

BRUSSELS, 12th May, 2026

# WHO UNMASKED

## Why is WHO a Risk for


Democracy, for the Rule of Law,  
for Fundamental Rights,  
and for your Health?

Ph. Kruse, Attorney at law,  
8001 Zurich

[kruse@kruse-law.ch](mailto:kruse@kruse-law.ch)



 12.5.2026

 14:30 - 17:00 pm CET

 EU Parliament  
Brussels

 Room  
Spinelli 1E2


A high-level event with  
**international experts** that  
shed a light on the **agenda** &  
the networks of the **WHO**.

HOSTED BY

**MEP Christine Anderson**

KEYNOTES BY

 **Dr. iur. Beate Sibylle Pfeil**

 **Philipp Kruse, Attorney at Law**

 **Dr. med. Maria Hubmer-Mogg**



# Introduction

- Swiss Attorney at law since 1997 (Admitted to the bar);
- 2000/2001: LL.M., University of Exeter (UK);
- since 2003: specialized in Tax and (financial) compliance law;
- 2013-2016: major case in US-Swiss Banking dispute
- **Since End of 2020: > 30 ordinary court proceedings** against harmful and unconstitutional Corona-mandates (in particular for children; students; restaurant owners; for Swiss pilots);
- Criminal Complaint vs. Swissmedic: [www.corona-complaint.ch](http://www.corona-complaint.ch)

# Topics:

- (1) Starting Point: The big divide
- (2) Guidance from established (WHO-/UN-)Rules
- (3) Key Questions to examine?**
- (4) Preliminary Findings
- (5) Suspicion? Preliminary Assessment
- (6) Consequence: EXTERNAL AUDIT
- (7) Historic good example for EXTERNAL AUDIT

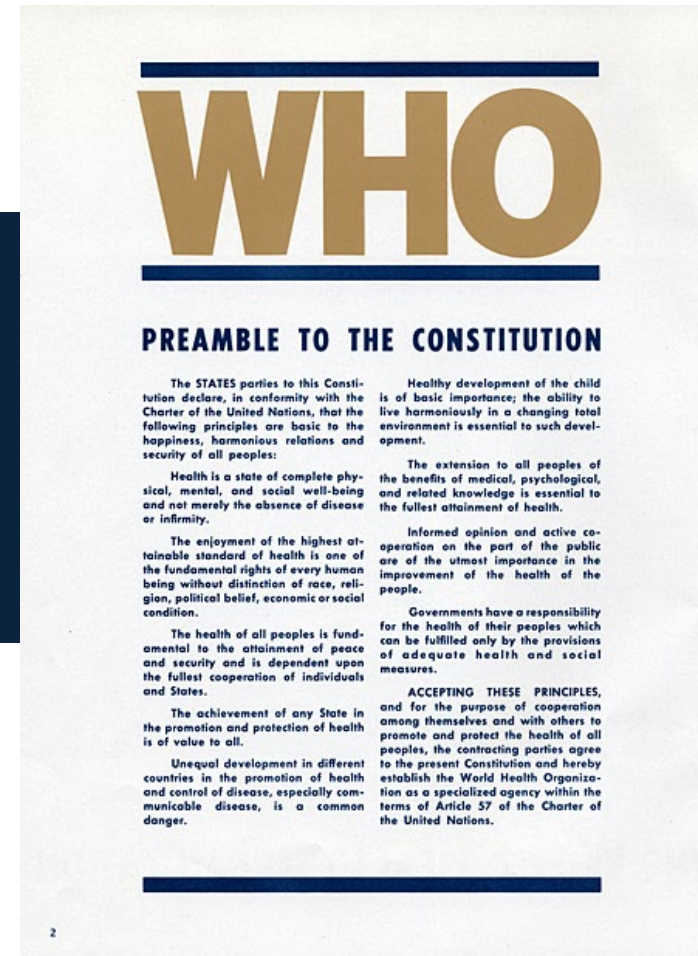
\*\*\*\*\*

## RESERVATION:

This is just a first introduction into the topic.

It is far from being complete...

# (1) Starting Point: *The big divide*



# WHO

## PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provisions of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

# WHO's statutory mission (1948)

## CONSTITUTION OF THE WORLD HEALTH ORGANIZATION<sup>1</sup>

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

### *Article 1*

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

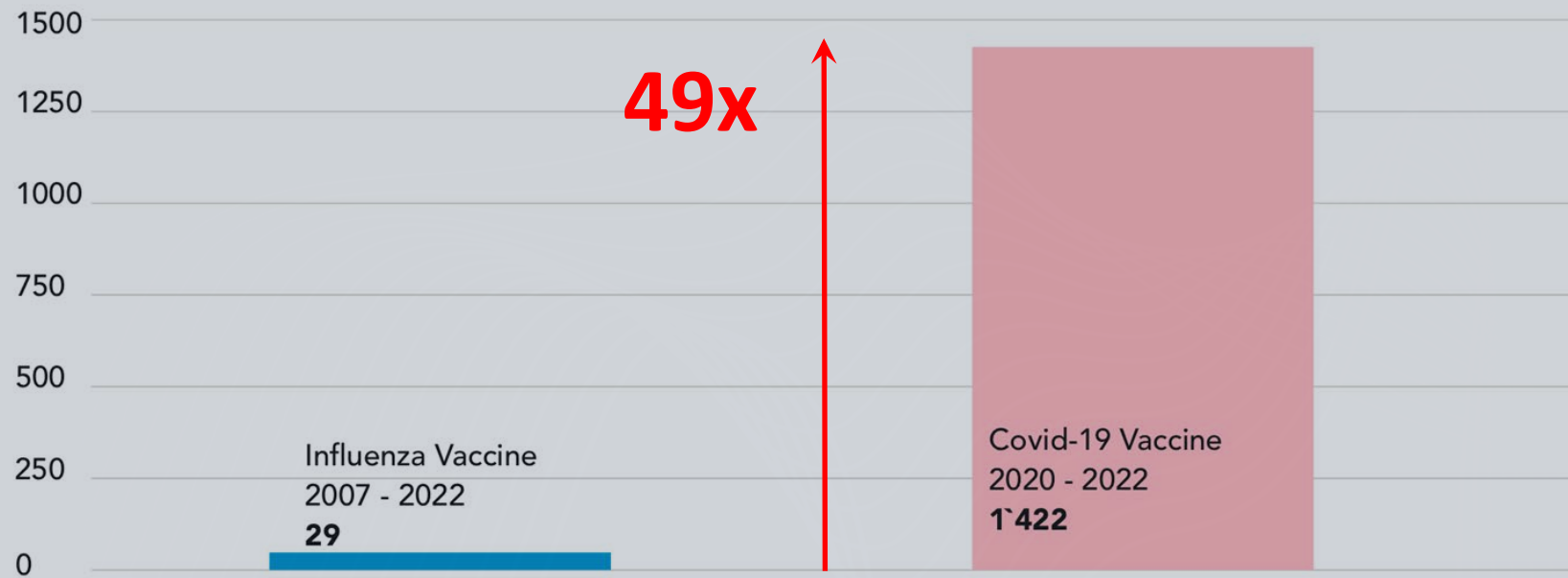
# „Countermeasures“ with extraordinary collateral damages



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

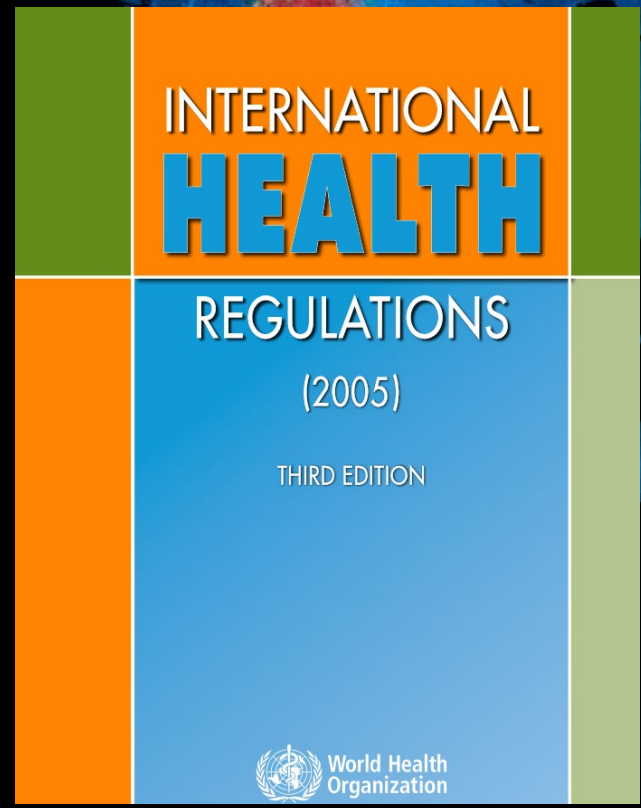
EudraVigilance


Number of adverse reactions per million





New TREATY



 **World Health Organization**

Seventy-eighth World Health Assembly

---

Agenda item 16.2 WHA78.1

20 May 2025

---

**WHO Pandemic Agreement**

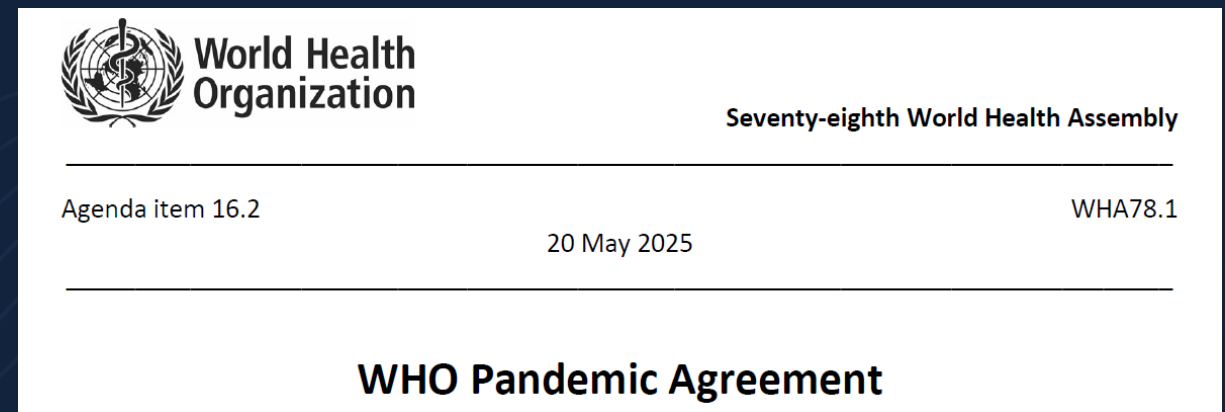
The Seventy-eighth World Health Assembly,

Recalling decisions SSA2(5) (2021) and WHA77(20) (2024), which, acknowledging the need to address gaps in preventing, preparing for and responding to health emergencies, inter alia, established the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the Intergovernmental Negotiating Body), with a view to adoption under Article 19, or under other provisions of the WHO Constitution;

Amendments in force since 19 Sep. 2025

Adopted, 20th May 2025;  
not yet signed ! ANNEX still open

# WHO's 2 international treaties



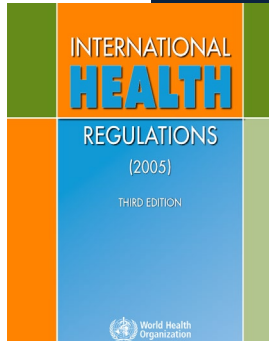
Adopted, 20th May 2025;  
not yet signed ! ANNEX re. PABS still pending.

