one. When an effective vaccine is developed, the NSW Health pandemic plan outlines two potential scenarios: "vaccination of priority with a candidate or pandemic-specific vaccine, or mass vaccination for the wider local health district population with a pandemic-specific vaccine".<sup>672</sup>

Victorian Health Minister Jenny Mikakos, recently said in State Parliament that a vaccine directive may be added to Covid-19 legislation. "I think it sends a signal also to the broader community about the need to be vaccinated against highly infectious and vaccine-preventable diseases in this manner...

I could say that if we had a vaccine for COVID-19 tomorrow, it would be added to the schedule, to this legislation... I would be seeking, if there was a vaccine for COVID-19, to make sure that we could bring this forward, that we could issue a directive, that we could include it in the statements of priorities that go to health

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<sup>672</sup> The Guardian, Ben Doerty (February 2020): 'Australia's coronavirus pandemic plan: mass vaccinations and stadium quarantine'

services to make sure healthcare workers are vaccinated against COVID-19, and that is to protect them as well as the community against a highly transmissible disease.”<sup>673</sup>

These State officials appear quite comfortable with contravening international human rights law. As per Wilyman (2005), “Vaccination is a technological procedure and its adoption in government public health policy, using coercive and mandatory strategies, infringes on the fundamental human right to bodily integrity and informed consent. This right is protected in the Geneva Declaration which includes the physicians oath declaring that they will not use their medical knowledge to ‘violate human rights and civil liberties, even under threat’”<sup>674</sup>

## VICTORIAN GOVERNMENT & BIG PHARMA

The Victorian State Government has previously funded “money for a waste water treatment plant at Port Fairy to enable the expansion of Glaxosmithkline”<sup>675</sup> In 2012, the Victorian Government announced GSK would inject \$60 million and 58 jobs at the Glaxosmithkline Boronia site. A media release said “the Victorian coalition government was supporting GSK to expand its manufacturing and new drug development activities in Victoria.”

During 2013-14 Budget estimates, the Minister for Technology Gordon Rich-Phillips declined to indicate “what level of support, the government had for that facility.”<sup>676</sup>

The Deputy Chair Martin Pakula: “You would be aware of course that this week GSK announced the offshoring of 120 jobs..”

Minister Rich-Phillips: “The government is disappointed, frankly, with the announcement by GSK this week around the closure of that particular line and the loss of those manufacturing jobs in Victoria.”

Regardless of this, in 2015 GSK received an *additional* \$1 million federal government grant for the Boronia facility.<sup>677</sup>

In 2016, the Andrews Government announced it would invest \$4 million into the Medicines Manufacturing Innovation Centre (MMIC), in a partnership between the Victorian Government, Monash University and Glaxosmithkline. <sup>678, 679</sup>

In 2017, The Andrews Government has also funded a \$10 million funding partnership with BioCurate – a collaboration between the University of Melbourne and Monash University. GSK is also developing drugs based on research licensed from the University of Melbourne.<sup>680</sup> The University of Melbourne is partnered with the Doherty Institute.<sup>681</sup>

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<sup>673</sup> Hansard, Victoria, 17th March 2020, Jenny Mikakos (p1031)

<sup>674</sup> J University of Wollongong, Judy Wilyman (2015): ‘A critical analysis of the Australian government’s rationale for its vaccination policy’

<sup>675</sup> Victorian Parliament, Legislative Assembly Fifty-Fourth Parliament First Session, 30th May 2001

<sup>676</sup> Transcript, Public Accounts and Estimates Committee, Inquiry into budget estimates 2013-14

<sup>677</sup> Australian Government, Ministers for the Department of Industry, Science, Energy and Resources (2015): ‘Speech to open GlaxoSmithKline’s new facility in Melbourne’

<sup>678</sup> Monash University: ‘Medicines Manufacturing Innovation Centre’

<sup>679</sup> Victorian Premier Daniel Andrews (2016): ‘New Medicines Manufacturing Centre For Victoria’

<sup>680</sup> University of Melbourne: ‘GSK Developing treatments for rheumatoid arthritis and osteoarthritis’

<sup>681</sup> Monash University (2017): ‘Report highlights key role of two MIPS initiatives in growing Victorian economy’



Image Source:

At the 2017 announcement, the Andrews Government also said it supported a number of other initiatives including “Luring global firms to conduct world-first clinical trials to test new products in Victoria”, although it did not specify how much funding was committed to this or exactly what this entailed.<sup>682</sup>

The Victorian Government also appears to have a financial conflict of interest in ensuring that Victorians stay under lockdown until an (apparently to be mandatory) Covid-19 vaccine is created.

The Victorian Government’s Medicines Manufacturing Innovation Centre (MMIC) is a formal partnership with Monash University and Glaxosmithkline. Glaxosmithkline is collaborating with the University of Queensland, the Doherty Institute and Gates-backed CEPI to fast-track a Covid-19 vaccine. (See ‘CEPI, Gates Foundation & University of Queensland)

The Doherty Institute was founded with Commonwealth and Victorian State Government funding. “The most significant single investment entrusted to the [Melbourne] University was the \$90m contribution to the establishment of the Peter Doherty Institute (PDI) as a \$210 million partnership between the University of Melbourne and Melbourne Health, funded by the Commonwealth Government Education Investment Fund and the Victorian Government.”<sup>683</sup>

The Victorian Government has accountability and financial agreements with Melbourne Health.<sup>684</sup> The Doherty Institute is part of Melbourne Health’s partnership with the University of Melbourne.

The Victorian State Government’s Department of Health and Human Services is also a partner of the Doherty Institute.<sup>685</sup> The Doherty Institute’s services include the Victorian Infectious Diseases Reference Laboratory (VIDRL), which was the first lab in the world to grow the Covid-19 virus outside of China.

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<sup>682</sup> Victorian Premier Daniel Andrews (2017): ‘The Brightest Research Minds, the Next Big Discovery’

<sup>683</sup> Parliament of Australia, Senate Standing Committees on Finance and Public Administration, Emergency Response Fund Bill 2019... (2019): ‘Submission 17: The University of Melbourne’

<sup>684</sup> Victoria State Government, Statements fo Priorities, 2019-20 Statement of Priorities for Melbourne Health’

<sup>685</sup> Doherty Institute: Our Partners

The Victorian Government has committed \$6 million in funding to the Doherty Institute to “to fast-track new treatments and vaccines for COVID-19.”<sup>686</sup>

## VICTORIA: THE POLICE STATE

The state of Victoria has arguably been extremely aggressive in its management of Covid-19 policy. In an echo of a number of US and UK regions, Victorian Police now encourage citizens to report “a suspected breach of public health restrictions” to combat Covid-19. Possible breaches include isolation, mass gatherings and business breaches.<sup>687</sup>



Image source:

In a chilling parallel, ‘reporting on neighbours’ occurred in Nazi Germany and increased the power of the Nazi Secret Police. In 2014, John Whitehead examined the parallels in the post 9/11 US government policy of “See something, say something”.

*“There were relatively few secret police, and most were just processing the information coming in. I had found a shocking fact. It wasn’t the secret police who were*

*doing this wide-scale surveillance and hiding on every street corner. It was the ordinary German people who were informing on their neighbors.”—Professor Robert Gellately*

*“How do you not only track but analyze the transactions, interactions and movements of every person within the United States?*

*The answer is simpler than it seems: You persuade the citizenry to be your eyes and ears. You hype them up on color-coded “Terror alerts,” keep them in the dark about the distinctions between actual threats and staged “training” drills so that all crises seem real, desensitize them to the sight of militarized police walking their streets, acclimatize them to being surveilled “for their own good,” and then indoctrinate them into thinking that they are the only ones who can save the nation from another 9/11.*

*“As historian Robert Gellately points out, a Nazi order requires at least some willing collaborators to succeed. In other words, this is how you turn a people into extensions of the omniscient, omnipotent, omnipresent police state, and in the process turn a citizenry against each other.*

*It’s a brilliant ploy, with the added bonus that while the citizenry remains focused on and distrustful of each other and shadowy forces from outside the country, they’re incapable of focusing on more definable threats that fall closer to home—namely, the government and its cabal of Constitution-destroying agencies and corporate partners.”<sup>688</sup>*

<sup>686</sup> Victorian Premier Daniel Andrews (2020): ‘Victoria Taking Action to Fight Covid-19’

<sup>687</sup> Victoria Police: Contact Us

<sup>688</sup> The Rutherford Institute, John W Whitehead (2014): ‘Turning Americans into Snitches for the Police State: ‘See Something, Say Something’ and Community Policing’

It is my opinion that, in the same way 9/11 turned every person into a suspect terrorist, Covid-19 turns every person into a 'suspect bio-terrorist'. Authorities tell us that "anyone can be an asymptomatic carrier". The only way to determine if you are not a 'Covid-19 Bio-Terrorist' is to be tested, with tests that are of dubious reliability. The Biosecurity Act 2015 allows for 'suspect bio-terrorists' - Australians who "may have" Covid-19 - to be detained indefinitely or receive forced medications or vaccinations. Civil rights, human rights and freedoms are suspended.

Prime Minister Scott Morrison has suspended Parliament. There is no Parliamentary oversight for what is effectively a dissolution of Australia's democracy to what is fast becoming a 'Bio-Surveillance State'.

I note that the US Patriot Act and National Defence Authorisation Act, legislating sweeping new authoritarian powers in the wake of 9/11, were never repealed. The War on Terror, War on Drugs and now- the War on Virus.

Published almost 30 years ago, I believe Noam Chomsky's 'Deterring Democracy' still holds true.

*"Throughout history, the standard device to mobilise a reluctant population has been the fear of an evil enemy, dedicated to its destructions... Within the US, the major issue remains the unraveling of society under the impact of the Reagan-Bush social and economic programs. These reflected a broad elite consensus in favour of a welfare state for the rich even beyond the norm. Policy was designed to transfer resources to privileged sectors, with the costs to be borne by the general population and future generations...*

*It is therefore necessary to divert the public. Two classic devices are to inspire fear of terrible enemies and worship of grand leaders, who rescue us just in the nick of time,...*

*The scenario requires Awe as well as Fear.... Our noble leaders must courageously confront and miraculously defeat the barbarians at the gate so that we can once again "stand tall"... and march towards a New World Order of peace and justice. Since each foreign triumph is in fact a fiasco, the aftermath must be obscured as the government-media alliance turns to some new crusade."*<sup>689</sup>

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<sup>689</sup> Noam Chomsky: (1991) Deterring Democracy



Photo by Tatiana from Pexels

## FINANCIAL DEVASTATION

### A PANDEMIC OF POVERTY

“Whenever the Fed, or other Global Central Banks, have engaged in ‘accommodative monetary policy,’ such as QE and rate cuts, asset prices have risen. However, general economic activity has not, which has led to a widening of the ‘wealth gap’ between the top 10% and the bottom 90%. ... The top 0.1% now own more than the bottom 80% [share of U.S. wealth]”<sup>690</sup>

### MASS DEBT & POVERTY

“As millions upon millions of Americans lose their jobs in the greatest wave of unemployment in U.S. history, the Federal Reserve has decided that now is the time to spend trillions of newly created dollars in a desperate attempt to protect financial asset values.”

