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Does the Coronavirus Pandemic Serve a Global Agenda?

By [Senta Depuydt](#)

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For those who follow the global immunization agenda and its implementation on different continents, the announcement of a new pandemic didn't come as a surprise. "Pandemic preparedness" has been well-funded and a buzz word for a long time before becoming a priority at the last G7 summits, the Davos World Economic Forum and other meetings of global governance. The latest simulation for preparedness was Event 201,^[1] a rehearsal of a coronavirus pandemic organized on October 18, 2019 in New York by Johns Hopkins University, the Gates Foundation and the World Economic Forum.

The Presidential election campaign in the United States and the controversial mandatory measles vaccination law in Germany provided perfect timing. What better than viral terror to influence public opinion and health policies on vaccine battles raging on both sides of the Atlantic?

To the majority who have never heard about this, one should remember that in 2014, the first Global Health Security Agenda (GHSA) meeting ^[2] was held at the White House, a few months after the whistleblower William Thompson raised the alarm on fraud committed by the CDC in the MMR vaccine safety study. That revelation led to increasing distrust in vaccination and public health institutions. So at the GHSA meeting, the US Health and Human Services Department, the World Health Organization (WHO), the Bill and Melinda Gates Foundation, the Global Alliance for Vaccination and Immunization (GAVI) and health officials from dozens of countries decided to create a "health security" agenda for the world. Its main goal was to vaccinate the entire population of the planet and drive changes in national legislation to do so. They agreed on the priority to achieve 90% measles vaccination coverage around the globe and to use arguments of "health emergencies" and "security threats" to bypass informed consent laws and constitutional rights.

Soon after that meeting, the big "measles scare" campaign started in Disneyland in December 2014, leading to the removal of vaccine exemption rights in California. Meanwhile, Italy, which had been designated to be the forerunner of this agenda in Europe, set things in motion to mandate eight additional childhood vaccines.

The movie *Vaxxed* then came out in April 2016, during the Presidential campaign. Many American families voted for Donald Trump, hoping that he would create a commission to investigate vaccine safety, as he seemed to have a particular interest. Hillary Clinton, on the other hand, repeated that "the science is clear, the earth is round, the sky is blue and vaccines work" throughout her campaign. A few days before the November 2016 vote,^[3] President Obama signed major US funding for the GHSA, together with the Bill and Melinda Gates Foundation.

Unfortunately, after the election, the vaccine safety commission that was supposed to be led by Robert F. Kennedy, Jr. never came to pass. On the contrary, draconian vaccine legislation made its way to several states. California, for example, which had already abolished personal belief exemptions, stripped away almost all medical exemptions in 2019, commencing a medical inquisition against doctors who put their patients first.^[4] Many Californians, realizing that their Eldorado had become a gilded cage, moved to freer states for vaccine choice, like Texas or Idaho.^[5]

A vaccine war

In 2020, vaccines could weigh even more heavily in US elections. In fact, one could almost say that a vaccine war is going on across the US. After California, states like New Jersey, Maine, Connecticut, Virginia, Hawaii, Colorado and many others are trying to adopt harsher vaccine laws. But vaccine freedom advocates are getting more organized, too, putting pressure on elected officials and candidates and even introducing their own legislation. For example, after the New Jersey legislature twice failed to pass a repeal of the religious exemption, even though Speaker Steven Sweeney vowed to "go to war" to get it passed, legislators proposed several vaccine safety bills.^[6] The Maryland legislature refused to allow pharmacists to administer vaccines, and in South Dakota, the legislature considered, although rejected, a bill that would have completely prohibited all medical mandates of any kind.^[7]

Europe too is undergoing a similar wave of coercive legislation and pushback. In Germany, compulsory measles vaccination has just come into force in early March, even though the country has one of the highest coverage rates — 97% one dose, 93% two doses — and very few cases of illness or death. This vote comes two years after Chancellor Angela Merkel announced that there would be no mandatory vaccinations in Germany,^[8] as informed consent had "solid historical reasons."

