The Flawed Definition of a Pandemic used to Declare a Public Health Emergency

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In May 2009, the World Health Organisation (WHO) changed the definition of a 'pandemic' based on the advice provided by a small select committee that was not required to reveal their conflicts of interest until 12 months later [1][2]. This change in definition was critical to the ability for the WHO to declare a swine-flu 'pandemic' in June 2009 and then a coronavirus pandemic in March 2020.

Without this change to the definition of a 'pandemic', the WHO could not have declared a public health emergency under the International Health Regulations in March 2020, and this state of emergency could not have been extended into 2021. It is this arbitrary change to the definition of a 'pandemic' that has resulted in the removal of human rights globally and the imposition of a police state in many countries.

The change to the definition that occurred in 2009 was the removal of the need for there to be an '*enormous number of deaths and illnesses'* to a new virus before a pandemic can be declared. This phrase was replaced with 'cases' in the new definition and a pandemic could be declared simply if there was an '*increase in the number of 'cases'* of a disease', regardless of whether these 'cases' were serious or non-serious, or even if the cases had no disease symptoms at all.

This change to the definition is critical because historically, epidemiologists and immunologists stated that 'cases' of an infectious disease do not indicate the *risk of the disease* to the community [3]. Once public health infrastructure and nutrition was improved in developed countries in the mid-twentieth century scientists recognised that the only meaningful statistics to inform governments of the *risk* of a disease to the community are the hospitalisations and case-fatality statistics in each demographic [4].

This is the reason why many governments stopped notifying of cases of infectious diseases in the 1950's – 60's. In developed countries cases of disease were mostly (99%) non-serious or asymptomatic cases (sub-clinical infections) and these cases were fundamental to producing long-term herd immunity in the population.

Yet the definition of a pandemic was changed in 2009 when the board that established the new International Health Regulations (IHR) stipulated that the WHO Director-General (DG) was to appoint an Emergency Committee (EC) for advice on matters relating to global pandemics of disease. It was stated in the IHR that membership of this committee was not to be made public and therefore conflicts of interest would not be declared or publicised [1]. Further, the composition of the board with respect to stakeholder representation would also be unknown to the public. This anonymous

committee was given the power to make decisions about vaccination policies in global pandemics without consultation with the Strategic Advisory Group of Experts (SAGE), the principal advisory group within the WHO for the development of policies related to vaccines and immunization strategy [5].

The SAGE board comprises 15 members who sign a declaration of interests they have with professional activities that might conflict with their advisory function for the WHO. This is done with the purpose of excluding representatives with conflicts from the decision-making process. The establishment of the Emergency Committee did not require any declaration of COI or stakeholder representation in decisions to declare a global pandemic.

In 2009 some experts noted from an early stage that the new sub-type of influenza virus (swine-flu) was causing less harm than other strains of the virus in previous years [1][6]. In this regard the definition of a pandemic is of great significance. Further, some scientists became concerned when WHO raised the pandemic to level 6 when the influenza virus was causing mild symptoms in most cases of the disease. It was noted that the WHO Emergency Committee changed the definition of a pandemic just prior to calling the level 6 pandemic [1]. It would not have been possible to call a pandemic if the definition of the pandemic had not been changed.

Whilst the WHO claims that the definition was finalized in February 2009 as part of the current pandemic preparedness plans, the fact remains that after 10 years of PPP the change in definition made it possible to call a pandemic [5]. There was a lot of time and money invested in planning for a pandemic. The important change to the definition that occurred in May 2009 was the removal of the need to show *how severe* the impact of the virus would be on the population.

The Arbitrary Changes made to the Definition of a Pandemic in 2009

1. **Before 4th May 2009**: “An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due to the new influenza virus are likely to quickly take hold around the world” [1].

2. **After 4th May 2009**: “A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity …. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of the pandemic” [1].

Pandemic planning requires that all stakeholders agree on a common definition of what an influenza pandemic represents. The Parliamentary Assembly of the European Council (PA) believes that the changes made to the pandemic definition were highly inappropriate at a time when a major influenza infection was occurring [1]. These changes affected disease descriptions and indicators and they were made in a non-transparent manner. It also meant that because of the PPP's that locked governments into prescribed actions when a pandemic was called, authorities were constrained in their actions – even when the evidence did not match the actions they were required to implement [7]. Once the pandemic was declared governments had no choice but to buy up the required vaccines according to quantities and prices set in the PPP's.