“[The] Federal Reserve has sprung into action on a scale unlike anything that we have ever seen before... The Federal Reserve’s balance sheet increased to a record \$6.13 trillion this week as the central bank used its nearly unlimited buying power to soak up assets and keep markets functioning smoothly, even as efforts to contain the coronavirus pandemic cut deeply into employment and economic output.”<sup>691</sup>

Over 22 million US jobs have been lost over a four week period.<sup>692</sup> US Citizens are facing “extreme” food shortages due to supply chain disruptions.<sup>693</sup>

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<sup>690</sup> Zero Hedge (March 2020): ‘Boomer Crisis - Crash Permanently Delays Retirement Plans’

<sup>691</sup> Zero Hedge (March 2020): ‘Deep Economic Suffering Has Erupted All Over America, But Guess Who the Fed is Helping?’

<sup>692</sup> The Washington Post, Heather Long (2020): ‘U.S. now has 22 million unemployed, wiping out a decade of job gains’

<sup>693</sup> WebMD, Debbie Koenig (2020): ‘Food Banks Facing Shortages Due to Coronavirus’

IN April 2020, Alan McLeod for Mintpress News reported that “Hidden away in the Coronavirus Aid, Relief, and Economic Security (CARES) Act is a series of Republican tax cuts that will save the ultra-wealthy \$90 billion in 2020 alone. According to a [report](#) from the Joint Committee on Taxation (JCT), a nonpartisan congressional body, almost *82 percent of the benefits* of the tax breaks will go to just 43,000 Americans who make over \$1 million annually. In contrast, less than three percent will go to the great majority who earn less than \$100,000 per year.”<sup>694</sup> (Emphasis added)

The IMF is predicting the Covid-19 will cause the worst economic downturn since the Great Depression.<sup>695</sup>

In April 2020, Bloomberg Economics reported the IMF would be meeting to ‘survey the wreckage of the global economy. “The guardians of the world economy will come together this week to survey a global picture that’s been turned on its head in the space of a few months.”<sup>696</sup>

The IMF’s disastrous and ill-conceived ‘rescue’ of countries such as Greece and Argentina would indicate countries would be wise not to accept any aid from the world’s self-proclaimed ‘economic guardians’.

## A U S T R A L I A

Investigative journalist Michael West criticised the Australian government’s ‘trickle-down’ Covid-19 emergency measures.<sup>697</sup> “Over the past week the Reserve Bank’s repo holdings have soared to \$20 billion which means they are using taxpayer money to cover the banks’ risk in their mortgage lending books. Most of this is RMBS, bundles of residential mortgages... The Government has delivered control of its money-printing program to the Reserve Bank and the banks.... giving the banks cash for loans (assets) which they are keen to offload.

Question: who will benefit from the Reserve Bank’s massive loan and money-printing program?

Answer: banks, bond traders and corporate customers.”

The Australian Treasury states that “the Government’s total support for the economy to \$320 billion across the forward estimates, representing 16.4 per cent of annual GDP.”<sup>698</sup>

Prime Minister Scott Morrison is now warning that ‘coronavirus hit could be worse than the GFC’.<sup>699</sup>

Australia’s economic weakness, indebtedness and fragility was already present before the Covid-19 outbreak, although it appears that Covid-19 is a convenient excuse for a taxpayer-funded bailout.

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<sup>694</sup> Mintpress News, Alan MacKeod (April 2020): ‘GOP Tax Cuts in Coronavirus Relief Bill Give 82% of Benefits to Millionaires and Billionaires’

<sup>695</sup> ABC News (April 2020): ‘Coronavirus to cause worst economic downturn since Great Depression, IMF forecasts’

<sup>696</sup> Twitter, Bloomberg Economics, April 13th 2020

<sup>697</sup> Michael West Media, Michael West (March 2020): ‘Bankster Bailout: will the trickle-down package trickle beyond the banks and big business?’

<sup>698</sup> Australian Government. The Treasury: ‘Economic Response to the Coronavirus’

<sup>699</sup> The Guardian, Katharine Murphy (2020): ‘Morrison warns coronavirus hit could be worse than GFC amid recession predictions’

As of June 2019, the RBA's figures show that Australian banks had \$48.7 trillion in derivatives exposure, up from \$13.8 trillion pre-Global Financial Crisis.<sup>700</sup> Derivatives are financial gambling instruments which contributed to the GFC.



Image Source:

In a 2010 lecture published on Parliament's website, Dr Peter Brain lays out the "likely consequences of the adoption of the neoliberal model for Australia.... The basic message here is that unless Australia adopts a middle course between the highly successful corporatist state model of development and the extreme neoliberal model that Australia has selected as its development framework then Australia's internal stability and national security could well be severely degraded over the next two decades."<sup>701</sup>

Dr Brain outlined likely consequences included "a vulnerability to negative economic shocks... "Over the years I have criticised the Australian approach to money policy as irresponsible... Left unabated current trends suggest that Australia will be facing increasing external pressure coupled with internal economic malaise and a growing feeling that political institutions are not working. The most recent period that is likely to be similar to the future was in the mid 1970s from a combination of intense Cold War pressure and economic meltdown from an energy crisis."

"To avoid similar circumstances prevailing, Parliament's role is clear. It must be seen and be effective in putting in place institutions and policies which will govern the market in such a way that the current and future challenges are controlled, stemmed and defeated. The consequences of failure to do this are unthinkable in that it will resemble, and perhaps in some ways be more intense than, the political and economic pressure applied to Australia between 1931 and 1942. More intensive is that a large percentage of the population could have a very poor long term expectation of the future..."

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<sup>700</sup> Reserve Bank of Australia: Statistical Tables, Assets and Liabilities, 'Banks - Off-balance Sheet Business'

<sup>701</sup> Parliament of Australia, Papers on Parliament No. 50 (2020): 'Dr Peter Brain 'Governing the Market: Threats to Australia's stability and security'





## THE BIO-SURVEILLANCE STATE

### THE RISE OF STATE & SURVEILLANCE CAPITALISM

I have examined the global, apparently coordinated sweep of digital ‘Bio Surveillance’ in response to the Covid-19 outbreak. Big Tech and governments are partnering to gather unprecedented surveillance and power, in the name of “keeping us safe”.

### CASE STUDY: UK GOVERNMENT & BIG TECH

In response to Covid-19, the UK Government commissioned the NHS to “develop a data platform that will provide those national organisations responsible for coordinating the response with secure, reliable and timely data - in a way that protects the privacy of our citizens - in order to make informed, effective decisions.”

The NHS covid-19 data platform<sup>702</sup> is partnering with Big Tech and AI firms Microsoft, Palantir, Amazon, Faculty (AI) and Google.

#### Microsoft

Data will be stored on Microsoft’s cloud platform, Azure, “to bring multiple data sources into a single, secure location.”

In October 2019, Microsoft was awarded a ten year, \$10 billion contract with the US Department of Defence’s Joint Enterprise Defense Infrastructure cloud project.<sup>703</sup>

“Artificial intelligence, augmented reality and other technologies are raising new and profoundly important issues, including the ability of weapons to act autonomously. As we have discussed these issues with governments,

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<sup>702</sup> UK Government (28th March, 2020): ‘The power of data in a pandemic’

<sup>703</sup> US Department of Defence (2019): ‘Contracts for Oct, 25, 2019’

we've appreciated that no military in the world wants to wake up to discover that machines have started a war."<sup>704</sup>

In 2007, Microsoft launched their own platform for a web-based personal health record system, Microsoft HealthVault. The project was shut down in November 2019. It included a HealthVault Insights app, which used machine learning to analyse patient data to generate new insights about a persons' health.<sup>705</sup>

### Palantir Technologies UK

Palantir is providing the necessary software as a data processor "that powers the front end data platform."

Palantir was launched by Peter Thiel, co-founder of PayPal. Palantir Technologies received start-up funding in 2005 from the CIA's investment arm, In-Q-Tel.<sup>706</sup>

From 2012, Palantir worked with New Orleans police on a controversial and secretive 'pre-crime' project. The project was a predictive policing program, which analysed social media, possible ties to other criminals and "predicted the likelihood that individuals would commit violence or become a victim."<sup>707</sup>

A 2014 patent registered to Palantir Technologies: "A computer-based crime risk forecasting system... for generating crime risk forecasts... the user can more effectively gauge both the level of increased crime threat and its potential duration. The user can then leverage the information conveyed by the forecasts to take a more proactive approach to law enforcement in the affected areas during the period of increased crime threat."<sup>708</sup>

A research paper investigating predictive policing systems outlined this issues of biased data: "Much in the same way, even the best machine learning algorithms trained on police data will reproduce the patterns and unknown biases in police data... In this sense, predictive policing... is aptly named: it is predicting future policing, not future crime.

To make matters worse, the presence of bias in the initial training data can be further compounded as police departments use biased predictions to make tactical policing decisions."<sup>709</sup>

A spokesperson for Palantir confirmed the company is also working with the US Department Health and Human Services and the Centre for Disease Control and Prevention to analyse the agencies' covid-19 data.<sup>710</sup>

Palantir has previously worked with the US National Institute of Health and the FDA.<sup>711</sup>

### Amazon Web Services (AWS)

Amazon 'is helping to provide infrastructure and technologies that are enabling NHSX and its partners to quickly and securely launch the new Covid-19 response platform for critical public services at a time when it is important for public and private sector organisations to work together to combat this crisis.'

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<sup>704</sup> Microsoft, Brad Smith (President) (2018): 'Technology and the US military'

<sup>705</sup> MedCity News, Kevin Truong (2019): 'Microsoft HealthVault is officially shutting down in November'

<sup>706</sup> In-Q-Tel, Portfolio, Palantir Technologies

<sup>707</sup> The Verge, Ali Winston (2018): 'Palantir has secretly been using New Orleans to test its predictive policing policy'

<sup>708</sup> Google Patents, Palantir Technologies (2014): 'Crime risk forecasting'

<sup>709</sup> Kristian Lum and William Isaac (2016): 'To predict and serve?'