Sadly, informed consent and the Nuremberg Code may now exist only in the museum of democratic values. The new German law is particularly restrictive. There is no option for home schooling, and the measles vaccine obligation applies to adults working in the health and education sectors as well. But German citizens may be ready to fight back. Families and doctors are fighting the mandates in courts,^[9] and protests were planned all over the country for March 21, including a major event in Munich with Robert F. Kennedy, Jr. and activists from all over Europe — until the coronavirus pandemic intervened.^[10] Everywhere in Europe — in Great Britain, Austria, Belgium, Romania, Slovenia, from Ukraine to Spain — mandatory vaccination bills are being introduced. Faced with the violation of human rights that their Constitutions guarantee, people have filed complaints with the European Court of Human Rights. The Court, whose jurisdiction covers 49 countries throughout Europe and Eurasia, will hear cases on mandatory vaccination on April 30, 2020 arising from the Czech Republic.

It is undeniable that the coronavirus epidemic has come on the scene at a crucial moment, when people everywhere are in

revolt against the power of international financial institutions and multinational pharmaceutical corporations, whose stranglehold on governments is no longer hidden. Many scandals have shaken confidence. The bankruptcy of an aberrant economic system is accelerating, and attempts to start a third world war are multiplying. While it is impossible to know how the “coronavirus pandemic” will influence the redistribution of power, it is certain that many are seeking to have Covid-19 serve the political interests of a global governance project.

Iran

Interestingly, the second largest outbreak started in Iran, a country which, like China, does not bend to the West’s dictates. It is also currently involved with Syria and Russia in a tug-of-war with Turkey, NATO, and its traditional allies. After having refused all outside help in the management of the pandemic, Iran made a complete about-face by inviting the WHO to its rescue. It seems that the virus had contaminated a number of high-ranking government officials, including those close to Ayatollah Khamenei, and the former Iranian ambassador to Syria, who died in the early days of the epidemic. Taking an unusual sanitary measure, the Iranian government released 85,000 “uncontaminated” prisoners to avoid contagion in prisons. At the same time, officials blamed US sanctions, which were reimposed on Tehran after Washington abandoned the Iran 2015 nuclear deal, for “hampering their efforts to fight the coronavirus.” Iran called again for lifting the ban and asked the International Monetary Fund for a \$5 billion loan to fight the outbreak.^[11]

Italy

In Europe, as luck would have it, the pandemic first affected northern Italy, namely Lombardy and Veneto, which have by far the largest number of vaccine hesitant people in Europe and probably the world. Veneto strongly opposed the expansion of vaccine mandates. Activists demonstrated for months, with rallies of more than 50,000 people. As a result, the regional government appealed to the Council of State, arguing that the law violated constitutional freedoms and demanded autonomy in health matters. Of note, the WHO then decided to move its European headquarters to Venice, the capital of Veneto.

At the beginning of the disease outbreak, the Italian authorities considered it unnecessary to impose a two-week school quarantine on children returning from a trip to China, in order not to “stigmatize” them. (By contrast, unvaccinated children are stigmatized and prohibited from attending school year round.) Officials disagreed on Covid-19 diagnosis and “crisis measures,” reflecting conflicts between regional parties and medical experts. But the WHO soon managed to take control of the situation^[12] and appointed a special advisor, Dr. Gualtiero Ricciardi, who had been forced to resign earlier from the Italian HHS due to a long list of undeclared conflicts of interest, to steer the coronavirus crisis.

Since then, panic and alarm have escalated continuously, as have the Veneto region’s accusations of “anti-scientific”^[13] management. Although the country has been in a complete lockdown for weeks, cases keep increasing and the estimated number of deaths is now nearing 3,000. This sends a frightening signal, but these numbers need to be seen with caution. First, one of the major reasons why Italy is “overwhelmed,” is because of the crisis its public hospitals were already facing before the epidemic. The number of intensive care units has dropped by half over the last 20 years, dropping from the highest to the lowest number of beds per capita in Europe to around 230 per 100,000 inhabitants. In other words, the situation was already disastrous.