**Amendments** in force since 19 Sep. 2025

Source:  
**IHR Amended Version June 2024:**  
[https://apps.who.int/gb/bd/pdf\\_files/IHR\\_2014-2022-2024-en.pdf](https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf)

Source:  
**New Pandemic Treaty (adopted; not yet signed):**  
[https://apps.who.int/gb/ebwha/pdf\\_files/WHA78/A78\\_R1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf)

# Farreaching overlapping concepts



IHR  
Modifications

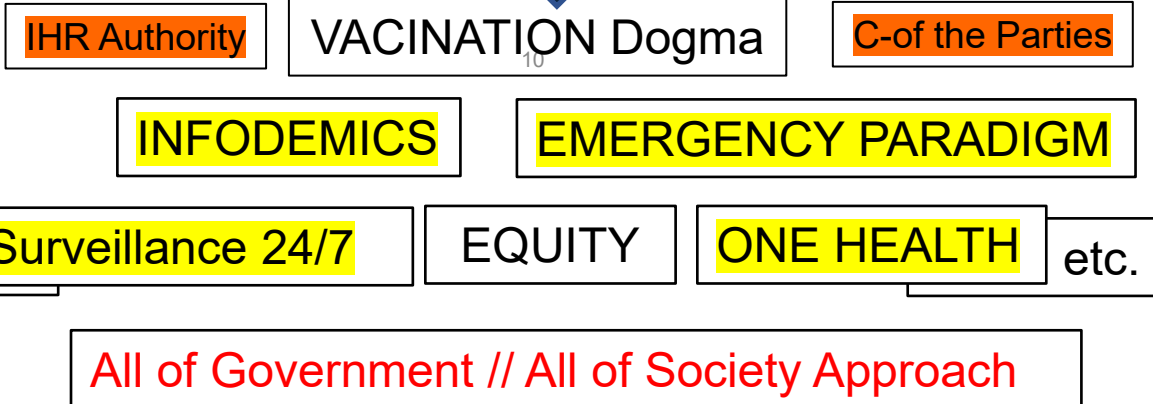
"PHEIC"

EMERGENCY

INFORMATION SUPREMACY  
„VACCINATION-first“ DOGMA



**MILITARIZATION:**  
How to align + control  
all Member States under  
1 WHO governance:

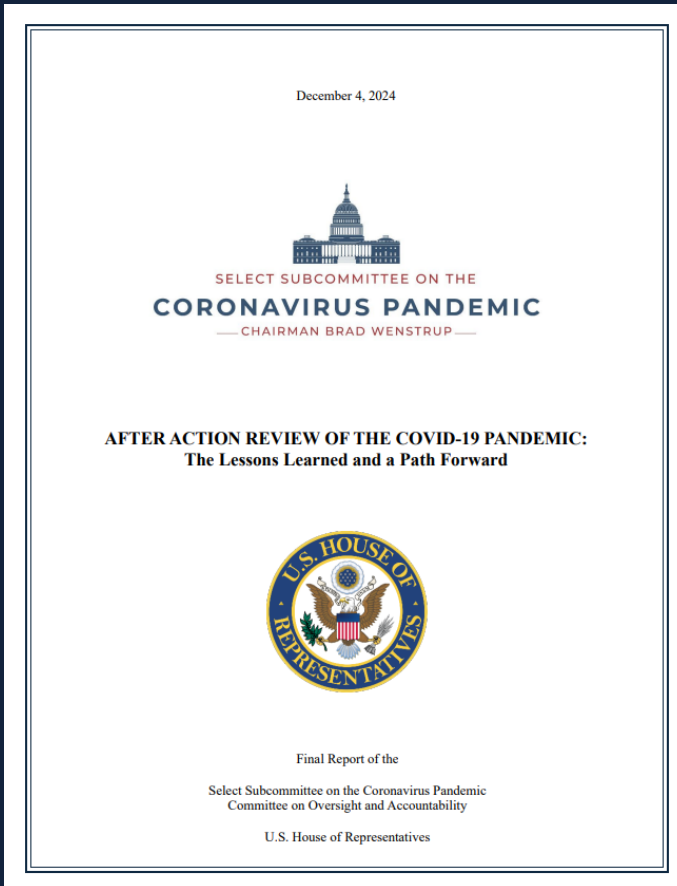


**Pandemic Treaty**

**MONOPOLIZATION:**  
How to provide optimal CONDITIONS  
set the stage for  
a pandemic INDUSTRY  
and build MONOPOLIES?  
(re. surveillance; diagnostics;  
pharmaceuticals; financing;  
supply chains; technology;  
PROCUREMENT +  
DISTRIBUTION etc.)  
=> CARTELLS

Still pending:  
PABS-ANNEX

# Final Investigative Report by U.S. House of Representatives



**FINDING:** The World Health Organization Failed to Uphold Its Mission and Caved to Chinese Communist Party Pressure.

The WHO claims to “work worldwide to promote health, keep the world safe, and serve the vulnerable.”<sup>616</sup> More specifically, regarding health emergencies, the WHO claims to:

- “Prepare for emergencies by identifying, mitigating and managing risks.
- Prevent emergencies and support development of tools necessary during outbreaks.
- Detect and respond to acute health emergencies.
- Support delivery of essential health services in fragile settings.”<sup>617</sup>

The WHO’s response to the COVID-19 pandemic was an abject failure. The Organization failed to satisfy all of the above stated goals.

Throughout the pandemic, the WHO shied away from placing any blame on the CCP. Dr. Tedros even went so far as to praise the CCP’s “transparency” during the crisis, when, in fact, the regime consistently lied to the world by underreporting China’s actual infection and death statistics.<sup>618</sup> During the pandemic, the WHO repeatedly relied on false information from the CCP.

# Dogma of total vaccination | = Totalitarian Approach

The mRNA COVID-19  
vaccines are as safe  
as other vaccines

 World Health  
Organization  
COVID-19 vaccine  
fact series



*“... But you know the serious challenge that's posed by anti-vaxxers and I think I think we need to strategize to really push back because vaccines work, vaccines affect adults, and we have science, evidence on our side. I think it's time to be more aggressive in pushing back on anti-vaxxers. I think they use Covid as an opportunity, and you know all the havoc they're creating.”*

**Tedros Ghebreyesus,  
28 May, 2024**

**Tedros A.  
Ghebreyesus:**  
*„No country will  
cede any  
sovereignty to  
WHO.“*



**Tedros Adhanom Ghebreyes...** · 20h

No country will cede any sovereignty to @WHO. Countries will decide what the #PandemicAccord says, and countries will implement the accord in line with their own national laws. Any opposite claim is quite simply false.



156K mal angesehen

3'958 939 1'015

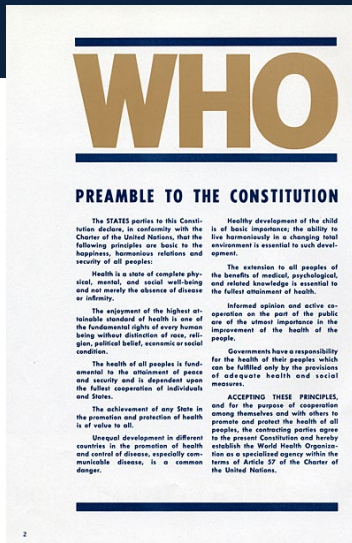
[Twitter,  
23.03.2023]

## HAVE WE TRULY LEARNED THE LESSONS?

So far, no effective international

- External Audit;
- Investigation re. all key questions.

# (2) Guidance from well established Rules?



Why should we still bother?

[Health Topics](#) ▾[Countries](#) ▾[Newsroom](#) ▾[Emergencies](#) ▾[Home](#) / [News](#) / 14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021

# 14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021

14.9 Mio. = 363'000 x „Crans-Montana“

5 May 2022 | News release | Reading time: 3 min (852 words)

New estimates from the World Health Organization (WHO) show that the full death toll associated directly or indirectly with the COVID-19 pandemic (described as “excess mortality”) between 1 January 2020 and 31 December 2021 was approximately 14.9 million (range 13.3 million to 16.6 million).



Halifax, 2. Sep. 1998:  
Flight Swissair  
229 died

Crans-Montana,  
1st Jan. 2026:  
41 died



## We bother, because we need to know:

- Why did these people have to die?
- How could it have been prevented?
- Was there (gross) negligence involved?
- What must be done, to prevent this from happenig?
- Accountatibilities (WHO; Countries; Third parties)?
- Etc.

= Normal + necessary questions after every Accident or disaster; based on universal Standards of

„GOOD [public health] GOVERNANCE“

== > Compliance with

Mandatory law and with

Best practise [public health] standards;

== > Quality Control;

== > Risk Management;

## How to assess WHO's Performance?

WHO-internal and UN-system internal rules on risk management, internal control, accountability, and oversight:

# WHO- / UN-internal Rules

## WHO-Constitution

### Article 1:

WHO's objective is the attainment by all peoples of the highest possible level of health.

### Article 2:

WHO has coordinating, normative, advisory, and technical-support functions (setting the “gold standards”).

### Article 37:

WHO staff are responsible only to the Organization and must not accept external instructions.

## WHO- / UN-internal Rules

### Art. 37 WHO-Constitution

Why WHO funding must be audited carefully:

WHO states that it is funded by assessed contributions and voluntary contributions:

> 80% of voluntary contributions in 2022–2023 were earmarked, which creates a structural risk that funding may influence operational priorities.

In governance terms, this is directly relevant to independence, integrity, and internal control. => RISK BY ITS OWN.

# WHO- / UN-internal Rules

## UN- / Human Rights

- WHO is part of the UN system and operates within a broader framework of international cooperation and public accountability.
- Art. 3 IHR (=> Human Rights Prevail)
- UN, human rights, and good governance framework
- The most relevant governance benchmarks are the CEPA principles of sound policymaking, integrity, transparency, and independent oversight.

**=> NO RISKY and NO HARMFUL TREATMENTS; NO EXPERIMENTS**

## WHO-/UN- framework on Good Governance Principles (I)

- WHO has its own Risk Management Strategy, which sets out the Organization's enterprise risk management approach.
- WHO has an Internal Control Framework, designed to provide reasonable assurance over operations, reporting, and compliance; the Executive Board and its Programme, Budget and Administration Committee oversee this system.
- WHO's Office of Internal Oversight Services (IOS) provides independent audit, evaluation, and investigation, and its audit work is explicitly risk-based.
- [...]

# WHO-/UN- framework on Good Governance Principles (II)

## UN- / Human Rights

- [...]
- In parallel, the **UN Secretariat** has an Accountability Framework, an Enterprise Risk Management and Internal Control Framework, and a Statement on Internal Control.
- The wider **UN system** has also developed governance models on risk management, oversight, and accountability, including system-wide guidance (CEB; JIU).

## Internationally accepted external Rules re. Quality Control

- **Global Internal Audit Standards** (benchmark for independence, objectivity, planning, evidence, and reporting).
- **ISO 31000 and ISO/IEC 31010** provide recognized standards for structured risk identification, assessment, treatment, and review.
- ISO 14971 provides the key reference framework for benefit-risk management of medical products.

⇒ PRINCIPLE of RISK BASED APPROACH

⇒ what matters is the EFFECTIVE RISK (legal fictions cannot eliminate effective risk)

# (3) Key Questions to examine?

# WHO

## PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the achievement of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing and uncertain environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 10 of the Charter of the United Nations.

## How to assess WHO's Performance?

- 1.) *Did WHO assess the **risks from SARS-CoV-2** accurately?*  
(or did WHO declare and extend a Fake 'PHEIC')
- 2.) *Did WHO investigate the **origins of the pandemic** accurately enough?*  
(including the possibility of a laboratory origin)?
- 3.) *Did WHO assess the **risks from modRNA vaccines** accurately?*  
=> new method; P1 vs. P2; Gene Therapy;  
=> empirical data
- 4.) *Did WHO **communicate clearly, accurately, and honestly** about the above?*

## How to assess WHO's Performance?

- 5.) *Did WHO allow open scientific debate and fair consideration of different views? (to foster science and respect the fundamentals of democracy)*
- 6.) *Did WHO respect human rights and proportionality in its guidance??  
=> Informed consent; (no forced participation in experiments)*
- 7.) *Did WHO remain independent from donors and sponsors?*
- 8.) *Did WHO respect and safeguard all well established safety rules / standards*
- 9.) *Did WHO's internal oversight, audit, and control systems work properly?*

# What degree of DILIGENCE and CARE applicable to WHO?

## Effect of intervention

- Max. intensity / gravity
- Max. duration
- Max. number of people affected

As of  
Mid 2020

Jan. 2020

Maximum degree of  
Diligence and Care

### ‘DILIGENTIA MAXIMA’:

- **Permanent re-assessment** and effective internal audits;
- Careful Compliance with all best-practise standards to be applied;
- Permanent optimization of methods used  
=> To avoid harm

# (4) Preliminary Findings

# WHO

## PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the achievement of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthfully development of the child is of basic importance; the ability to live harmoniously in a changing and environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree

to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 109 of the Charter of the United Nations.