<sup>710</sup> Fedscoop, Jackson Barnett (2020): 'Inside Palantir's work with the CDC, HHS to synthesise covid-19 data'

<sup>711</sup> DocWire, Jack Carfago (2018): 'NIH Awards Palantir Technologies with \$7 million contract for Research Data Simplifying Platform'

In 2013, Amazon was awarded a \$600 million, ten year contract to provide cloud computing services to the CIA.<sup>712</sup>

Amazon is currently challenging the Pentagon's 2019 decision to award a \$10 billion IT contract to Microsoft in court, in attempt to secure the contract for themselves.<sup>713</sup>

### Faculty

Faculty is an AI technology specialist that has an existing partnership with the NHS. Will develop “dashboards, models and simulations to provide key central government decision-makers with a deeper level of information about the current and future coronavirus situation to help inform the response.”<sup>714</sup>

### Google

NHS will be using Google's tools “to allow the NHS to collect critical real-time information on hospital responses to Covid-19. Data collected would be aggregated operational data only such as hospital occupancy levels and A&E capacity. It will not include any form of identifiable patient data.”

Google is now publishing COVID-19 Community Mobility Reports, using geolocation data from mobile phone tracking to create worldwide data sets tracking societal changes to provide insights “aimed at flattening the curve of this pandemic.”

“The reports use aggregated, anonymized data to chart movement trends over time by geography, across different high-level categories of places such as retail and recreation, groceries and pharmacies, parks, transit stations, workplaces, and residential.”

“For example, this information could help officials understand changes in essential trips that can shape recommendations on business hours or inform delivery service offerings.”<sup>715</sup>

In June 2019, a whistleblower from Google, software engineer Zac Vorhies, leaked hundreds of internal Google documents to independent media organisation Project Veritas.<sup>716</sup>

The documents revealed Google's “blacklist” - revealing sites which were restricted from appearing on news feeds.

Concerningly, among the blacklisted search phrases are “cancer cure” and “cure cancer”. The documents revealed Google manipulated its algorithms to hide alternative health and alternative medicine sites.

Google's Investment arm, Google Ventures, has \$2 billion under management, over a third of which (36%) is invested in healthcare and medical corporations.<sup>717</sup> Google's ability to manipulate search results may be directed to funnel the public into its own commercial ventures, at the cost to their health or even their life. This is a grotesque conflict of interest.

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<sup>712</sup> The Atlantic, Frank Konkel (2014): 'The Details about the CIA's deal with Amazon'

<sup>713</sup> US Court of Federal Claims, No. 19-1796C (March 6th, 2020)

<sup>714</sup> Faculty AI

<sup>715</sup> Google, 'COVID-19 Community Mobility Report'

<sup>716</sup> Project Veritas (2019): 'Google "Machine Learning Fairness" Whistleblower Goes Public, says: "Burden lifted off my soul"'

<sup>717</sup> CNN, Sara Ashley O'Brien (2014): "Google Ventures: less Ubers, more health care"

Google attempted to launch “Google Health” in 2008, its own online digital health records, where consumers could put their medical records online.<sup>718</sup> The project failed, with Google pulling the plug in 2012. Reasons cited have been privacy concerns and the absence of a clear indication of why the interface was preferable to hospitals/clinicians holding access to patient records.<sup>719</sup>

## BIG TECH & COVID-19 DATA MANAGEMENT

### Facebook

Google's Covid-19 datasets are reminiscent of Facebook's ‘Data for Good’ ‘Disease Prevention Maps’, “designed to help public health organizations close gaps in understanding where people live, how people are moving, and the state of their cellular connectivity, in order to improve the effectiveness of health campaigns and epidemic response.”



Photo by [redacted] on [redacted]

“International agencies and UN organizations like UNICEF and the International Medical Corps can use the demographic estimates from our high resolution population density maps to better plan health commodity distributions such as those that take place on vaccination days or during national bed-net distributions.”<sup>720</sup>

In response to Covid-19, Facebook has made some of their datasets available to the public. Other datasets are “non-public, protected datasets, which are only shared with nonprofits and health researchers”, including Harvard School of Public Health, National TsingHua

University, University of Pavia, Direct Relief, London School of Hygiene and Tropical Medicine.<sup>721</sup>

### Unacast

Unacast has created a daily updated ‘Social Distancing Scoreboard’, which rates US regions from a score between A+ to F, depending on how well they are judged to be reducing ‘non essential visits’ and decreasing ‘average mobility’.<sup>722</sup> Unacast says this information scale will be used “to continue to provide community leaders with valuable, actionable insights.”

Data on reported cases of Covid-19 is sourced from ‘Corona Data Scraper’ and Johns Hopkins. Johns Hopkins covid-19 data reportedly comes from sources including social media and local media reporting.

<sup>718</sup> The Health Care Blog, Keith Schorsch (2008): ‘Google Health and the PHR: Do consumers care?’

<sup>719</sup> PHR Reviews (2012) ‘The downfalls of Google Health’

<sup>720</sup> Facebook, ‘Disease Prevention Maps’

<sup>721</sup> Facebook: ‘Our Work on COVID-19: Disease Prevention Maps’

<sup>722</sup> Unacast: ‘Social Distancing Scoreboard’



Unacast: \*

“grocery, pharmacy, and pet supplies; and “non-essential” comprises all other non-grocery retail goods and services.”

Unacast will soon be releasing future products: ‘Venue Impact Tracker’ “For any given place of interest (such as airports, stadiums, and retail stores), compare traffic patterns to news cycles to determine which fluctuations are the result of COVID-19.”

‘Origin-Destination Flux’: “Measure changes in the human mobility patterns of larger areas, such as movement within neighborhoods or between states.”

Unacast defines essential travel as

Unacast uses data provided by ‘Partners’, from apps that have been downloaded and bluetooth data, to create a ‘location scoreboard’ that

“We may disclose the data provided by the Partners and the data collected by the SDK with third parties such as advertising networks, advertising publishers, and advertisers, research companies, data brokers, financial institutions, data analytics platforms”<sup>723</sup>

Unacast lists MMA as a partner, which is a marketing firm “We invest millions of dollars in rigorous research to enable marketers with unassailable truth and actionable tools.”<sup>724</sup>

MMA Members include Google, Coca Cola, Uber, Mastercard, Amazon, Facebook, eBay.<sup>725</sup>

In order to opt out of the sale of personal information about you, you have to fill out an online form and provide copies of your ID or email Unacast.<sup>726</sup>

## BIG TECH & NARRATIVE CONTROL

As advised in the recommendations of Event 201, social media and big tech giants are playing a role in managing Covid-19 ‘misinformation’, acting as unelected ‘narrative editors’ for billions of people.

Event 201 recommended: “Governments need to work with social media and the private sector to counteract misinformation during the next pandemic to “flood media with fast, accurate, and consistent information....

<sup>723</sup> Unacast, ‘Privacy Statement’

<sup>724</sup> MMA ‘Architecting the Future While Relentlessly Delivering Today’s Business Growth’

<sup>725</sup> MMA ‘Member Directory’

<sup>726</sup> Unacast ‘Opt out’

media companies should commit to ensuring that authoritative messages are prioritized and that *false messages are suppressed including through the use of technology.*<sup>727</sup> (Emphasis added)

Facebook is now using ‘fact-checking organisations’ to rate Covid-19 content. If content is deemed ‘false’, Facebook reduces its distribution and shows warning labels. Facebook said 95% of the time, their warning labels stopped users going on to view the content.

“We’re going to start showing messages in News Feed to people who have liked, reacted or commented on harmful misinformation about COVID-19 that we have since removed. These messages will connect people to COVID-19 myths debunked by the WHO...”<sup>728</sup>

YouTube has now introduced ‘DeMonetisation’ penalties for videos that the platform determines contain ‘medical misinformation’ about covid-19.<sup>729</sup>

“Medical Misinformation: Content that misinforms users about health matters related to COVID-19. This includes content that encourages non-medical tests or exams for COVID-19, or false/unsubstantiated claims about the cause, promotion of dangerous remedies or cures, origin or spread of COVID-19 that contradict scientific consensus.

Examples of this include:

- Government or governments created the virus as a bioweapon
- Corporations created the virus
- COVID-19 is spread via 5G technology
- COVID-19 targets certain ethnic groups
- Content that claims that the pandemic is a hoax, cover-up or deliberate attack

YouTube will also demonetise ‘distressing footage’ of people ‘visibly suffering due to Covid-19, but says “Shots of hospitals or people coughing do not limit monetization, so long as they are fleeting and are to provide context to a story.” Youtube will also demonetise Covid-19 ‘pranks’ that ‘promote medically dangerous activities’. YouTube includes ‘Licking toilet seat challenge’ in their list.

While the attempts to combat ‘disinformation’ may appear admirable, social media giants Facebook, Twitter and Google have been working with or used by U.S. intelligence agencies to conduct politicised ‘digital warfare’ and silence dissent. These operations are funded by various government, multinational corporations and the military industrial complex.

In a March 2020 report, I documented many examples of the systematic manipulation of social media in service of institutional, State and corporate interests. These platforms are weaponised against citizens, under the guise of a benign premise: “for your own good”.

For more information on this matter, refer to my March 2020 Submission to the Senate Select Committee on Foreign Interference Through Social Media (No. 5)<sup>730</sup>

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<sup>727</sup> Event 201 Recommendations: ‘Public-private cooperation for pandemic preparedness and response’

<sup>728</sup> Facebook (March 2020): ‘An Update on Our Work to Keep People Informed and Limit Misinformation About COVID-19’

<sup>729</sup> YouTube/Google: ‘Monetization update on COVID-19 content’

<sup>730</sup> Submission to the Senate Select Committee on Foreign Interference Through Social Media (No. 5 M Harrison)

## COVID-19 AND THE DAWN OF MASS SURVEILLANCE

Whitney Webb's investigative piece 'Techno-Tyranny: How the US National Security State is Using Coronavirus to Fulfill an Orwellian Vision', discusses a document recently acquired through an FOI request.<sup>731</sup>

The document was produced by a US government organisation called the National Security Commission on Artificial Intelligence (NSCAI), which was created by the 2018 Defence Authorization Act. The recently released NSCAI document is a May 2019 presentation entitled "[Chinese Tech Landscape Overview.](#)"

Webb documents NSCAI official purpose is "to consider the methods and means necessary to advance the development of artificial intelligence (AI), machine learning, and associated technologies to comprehensively address the national security and defense needs of the United States."