Second, there is a lot of controversy about the number of deaths that can really be ascribed to the epidemic. Testing is not very reliable and suffers many biases. According to Dr. Wolfgang Wodarg, who had chaired the Parliamentary Assembly of the Council of Europe Health Committee that called an emergency debate on the influence of the pharmaceutical industry in the declaration of the H1N1 flu pandemic by WHO in 2009, “the tests are currently not measuring the incidence of coronavirus diseases, but the activity of the specialists searching for them.”^[14] Many experts also disagree on the mortality rate of Covid-19. While the WHO gives estimates as high as 3.4%, renowned epidemiologists such as John Ioannidis^[15] consider the risk is probably much lower, perhaps 0.125%, for which there are no reasons to take such draconian measures.

France

In France, too, declarations of the Covid-19 pandemic seemed to have a flair for strategic time and place. When Minister of Health Agnes Buzyn suddenly left office to replace a candidate who was running for mayor of Paris (he had to step down after a sex scandal), the coronavirus crisis seemed to be reasonably manageable. But the Covid-19 threat arose again at an opportune time — to ban large protests against a highly unpopular law that slashed pensions and on the eve of local March elections. After the first round of voting, a complete lockdown was announced. The former health minister, who wasn’t elected mayor, expressed her regret for leaving office during the coronavirus crisis, saying that she knew from the start that the epidemic would escalate and soon turn into a major catastrophe...



Nov 13, 2019 French emergency health care personnel protest for more funds

But a disaster in France is easy to predict, as the situation is very similar to Italy. 1,300 public hospital doctors have been on administrative strike for almost a year. They refused to share the responsibility and decisions of a state that no longer provides minimal funds to run public health services. In the last two decades, the available number of beds has been reduced by 100,000 and the remaining facilities are largely understaffed. Patients who died after waiting endless hours in the emergency room were already

frequently reported by the media long before the coronavirus epidemic.

So the former health minister, who had received fierce criticism for her inability to solve this lingering hospital crisis, knew perfectly well that the coronavirus situation would further exacerbate the problem. Recently, when President Macron visited doctors fighting the epidemic to show his support, medical staff took the opportunity to express their anger towards his disastrous health policies in front of the camera.

The silent war in the treatment against Covid-19

Finally, the Coronavirus epidemic reveals the huge discrepancy between the WHO health strategies and the reality for scientists and doctors who put patients' lives first.

The current power struggle in France about coronavirus strategies between health officials and the country's leading expert is truly eye opening. Professor Didier Raoult, who is one of the world's top 5 scientists on communicable diseases and leads the high tech research center on infectious diseases, IHU – méditerranée Marseilles, argued that the approach of mass quarantine is both inefficient and outdated and that large scale testing and treatment of suspected cases achieves far better results.

Early on, Dr. Raoult suggested the use of hydroxychloroquine (Chloroquine or Plaquenil), a well-known, simple, and inexpensive drug that has shown efficacy with previous coronaviruses such as SARS. By mid-February, clinical trials at his institute and in China already confirmed that the drug could reduce the viral load and bring spectacular improvement. The Chinese scientists published their first trials on more than 100 patients and announced that the Chinese National Health Commission would recommend Chloroquine in their new guidelines to treat Covid-19.^[16]

As a member of a similar French committee, Dr. Raoult immediately shared the great news with health authorities. But they replied that there was not enough scientific evidence to prove efficacy and warned against potential side effects of the drug, preferring to focus their efforts to find new molecules and develop a new vaccine, with France's Sanofi Pasteur included in the coronavirus vaccine competition.

But Dr. Raoult and 600 members of his institute continued their work and confirmed similar results in a trial of 24 patients that was published March 3, 2020.^[17] Dr. Raoult has recorded daily videos^[18] to share his research and knowledge, sometimes reaching half a million views in a couple of days. Hospitals and general practitioners started to treat their patients with the drug until it quickly went out of stock.

In fact, for an unknown reason, last October, the French minister of health suddenly decided to put this long used over-the-counter drug on the list of "controlled substances" and make it a prescription drug.