# Past recommendations under COVID-19:

## RT-PCR tests

(Reverse transcription polymerase chain reaction test)

- Tests with the highest diagnostic accuracy
- Cost more
- Require sophisticated laboratory setting



## Recommendations for national SARS-CoV-2 testing strategies and diagnostic capacities

Interim guidance

25 June 2021



### Sources:

- 1.) [https://apps.who.int/iris/bitstream/handle/10665/342002/WHO-2019-nCoV-lab-testing-2021.1-eng.pdf?sequence=1&isAllowed=y;](https://apps.who.int/iris/bitstream/handle/10665/342002/WHO-2019-nCoV-lab-testing-2021.1-eng.pdf?sequence=1&isAllowed=y)
- 2.) <https://www.who.int/westernpacific/emergencies/covid-19/information/covid-19-testing>

# 1. Did WHO assess the risks from SARS-CoV-2 accurately?

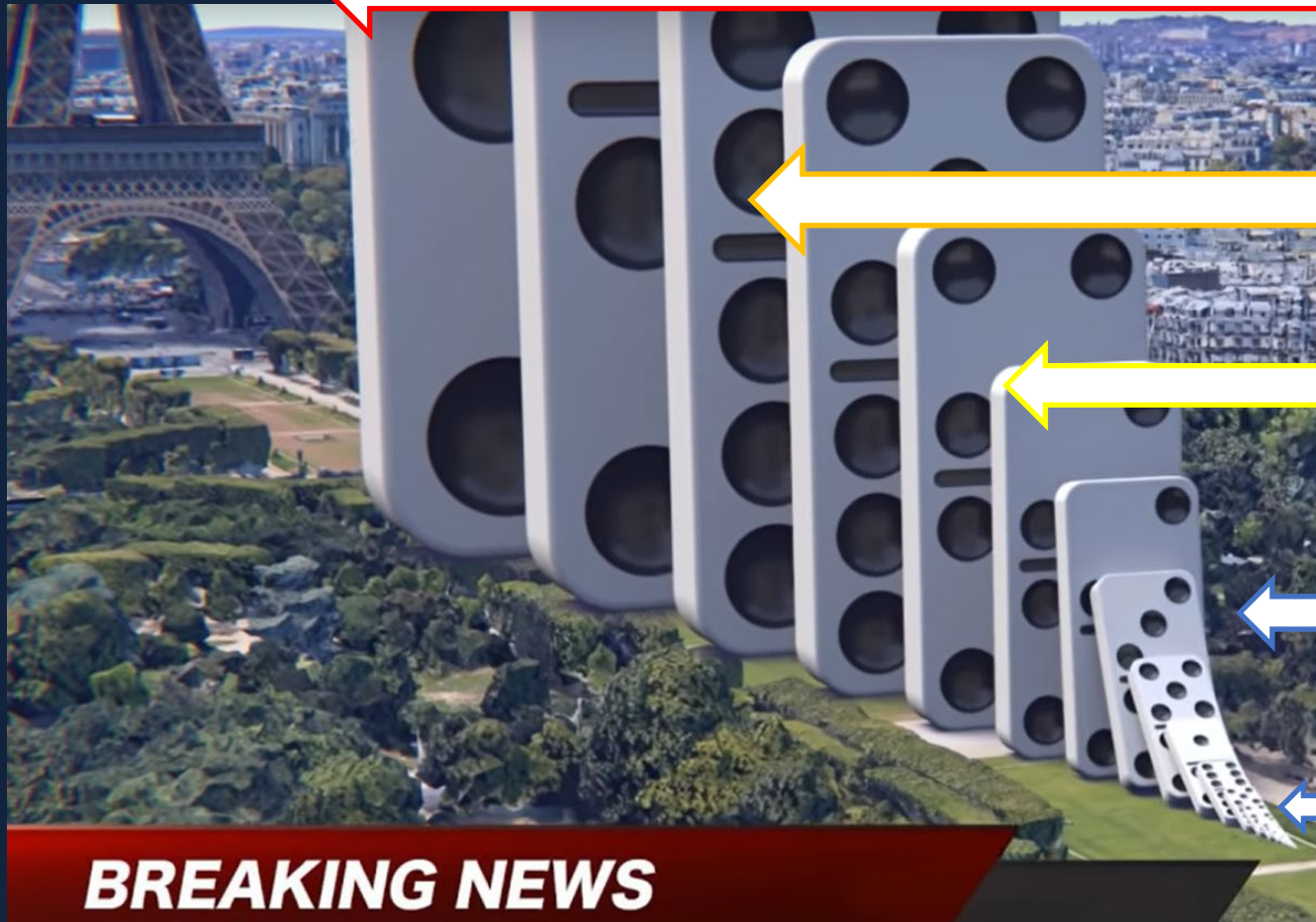
Article 12 Determination of a public health emergency of international concern public health emergency of regional concern, or intermediate health alert

[1.] [...]

Public  
Health  
Emergency of  
International  
Concern

JUST ONE SINGLE PERSON CAN DECLARE THE RULE of EMERGENCY!

# “PHEIC”: The first domino stone



Max. Collateral Damages;  
+ NO HUMAN RIGHTS  
PROTECTION

Recommendation of Vaccines  
without safeguards and  
No Checks & Balances

Lockdown; Digital Health  
Certificate vs. ISOLATION

Monopoly of Information  
Denial of free speech; Censorship  
incl. License to produce fear.

„PHEIC“:  
Declaration of emergency  
= simple self-authorization

# 1. Did WHO assess the risks from SARS-CoV-2 accurately?

(or did WHO declare and extend a Fake 'PHEIC')

WHO's PHEIC-Declaration  
Jan. 2020 – May 2023

194 Government's  
EMERGENCY POWERS

Massive violation of basic  
Fundamental rights

Infodemics (=Dis-Infodemics)  
Misguiding people into Experiments

Suspension of national  
Checks & Balances

„Wartime“ procurement  
Agreements re. modRNA

EMERGENCY  
USE AUTHORIZATIONS

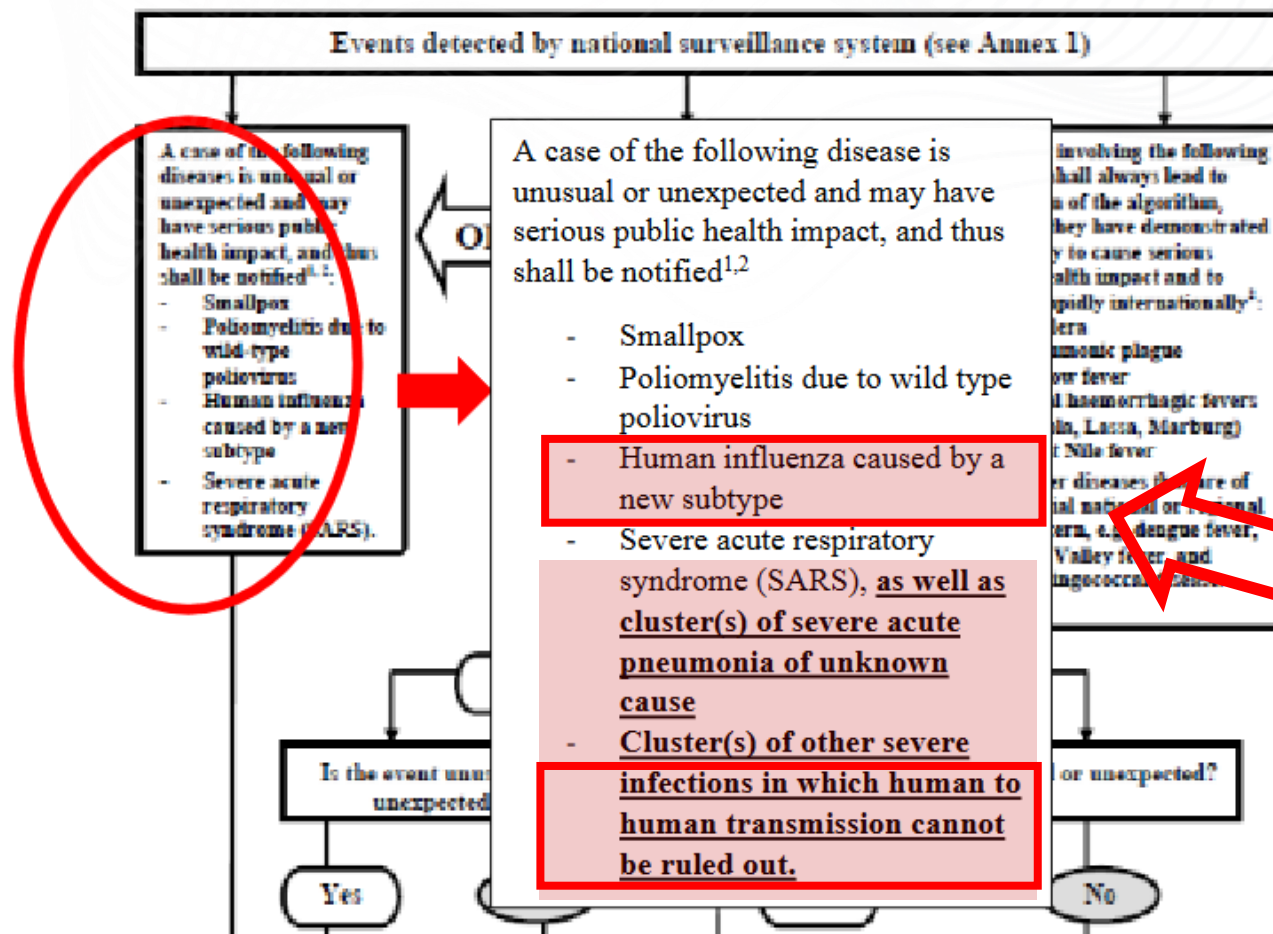
# Will we be better off in the future?

⇒ IHR-Amendments?

⇒ New Pandemic Treaty?

# Will it get better in the future (under the new IHR)?

ANNEX 2  
 DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION  
 OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY  
 OF INTERNATIONAL CONCERN



Wide extension on all eventualities for justification of EMERGENCY

# „ONE HEALTH“



World Health Organization

Seventy-eighth World Health Assembly

Agenda item 16.2

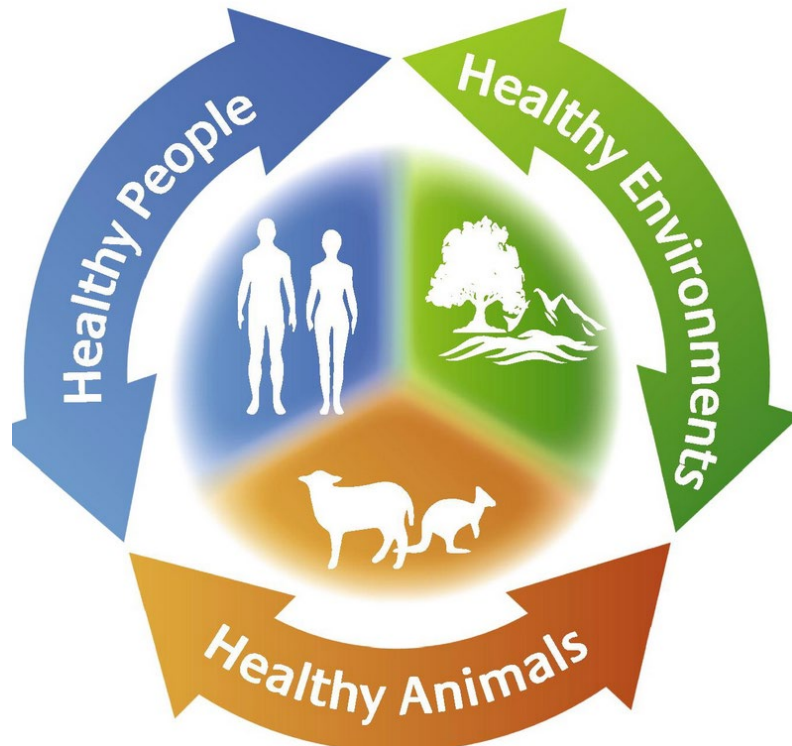
20 May 2025

WHA78.1

## WHO Pandemic Agreement

Article 5 One Health approach for Pandemic Prevention, Preparedness and Response

### The One Health Triad




Bird Flue in the US(Dec. 2024 – March 2025:  
**166 Mio. Animals killed**



**IT IS A TECHNIQUE USED  
FOR THE MASS KILLING OF  
FACTORY FARMED ANIMALS.**

## Unlimited sources for new pathogens/threats (... for WHO's competence)



World Health Organization

# Global genomic surveillance strategy

for pathogens with pandemic and epidemic potential

2022–2032

### Everything can be the source of a threat:

- Human civilisation;
- Animals;
- Ecosystem; Environment;
- Climate Change / CO2
- Loss of biodiversity;
- Etc.

### New in both:

⇒ IHR-amendments

⇒ NEW PANDEMIC TREATY

## *2. Did WHO investigate the true origins of the pandemic accurately enough?*

(including the possibility of a laboratory origin)?

## WHO's official position (still today)

### WHO-convened Global Study of Origins of SARS-CoV-2: China Part

Joint WHO-China Study  
14 January-10 February 2021

#### Joint Report

The joint team's assessment of likelihood of each possible pathway was as follows:

- direct zoonotic spillover is considered to be a possible-to-likely pathway;
- introduction through an intermediate host is considered to be a likely to very likely pathway;
- introduction through cold/ food chain products is considered a possible pathway;
- introduction through a laboratory incident was considered to be an extremely unlikely pathway.

# LAB LEAK – THE TRUE ORIGIN OF COVID-19

THE WHITE HOUSE  
WASHINGTON

1.

The virus possesses a biological characteristic that is *not found in nature*.

2.

Data shows that all COVID-19 cases stem from *a single introduction into humans*. This runs contrary to previous pandemics where there were multiple spillover events.

3.

Wuhan is home to China's foremost SARS research lab, which has a history of conducting gain-of-function research (gene altering and organism supercharging) at inadequate biosafety levels.

4.

Wuhan Institute of Virology (WIV) researchers were *sick with COVID-like symptoms* in the fall of 2019, months before COVID-19 was discovered at the wet market.

5.

By nearly all measures of science, if there was evidence of a natural origin it would have *already surfaced*. But it hasn't.