*"Throughout the presentation, the NSCAI promotes the overhaul of the U.S. economy and way of life as necessary for allowing the U.S. to ensure it holds a considerable technological advantage over China, as losing this advantage is currently deemed a major "national security" issue by the U.S. national security apparatus. This concern about maintaining a technological advantage can be seen in several other U.S. military documents and think tank reports, several of which have warned that the U.S.' technological advantage is quickly eroding.*

Webb writes that the document insinuates that "structural factors" are impeding US "fourth industrial revolution" development. *"Chief among the troublesome "structural factors" highlighted in this presentation are so-called "legacy systems" that are common in the U.S. but much less so in China. The NSCAI document states that examples of "legacy systems" include a financial system that still utilizes cash and card payments, individual car ownership and even receiving medical attention from a human doctor."*

*"The document also defines another aspect of government support as the "clearing of regulatory barriers." This term is used in the document specifically with respect to U.S. privacy laws, despite the fact that the U.S. national security state has long violated these laws with near complete impunity. However, the document seems to suggest that privacy laws in the U.S. should be altered so that what the U.S. government has done "in secret" with private citizen data can be done more openly and more extensively. "*

*"The NSCAI document also touches on the area of healthcare, calling for the implementation of a system that seems to be becoming reality thanks to the current coronavirus crisis... One reason for this is also that China has "far too few doctors for the population" and calls having enough doctors for in-person visits a "legacy system." It also cited U.S. regulatory measures such as "HIPPA compliance and FDA approval" as obstacles that don't constrain Chinese authorities."*

*"More troubling, it argues that "the potential impact of government supplied data is even more significant in biology and healthcare," and says it is likely that "the Chinese government [will] require every single citizen to have their DNA sequenced and stored in government databases, something nearly impossible to imagine in*

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<sup>731</sup> The Last American Vagabond, Whitney Webb (April 2020): 'Techno-Tyranny: How the US National Security State is Using Coronavirus to Fulfill an Orwellian Vision'

*places as privacy conscious as the U.S. and Europe.” It continues by saying that “the Chinese apparatus is well-equipped to take advantage” and calls these civilian DNA databases a “logical next step.”*

The worldwide push for mass testing for Covid-19 appears a troubling development, given that the tests collect genomic information. The genetic information from simple commercial swab tests has formerly been harvested and used by organisations such as the Gates Foundation. Covid-19 has pushed the adoption of facial recognition, surveillance tracking and biometric surveillance on a massive scale that would have previously been unthinkable in a democratic society.

*Webb: “As can be seen in the list above, there is a considerable amount of overlap between the NSCAI and the companies currently advising the White House on “re-opening” the economy (Microsoft, Amazon, Google, Lockheed Martin, Oracle) and one NSCAI member, Oracle’s Safra Katz, is on the White House’s “economic revival” taskforce. Also, there is also overlap between the NSCAI and the companies that are intimately involved in the implementation of the “contact tracing” “coronavirus surveillance system,” a mass surveillance system promoted by the Jared Kushner-led, private-sector coronavirus task force. That surveillance system is set to be constructed by companies with deep ties to Google and the U.S. national security state, and both Google and Apple, who create the operating systems for the vast majority of smartphones used in the U.S., have said they will now build that surveillance system directly into their smartphone operating systems.”*

Webb says that, given the overlap of leaders involved in both NSCAI, and controversial high level pandemic simulations Dark Winter Event 201 and Crimson Contagion;

*“... it is worth asking if those who share the NSCAI’s vision saw the coronavirus pandemic early on as an opportunity to make the “structural changes” it had deemed essential to countering China’s lead in the mass adoption of AI-driven technologies, especially considering that many of the changes in the May 2019 document are now quickly taking place under the guise of combatting the coronavirus crisis.”*

## MASS COVID-19 TESTING

Mass testing of COVID-19 is demanded by WHO and appears to be being rolled out in Australia, with TGA fast-tracking test kit approval.

WHO chief Tedros Adhanom Ghebreyesus said... “we have not seen an urgent enough escalation in testing, isolation and contact tracing, which is the backbone of the response”.

The WHO, he said, was urging countries to: “Test, test, test. Test every suspected case.”<sup>732</sup>

One of the preferred tests is from US Manufacturer Cepheid, GenExpert’s Xpert Xpress SARS-CoV-2. GenExpert has previously collaborated with WHO and USAID, UNITAID and the Gates Foundation to heavily push expansion of the system into developing nations. It has received funding from the Gates Foundation.<sup>733</sup>

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<sup>732</sup> news.com.au, Sarah McPhee (March 2020): Coronavirus Australia: Test kits approved giving results in 15 minutes

<sup>733</sup> Clinton Foundation: Developing New Tools to Fight Tuberculosis



Australian genomic laws give the rights to de-identified genetic data material to the laboratory that performs the test. GenExpert's testing is not performed in a lab, but uses a company desktop machine. (Although it is questionable just how long the data would remain de-identified.)<sup>734</sup>

The Gates Foundation is heavily involved in gene editing technology. The Foundation has previously used genetic material taken from the databases of a commercial company 23andme (Google funded company which uses a saliva swab to determine a client's ancestry)<sup>735</sup>, to perform "deep gene sequencing and sophisticated bioinformatic analysis". Eventually the Foundation wants to deliver gene-editing components via injection into people.<sup>736</sup>

In 2014, the WHO issued ethics guidelines for testing genetically modified mosquitos. In 2016, The Gates Foundation, DARPA and the National Institutes of Health built on these, co-funding recommendations for 'responsible conduct' in gene-driven research on animals.<sup>737</sup> Next stop, humans.

Gates has stated he wants a 'disease surveillance' database, including in the Covid-19 response.<sup>738</sup> He says a "digital certificate" would be created to determine COVID-19 immunity, and eventually vaccination<sup>739</sup>.

Gates-funded Gavi, the Vaccine Alliance, and ID2020 say that global digital identity technology is intended to be linked to vaccination and immunity certificates.

In 2018, Gates-founded Microsoft announced they would be joining the ID2020 alliance, "a global Alliance whose goal is to create universal digital identities for everyone."<sup>740</sup>

The World Bank has pushed for universal digital identity for several years, saying this is in line with the UN's Sustainable Development Goals (of which Australia is a signatory to.)<sup>741</sup>

Microsoft announced that, as a founding member of the ID2020 Alliance, its developers would be working to create a blockchain based identity system, as a "shared database that is concisely reconciled", that "would allow interoperability of people, apps, products and services across cloud providers, other blockchains and organizations."

Microsoft goes on to ask, "If the Alliance's goal is a globally recognized digital identity for everyone from birth to death, *will that become a global mandate?* How will it be enforced and by whom? What happens to those individuals who are unwilling to participate? *Will they be persecuted?* And how will the implementation of identification evolve with technology beyond smartphones? Will wearables, implant's like those being used in Swedish subways or some form of digital tattoo become the norm?"

"As more and more transactions become digital in nature and *are built around a single global identification standard, supported by Microsoft*, the question of **who will govern** this evolving global community and

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<sup>734</sup> Australian Genomics Health Alliance: Privacy laws and sharing of genomic and health data

<sup>735</sup> CNBC, Christine Farr (2018): '23andMe is gauging interest in a \$749 'premium' service that would offer deeper health data'

<sup>736</sup> Bill & Melinda Gates Foundation (2017): Press Room, Speeches

<sup>737</sup> Foreign Affairs, Bill Gates (2018): 'Gene editing for Good'

<sup>738</sup> GatesNotes, Bill Gates (2020): 'How to respond to COVID-19'

<sup>739</sup> Bill Gates (2020): '31 questions and answers about COVID-19'

<sup>740</sup> Windows Central, Jason Ward (2018): 'Microsoft, the ID2020 Alliance, universal digital identification and you'

<sup>741</sup> Privacy International (2018): The Sustainable Development Goals, Identity, and Privacy: Does their implementation risk human rights?

economy becomes relevant. Especially since nonparticipants in this system *would be unable to buy or sell goods or services.*” (Emphasis added)

The Gates Foundation has funded MIT research that uses ‘quantum dot tattoos’ on the skin, that can be digitally scanned to determine if someone has been vaccinated or not.<sup>742</sup>

In 2017, Gates says that his Foundation is using genetics to make “insurance policy” vaccines that they “hope [they] never have to use”. Although I note that with the Foundations’ substantial investments into biotech and pharmaceutical companies, this would be a wasted financial opportunity.

“Meanwhile, to eliminate the last vestiges of polio, we are using genetic sequencing to track the movement of polio.... We also are working with a team of genetic researchers on a new polio vaccine – one we hope we never have to use... This new vaccine candidate is kind of an insurance policy in the unlikely event of a future outbreak... I love vaccines. Once you have a good one, they’re an incredibly cost-effective way to save lives and improve health.”<sup>743</sup>

## COVID-19: MASS BIO-SURVEILLANCE

The Rockefeller Foundation, along with the Gates Foundation, funded the Commission on a Global Health Risk Framework for the Future (GHRF), which initiated a 2016 investigation into pandemics, the “underlying neglect of health systems around the globe” and “the associated peril for economies and security.” The investigation concluded in a 2016 report ‘The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises’<sup>744</sup>

The investigation concluded that global health security is a ‘global public good’, that the threat of pandemics should be considered as a national security issue, and that nations should give WHO more power and funding. (See ‘Pandemic/GHRF’)

Now, several years later, The Rockefeller Foundation has published their recommended policy response to Covid-19. Their answer to ‘restart the economy’ is mass genetic testing, bio-surveillance and the launch of a ‘Covid-19 Community Health Care Corps’ - a disturbingly militarised mass-testing and surveillance program. This includes using medical health records, digital tracking of workforces and resting heart rate and temperature trends, in a ‘privacy-centric’ [not private] program.

