

The World Health Organization's Corrupt Agenda



Global Health' is confusing. A few short years ago community participation, disease burden, resource allocation and human rights dominated its decision-making processes. Causes such as improving childhood nutrition, empowering minorities and protecting girls from enslavement and mutilation were acceptable battles to fight.

Here we are in 2022: Coercion, exclusion, impoverishment and big business are in, whilst highlighting those other areas is 'free-dumb' or some subversive form of denialism. Same people, same organizations, same funders, just a change of the tide.

As with any historic shift towards fascism and colonialism, it takes a considerable group effort to ignore reality to keep this tide moving but humans, especially in hierarchical structures, have always been up to the task. We still are.

The World Health Organization (WHO) and its staff are currently engaged in two overriding priorities that are excellent examples of humanity's proficiency at living such

lies:

1. They are pushing the [COVAX](#) program to mass-vaccinate most of humanity, at an unprecedentedly [high cost](#) for any global health program, against a virus to which nearly all potential recipients are [already immune](#).
2. They are working towards an expansion of their powers to manage infectious disease outbreaks, with the [expressed intent](#) of instituting the same measures used for the first time in the response to COVID-19, but more quickly and more often.

These are strange priorities for public health professionals because these same staff of the WHO all know the following to be true:

About COVAX:

- Their [COVAX slogan](#), “*No one is safe until everyone is safe*,” is completely illogical for a vaccination program unless it is purely transmission-blocking, as it implies that those already vaccinated are not protected.
- The current vaccines against COVID-19 do not halt or greatly slow [transmission](#), and require [boosters](#) to maintain efficacy against severe disease.
- Covid-19 is associated very strongly with old age, with mortality risk being several [thousand-fold](#) greater than in the young. Yet, more than half the people in sub-Saharan Africa – a major target of COVAX, are [19 years old or younger](#).
- Most people in [sub-Saharan Africa](#) and [India](#) (so probably everywhere) now have post-infection immunity, which is equal to or more [effective](#) than vaccine-induced immunity, and not significantly enhanced by [subsequent vaccination](#).
- Vaccinating people in low- and middle-income countries with two doses, for a [rapidly-waning](#) benefit, would cost several times [more](#) than any other infectious disease

program (up to 10 times the total spend on [malaria](#)).

- The human resources devoted to the largest vaccination programme ever undertaken would further reduce healthcare access for [other diseases](#) whose burdens are currently [increasing](#).

About lockdowns:

- Health is, by the WHO's [own definition](#), a state of 'physical, mental and social well-being, not merely the absence of disease and infirmity,' meaning that harming mental and social health is a negative for overall health.
- The WHO noted that border closures, prolonged school closures, and quarantining of healthy people would be likely to do more harm than good in their 2019 pandemic influenza [guidelines](#).
- It is standard public health knowledge that poorer people tend to [die younger](#), and poorer countries have higher [infant mortality](#) and reduced overall life expectancy.
- The 'lockdown' response to Covid-19, a disease with severity predominantly confined to old age, killed [hundreds of thousands](#) of [children](#), and will continue to do so due to increasing [poverty](#), [malnutrition](#) and rising [teenage pregnancy](#) rates.
- The lockdown response also:
 - Is driving millions of girls into [child-marriage](#) (which many in the humanitarian community would previously have characterized as institutionalized rape).
 - Is increasing [child labor](#).
 - Interrupted over a [billion](#) children's schooling, leaving millions never to [return](#).
 - Reduced routine [childhood vaccination](#), to diseases that do heavily impact children.

- Reduced case-finding and treatment access for [tuberculosis](#) and [HIV/AIDS](#), leaving more infected people in the community untreated, to transmit to others and die.
- Greatly increased [inequality](#) between a rich controlling few and a rapidly expanding disempowered poor, [reversing](#) years of poverty reduction.

The whole humanitarian and global health world knows these facts. Even bankers can figure this out; the [International Finance Facility](#) considers that twice as many children died from lockdowns as died from Covid-19, while the [Bank of International Settlements](#), key to international finance, recognizes that gross domestic product is a major determinant of long-term health.

Yet the WHO, as a public health body, acts as if unaware, even ignoring their standard age-dependent metrics for [disease burden](#) as they seek to justify policies that will increase child deaths to target a disease predominantly of the unwell elderly.

The WHO and other health organizations [predicted lockdown harms](#), and have documented them since early 2020, whilst working to ensure they will happen [more often](#). In 2018, they reiterated support for a horizontal approach emphasizing community control and empowerment in the '[Astana Declaration](#),' whilst in 2022 they advocate for a vertical approach based around population control and mass coercive use of pharmaceuticals. Human rights seem no longer a thing to be seen supporting, but the contradictions involved here are nothing short of remarkable.

We often see organizations as 'beings' in themselves, but of course they are the sum of the individuals that staff them; humans who are making choices every day, every hour, about what they are doing and what they should do next.

In this case, it appears the WHO's staff are comfortable with ensuring the people they were charged to support are increasingly impoverished and their rights and health autonomy removed. They are not just resigned to the abandonment of basic public health principles and ethics, but actively working to undermine them.

Perhaps we would all do that to protect income, pensions, healthcare benefits and an attractive and genuinely interesting lifestyle of Swiss lakes, business-class travel and good hotels. We cannot criticize people who perpetuate such harm without recognizing much of ourselves in them.

Pressure to conform is strong and maintaining integrity carries risks. We all have families, jobs and lifestyles to protect. The belief of many that the 'humanitarian' sector was somehow different should by now be shattered. That is a good thing, as illusions do not help us and we need to recognize the historical reality that preserving personal comfort has often entailed throwing others under the bus.

When the tide turns, the easiest approach is to turn with it. As a staff member of an international agency said to me recently – *'the money is going into pandemic preparedness, you have to accept and go with it.'*

As an insight into humanity, this response is a disappointing one. We are always poorly served by cowardice. But recognizing how things are, and that help is not coming from those paid to do so, will strengthen the resolve of the rest of humanity to move forward without them, taking the future into their own hands. As, according to orthodox public health, they should.

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