# Senate Committee's Investigative Report

**An Analysis of the Origins of  
the COVID-19 Pandemic**  
*Interim Report*



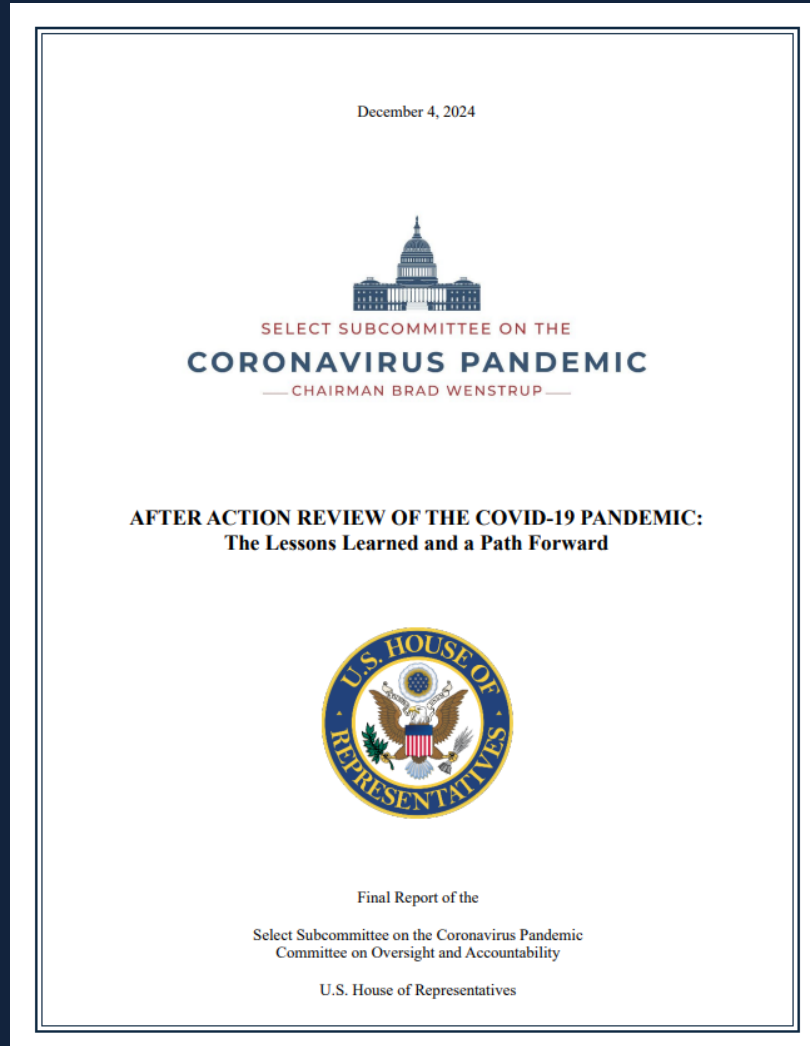
**Senate Committee on Health Education, Labor and Pensions**

**Minority Oversight Staff**

**October 2022**

*“Based on the analysis of the publicly available information, it appears reasonable to conclude that the COVID-19 pandemic was, more likely than not, the result of a research-related incident.”*

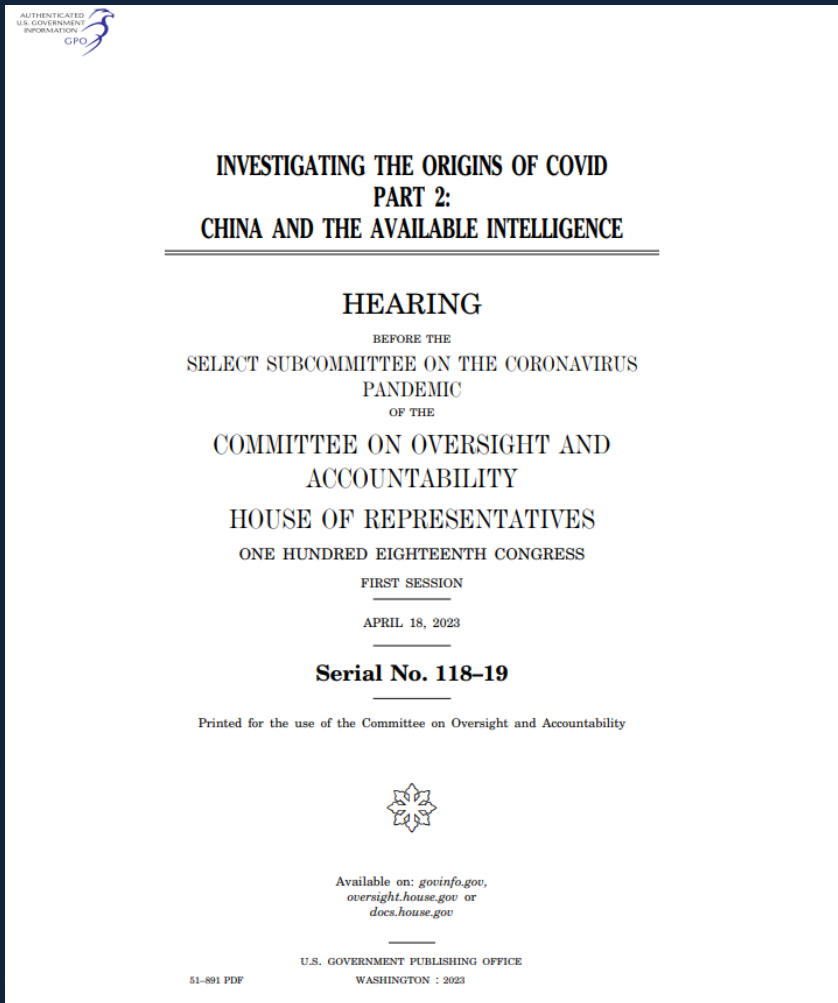
# U.S. House of Representatives' Final Investigative Report



*“SARS-CoV-2, the virus that causes COVID-19, likely emerged because of a laboratory or research-related accident.”*

**Source:** Select Subcommittee on the Coronavirus Pandemic, Committee on Oversight and Accountability, U.S. House of Representatives, *“After Action Review of the COVID-19 Pandemic: The Lessons Learned and a Path Forward”*, 4 December 2024, <https://oversight.house.gov/wp-content/uploads/2024/12/2024.12.04-SSCP-FINAL-REPORT-ANS.pdf>

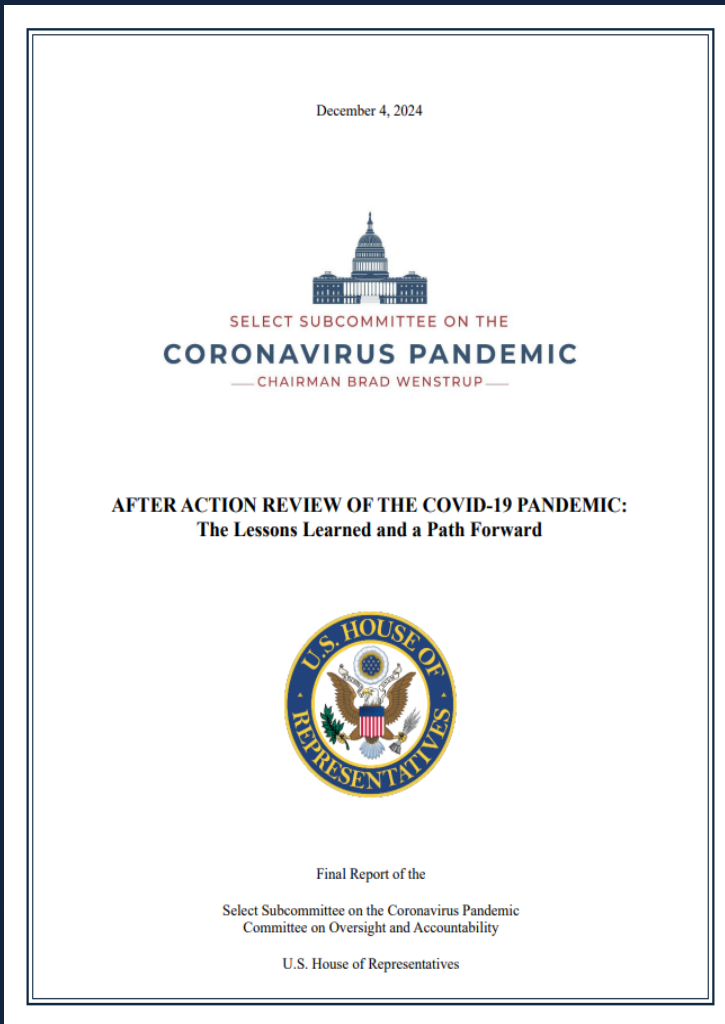
# U.S. House of Representatives' Final Investigative Report



John Ratcliffe, Director of the Central Intelligence Agency:

*“First, let me state the bottom-line up front. My informed assessment as a person with as much access as anyone to our government’s intelligence during the initial year of the pandemic has been and continues to be that **a lab leak is the only explanation credibly supported by our intelligence, by science, and by commonsense.**”*

# U.S. House of Representatives' Final Investigative Report



- 1) The possibility that COVID-19 emerged because of a laboratory or research related accident is not a conspiracy theory.
- 2) EcoHealth Alliance, Inc. and Dr. Peter Daszak should never again receive U.S. taxpayer dollars.

- 1) The U.S. National Institutes of Health funded gain-of-function research at the Wuhan Institute of Virology.
- 2) The Chinese government, agencies within the U.S. Government, and some members of the international scientific community sought to cover-up facts concerning the origins of the pandemic.

## LAB LEAK – the MOST LIKELY ORIGIN

### Early 2020:

*“Germany's foreign intelligence service in 2020 put at 80%-90% the likelihood that the coronavirus behind the COVID-19 pandemic was accidentally released from China's Wuhan Institute of Virology.”*

### June 2020:

Sir Richard Dearlove, former head of British foreign intelligence agency MI6, suggested that the COVID-19 virus was man-made and that the pandemic was caused by an accidental leakage from the Wuhan Institute of Virology in Wuhan.

**Source:** Reuters, *“German spy agency concluded COVID virus likely leaked from lab, papers say,”* Reuters, 12 March 2025, <https://www.reuters.com/business/healthcare-pharmaceuticals/german-spy-agency-concluded-covid-virus-likely-leaked-lab-papers-say-2025-03-12/>  
Bill Gardner, *“Exclusive: Coronavirus began ‘as an accident’ in Chinese lab, says former MI6 boss,”* The Telegraph, 3 June 2020, <https://www.telegraph.co.uk/news/2020/06/03/exclusive-coronavirus-began-accident-disease-escaped-chinese/>

# LAB LEAK – the MOST LIKELY ORIGIN

February 2023:

US Department of Energy concluded a lab leak is the likely cause of the pandemic.

February 2023:

FBI concluded a lab leak is the most likely cause of the pandemic.

25 January 2025:

CIA concluded a lab leak is the likely cause of the pandemic.

18 April 2025: The White House published on the official White House website "*Lab Leak: The True Origins of Covid-19*", explicitly framing a lab-related incident involving gain-of-function research as "the most likely origin of COVID-19."

## Sources:

(1.) Julian E. Barnes, "*Lab Leak Most Likely Caused Pandemic, Energy Dept. Says*," The New York Times, 26 February 2023, <https://absa.org/wp-content/uploads/2023/03/NYT-230226-LabLeakMostLikelyCausedPandemic-EnergyDeptSays.pdf>

(2.) Hannah Rabinowitz, "*FBI Director Wray acknowledges bureau assessment that COVID-19 likely resulted from lab incident*," CNN, 1 March 2023, <https://edition.cnn.com/2023/02/28/politics/wray-fbi-covid-origins-lab-china>

(3.) Julian E. Barnes, "*C.I.A. Now Favors Lab Leak Theory to Explain Covid's Origins*," The New York Times, 25 January 2025, <https://www.nytimes.com/2025/01/25/us/politics/cia-covid-lab-leak.html>

(4.) The White House, "*Lab Leak. The True Origins of COVID-19*," The White House, 18 April 2025, <https://www.whitehouse.gov/lab-leak-true-origins-of-covid-19/>

**2014-2017**

During GOF moratorium,  
Dr Fauci funded GOF  
research



**Dr Peter Daszak**  
EcoHealth Alliance

**Dr Anthony Fauci**  
NIH National Institute of Allergy and Infectious Diseases

**2018**  
**DEFUSE PROJECT**  
Blueprint SARS-CoV-2



**Dr Shi Zhengli**

**Dr Peter Daszak**

中国科学院武汉病毒研究所  
WUHAN INSTITUTE OF VIROLOGY, CAS

EcoHealth Alliance



**DR RALPH BARIC**  
UNC CORONAVIRUS EXPERT  
WRAL.com

**2021**  
**Dr Daszak, Dr Shi Zhengli**  
**WHO's investigations**  
For SARS-CoV-2 origins



**Dr Shi Zhengli**

**Dr Peter Daszak**

中国科学院武汉病毒研究所  
WUHAN INSTITUTE OF VIROLOGY, CAS

EcoHealth Alliance

**Understanding the Risk of Bat Coronavirus Emergence**

Project Number: 2R01AI110964-06  
Contact PI/Project Leader: DASZAK, PETER  
Awardee Organization: ECOHEALTH ALLIANCE, INC.