The Rockefeller Foundation conducted an April 9th Roundtable on “Fast-Track Testing to Restart the Economy”. This included representatives from the Rockefeller Foundation, pharmaceutical companies and Johns Hopkins and the Johns Hopkins Center for Health Security, which have been key players in the Covid-19 event. (See ‘Event 201/Johns Hopkins’).<sup>745</sup>

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<sup>742</sup> Science Alert, Victor Tangermann (2019): An Invisible Quantum Dot ‘Tattoo’ Could Be Used to ID Vaccinated Kids

<sup>743</sup> Gates Foundation: Press Room, Speeches (2017)

<sup>744</sup> Commission on a Global Health Risk Framework for the Future (2016): ‘The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises’

<sup>745</sup> Rockefeller Foundation: ‘National Covid-19 Testing Action Plan’

It is apparent that the public is expected to believe that the Rockefeller Foundation is suddenly concerned about the plight of millions of people impoverished by the government-imposed economic lockdown. The Foundation's 'compassion' has prompted them to present a 'spontaneous' solution - that people will be allowed back to work if they submit to mass genetic and biological surveillance. (Below: Emphasis added)

"Covid-19 has infected hundreds of thousands of Americans and affected millions more around the world... And while locking down our economy is crucial for saving lives now, it has tremendous consequences for the poorest among us... In the face of an ineffective nationally-coordinated response, insufficient data, and inadequate amounts of protective gear and testing, we need an exit plan. *Testing is our way out of this crisis...* Any plan to do so must win the faith of private and public sector leaders across the country, and of individual Americans that they and their loved ones will be safer when we begin to return to daily life... The Rockefeller Foundation exists to meet moments like this." (Although this presumption may be challenged, as the Rockefeller Foundation was previously involved in illegal medical experimentation on vulnerable groups of people, which were compared to Nazi experiments in Auschwitz.<sup>746</sup>)

"Our National Covid-19 Testing Action Plan lays out the precise steps necessary to enact robust testing, tracing, and coordination to more safely reopen our economy – starting with a *dramatic expansion of testing* from 1 million tests per week to initially 3 million per week and then 30 million per week... a public-private testing technology accelerator..."

"The plan also includes: launching a Covid Community Healthcare Corps so every American can easily get tested with privacy-centric [note - '*privacy-centric*', **not** private] contact tracing; a testing data commons and digital platform to track Covid-19 statuses, resources, and effective treatment protocols... and a Pandemic Testing Board... to bridge divides across governmental jurisdictions and professional fields." [Does this indicate a recommendation of a supranational 'Pandemic Testing Board?]

"At least 100,000 people and perhaps as many as 300,000 must be hired to undertake a *vigorous campaign of test administration and contact tracing*, and they must be supported by computer systems networked with regional and national viral datasets and as many *electronic health records* from local hospital systems as can be provided."

"Real-time analyses of resource allocations, disease tracing results and *patient medical records* will enable policy makers and researchers to make best use of available resources to identify the *most promising areas for surges in testing volumes* to snuff out Covid-19 recurrent outbreaks and identify the most promising therapeutic treatments and algorithms."

"*When integrated into national and state surveillance systems*, such innovations may enable the same level of outbreak detection with fewer tests. Promising techniques include *anonymous digital tracking of workforces or population-based resting heart-rate and smart thermometer trends*; continually updated epidemiological data modeling; and *artificial intelligence projections* based on clinical and imaging data. [I note Palantir's contract with the UK government to manage their Covid-19 data response. Palantir uses artificial intelligence to conduct 'predictive policing' in New Orleans.]

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<sup>746</sup> PR Newswire, Meridian 361 International Law Group (2015): 'Rockefeller, Johns Hopkins Behind Horrific Human Syphilis Experiments, Allege Guatemalan Victims In Lawsuit'

Note: It appears widespread mass testing and submitting to 'privacy-centric' (not private) biological/genetic surveillance is to be the 'carrot' offered to starving people so that they can go back to work.

"Monitoring the pandemic and adjusting social distancing measures will require launching *the largest public health testing program in American history*. Successful implementation of a national plan to fast-track Covid-19 testing *should allow the country to reopen* and respond to recurrent outbreaks. The effort will ultimately grow to billions of dollars per month... [Note: Taxpayer funding going to Big Tech and Big Pharma.] But *with widespread business closures* costing the country \$350 billion to \$400 billion each month, *the expense will be worth it*. This testing infrastructure is intended to tide the country over *until a vaccine or therapy* is widely available."

The Rockefeller Foundation published a 2010 paper 'Scenarios for the Future of Technology and International Development'. The first scenario titled 'Lockstep', described as: "A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback..."<sup>747</sup>

As described in chapter 'Pandemic', 'Lockstep' is a disturbing reflection of the Covid-19 outbreak. It details a novel zoonotic influenza pandemic which spreads across the world, crashing the global economy: "Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers." China enforces mandatory quarantine on its citizens. "The United States's initial policy of "strongly discouraging" citizens from flying proved deadly in its leniency, accelerating the spread of the virus not just within the U.S. but across borders... During the pandemic, national leaders around the world flexed their authority and imposed airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified. In order to protect themselves from the spread of increasingly global problems—from pandemics and transnational terrorism to environmental crises and rising poverty—leaders around the world took a firmer grip on power. At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty—and their privacy—to more paternalistic states in exchange for greater safety and stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and national leaders had more latitude to impose order in the ways they saw fit. In developed countries, this heightened oversight took many forms: biometric IDs for all citizens, for example, and tighter regulation of key industries whose stability was deemed vital to national interests."

Lockstep concludes: "At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty—and their privacy—to more paternalistic states in exchange for greater safety and stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and national leaders had more latitude to impose order in the ways they saw fit. In developed countries, this heightened oversight took many forms: biometric IDs for all citizens, for example, and tighter regulation of key industries whose stability was deemed vital to national interests. In many developed countries, enforced cooperation with a suite of new regulations and agreements slowly but steadily restored both order and, importantly, economic growth."

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<sup>747</sup> The Rockefeller Foundation (2010): 'Scenarios for the Future of Technology and International Development'



Photo by

## HUMAN RIGHTS VIOLATIONS

### SUSPENSION OF CIVIL LIBERTIES IN THE COVID-19 OUTBREAK

The cover of the Covid-19 outbreak has enabled a sweeping, global power transfer and the swift and sudden arrival of the police state. The social contract between the public and the government has been violated. I believe the power balance between State and citizen may have been irreparably altered.

Many of the articles referenced below were compiled by the 'Empire Monitor' in their evolving Covid-19 piece: 'The Fascist Take-over'<sup>748</sup>

## COVID: HUMAN RIGHTS VIOLATIONS

Many countries, including Australia, are imposing draconian lockdown laws- purportedly to combat Covid-19. In contrast, the countries of South Korea, Taiwan, Brazil, Japan, Singapore and Sweden have not imposed lockdowns. These countries have adopted different approaches such as rigorous testing, increasing health clinic and testing networks and contact tracing.<sup>749, 750</sup> The methods have been demonstrated to be highly effective, given these countries' low mortality rate for Covid-19.

Tokyo Governor Yumiko Koike said that Japanese law makes it impossible to impose a shutdown. "Because Japan's law puts emphasis on protecting personal rights, a lockdown is impossible," Koike said in an interview on Friday, adding that she can ask for "no more than voluntary restraint." Earlier in the day, she again urged the public to stay home at the weekend."<sup>751</sup>

<sup>748</sup> Medium, Empire Monitor: 'The Fascist Takeover'

<sup>749</sup> BBC News, Laura Bicker (March 2020): 'Coronavirus in South Korea: How 'trace, test and treat' may be saving lives'

<sup>750</sup>Wired, Adam Rogers (March 2020): 'Singapore was ready for Covid-19- other countries, take note'

<sup>751</sup> Nikkei Asian Review, Akane Outs (April 2020): 'Tokyo governor says lockdown in Japan is 'impossible'

Taiwan's government has remained highly transparent, which stopped the rapid growth of infection. The Mises Institute reported: "The type of quarantines established by the Taiwanese government are mostly self-quarantines. The Taiwanese government acknowledges that it is crucial to rely on people's voluntary actions to resist the pandemic.... the Taiwanese government's policy is not to take preventive measures to stop the outbreak by impeding economic activities... The Taiwanese government is controlling the spread of the infection with flexible policies, which leave much room for individuals to take initiative and make their own decisions. Each individual can take the most appropriate measures for their own situation, having their own incentives to be cautious... This flexibility in containment and transparency policies has led to a high degree of individual responsibility."<sup>752</sup>

In the United Kingdom, new "police guidelines" dictate 'reasonable' reasons for citizens to leave home. *Unreasonable* reasons include: Driving for a prolonged period with only brief exercise, a short walk to a park bench, when the person remains seated for a much longer period, a person who can work from home choosing to work in a local park, a person knocking on doors offering to do cash- in-hand work. These "reasons" are not in the Covid-19 law. They are effectively enforceable "guidelines" and police officers can use their own discretion to fine or prosecute citizens. It is unclear how this is legally valid.<sup>753</sup>

## COVID:19 INTERNATIONAL SUSPENSION OF HUMAN RIGHTS

The Guardian reported on Covid-19 lockdowns around the world, citing "violence and humiliation" used by police to enforce lockdowns and curfews.<sup>754</sup>

These included:

- A thirteen year old child shot and killed as police enforced a curfew in Nairobi
- Workers in India sprayed with a 'disinfectant' bleaching agent which can damage the eyes, skin and lungs.
- In Punjab "people accused of breaking quarantine rules were made to do squats while chanting: "We are enemies of society. We cannot sit at home."
- In Paraguay, police threatened people with tasers and applied humiliating tactics to citizens who broke isolation rules.
- In Paraguay, social isolation means that the poorest citizens risk dying of starvation.
- In the Phillipines, police punished curfew breakers by trapping them in dog cages and forcing them to sit in the midday sun.
- In Kenya, police allegedly reinforcing lockdowns have fired teargas and attacked people with batons.

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<sup>752</sup> Mises Institute, Javier Carames Sanchez (March 2020): 'Why Taiwan hasn't shut down its economy'

<sup>753</sup> National Police Chiefs' Council: 'What constitutes a reasonable excuse to leave the place where you live'

<sup>754</sup> The Guardian, Rebecca Ratcliffe (April 2020): 'Teargas, beatings and bleach: extreme Covid-19 lockdown controls around the world'

## Australia

As reported by the Guardian, Australian citizens are subject to a range of lockdown laws, some of which include large fines and imprisonment for breaching them.<sup>755</sup> This deprivation of civil liberties contravenes human rights law and does not appear to adhere to the protection laid out in the Siracusa Principles. (See 'Biosecurity Act') New South Wales residents risk a fine of \$11,000 or six months imprisonment for leaving their homes without a 'reasonable excuse'.

A limit of two people gatherings has been enforced in many states. Citizens may have to prove to police "why they are out of the home or prove a group are members of the same household..."