Medical Diagnosis of Disease

Diagnosis of disease is a grey area of science because criteria can be changed over time, and this can give the appearance of an increase in one disease and a decline in another. In addition, people usually die from multiple factors, therefore cause of death can be subjective. Hence an appearance of a pandemic can be manipulated by medical authorities by changing the diagnostic criteria for a disease or by changing its surveillance in the population. This was the case in the swine-flu pandemic in 2009 and it is described in my article titled '*A new strain of influenza or a change in surveillance?* [8]

This was also the case for the alleged global public health emergency in 2020. The WHO declared a pandemic of *Coronavirus 2019* based solely on the alleged identification of the virus using a RT-PCR test. This test is not a diagnostic tool, meaning it cannot diagnose COVID disease, and the extra surveillance of the healthy population resulted in hundreds of healthy people without symptoms and/or non-serious cases of disease, being used to frighten the public about a new 'flu-like illness' that was called COVID disease.

Outline of the Steps taken by Medical Authorities to Create an Appearance of a Pandemic in March 2020:

1.'Cases' of Disease Do Not Inform of the Risk of a Disease to the Community

The history of the control of infectious diseases provides evidence that under a traditional definition of a 'pandemic' it is extremely unlikely that a global pandemic of a virus would ever occur after 1950/60. This is because the virulence and pathogenicity of microorganisms is determined by the environmental and host characteristics of each country. Therefore, the arbitrary change in definition of a pandemic by the WHO that removed the need for a virus to be causing enormous numbers of

deaths and illnesses worldwide, not just in some countries, is critical to the question of whether there was a 'global public health emergency' in 2020 for a new mutated coronavirus.

The traditional definition of a pandemic defines the risk of a pathogen on case-fatality statistics (deaths) and hospitalisations, and not on an increase in 'cases' of a disease. By 1950, in Australia, it was recognised that the majority of cases of infectious diseases were non-serious or asymptomatic due to improved hygiene, sanitation and nutrition, and these non-serious cases provided immunity in individuals. After 1950 in all developed countries, it was only hospitalisation and case-fatality statistics (deaths) within each demographic, that were considered useful in informing governments about the risk of a disease to the community [3].

This is the reason why the Australian government stopped reporting cases of measles, whooping cough and influenza in 1950: the majority of these cases in Australia (99.9%) after this time were non-serious cases of disease that were fundamental to creating herd immunity in the population [4]. It was recognised that virulence and pathogenicity was determined by environmental and host characteristics, and therefore infectious disease control was referred to as social or ecological medicine, and it was addressed in government public policy because it was dependent upon improvements to environment and lifestyle – not medications.

Since 1986, when liability was removed from all vaccine manufacturers in the US, the WHO has been re-writing this history to claim that vaccines are necessary to control these diseases. Whilst some vaccines may have been responsible for a decline in '*cases'* of some diseases, they were not responsible for the reduction in the *risk* of death. This is significant because they are not a risk-free solution. The reduction in cases needs to be weighed against the increase in chronic illness and death in children caused by vaccines. Historically public health authorities acknowledged that the *risk of death* to infectious diseases was removed before vaccines were introduced.

The claim that vaccines prevent these diseases has been aided by renaming infectious diseases as 'vaccine-preventable diseases' in the 1990's without providing supportive evidence for this claim and by merging public health under the medical regulatory board in each country to control this knowledge. This is significant because medical doctors are not educated in the history of the control of infectious diseases or in nutrition and epigenetics. These areas of medicine are fundamental to good health outcomes in genetically diverse populations when drugs/vaccines are being recommended.

2. A 'Pandemic' is different to an Epidemic or Outbreak in some Countries

A ‘pandemic’ by the traditional definition requires that the virus be causing enormous numbers of deaths and illnesses in the healthy population, without co-morbidity, in all countries. The different environmental conditions and host characteristics in each country means that a ‘pandemic’ cannot be declared until the virus is observed to be causing enormous numbers of deaths and illnesses in each country. This is how a ‘pandemic’ differs from an epidemic or serious outbreak of disease in some countries.

In 2020 many countries did not have the virus in the country when a global ‘pandemic’ was declared by the WHO on 11 March. This resulted in a public health emergency being declared in all countries, even those that did not have the virus. In fact, Australia was the first country to declare that this new coronavirus had ‘pandemic potential’ on 21 January 2020, when there was not a single case of this disease in the country. This is the date that Australia applied for emergency pandemic powers even though it had no Australian data to support this request.

This pandemic was predicted on a mathematical model using generic data and non-transparent assumptions provided by the WHO/GAVI alliance: an alliance that includes corporate partners. This enabled governments, such as Australia, to claim they have prevented a pandemic by closing the borders to international travellers. This claim has been made by the Australian Prime Minister, even though there is no evidence that the virus would ever have become a pandemic under the specific environmental and host conditions in Australia or in many other countries. The perpetuation of the state of emergency is being based solely on non-serious cases of disease which do not indicate the risk of an infectious disease to the community.