**History**

Total project funding amount for 7 projects is \$4,325,005\*

\* Only NIH, CDC and FDA funding data

Project Number	Sub	Principal Investigator(s)/ Project Leader(s)	Organization	Fiscal Year	Admin IC	Funding IC	FY Total Cost by IC
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
5R01AI110964-07		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2023	NIAID	NIAID	\$576,290
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
2R01AI110964-06		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2019	NIAID	NIAID	\$661,980
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
5R01AI110964-05		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2018	NIAID	NIAID	\$581,646
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
5R01AI110964-04		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2017	NIAID	NIAID	\$597,112
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
5R01AI110964-03		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2016	NIAID	NIAID	\$611,090
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
5R01AI110964-02		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2015	NIAID	NIAID	\$630,445
<b>Understanding the Risk of Bat Coronavirus Emergence</b>							
1R01AI110964-01		DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2014	NIAID	NIAID	\$666,442

**3. The Role of Furin Cleavage in SARS-CoV-2**

**3.1. Project DEFUSE and the Intent to Insert Furin Cleavage Sites**

In 2018, EcoHealth Alliance, along with UNC and the Wuhan Institute of Virology (WIV), submitted a proposal for funding under DARPA's PREEMPT program. The proposal, known as Project DEFUSE,<sup>28</sup> explicitly discussed plans to insert furin cleavage sites (FCS) into bat-derived SARS-like coronaviruses. This project aimed to:

- Insert "human-specific cleavage sites" into the spike Protein of SARS-like coronaviruses.
- Separately, it stated the intention to use furin cleavage sites.
- Study their ability to infect humanized mice expressing the ACE2 receptor.

# Dr. Baric Claims Ownership of Furin Cleavage Site Concept



Q So within this DEFUSE team, whose idea was it to sort of target the cleavage site for that S1/S2 junction?

As I understand it, they occur randomly in a series of different viruses, but the location itself, the location within the genome is important for it to work.

A Yeah, so it's -- there's a lot of redundancy in proteases that cleave the coronavirus spike. So to start off, the idea of manipulating the protease was clearly mine.

No question.



**Source:** U.S. House of Representatives, Select Subcommittee on the Coronavirus Pandemic, Committee on Oversight and Accountability, *“Interview of: Ralph S. Baric, Ph.D.,”* U.S. House of Representatives, Committee on Oversight and Accountability, Select Subcommittee on the Coronavirus Pandemic, 22 January 2024, <https://oversight.house.gov/wp-content/uploads/2024/04/Baric-TI-Transcript.pdf>

# WHO still today denies the Lab-Leak Origin

Scientific Advisory Group for the Origins of  
Novel Pathogens (SAGO)

Independent assessment of the origins of  
SARS-CoV-2

Publication Date 27 June 2025



World Health  
Organization

To conclude, while a zoonotic origin with spillover from animals to humans is currently considered the best supported hypothesis by the available scientific data, until requests for further information are met or more scientific data becomes available, the origins of SARS-CoV-2 and how it entered the human population will remain inconclusive.

Will we be safer in the future?  
⇒ New Pandemic Treaty (Art. 12; **PABS**-Annex)



A banner image for the WHO BioHub System. It features a person in a blue lab coat and cap, with their hands in blue gloves. The person is holding a glowing, digital globe of the Earth. The globe is surrounded by various icons representing health and technology, such as a plus sign, a microscope, a pill, and a document. The background is a soft, blue, out-of-focus laboratory setting.

# WHO BioHub System

## What is the WHO BioHub System?

The COVID-19 pandemic, along with other recent outbreaks and epidemics, has underscored the importance of rapid and broad sharing of pathogens for effective surveillance and the timely development of medical response products such as diagnostics, therapeutics or vaccines. Currently a great deal of pathogen sharing is done bilaterally and on an *ad hoc* basis, which can be inefficient and risks both leaving some countries out and not covering important, emerging pathogens.

The world needs a system to rapidly, safely and efficiently share biological materials with epidemic or pandemic potential, and expertise to conduct thorough risk assessments that can be rapidly shared with all countries, and in time, to develop medical countermeasures that can be equitably shared with all countries in need.

The WHO BioHub System will offer a reliable, safe, and transparent mechanism for WHO Member States to voluntarily share novel biological materials, without replacing or competing with existing systems. Sharing of biological materials with epidemic or pandemic potential will be done through one (or more) of the laboratories designated as a WHO BioHub Facility.

Source:

<https://www.who.int/initiatives/who-biohub>

## PABS: = New RISKS

Pathogene Access Benefit Sharing (Art. 12 of the Treaty + Annex)

PABS: = a global platform (with economic incentive) for:

- All WHO-Members States
- providing and sharing natural and manmade pathogens;
- R&D on and creation of even bioweapons;
- With NO effective oversight and with full immunity for WHO + state actors;
- With WHO in possession of a global pandemic pathogene lending library.
- More laboratory activities = higher Risks:
- NO effective safety precautions against Gain-of-function;
- Even producers will have access.

## PABS: = all countries shall share deadly pathogens

### Swiss Bio Lab Spiez (BLS-4 lab) in the service of WHO:

- Global repository for pathogens; under WHO oversight. Storing, sequencing and sharing pathogens (SARS-CoV-2, mpox, and other high-risk pathogens) in a biosafety level 4 (BSL-4).
- Distribution of pathogens to laboratories worldwide;
- No oversight; no effective safety control:

Commentary

BMJ Global Health

## The WHO BioHub system: experiences from the pilot phase

---

Maximilian Brackmann , Daniel Zysset, Nicole Liechti , Isabel Hunger-Glaser, Olivier Engler

#### Sources:

- BMJ-Article: <https://gh.bmj.com/content/8/8/e013421>
- [www.who.int/news/item/24-05-2021-who-and-switzerland-launch-global-biohub-for-pathogen-storage-sharing-and-analysis](http://www.who.int/news/item/24-05-2021-who-and-switzerland-launch-global-biohub-for-pathogen-storage-sharing-and-analysis);
- [www.swissinfo.ch/eng/politics/switzerland\\_and\\_who\\_launch\\_global\\_pathogen\\_biohub/46644520](http://www.swissinfo.ch/eng/politics/switzerland_and_who_launch_global_pathogen_biohub/46644520)

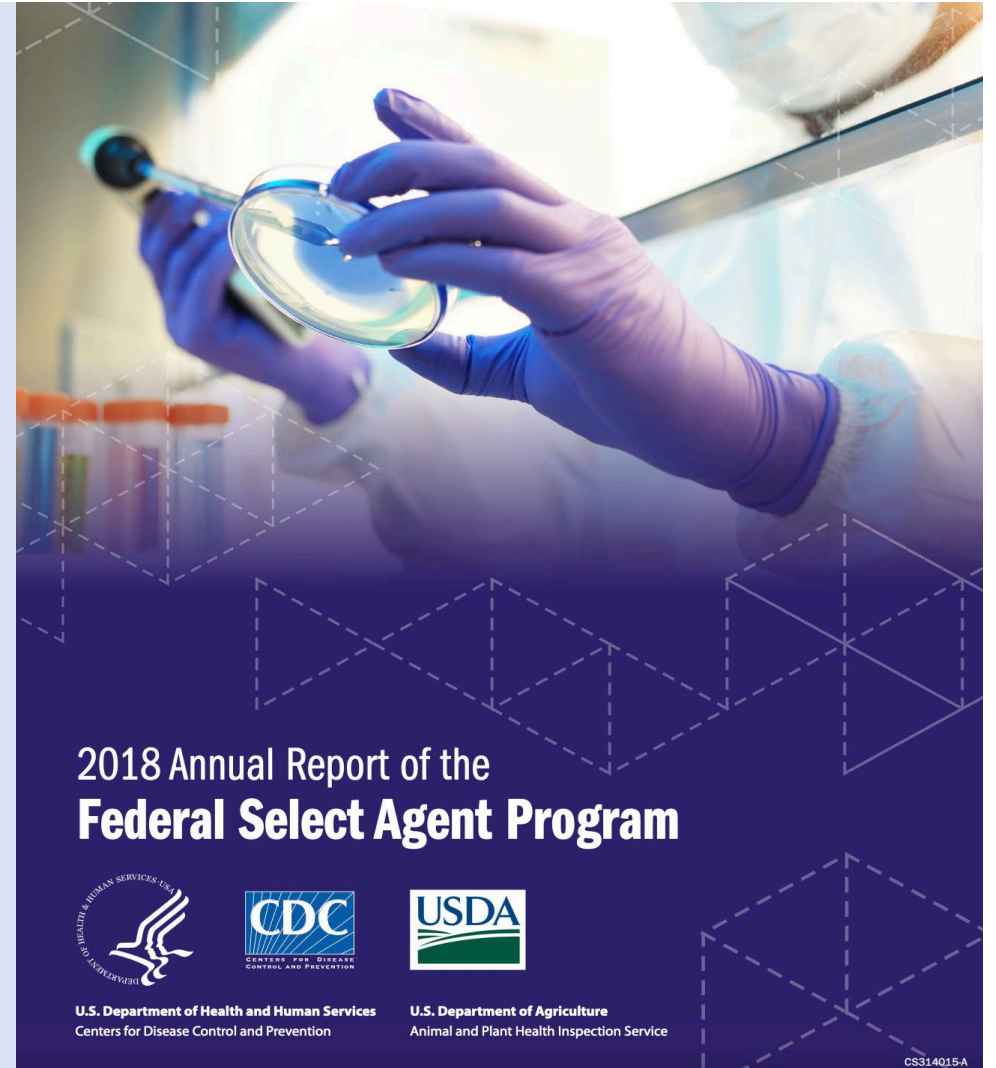
# PABS: = MULTIPLICATION of RISKS!

## LAB LEAKS HAPPEN ALL THE TIME:

- CDC and USDA run a Select Agent program for ~60 US Potential Pandemic Pathogens that could affect humans, plants, livestock
- There are **200 lab accidents per year** reported to CDC re: select agents studied in the US
- In 2018 alone, 173 (of 201 reported) releases led to "**895 individuals [receiving] occupational health services, including medical assessments and, if needed, diagnostic testing and prophylaxis.**"

### Source:

[https://web.archive.org/web/20200410035210/https://www.selectagents.gov/resources/FSAP\\_Annual\\_Report\\_2018\\_508.pdf](https://web.archive.org/web/20200410035210/https://www.selectagents.gov/resources/FSAP_Annual_Report_2018_508.pdf)



**PABS** means: = more risks!  
Without safeguards and protection  
against LAB LEAKS and  
against threats from Gain-of-function!

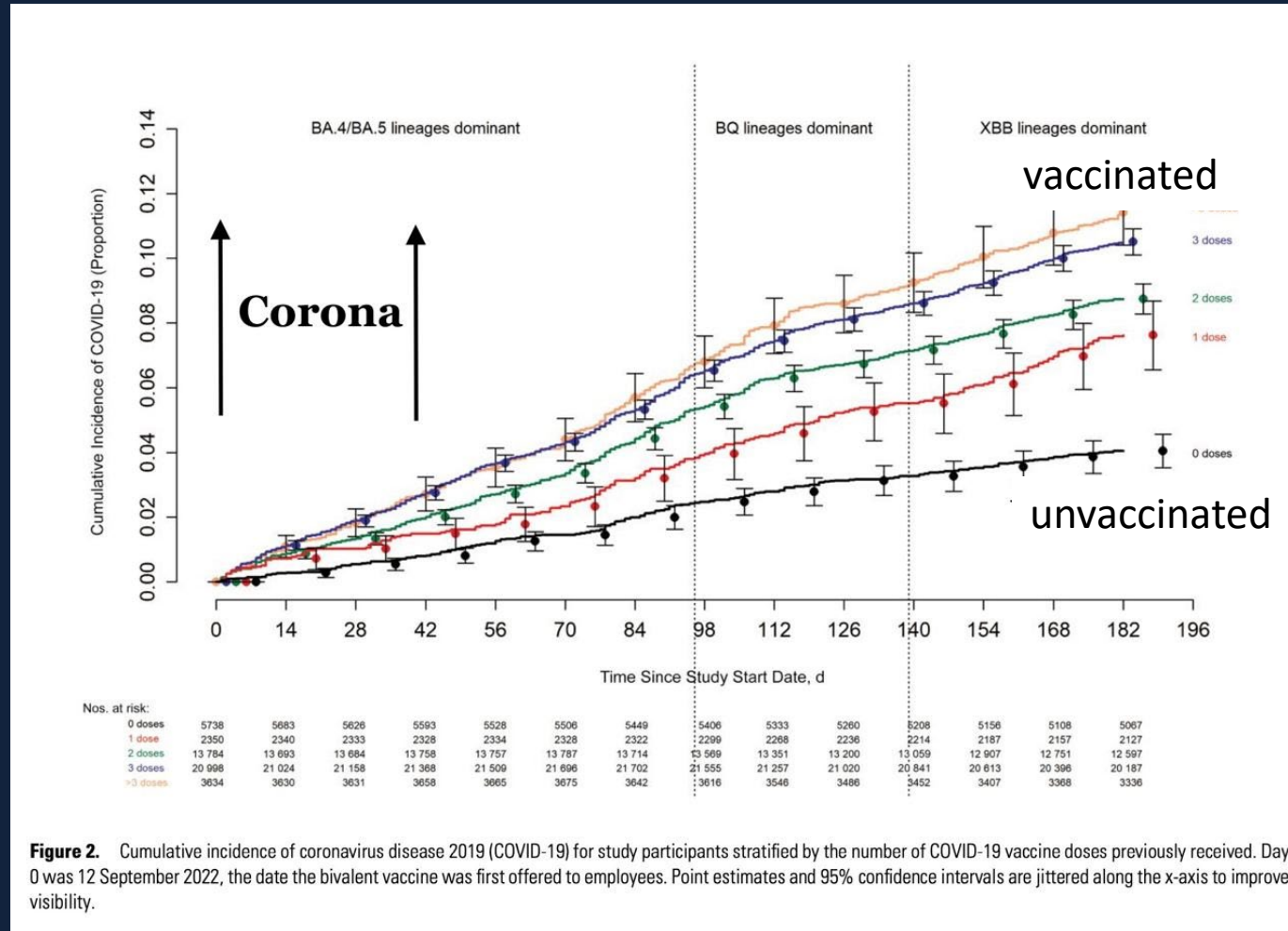
### 3. *Did WHO assess the risks from modRNA-'vaccines' accurately?*

=> new method; P1 vs. P2; Gene Therapy;

=> empirical data

# WHO's denial of empirical evidence:

**DENIAL**



**Figure 2.** Cumulative incidence of coronavirus disease 2019 (COVID-19) for study participants stratified by the number of COVID-19 vaccine doses previously received. Day 0 was 12 September 2022, the date the bivalent vaccine was first offered to employees. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility.