Photo by on

Western Australia has divided the state into nine regions, which citizens can not move between "without good reason". Western Australian Premier Mark McGowan has said "drones would also be used to break up gatherings, flying over beaches, parks and other likely social hotspots and broadcasting messages about social distancing rules through speakers. The premier is also seeking to pass laws that will allow police to compel someone who fails to comply with a self-isolation order

to wear an electronic device and make it a criminal offence to purposefully cough or sneeze on a healthcare worker or emergency service worker if you have Covid-19."

In an echo of a number of US and UK regions, Victorian Police now encourage citizens to report "a suspected breach of public health restrictions" to combat Covid-19.

Possible reportable breaches include isolation, mass gatherings and business breaches.<sup>756</sup>

Australian citizens have been fined \$1000 by police for "Eating a kebab on a bench, washing car windscreens at an intersection or sitting in a stationary car..."<sup>757</sup>

## USA

The US Department of Justice has asked Congress for the ability to detain people indefinitely without trial during emergencies, suspending habeas corpus. The request says "affecting pre-arrest". Norman L. Reimer, executive director of the National Association of Criminal Defense Lawyers: "So that means you could be arrested and never brought before a judge until they decide that the emergency or the civil disobedience is over. I find it absolutely terrifying. Especially in a time of emergency, we should be very careful about granting new powers to the government."<sup>758</sup>

The Department of Justice said that people who "intentionally spread the coronavirus could face criminal charges under federal terrorism laws...In a [memo to top Justice Department leaders](#), law enforcement agency

<sup>755</sup> The Guardian, Boseley and Knaus (April 2020): 'Australia's strict new coronavirus social distancing rules explained: state by state guidelines'

<sup>756</sup> Victoria Police: Contact Us

<sup>757</sup> The Guardian, Michael McGowan and Ben See (April 2020): 'Man eating kebab on bench among 50 people fined in NSW and Victoria for violating coronavirus laws'

<sup>758</sup> Politico, Betsy Woodruff Swan (March 2020): 'DOJ seeks new emergency powers amid coronavirus pandemic'

chiefs and U.S. Attorneys across the country, Deputy Attorney General Jeffrey Rosen said prosecutors and investigators could come across cases of “purposeful exposure and infection of others with COVID-19.”<sup>759</sup>

The militarised language of US officials responding to Covid-19 is reminiscent of the ‘war on terror’. On 18th April, 2020 ABC reported that “Homeland Security warns grocery stores, gas stations, COVID-19 testing sites of potential terror threats... The U.S. Department of Homeland Security wants grocery stores, gas stations and even COVID-19 testing sites to be aware that they could be targeted, though such an event may be unlikely.”<sup>760</sup>

The US response to Covid-19 has included a number of measures which impact civil liberties:

- Apps that allow neighbours to report breaches of social distancing policy to the police.<sup>761</sup>
- Small retail businesses deemed “non-essential” facing criminal prosecutions just for being open.<sup>762</sup>
- Californians are required to stay home except to get food, care for a relative or friend, get necessary health care, or go to an essential job, breaches attract a \$1,000 fine or six months prison.<sup>763</sup>
- In Rhode Island, the National Guard is going door to door collecting information and checking for social distancing breaches.<sup>764</sup>
- Louisville is placing GPS ankle tracking on residents who refuse to adhere to quarantine rules after exposure to coronavirus, and threatening them with criminal charges.<sup>765</sup>
- California Governor Gavin Newsom says he is prepared to enact martial law in response to Covid-19.<sup>766</sup>
- Newsom has also given California’s chief justice “extraordinary powers, including the right to suspend laws.”<sup>767</sup>
- Police in California are considering using drones with speakers and night vision cameras to respond to the coronavirus outbreak.<sup>768</sup>
- In New York, police officers arrested three people after they allegedly “failed to maintain social distancing.” One of those arrested for ‘failing to social distance’ then spent the next 36 hours sharing a cell with two dozen women.<sup>769</sup>

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<sup>759</sup> Politico, Josh Gernstein (March 2020): ‘Those who intentionally spread coronavirus could be charged as terrorists’

<sup>760</sup> ABC News, Eileen Frere (2020): ‘Homeland Security warns grocery stores, gas stations, COVID-19 testing sites of potential terror threats’

<sup>761</sup> Patch Bellevue, WA, Charles Woodman (March 2020): Bellevue Police Ask Neighbours to Report ‘Stay Home’ Violations’

<sup>762</sup> Deadline, Bruce Haring (4/4/2020): ‘Los Angeles prosecutes four shops for criminal violations of the ‘Safer at Home’ Program’

<sup>763</sup> Twitter, 4/4/2020, San Diego Sheriff

<sup>764</sup> New York Post, Associated Press (March 2020): ‘Rhode Island begins door to door checks for New Yorkers fleeing coronavirus’

<sup>765</sup> Just the News, Daniel Payne (April 2020): ‘Louisville placing ankle monitors on residents exposed to coronavirus who won’t stay home’

<sup>766</sup> The Independent, via Yahoo News, Danielle Zoellner (March 2020): ‘Coronavirus: California prepared to enact martial law if it’s a ‘necessity’, governor says’

<sup>767</sup> Los Angeles Times, Maura Dolan (March 2020): ‘Governor gives chief justice broad powers, including suspending laws, during coronavirus crisis’

<sup>768</sup> Fox News, David Aaro (March 2020): ‘Police in California city consider new ways to use drones during coronavirus outbreak’

<sup>769</sup> The Intercept, Alice Speri (April 3rd, 2020): ‘NYPD’s Aggressive policing risks spreading the coronavirus’



## Israel

Israel's Prime Minister Benjamin Netanyahu has "authorized the country's internal security agency to tap into a vast and previously undisclosed trove of cellphone data to retrace the movements of people who have contracted the coronavirus and identify others who should be quarantined because their paths crossed."<sup>770</sup>

"Under cover of Israel's aggressive campaign to contain the coronavirus, Netanyahu has postponed the start of his criminal trial, assumed unprecedented surveillance powers with no parliamentary oversight and, most grievously of all, prevented the newly elected Knesset from convening. Netanyahu, in essence, is refusing to accept the results of the elections, which gave his rivals a 61-seat absolute majority."<sup>771</sup>



Image Source:

Israel's public health services chief, Sigal Sadetsky, said that the key to eradicating the coronavirus pandemic was the enforcement of isolation measures, clarifying: "A lockdown and personal monitoring of people, and a total halt to personal freedoms."<sup>772</sup>

## Hungary

Hungarian Parliament "effectively disempowered itself in the Corona crisis. Prime Minister Viktor Orban's controversial emergency law was passed on Monday by a two-thirds majority of the right-wing ruling government party Fidesz in parliament. It allows Orban to govern by infinite decree."<sup>773</sup>

The Washington Post reported, "The "coronavirus bill," which allows Orban to rule by decree and bypass the national assembly, passed by 137 to 53 votes despite opposition efforts to attach an expiration date on the state of emergency. The law also punishes those who "distort" or publish "false" information on the outbreak with five years in jail."<sup>774</sup>

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<sup>770</sup> The New York Times, Halbfinger, Kershner and Bergman (March 2020): 'To track coronavirus, Israel moves to tap secret trove of cellphone data'

<sup>771</sup> Haaretz, Chemi Shalev (March 2020): 'Americans Beware: Trump Could Emulate Netanyahu's Coronavirus Coup'

<sup>772</sup> Haaretz, Landau and Lis (March 2020): 'Total suspension of individual freedom: Inside Israel's secret coronavirus debate'

<sup>773</sup> Kronen Zeitung (March 2020): 'Prime Minister Orban disempowers the Hungary parliament'

<sup>774</sup> The Washington Post, Loveday Morris (March 2020): 'Hungary's 'coronavirus bill' hands Orban unchecked power'

## Denmark

Denmark's parliament "unanimously passed an emergency coronavirus law which gives health authorities powers to force testing, treatment and quarantine with the backing of the police", although only 95 out of the 179 Danish MPs were present to vote on the law.

"As well as enforcing quarantine measures, the law also allows the authorities to force people to be vaccinated, even though there is currently no vaccination for the virus.

It also empowers them to prohibit access to public institutions, supermarkets and shops, public and private nursing homes and hospitals, and also to impose restrictions on access to public transport."<sup>775</sup>

## Italy

A resident of Italy, Ludovica Iaccino wrote for Newsweek: "Police units are patrolling the streets to ensure we only leave our homes for work and health-related reasons. We can go out for a stroll, to buy food and medicines, but we must fill and carry certificates stating our reasons. If caught out for no valid reasons or without a certificate, we will be fined and face up to three months in jail."<sup>776</sup>

DW reported: "After shutting down all non-essential factories and companies in the country, Italy is looking at highly specific measures to control the coronavirus outbreak. In the hardest-hit region of Lombardy, the government has banned any exercise that cannot be carried out on personal property and set a radius for how far people can take their dogs for a walk: 200 meters. Fines for violations have been raised to €5,000 (\$5,345)."<sup>777</sup>

Armed Italian police have begun to protect Sicilian supermarkets after looting from people who can no longer afford food.<sup>778</sup>

## United Kingdom

UK police are allowed to use 'reasonable force' against citizens who refuse to obey lockdown orders, and "people are allowed to leave their homes only to purchase essentials and to exercise once a day."<sup>779</sup>

The UK Government stated "New public health regulations will strengthen enforcement powers to reduce the spread of coronavirus... If an individual continues to refuse to comply, they will be acting unlawfully, and the police may arrest them where deemed proportionate and necessary."<sup>780</sup>

Sky News reported: "More than 10,000 British soldiers, sailors and airmen could be put on standby in the coming weeks as the coronavirus crisis worsens.... At the extreme end, proposals have even been considered to cope with the breakdown of civil society.