3. **Government Public Health Policies are never Designed on Disease Statistics from other Countries**

Public health policies are never designed using the statistics from other countries. This is because many factors play a role in the pathogenicity and virulence of the virus / bacteria in different countries. It is false to claim that any government has prevented a pandemic by closing the borders when you have not seen how the virus will behave under the specific environmental / host characteristics and quality of health care within each country.

A positive identification of the presence of a virus in an individual, that does not have any disease symptoms, is not evidence of an asymptomatic ‘case’ of disease. This is because humans carry thousands of these viruses/bacteria around all the time, and the virus only becomes pathogenic under specific environmental and host conditions.

The biggest flaw in this claim of a global pandemic is the suggestion that everyone who gets exposed to this virus will get serious disease and that identifying the virus in an individual without symptoms makes them a risk to the community. This claim is contrary to the scientific knowledge of how viruses cause disease, and it fails to acknowledge that there are many outcomes from exposure to any virus. For example, no disease symptoms, mild or serious disease, or death. The only statistic that can inform governments of the risk of a virus to the community is the death or case-fatality statistics in each demographic. People without any disease symptoms are not and never have been classified as a 'case' of disease or a 'risk' to the community prior to 2020.

4. **Mathematical Models with Hidden Assumptions were used to Predict the Deaths to the new *Coronavirus 2019* in 2020**

Governments used mathematical modelling with non-transparent assumptions provided by industry, to predict the number of deaths that would occur if this virus entered the country. The models wildly exaggerated the number of deaths in all countries to the new *Coronavirus 2019*. Generic mathematical models cannot be used to produce a realistic prediction of a pandemic because the models are not based on real data from all countries. This mathematical model was dumped by US Surgeon general, Jerome Adams on 13 April 2020 because "it was not based on real data" [9].

5. Screening the Healthy Population to Obtain 'Cases' of Flu-Like Illness (COVID19) is Fraudulent

The governments of all countries funded their health departments to obtain cases of flu-like illness in the healthy population by using a PCR screening test that does not diagnose disease. This enabled them to claim that any positive result from this test (that cannot diagnose COVID disease) was "an asymptomatic case of COVID". People without symptoms became a case of disease in developed countries for the first time in history in 2020.

6. **In 2020 Governments Globally Mandated the Flu Vaccine in Aged-Care Facilities for the First Time**

Governments globally mandated the flu-vaccine for all aged-care facilities for the first time ever in December 2019-2020. It is well known that there is a cluster of deaths and neurological illness in these facilities up to 3 or 4 weeks after these flu vaccination campaigns are run. This occurred in the winter in both the northern and southern hemisphere and the cluster of deaths and neurological illness in aged-care facilities correlated to the increased cases/deaths of COVID that were reported in the mainstream media in 2020. This correlation has never been systematically investigated for the cause of the deaths that were labelled as COVID.

In addition, the CDC changed the reporting of the cause of death on the death certificates in 2020. Elderly people with co-morbidity were now dying “from flu-like illness” (COVID) and not “with flu and from their underlying health conditions” as was previously the case for the past two decades.

7. **1986 Liability was Removed from Manufacturers for any Harm caused by a Vaccine**

In 1986 medical ethics were reversed when pharmaceutical companies requested that the US government remove liability from all vaccines because they were paying out millions of dollars in compensation every year for vaccine injuries and deaths.

This removal of liability enabled governments to put vaccines on the market without proper safety testing under the guise of being ‘life-saving drugs’ when in fact they kill and injure millions of people every year. They are not risk-free products. It was this decision by the US Congress to remove liability in 1986 that enabled governments globally to reverse the precautionary principle that is designed to protect human health in government policies. By reversing this principle, governments have placed the onus of proof of harmlessness on the public and not the manufacturers of the vaccines or the government [10]. This allows governments to ignore the evidence that parents provide regarding the causal links of adverse events (AE’s) to vaccines, and to not actively monitor the AEs in the population so that the hard evidence is never collected.

8. **The is No Law in any Health Act to Legitimise Mandatory or Coercive Vaccination Policies**

Vaccination policies are now being presented through government social services departments in coercive and mandatory policies, even though there is no law in any health act in any country to support mandatory or coercive vaccination policies. These policies are not for a legitimate public health purpose if they are not validated in health law.

In other words, governments have not provided any scientific evidence to support the need for removing human rights to coerce people into getting vaccines or to mandate them for participation in employment or in any institution.