*The more frequently someone is vaccinated, the greater the risk of contracting Covid-19. [Hence the many cases of Long Covid.]*

**Source:**

SHRESTHA, "Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine," preprint dated Dec. 19, 2022, <https://www.medrxiv.org/content/10.1101/2022.12.17.22283625v1.full>.

# WHO's denial of empirical evidence:

Open Forum Infectious Diseases

MAJOR ARTICLE



## Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine

Nabin K. Shrestha,<sup>1,✉</sup> Patrick C. Burke,<sup>2</sup> Amy S. Nowacki,<sup>3,✉</sup> James F. Simon,<sup>4</sup> Amanda Hagen,<sup>5</sup> and Steven M. Gordon<sup>1</sup>

<sup>1</sup>Department of Infectious Diseases, Cleveland Clinic, Cleveland, Ohio, USA, <sup>2</sup>Infection Prevention, Cleveland Clinic, Cleveland, Ohio, USA, <sup>3</sup>Quantitative Health Sciences, Cleveland Clinic, Cleveland, Ohio, USA, <sup>4</sup>Enterprise Business Intelligence, Cleveland Clinic, Cleveland, Ohio, USA, and <sup>5</sup>Occupational Health, Cleveland Clinic, Cleveland, Ohio, USA

**Background.** The purpose of this study was to evaluate whether a bivalent coronavirus disease 2019 (COVID-19) vaccine protects against COVID-19.

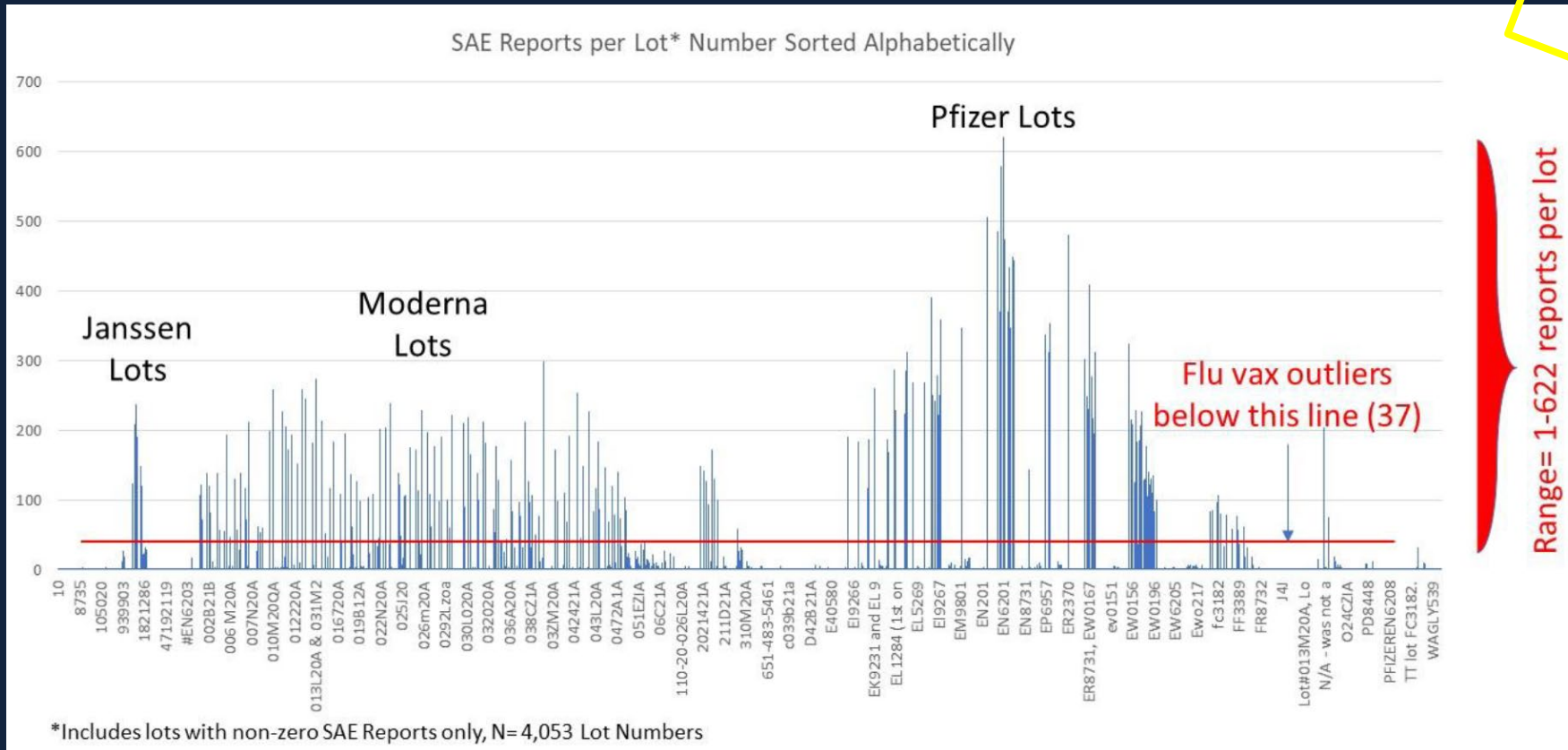
DENIAL

*The more frequently someone is vaccinated, the greater the risk of contracting Covid-19. [Hence the many cases of Long Covid.]*

### Source:

SHRESTHA, "Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine," Final print: June 2023 Open Forum Infectious Diseases, Vol. 10, Issue 6: <https://doi.org/10.1093/ofid/ofad209> (Publ. 19 April 2023)

# WHO's denial of bad vaccine manufacturing practise



**DENIAL**

Seasonal flu shots:  
Below 10 reports  
 on SAE;  
 (In 30 yrs: 1x 37  
 SAE);

Moderna:  
 200-300 SAE;

Pfizer:  
 200-600 SAE

Source:

Sasha Latypova, witness statement of 28 Dec. 2021 (High Court of Justice / USA)

# Will we be safer in the future?

⇒ IHR-Amendments?

⇒ New Pandemic Treaty?

# “Regulatory Strengthening” = Experiments + SPEED over SAFETY



World Health  
Organization

Seventy-eighth World Health Assembly

Agenda item 16.2

WHA78.1

20 May 2025

## WHO Pandemic Agreement

### Article 8 Regulatory systems strengthening

1. Each Party shall strengthen its national and, where appropriate, regional regulatory authority responsible for the authorization and approval of pandemic-related health products, including through technical assistance from, and cooperation with the World Health Organization, and other international organizations upon request and other Parties as appropriate, with the aim of ensuring the quality, safety and efficacy of such products.

Source:

New Pandemic Treaty (adopted; not yet signed):

[https://apps.who.int/gb/ebwha/pdf\\_files/WHA78/A78\\_R1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf)

# “Regulatory Strengthening” = Experiments + SPEED over SAFETY



World Health  
Organization

## INTERNATIONAL HEALTH REGULATIONS (2005)

As amended in 2014, 2022 and 2024

### Definitions

“relevant health products” means those health products needed to respond to public health emergencies of international concern, including pandemic emergencies, which may include medicines, vaccines, diagnostics, medical devices, vector control products, personal protective equipment, decontamination products, assistive products, antidotes, cell- and gene-based therapies, and other health technologies;

### **Art. 15, Abs. 2 | Temporary recommendations**

New: «*relevant health products*» in the list of potential objects to be recommended by the Director General

### **Art. 15, Abs. 2 | Standing recommendations**

New: «*relevant health products*» in the list of potential objects to be recommended by the Director General

**Etc. etc.**

### Sources:

1. ) IHR Amended Version June 2024:

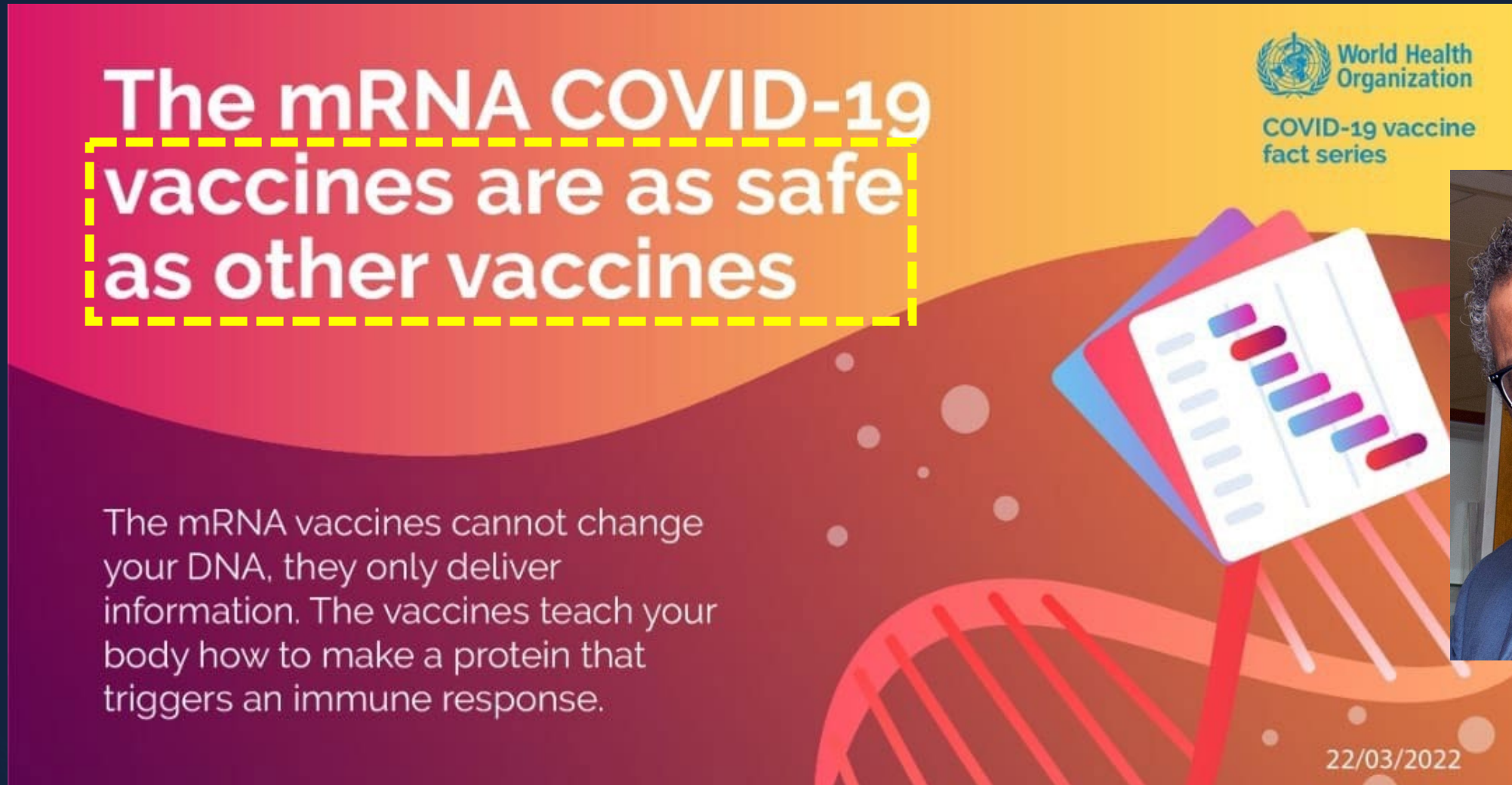
2.) **WHO’s Emergency Use Listing Procedure:**

[https://apps.who.int/gb/bd/pdf\\_files/IHR\\_2014-2022-2024-en.pdf](https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf)

<https://www.who.int/publications/m/item/emergency-use-listing-procedure>

## *4. Did WHO communicate clearly, accurately, and honestly?*

# WHO's (Dis)information Campaign



The mRNA COVID-19 vaccines are as safe as other vaccines

The mRNA vaccines cannot change your DNA, they only deliver information. The vaccines teach your body how to make a protein that triggers an immune response.

World Health Organization  
COVID-19 vaccine fact series

22/03/2022

The graphic features a yellow and orange background with a DNA double helix and a bar chart. The text is in white and yellow. The WHO logo is in the top right corner.