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<sup>775</sup> The Local, DK (March 2020): 'Denmark rushes through emergency coronavirus law'

<sup>776</sup> Newsweek, Ludovica Iaccino (March 2020): 'I haven't left my house in three weeks'. Life under Italy's coronavirus lockdown'

<sup>777</sup> DW: 'Coronavirus last: Angela Merkel to quarantine after meeting infected doctor'

<sup>778</sup> The Local (March 2020): 'We have to eat': Sicilian police crackdown on locals looting supermarkets'

<sup>779</sup> Business Insider, Kevin Coombs (March 2020): 'Police in the UK will be allowed to use force against people who refuse to obey the coronavirus lockdown'

<sup>780</sup> UK Government, Press Release (March 2020): 'Police given new powers and support to respond to coronavirus'

"It feels like we're getting ready for war, but this time at home," one senior source familiar with the plans told Sky News.... Some of the anticipated scenarios include personnel backing up the police force, protecting major buildings and locations... There are also plans for soldiers to protect quarantine zones with the police, if that ever came into force.<sup>781</sup>

The British Ministry of Defence Secretary, Ben Wallace said, "The men and women of our armed forces stand ready to protect Britain and her citizens from all threats, including Covid-19..."<sup>782</sup>

In the Isle of Man, a homeless man was arrested after allegedly failing to self-isolate... Police said the man had been "detained for his safety and the safety of the community."<sup>783</sup>

The UK's Coronavirus Bill legislation is time limited for two years, with the government able to "switch on and off" their new powers as needed.<sup>784</sup>

UK civil liberties group Big Brother Watch warned that Bill's powers are "unprecedented, unexplained and simply unjustified... "This is no time for parliamentarians to abdicate their vital function of scrutiny. These extraordinary powers risk permanently rebalancing the relationship between citizens and the state. This crisis requires the public's courage and co-operation, not our criminalisation. These are the most draconian powers ever proposed in peace-time Britain and they require urgent review and reform.""<sup>785</sup>

Big Brother Watch warned the Bill:

- "Empowers police, immigration officers and public health officials to demand documentation; detain and isolate members of the public potentially indefinitely, including children; and forcibly take biological samples for testing
- Permits prohibition of public events and gatherings without standard protections for strikes and industrial action that exist in the Civil Contingencies Act 2004
- Weakens safeguards on the exercise of mass surveillance powers by quadrupling time review limits for urgent warrants"

UK Police have released footage of officers removing sunbathers from a London park: "Can you all go home please," one officer can be heard saying. "It's not a holiday, it's a lockdown." The footage demonstrates people are notably not crowded, but are sitting well spaced out on the grass.<sup>786</sup>

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<sup>781</sup> SkyNews, Alistair Bunkall (March 2020): 'Coronavirus: Thousands of armed forces could be put on stand by over COVID-19 spread'

<sup>782</sup> The Guardian, Siddique, Booth (March 2020): '10,000 extra troops to join British army's Covid support force'

<sup>783</sup> BBC News (March 2020): 'Coronavirus: No prosecution for man who 'failed to self-isolate'

<sup>784</sup> UK Government (March 2020): 'What the Coronavirus Bill will do'

<sup>785</sup> Big Brother Watch (march 2020): 'Emergency coronavirus bill "most draconian powers in peace-time Britain'

<sup>786</sup> Guardian, Coronavirus Live updates, 25th March 2020

The Argus reported: “Sussex Police and Crime Commissioner Katy Bourne said: “The new powers to detain uncooperative people who may pose a health risk to others is a necessary and proportionate step during unprecedented times.”<sup>787</sup>

The Guardian reported criticisms of the UK Coronavirus Bill: “Emergency measures to tackle the coronavirus will put disabled and older people at risk, charities and human rights experts are warning... [the] bill will temporarily remove the legal duty on councils to provide social care to all who are eligible... Clauses in the bill... suspend existing duties requiring councils to meet the eligible needs of vulnerable older people, disabled people, and care leavers moving into adult social care... A separate clause in the coronavirus bill temporarily amends the Mental Health Act to make it easier to section people into mental health facilities, and to keep them detained there for longer periods...”<sup>788</sup>



Image Source:

UK police are using drones and roadblocks to enforce lockdown, to prevent people to walk their dogs and exercise, even though the Government’s guidelines did not prohibit driving somewhere for exercise or dog walking.<sup>789</sup>

UK Humberside police has created an online reporting portal where people can send details of people that aren’t complying with social distancing rules.<sup>790</sup>

UK police reported a surge in calls from people reporting their neighbours for “going out for a run.” “The force has also been getting reports from people whose neighbours are gathering in their back gardens...”<sup>791</sup>

BBC reported UK officials are exploring a ‘coronavirus app’, that at least initially, will be voluntary.<sup>792</sup>

“NHSX is looking at whether app-based solutions might be helpful in tracking and managing coronavirus...”

The coronavirus app: ‘would record people’s GPS location data as they move about their daily lives. This would be supplemented by users scanning QR (quick response) codes posted to public amenities in places where a GPS signal is inadequate, as well as Bluetooth signals.’.

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<sup>787</sup> The Argus, Aidan Barlow (March 2020): ‘Coronavirus: New powers to detain those refusing to isolate’

<sup>788</sup> The Guardian, Butler and Walker (March 2020): ‘UK’s emergency coronavirus bill ‘will put vulnerable at risk’

<sup>789</sup> The Guardian, Pidd and Dodd (March 2020): ‘UK police use drones and roadblocks to enforce lockdown’

<sup>790</sup>ITV Report (March 2020): ‘Humberside police creates online report portal for people not social distancing’

<sup>791</sup> BBC News (March 2020): ‘Coronavirus: Exercise rule-breakers spark surge in police calls’

<sup>792</sup> BBC News, Leo Kelion (March 2020): ‘Coronavirus: UK considers virus-tracing app to ease lockdown’

Professor Michael Parker, an ethics specialist involved in the project, outlined examples such as a restaurant requiring a person to be low-risk before allowing them in, “and I think that would be a perfectly reasonable price to pay for this step towards returning to normal life.” He also included the example of healthcare worker’s employers requiring the app to be used.

Professor Parker said that if the majority of the general public chose not to use the app, there could be a possibility that it would become compulsory: “The key question is - does it require everyone to do it for it to be effective?...It's not essential that everyone does... but perhaps a high proportion of the population needs to. This is a really unusual situation where lives are at risk, so there is a case to be made to make at least some actions compulsory...”

### Spain

A woman in Spain was arrested after she was caught breaking lockdown rules and visiting a man she met on a dating app. “She was detained for violating the mandatory confinement as well as resisting and disobeying the “stay home” agents, police said.”<sup>793</sup>

A Spanish jogger was out running when police arrested her for breaking lockdown, video footage shows her on the ground being restrained by police, screaming for help.<sup>794</sup>

### France

France imposed a near-total lockdown, with French president, Emmanuel Macron, said “We are at war – a public health war, certainly but we are at war, against an invisible and elusive enemy...”<sup>795</sup>

“In light of the spike in COVID-19 fatalities, the French government is imposing tougher penalties on people who defy the nationwide confinement order. Penalties may range from €135 to €3,700 (\$3,960). A prison term of six months has also been approved for repeat offences.”<sup>796</sup>

Metro UK reported a woman was ‘wrestled to the ground’ for allegedly breaking lockdown rules, and not having the correct documentation to be out in public. “Anyone venturing outside must carry a document justifying their movement, or risk a fine... Interior minister Christophe Castaner said that in the past 24 hours, tens of thousands of police checks had been carried out and more than 4,000 penalties issued. He told Europe 1 radio: “We have only one goal, which is to win the war against COVID-19.”<sup>797</sup>

### Quebec

Quebec City police arrested a woman for breaking quarantine: “The woman, who is potentially contagious, was arrested at around 2 p.m. ET Friday while out for a stroll, by order of the regional public health authority.... “We

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<sup>793</sup> Newsweek, Khaleeda Rahman (March 2020): ‘Woman in Spain arrested for breaking coronavirus lockdown to visit man she met on dating app’

<sup>794</sup> ASTV (March 2020): ‘Coronavirus lockdown: Jogger resists arrest in Spain and is abused by onlookers’

<sup>795</sup> The Guardian, Henley, Willsher, Kassam (March 2020): ‘Coronavirus: France imposes lockdown as EU calls for 30-day travel ban’

<sup>796</sup> DW: ‘Coronavirus latest: Angela Merkel to quarantine after meeting infected doctor’

<sup>797</sup> Metro UK, Jen Mills (March 2020): ‘Woman bundled to ground by police for breaking lockdown in Paris’

will use all the required and necessary measures at our disposal to ensure compliance," the health agency said."<sup>798</sup>



Image Source: Straits Times/Agence France-Presse

### South Africa

The Guardian reported "South African police and soldiers have used rubber bullets to enforce lockdown after hundreds of shoppers gathered outside a supermarket in Johannesburg."<sup>799</sup>

### New Zealand

So many New Zealand residents reported their neighbours for allegedly breaking social isolation rules that the reporting website crashed soon after going live.

"Prime Minister Jacinda Ardern backed the informants and also urged the public to report any price gouging at supermarkets via a dedicated email address. "Now is not the time to bend the rules. This is a time to stay at home and save lives," she told reporters."

## MILITARISED PUBLIC HEALTH RESPONSE

The rapid evolution of the WHO into a supranational power in response to Covid-19 is disconcerting. This unelected entity is not subject to Parliamentary or democratic oversight. The fact that increasing the powers of WHO was recommended by entities such as the Gates Foundation and Rockefeller Foundation is disconcerting. (See 'Pandemic/GHRF')

On April 22nd, 2020, the Sydney Morning Herald reported "Australia wants WHO to have same powers as weapons inspectors".

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<sup>798</sup> CBC, Isaac Olson (March 2020): 'Quebec City police arrest COVID-19 patient for defying quarantine'

<sup>799</sup> The Guardian, Jason Burke (March 2020): 'South African police fire rubber bullets at shoppers amid lockdown'

“Australia will lead a push for the World Health Organisation to be given the same powers as weapons inspectors to forcibly enter a country to avoid a repeat of the COVID-19 global pandemic...

The move would overhaul the operation of the world health body, which currently doesn't have the power to go into a country to investigate a disease outbreak unless it has the express consent of that nation's government...

The Australian government will advocate for WHO officials to be given similar powers to UN weapons inspectors so they don't have to negotiate with a country to go in and investigate a public health crisis. This would allow the WHO to alert the world about a global pandemic sooner.”<sup>800</sup>

In a 2015 interview at TED, Bill Gates recommended that public health responses should be militarised.