9. **Industry Controls the Publication and Promotion of Scientific Studies to Doctors, Politicians, and the Public**

The peer-review system of science is broken because drug companies control every aspect of the scientific process including the peer-review journals [4]. Scientific studies with negative results on safety and efficacy of drugs are not being published in journals because they do not make money for the industry-funded journals. Studies with negative results get suppressed and there is no true independent scrutiny of the science that is being published in peer review journals or being used in

government vaccination policies. The politicians are presented with non-objective scientific studies because pharmaceutical companies can influence policy design through the donations and lobbying system of government and there is no independent advisory board to scrutinise this science.

10. **Global Health Policies Promoted by the WHO are not based on Independent Science**

Global health policies that are being presented by the WHO are not designed on independent objective science. They are being designed and influenced by the GAVI alliance, that includes the Federation of Pharmaceutical Companies, the Bill and Melinda Gates Foundation, the Rockefeller Foundation, the biotechnology companies, the World Bank, and the International Monetary Fund [4, Ch 3].

These corporate-public partners influenced the design of the International Health Regulations (IHR) which were implemented by the WHO in 2005. The WHO required that all member countries sign up to the IHR and it was these regulations that removed sovereignty of all countries when the WHO declared a global pandemic in 2020.

A definition of fascism is the collaboration of government in corporate-public partnerships such as those in the GAVI alliance that advise the WHO. This alliance removed the sovereignty of all countries when the global emergency powers were triggered by the WHO in 2020.

11. **The Emergency Powers give Responsibility for the Pandemic Directives to the Prime Minister**

When the world health organisation declared a “global pandemic” the responsibility for all the measures put in place in every country was then given to the prime minister or president of the country, not the health departments. The directions were being provided to each country through the IHR that were designed by the corporate-public partners in the GAVI alliance and presented by the WHO. This collaboration breached the WHO’s charter to provide independent objective science in the promotion of global health policies to all member countries.

12. The Directives for the Alleged Global Pandemic in 2020 will Promote Sickness and Disease in the Population – not Health.

All the directives introduced in 2020 to control a new disease based on cases and not deaths to this disease, were the opposite to how we have traditionally controlled infectious diseases. Further, every directive caused harm in the healthy population and was the opposite to the academic literature on the promotion of health in the community.

It was revealed that the annual mortality statistics for 2020 were within the range of a normal flu year for every country and that the survival rate for the healthy population under 65 that did not

have underlying co-morbidity was 99.9% in Australia. The survival rate for people over 65 with co-morbidity was found to be greater than 95.5% in all countries.

During 2020 it was revealed that cures for respiratory diseases such as COVID (flu-like illness) were suppressed to the public globally to allow governments to promote a vaccine as the only solution to this new disease; even though this vaccine had not been trialled for safety and efficacy [11].

According to many doctors the existing cures include: Ivermectin protocol, Hydroxychloroquine, Zinc, Vitamin C, Vitamin [11] The paper used to discredit Hydroxychloroquine in the media was retracted from the Lancet for its flawed study design [12].

There is now overwhelming evidence of the deaths and harm this COVID injection is causing in the population [13]. The thousands of deaths the injection is causing is being documented by the UK Yellow Card [14], the European Medicines Agency [15], the US Vaccine Adverse Events Reporting System (VAERS) [16] and the Australian Therapeutic Goods Administration [17]. The clinical trials for these vaccines will not be completed until 2023 [18].

It is acknowledged by these government regulators that the deaths and AEs reported are approximately only 1% of the real number due to the delayed effects of AEs after the vaccine is given. This can be weeks, months, or years after receiving the vaccine. It is also because governments use a voluntary reporting system and they do not actively follow up the health outcomes of every vaccinated person to determine causal links.

Summary

There is no global public health emergency in 2020-21 and this alleged pandemic has been based on a flawed definition of a pandemic and designed by the collaboration of corporate-public partnerships in the GAVI alliance that advises the WHO. This has been done with the intention of controlling global populations through a medical tyranny. The current situation is being maintained by the suppression of science through financial conflicts of interest and by a media, along with Big Tech companies, that are collaborating with the corporate-public partnerships in the GAVI alliance.

There should be no coercive promotion of experimental vaccines until sufficient evidence has been collected from clinical trials to demonstrate that the benefits of these drugs far outweigh the risks. This information is not currently available because the clinical trials for these injections will not completed before 2023. This is an unmonitored experiment on the population with a new genetic technology. This amounts to genocide in a genetically diverse population due to the well documented adverse events of vaccines.

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