Source:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

# WHO's (Dis)information Campaign

A graphic from the World Health Organization's COVID-19 vaccine fact series. It features a purple and pink background with a red curved line. The main text reads: "Getting vaccinated is a safer way for you to develop immunity against COVID-19 than getting infected and sick". Below this, a yellow dashed box contains the text: "COVID-19 is a life-threatening disease. Don't risk your health. Get vaccinated as soon as it's your turn." To the right, there are blue person icons and a photograph of a smiling man in a suit and glasses. The WHO logo and "World Health Organization" text are in the top right, and "COVID-19 vaccine fact series" is below it. The date "22/03/2022" is in the bottom right.

World Health Organization

COVID-19 vaccine fact series

Getting vaccinated is a safer way for you to develop immunity against COVID-19 than getting infected and sick

COVID-19 is a life-threatening disease. Don't risk your health. **Get vaccinated as soon as it's your turn.**

22/03/2022

Source:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

# WHO's (Dis)information Campaign

## COVID-19 advice for the public: Getting vaccinated

English version last updated on 4 August 2023.

**COVID-19 vaccines are safe.**

Strict precautions are in place to help ensure the safety of all COVID-19 vaccines.

Before receiving validation from WHO and national regulatory agencies, COVID-19 vaccines must undergo rigorous testing in clinical trials to prove that they meet internationally agreed benchmarks for safety and efficacy.

Source:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

# „Infodemics“ | Information control = GENERAL DOGMA of WHO + UN



Home / Health topics / Infodemic



Infodemic



Home / Newsroom / Spotlight / Let's flatten the infodemic curve

Many references  
to „INFODEMICS“  
On the WHO-Homepage.

## Let's flatten the infodemic curve

# WHO'S INFODEMICS destroys INFORMED CONSENT:

**NO SCIENCE** **NO DEMOCRACY**  
**NO JURISDICTION**  
**NO Informed Consent**



~~OPEN INFORMATION~~

~~OPEN DEBATE~~

~~NO MANIPULATION~~

# Will we be safer in the future?

⇒ IHR-Amendments?

⇒ New Pandemic Treaty?

# WHO's Information Control will be much stronger



World Health  
Organization

Seventy-eighth World Health Assembly

Agenda item 16.2

20 May 2025

WHA78.1

## WHO Pandemic Agreement

### Article 16 Communication and public awareness

1. Each Party shall, as appropriate, take measures to strengthen science, public health and pandemic literacy in the population, as well as access to transparent, timely, accurate, science- and evidence-based information on pandemics and their causes, impacts and drivers, as well as on the efficacy and safety of pandemic-related health products, particularly through risk communication and effective community-level engagement.

### Article 15 Whole-of-government and whole-of-society approaches

1. The Parties are encouraged to apply whole-of-government and whole-of-society approaches at the national level, including, according to national circumstances, to empower and enable community ownership of, and contribution to, community readiness for and resilience to pandemic prevention, preparedness and response.

Source:

New Pandemic Treaty (adopted; not yet signed): [https://apps.who.int/gb/ebwha/pdf\\_files/WHA78/A78\\_R1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf)

# WHO's Information Control will be much stronger



World Health  
Organization

## INTERNATIONAL HEALTH REGULATIONS (2005)

As amended in 2014, 2022 and 2024

ANNEX 1

CORE CAPACITIES

A. CORE CAPACITIES REQUIREMENTS FOR PREVENTION,  
SURVEILLANCE, PREPAREDNESS AND RESPONSE

### 3. At the national level

(i) risk communication, including addressing misinformation and disinformation;

(o) providing the foregoing on a 24-hour basis.

[The same on the „intermediate level“]

#### Sources:

1. ) IHR Amended Version June 2024:

[https://apps.who.int/gb/bd/pdf\\_files/IHR\\_2014-2022-2024-en.pdf](https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf)

2.) Standard practise of WHO:

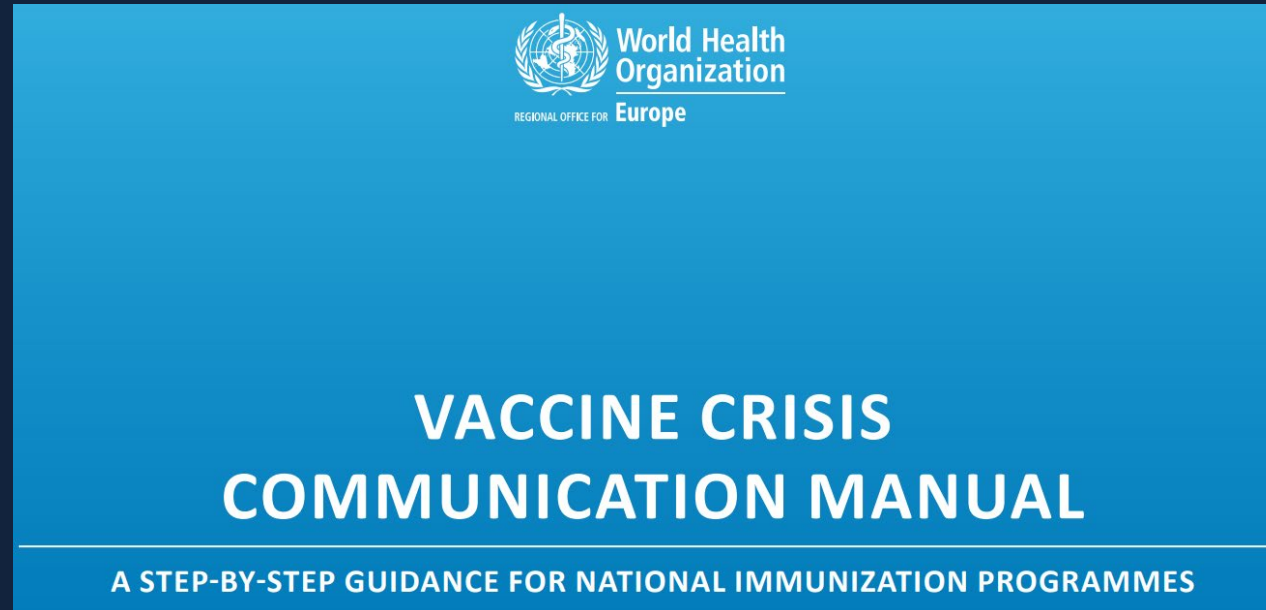
[https://www.who.int/health-topics/infodemic#tab=tab\\_1](https://www.who.int/health-topics/infodemic#tab=tab_1)

Pls. review also:

3.) Instructive article about WHO's practise:

<https://gh.bmj.com/content/bmjgh/7/8/e009483.full.pdf>

# 2022 | WHO's psychological operations manual: already in practise



### ABSTRACT

This manual was developed to support countries in effectively responding to events which may erode the public's trust in vaccines and the authorities that deliver them. In addition, a small section of this manual focuses on how to best prepare for a potential crisis and provides some insights into conducting post-crisis assessments. For the response phase, step-by-step guidance is provided on how to manage the communication aspects of a vaccine crisis.

### Source:

<https://iris.who.int/bitstream/handle/10665/352029/WHO-EURO-2022-3471-43230-60590-eng.pdf?sequence=1&isAllowed=y>

## 5. *Did WHO allow open scientific debate and different views?*

... to foster science and safeguard the fundamentals of democracy

No:

Wide range of strict measures in place to control the official narrative.

Censorship still active today!

## 6. *Did WHO respect human rights and proportionality in its guidance??*

NO:

Wrong recommendations, wrong information and wrong gold standards lead to:

- Censorship;
- Suppression of scientific debate;
- wrong and detrimental decision making
- Elimination of informed consent and of self-determination;
- Brutal executive force;
- Ultimately to: major harm

=> GLOBAL real life EXPERIMENT | against all legal and human principles

# Dogma of total vaccination | = Totalitarian approach

The mRNA COVID-19  
vaccines are as safe  
as other vaccines

 World Health  
Organization  
COVID-19 vaccine  
fact series




*“... But you know the serious challenge that's posed by anti-vaxxers and I think I think we need to strategize to really push back because vaccines work, vaccines affect adults, and we have science, evidence on our side. I think it's time to be more aggressive in pushing back on anti-vaxxers. I think they use Covid as an opportunity, and you know all the havoc they're creating.”*

**Tedros Ghebreyesus,  
28 May, 2024**

# UN General Assembly, 20 Sep. 2023

## Pushing for Info-Control and counter „Vaccine-hesitancy“

“The first-ever head of state summit on pandemic prevention, preparedness and response is a historic milestone in the urgent drive to make all people of the world safer, and better protected from the devastating impacts of pandemics,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “I welcome this commitment by

- Take measures to counter and address the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, especially on social media platforms, on people’s physical and mental health, including countering vaccine hesitancy in the context of pandemic prevention, preparedness and response
- 

# Mandatory international law (incl. Nuremberg Code)

International Covenant on Civil and Political Rights (1966; ICCPR)  
Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. **In particular, no one shall be subjected to medical or scientific experimentation without his or her voluntary consent.**

This provision applies **even "in time of public emergency which threatens the life of the nation and is officially proclaimed"** (as per Article 4, paragraphs 1 and 2 ICCPR).

**Source::**

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>

[https://treaties.un.org/doc/publication/unts/volume 999/volume-999-i-14668-english.pdf](https://treaties.un.org/doc/publication/unts/volume%20999/volume-999-i-14668-english.pdf)

## *7. Did WHO remain independent from donors and sponsors?*

# Clear constitutional basis: No Third Party Influence!

## WHO Constitution: AGAINST ANY CONFLICT of INTEREST

### *Article 37*

In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

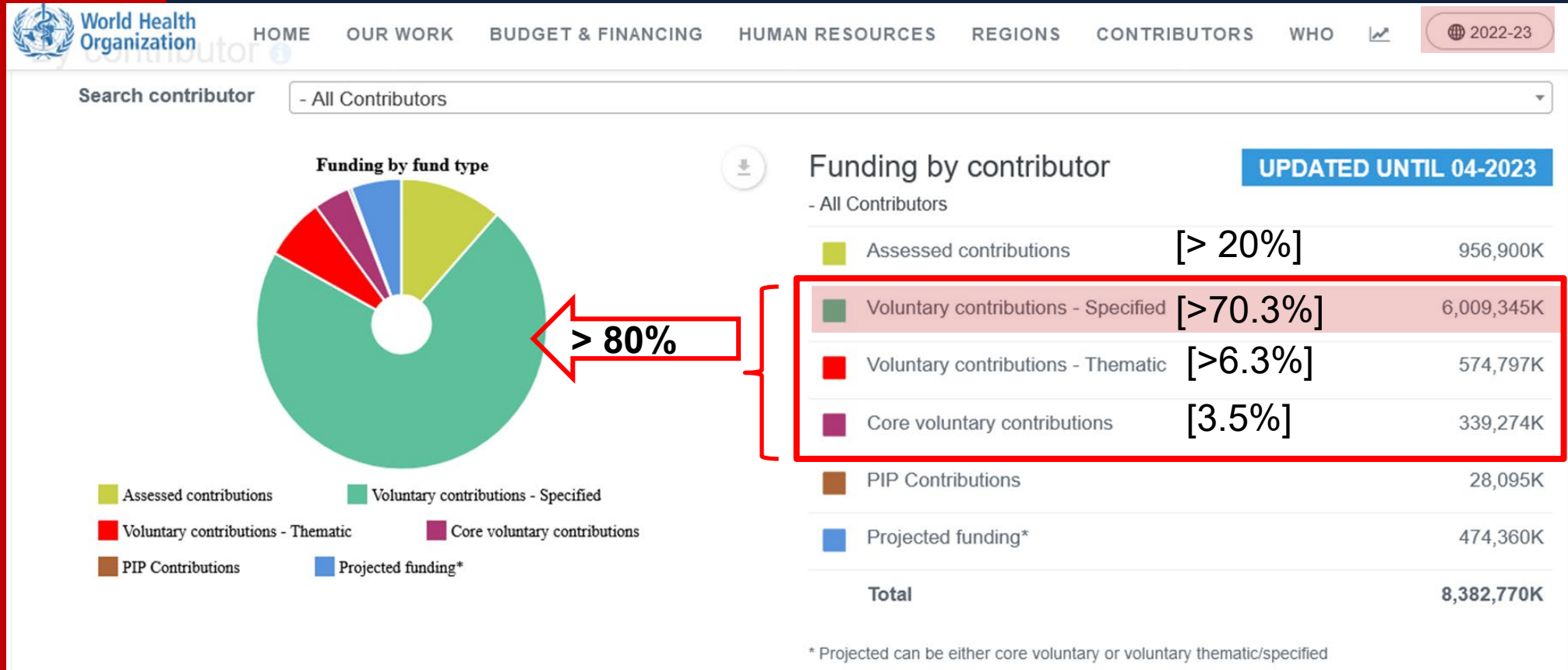
Source: WHO Constitution <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

# Who is in control of the WHO?

**Ordinary  
Contributions  
of the 194 WHO-  
Member States:  
<20%**

**Voluntary Contributions:  
>80%**

# Who is in control of the WHO?



Source: <https://open.who.int/2022-23/contributors/contributor>

# Who is in control of the WHO?

**Voluntary Contributions:**  
**>80%**

4.1%

95.9% (7.9% Thematic  
88% Specified)

80%

**Voluntary Contributions**  
without conditions:  
**>3.5%**

**Voluntary contributions with**  
conditions:  
**>76.5%**

WHO are these SPONSORS?