“One of the things I am saying that is pretty radical — and people may disagree — I'm saying the military should be cross-trained not just for military action but for natural disasters and epidemics. Why would you train the military to respond to bioterrorism but you wouldn't train them to respond to a natural epidemic when the idea of quarantine and diagnosis and drugs and vaccines — it's all pretty much the same no matter where it comes from... Can you leverage the huge investments we take in the military? They are people that know they are hired and they might be in harm's way. They have logistics training. If you pair them with this so-called medical corps, you get something pretty dramatic without spending.”<sup>801</sup>

Gates published a 2015 paper which recommended similar interventions:

“All countries could identify trained military resources that would be available for epidemics; in a severe epidemic, the military forces of many or all middle- and high-income countries might have to work together... Through the United Nations, some global institution could be empowered and funded to coordinate the system. The United Nations and the WHO are studying the lessons from the Ebola epidemic and ways to improve international crisis management; these evaluations can provide a starting point for discussions of ways to strengthen the WHO's capacity and about which parts of the process it should lead and which ones others (including the World Bank and the G7 countries) should lead in close coordination. The conversation should include military alliances such as NATO, which should make epidemic response a priority. The final arrangement should include a reserve corps of experts with the broad range of skills needed in an epidemic.”<sup>802</sup>

This militarised response to Covid-19 involving NATO is already occurring, as “NATO is mobilising in support of the civilian efforts to combat coronavirus.”

At a Press Conference on 2nd April, 2020,<sup>803</sup> NATO Secretary General Jens Stoltenberg said they were “mobilising NATO” to support coronavirus efforts.

“In regard to COVID-19: “NATO's core responsibility is to make sure that this health crisis doesn't become a security crisis. And our core task is to continue to provide credible deterrence and defence in the midst of a health crisis. And that's exactly what we are doing. So we continue our missions and operations. We maintain our operational readiness. We continue to patrol the skies with air policing, our naval deployments are

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<sup>800</sup> Sydney Morning Herald, Anthony Galloway (April 2020): ['Australia wants WHO to have same powers of weapons inspectors'](#)

<sup>801</sup> Vox Recode, Ina Fried (2015): ['Bill Gates Tells Re/code Why We Should Worry About Disease Epidemics, Artificial Intelligence'](#)

<sup>802</sup> NEJM, Bill Gates (2015): [The Next Epidemic - Lessons from Ebola'](#)

<sup>803</sup> NATO (2020): ['Press conference by NATO Secretary General Jens Stoltenberg following the meeting of NATO Ministers of Foreign Affairs'](#)

maintained, and our battlegroups in the eastern part of the Alliance are up and running, as are our missions and operations elsewhere, like, for instance, our efforts to fight terrorism in Afghanistan and other places.

First of all, I welcome what Romania now does and it shows that Romania, as all other Allies, are now mobilising their armed forces to support the civilian efforts to combat the coronavirus. And NATO supports those efforts.”

“So NATO’s role is to support, coordinate, mobilise these efforts. And that’s also a reason why we have decided to convene a Defence Ministerial Meeting in a couple of weeks, to make sure that we take stock of NATO’s efforts; that we listen to SACEUR, who will then brief us on the work of the NATO military structures to support Allies. And that also provides us the platform when the defence ministers meet, to take any further decisions. So we are mobilising NATO in support of the civilian efforts to combat coronavirus.”





## CONCLUSION

The Covid-19 pandemic appears to have troublingly been ‘foreseen’ by apparently prophetic global powers - including representatives of the military industrial complex, governments, pharmaceutical giants and shadowy ‘philanthropy’ organisations.

The resulting unprecedented power sweep, suspension of civil liberties decimation of the local economy gives power an unrivalled opportunity for these powers to “remake” society as they see fit.

Vulnerable citizens who are now impoverished, unable to even leave their homes to secure a new livelihood, are utterly dependent on State largesse. Citizens are ripe for medical coercion, mandatory vaccination, or forever giving up liberty to the unelected power structures of Big Tech interests.

Protesting is now illegal. Australian parliament is suspended. Health Minister Greg Hunt, the apparent ‘friend of Big Pharma’ is essentially ruling by decree.

The Biosecurity Act 2015 supersedes all laws and removes all rights to personal autonomy and freedom. The Australian government is advised by modellers who I believe may have a financial conflict of interest in recommending perpetual lockdown, until their vaccine is manufactured.

It is my opinion that the Australian government’s lockdown of its free citizens is an abomination. It violates international law, ignores the Siracusa Principles and destroys the social contract between citizens and State.

The Australian government has not provided hard evidence that lockdown is necessary or that it is effective. It has not shown that lockdown is proportionate to the risks of society continuing to function, with more nuanced management strategies. It has offered vague promises of “winning the battle” and threats of an apocalyptic meltdown if perpetual lockdown is not adhered to. This statements are supported by the advice of modellers

who appear to have serious financial conflicts of interest, and who have not published the full extent of their taxpayer-funded work.

The information in this letter is intended to facilitate discussion and a more rigorous examination and challenge of the government's Covid-19 mitigation policies.

In reference to the information in this document, I believe I have sufficient grounds for my declaration that I do not accept the Australian government's premise of the Covid-19 outbreak as justification for suspension of my civil rights, which are enshrined in Natural and Common Law. In light of the information I have presented in this document, I consider the government's enactment of the Biosecurity Act 2015 and declaration of a 'human biosecurity emergency' to be an illegal and fraudulent act against the Australian people.

I do not consent to this and announce my stated intent to publicly hold the Australian government to account.

Melissa Harrison

21/04/2020

[This is an evolving document, with new information updated as it becomes available.]

## APPENDIX 1: STRAINED INTERNATIONAL HEALTHCARE SYSTEMS

Widespread press coverage of the strain on healthcare systems attributed to Covid-19 has frightened the public into accepting the 'lockdown' premise without question.

"Overwhelmed" hospitals, particularly in London and Lombardy, report a "humanitarian crisis", that "we no longer live in a city with a properly functioning western health-care system".<sup>804</sup> Although this is a dreadful situation, unfortunately it is not unique in recent history and not unique to the recent COVID-19 outbreak. Budget cuts and austerity campaigns have strained national healthcare systems to breaking point. Patients dying as a result of ICU bed shortages, shortage of ventilators, 'rationing' of ICU care and 'doctors forced to choose who lives and who dies' has been reported for the last several years, particularly in the UK. Yet *policymakers have ignored this*, until now.

Italy: The Lombardy region was hardest hit by Covid-19, accounting for 68% of total deaths. Pre-crisis, Lombardy's ICU capacity was already usually at 85% - 90% in the winter season. The Lombardy region has "alarming" rates of air pollution. Italy's health care system is "hemorrhaging cash", with years of cuts on public health care following Italy's economic crisis.<sup>805</sup>

Study: 'Refusal of Intensive Care Unit Admission Due to a Full Unit'

Reportedly: "A shortage of beds in hospital intensive care units may mean that more seriously ill patients die, according to a study from France.... The findings suggest that a shortage of ICU beds is leading to preventable deaths... Rationing" of ICU care is common..."

New Zealand, 2018: "Hospital: ICU bed shortage due to sudden patient influx... last year a patient died alone at home after his cardiac operation was postponed for the fourth time because of a bed shortage. Cardiac surgery services were "constrained" at the moment due to a lack of intensive care beds... the surge of sick patients had proved too many to handle and created a shortage of beds."

Ireland, 2018: "People are dying": Life-saving surgeries delayed or cancelled due to intensive care bed shortage... doctors routinely have to break the news to families that their loved one's likelihood of survival is slim. "I never thought one of the reasons might be that an ICU bed is not available."

Ireland, 2018: "One patient a day 'dies as a result of ICU bed crisis'... Up to 350 patients a year - one person a day - may be dying due to lack of intensive care beds... another 300 are needlessly dying because of the dangers posed by the trolley crisis... Intensive care units are operating at over 100pc capacity... [a] crisis could be sparked by a major flu outbreak."

UK, 2017: "NHS intensive care 'at its limits' because of staff shortages. Units are so overwhelmed that life-saving operations are having to be delayed... It is important that bed occupancy rates do not exceed 85% in

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<sup>804</sup> Lancet, Richard Horton (March 2020): 'Offline: COVID-19 and the NHS - "a national scandal"'

<sup>805</sup> Politico, Giulia Paravicini (2016): 'Troubled Italian health system frustrates doctors, drugmakers'

order to ensure there is capacity for emergencies. The reality is that many units are quickly reaching 100% capacity whenever there is excessive hospital activity [Note: Lombardy operating at 85-90% capacity] ... ICU bed shortages have become even more acute during the NHS's "winter crisis" and forced patients needing life-or-death treatment in an ICU to wait many hours before getting a bed..."

UK, 2017: "Intensive care bed shortages are forcing doctors to choose who lives and dies... NHS doctors are being forced to choose who lives and who dies as a shortage of intensive care beds means terminally ill patients are being refused life-saving surgery.... Figures show A&E departments shut their doors to patients more than 140 times in December

International, 2014: Overcrowding in the emergency department (ED) has become an increasingly significant worldwide public health problem in the last decade.

UK, 2015: "Guernsey operations postponed by hospital bed shortage"

UK, 2018: "Doctors say 80% of units sending patients to other hospitals amid chronic shortages... Patients whose lives are at risk are being turned away from their local hospitals because of a lack of intensive care beds, doctors who work in those units have revealed. Four in five intensive care units (ICUs) are having to send patients to other hospitals as a result of chronic bed and staff shortages. Units are so beleaguered that some may no longer be able to care properly for the NHS's sickest patients"

UK, 2017: "Sick patients dying 'unnecessarily' in NHS because of poor care... Inquiry finds series of major flaws, including lack of equipment, leading to 'shocking' death rate among those with serious breathing problems... Lack of ventilators is a common problem"

UK, 2018: "NHS hospitals facing serious shortages of vital equipment... Hospitals are suffering serious shortages of vital medical equipment such as ventilators, pumps to administer drugs, and oxygen cylinders during the NHS's ongoing winter crisis"

UK, 2018: "Hospitals struggling to afford new equipment after NHS budget cuts... Hospitals can no longer afford the most modern scanners and surgical equipment... Staff are having to continue using vital diagnostic and treatment technology beyond its natural life because there are insufficient funds to replace it... Ambulances are breaking down because they have been kept in service for too long, and hospitals are having to continue using archaic IT systems... One trust had to scrap plans to bring in electronic scheduling of operations because it could not afford the technology. Others are unable to expand their A&E units to help them cope with rising patient numbers, while some lack the money to repair rotten windows and leaking roofs in hospital buildings because of the cash squeeze."

UK, October 2019: "Two particular NHS items stand out as political emblems of this Tory era: the record shortage of nurses, and a particularly bad case of privatisation.... 93% of NHS trusts are falling short, with

nearly half lacking 10% of the nurses they need: that's three times more than five years ago. Nurses are being substituted with untrained assistants.... Statistically, for every extra nurse who joins the wards, 157 new patients have been admitted over the last five years... many trusts have been downgrading nurses to save money... [nurses are] doing the same work for a lot less pay, causing many to leave in anger..."