# Who is in control of the WHO?

## Voluntary contributions - Specified

Shows the total funds available in this biennium and are exclusive of Programme Supports Costs.

Germany	952,843K
Bill & Melinda Gates Foundation	592,277K
United States of America	447,837K
GAVI Alliance	413,190K
United Kingdom of Great Britain and Northern Ireland	367,093K
European Commission	309,580K
World Bank	158,134K
Rotary International	151,550K

**Bill Gates** directly and indirectly:  
1'005'467 K = **1.005 Mrd USD**

Source: <https://open.who.int/2020-21/contributors/overview/vcs>

# Philanthropic INSIDER BUSINESS

Market Summary > BioNTech SE - ADR

**141.16** USD

+127.34 (921.42%) ↑ all time

Jan 31, 10:09 AM EST • Disclaimer



**Pandemic Profiteering**



**TAX FREE  
PROFIT  
for B&MG**

<https://www.dossier.today/p/bill-gates-secured-hundreds-of-millions>

# Philanthropic INSIDER BUSINESS



## Microsoft founder Bill Gates discusses the global fight against the coronavirus

From seeking a vaccine to the idea of 'normality' Bill talks to Charlie about Covid19

12 April 2020

🕒 17 minutes

This clip is from



Breakfast

Marketing via ARD/Germany, 14 April 2020:

Marketing on BBC, 12 April 2020

BBC: <https://www.bbc.co.uk/programmes/p0896rpg>

ARD: <https://de-de.facebook.com/tagesschau/videos/gates-%C3%BCber-corona-impfstoff/2509304459175441/>

# Philanthropic INSIDER BUSINESS

# INSIDER TRADING ?

UK/BBC: 15 Sep. 2020

<https://www.bbc.com/news/av/world-54158625>



The screenshot shows the BBC News website interface. At the top, there is a navigation bar with the BBC logo, a 'Sign in' button, and links for Home, News, Sport, Earth, Reel, and Worklife. Below this is a red banner with the word 'NEWS' in white. Underneath the banner is a secondary navigation bar with links for Home, Israel-Gaza war, War in Ukraine, Climate, Video, World, UK, Business, Tech, and Science. A third navigation bar lists regional categories: World, Africa, Asia, Australia, Europe, Latin America, Middle East, and US & Canada. The main content area features a video player with a play button and a duration of 02:09. The video shows Bill Gates, wearing glasses and a blue sweater, with his hands clasped. Below the video player is the headline: 'Coronavirus: Bill Gates says rich countries must help make vaccine accessible to all'.

# Philanthropic INSIDER BUSINESS

DAVOS WEF

## Bill Gates: My 'best investment' turned \$10 billion into \$200 billion worth of economic benefit

PUBLISHED WED, JAN 23 2019 7:13 AM EST | UPDATED WED, JAN 23 2019 10:28 AM EST



Matthew J. Belvedere  
@MATT\_BELVEDERE

SHARE    

### KEY POINTS

- Investing in global health organizations aimed at increasing access to vaccines creates a 20-to-1 return, the Microsoft co-founder and philanthropist says.
- Putting \$10 billion into the S&P 500 would have grown only to \$17 billion over 18 years, factoring in reinvested dividends, Gates tells CNBC in Davos.

RELATE

TAX FREE

PROFIT

for B&MG

# Who is in control of the WHO?

## WHO Constitution: AGAINST ANY CONFLICT of INTEREST

### *Article 37*

In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

Source: WHO Constitution <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

# (5) Suspicion / preliminary Assessment

# WHO

## PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the achievement of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthily development of the child is of basic importance; the ability to live harmoniously in a changing and environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of co-operation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 109 of the Charter of the United Nations.

## Suspicion / Preliminary Assessment

- 1.) *WHO did NOT assess the **risks from SARS-CoV-2** accurately.  
(it extended a Fake 'PHEIC', with no good reason)*
- 2.) *WHO NOT did not accurately investigate the **origins of the pandemic**  
(but denies the overwhelming facts pointing to the lab origin)*
- 3.) *WHO not at all assess the **risks from modRNA vaccines** accurately:  
it completely ignores the safety issues re.  
=> new method; P1 vs. P2; Gene Therapy;  
=> empirical data*
- 4.) *WHO not at all **communicate accurately and honestly** about the above?*

## Suspicion / Preliminary Assessment

- 5.) *WHO closed down any open scientific debate and differing views (to the great harm of scientific progress and to fundamentals of democracy)*
- 6.) *WHO not at all respect human rights and proportionality in its guidance.  
=> NO Informed consent; (but forced participation in experiments!!)*
- 7.) *WHO is not at all independent from its donors and sponsors (but does its services)*
- 8.) *WHO takes part in reducing well established safety rules / standards*
- 9.) *WHO has no effective oversight, audit, and control systems work properly.*

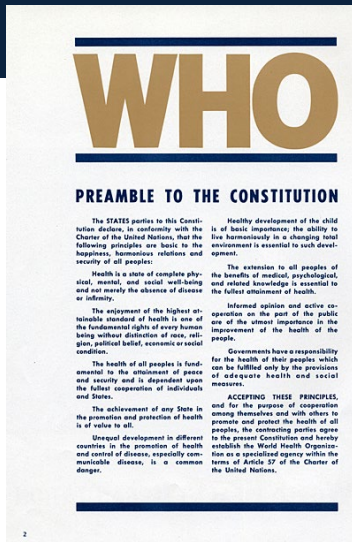
# Suspicion / Preliminary Assessment

## ***WHO IS an INSTITUTIONAL SYSTEMATIC RISK FACTOR for***

- 1.) Public health (ignoring the true risks)*
- 2.) Democracies*
- 3.) Fundamental Human Rights*
- 4.) Free market*
- 5.) Individual Businesses*

# (6) Consequence: EXTERNAL AUDIT

- a. ... for lawmakers
- b. ... for the people



# INVESTIGATE! | External Audit of the WHO Secretariat 2020–2025

## DON'T SIGN ANY WHO-TREATY, but start investigations

By every Member State:

Every “customer” must know, whether the WHO-secretariat has completed its mission and was/is acting within its constitutional framework. *“Did the Secretariat act in the interest of our people?”*

By the World Health Assembly: It is the supreme governing body of WHO. It is responsible for supervising the WHO-secretariat: *“Did the Secretariat complete its statutory mission under all applicable Rules and Standards?”*

# INVESTIGATE! | External Audit of the WHO Secretariat 2020–2025

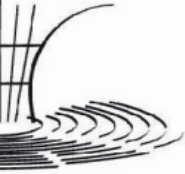
## OBJECTIVE:

The objective is an independent, rigorous, and transparent audit of WHO conduct and communication during the COVID-19 period.

The review must be based on constitutional rules, UN governance principles, WHO/UN internal control and risk rules, and internationally recognized audit standards.


(7) Historic good example for  
**EXTERNAL AUDIT** and Investigation:  
H1N1 / Swine Flue

# Historic example for EXTERNAL AUDIT (independent investigation)



Parliamentary Assembly  
Assemblée parlementaire

<http://assembly.coe.int>



COUNCIL OF EUROPE  
CONSEIL DE L'EUROPE

**PROVISIONAL VERSION**

## The handling of the H1N1 pandemic: more transparency needed

Report  
Social Health and Family Affairs Committee  
Rapporteur: Mr Paul FLYNN, United Kingdom, SOC

**A. Draft resolution**

1. The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at national level. It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money, and also unjustified scares and fears about health risks faced by the European public at large.

# Historic example for EXTERNAL AUDIT (independent investigation)

Excerpts of remarks by Fiona Godlee, Editor-in-Chief of the British Medical Journal, during an exchange of views in Paris with PACE's Health Committee on the handling of the H1N1 pandemic, 4 June 2010:


"The report from the Council of Europe on the handling of the flu pandemic is extremely important, and its findings complement the findings of the BMJ's own report, also published today on bmj.com. The BMJ's report, produced in collaboration with the Bureau of Investigative Journalism, finds evidence of declarable financial conflicts of interest among experts advising WHO at the highest level, many of whom have served as paid consultants to manufacturers of influenza drugs and vaccines.

Key guidance from WHO - on the need to stockpile antivirals, on the effectiveness of flu vaccines, and on pandemic flu in general - was authored by experts being paid by industry. Given the huge public cost and private profit from the flu pandemic, the existence of these conflicts of interest is of grave concern, more so because WHO has not been transparent about them.

Also worrying is the existence of a secret "emergency committee" which took key decisions relating to the pandemic: first the decision to downgrade the definition of pandemic in May 2009, and then to announce the pandemic one month later, triggering pre-established vaccine contracts around the world.


WHO's credibility has been seriously damaged by these events. Restoring credibility is crucial if WHO is to serve its proper function as the world's most trusted technical and policy organisation. This must begin with an open evaluation of decision making around the pandemic, with full disclosure of the evidence behind the decisions, the names of those contributing to the decisions, and their conflicts of interest.

# 2010 – WHO’s Mismanagement of H1N1 – The False Alarm



Parliamentary Assembly  
Assemblée parlementaire

<http://assembly.coe.int>



COUNCIL OF EUROPE  
CONSEIL DE L'EUROPE

**PROVISIONAL VERSION**

**The handling of the H1N1 pandemic: more transparency needed**

Report  
Social Health and Family Affairs Committee  
Rapporteur: Mr Paul FLYNN, United Kingdom, SOC

*“Waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public”*

*“Overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO”*

*“This was a pandemic that never really was”*

*“Lack of transparency in public decisions undermines democratic principles and good governance”, “Undue influence by vested interests”, “sensationalism and scaremongering in the public health domain” and that even though “influenza presented relatively mild symptoms, Dr Wolfgang Wodarg, German epidemiologist and former member of the Parliamentary Assembly highlighted at the public hearing on 26 January 2010, the declaration of the current pandemic was only made possible by changing the definition of a pandemic and by lowering the threshold for its declaration.”*

Source:

Pages 1, 3, 9, 12 - [https://assembly.coe.int/CommitteeDocs/2010/20100604\\_H1n1pandemic\\_E.pdf](https://assembly.coe.int/CommitteeDocs/2010/20100604_H1n1pandemic_E.pdf)

# Necessary debate about Definition of a Pandemic

## *Changing the definition of a pandemic*



Parliamentary Assembly  
Assemblée parlementaire

<http://assembly.coe.int>



COUNCIL OF EUROPE  
CONSEIL DE L'EUROPE

PROVISIONAL VERSION

**The handling of the H1N1 pandemic: more transparency needed**

Report  
Social Health and Family Affairs Committee

25. WHO continues to assert that the basic definition of a pandemic was never changed. Only the description of pandemic alert levels was revised when the document “Pandemic Influenza Preparedness and Response: A WHO Guidance Document” (new title) was updated in May 2009. Notwithstanding these assertions, there is clear evidence that changes were made and that, most importantly, the former criteria of ‘impact and severity’ of an epidemic in terms of the number of infections and deaths was no longer considered relevant in the updated document<sup>21</sup>. In other words, the pandemic could be declared without the need to show that it was likely to be severe in terms of its impact on the population (for example regarding severity of illness and death). The definition before 4 May 2009 was worded as follows: “An influenza pandemic occurs 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 the new influenza virus are likely to quickly take hold around the world”, whilst the same definition became the following on WHO’s website after this date: “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 that pandemic”.

# Good example for EXTERNAL AUDIT | French Senate's report 2010

N° 685

**SÉNAT**

SESSION EXTRAORDINAIRE DE 2009-2010

Rapport remis à Monsieur le Président du Sénat le 29 juillet 2010

Enregistré à la Présidence du Sénat le 29 juillet 2010

Dépôt publié au Journal Officiel - Édition des Lois et Décrets du 30 juillet 2010

## **RAPPORT**

*de la commission d'enquête (1) sur le rôle des firmes pharmaceutiques dans la gestion par le Gouvernement de la grippe A (H1N1)v, créée sur la demande du groupe Communiste, Républicain et Citoyen et des sénateurs du Parti de Gauche, dont la Conférence des Présidents a pris acte le 10 février 2010, en vertu de l'article 6 bis, alinéa 3, du Règlement du Sénat.*

Tome I : rapport

*Président*  
M. François AUTAIN,

*Rapporteur*  
M. Alain MILON,

Sénateurs.

## FINDINGS:

- Declaration of a False Pandemic
- Waste of public funds
- Unjustified fears
- Conflict of interest among WHO experts
- Lack of transparency and concerning influence of the pharmaceutical industry in the decision making.

# What is WHO's mission today?

## CONSTITUTION OF THE WORLD HEALTH ORGANIZATION<sup>1</sup>

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

### *Article 1*

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

# Who is in control of the WHO today?

## *Article 37*

In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

*Protect your people,  
Protect your children,  
Protect your democracy,  
against the any abuse of powers!*

Thank you for your attention!

Philipp Kruse,  
Attorney at law, LL.M. (CH)

[kruse@kruse-law.ch](mailto:kruse@kruse-law.ch)