Now, a month later, under the growing pressure of doctors and the media, the government has finally decided to "consider more trials" of this protocol, and Sanofi Pasteur has announced that it will offer enough doses to potentially treat 300,000 patients.^[19]

Although Chloroquine was cited second on the WHO's original list of drugs to be evaluated for coronavirus treatment as a drug on its list of "essential medicines," the WHO has not yet released any information about it and has not even mentioned the four clinical trials that received official European Union approval. While the WHO has repeatedly praised China and South Korea, for their "efficient response" using draconian quarantine measures, there has been no mention of the fact that those countries are using Chloroquine as an efficient Covid-19 treatment. But having used Chloroquine together with quarantine, China is nearing the end of its epidemic.

Interestingly, on February 26, the United Kingdom put Chloroquine on its list^[120] of drugs that can no longer be exported outside the country. In the United States, a white paper,^[21] published on March 13 by researchers from the National Academy of Science and Stanford Medical School, proposes that "the United States of America and other countries should immediately authorize and indemnify medical doctors for prescribing chloroquine to treat COVID-19."

But so far, the only words we hear from the WHO and Western health officials are "quarantine," "fast tracking vaccines," and "the search for new drugs." Obviously, there is no real interest in using a generic drug that can provide immediate treatment and prevention for a price around \$5. As a financial consultant recently asked in an article, "If a Covid-19 Therapy Doesn't Benefit A Stock, Does It Even Exist?"^[22] The answer, sadly, is obviously not.

It looks as if the WHO and our Western governments have decided to keep fueling the panic and raising the alert level, pushing the "Global Health Security Threat" narrative to the hilt. How much longer will we have to wait for effective treatment? How much longer with this global lockdown last? Officials say "until a new vaccine has been developed," which will probably be in fast track mode by a well-known philanthropist after most courts in the world have ruled that mandatory vaccination does not violate human rights.

Or perhaps until the economy has completely crashed and can be rebuilt on a "healthy basis"? Here is a clue: the European Central Bank has launched a "Pandemic Emergency Purchase Program"^[23] that will last until "the coronavirus Covid-19 crisis phase is over, but in any case not before the end of the year"!

Anything can happen now. No one can know for sure if we will emerge out of the coronavirus crisis as subjects of a techno-communist global government or if a new freedom virus will derail such a program. Certainly the world will not be the same.

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Senta Depuydt is a Belgian freelance journalist with a degree in communications. In 2016, she organized the first European Congress on biomedical treatments in Paris and has hosted debates on the biology of autism and vaccine safety in many French-speaking countries. She arranged for premieres of "Vaxxed" in Brussels, Paris and Cannes and an event at UNESCO. She is a board member of the French League for Free Choice in Vaccination and in the European Forum for Vaccine Vigilance. She works with health freedom organizations across Europe.

Notes

1. [Event 201](#).
2. [Global Health Security Agenda \(GHSA\) meeting](#).
3. [Executive Order — Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats](#).
4. [California vaccine bill exemption rules agreed to by Newsom and lawmakers](#).
5. [‘California refugees’ move to Idaho for lax vaccine laws. They want lawmakers to know why](#).
6. [‘We’re ready to go to war on this’: N.J. lawmakers pledge to reintroduce failed vaccine bill](#).
7. [South Dakota Considers First State Bill To Outlaw All Vaccine AND Medical Mandates](#).
8. [Genèse de l’obligation vaccinale contre la rougeole en Allemagne](#).
9. [Erste Verfassungsbeschwerden in Karlsruhe übergeben](#).
10. [Invitation to european protest for medical freedom](#).
11. [Coronavirus: Iran frees 85,000 prisoners to combat spread of infection](#).
12. [Joint WHO and ECDC mission in Italy to support COVID-19 control and prevention efforts](#).
13. [Coronavirus, Ricciardi \(OMS\): “Il Veneto si è comportato in maniera antiscientifica”](#).
14. W.Wodarg “Without PCR-Tests There Would Be No Reasons For Special Alarms”, 1.3.20, wodarg.com.
15. [A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data](#).
16. [Expert consensus on comprehensive treatment of coronavirus disease in Shanghai 2019](#).
17. [Chloroquine and hydroxychloroquine as available weapons to fight COVID-19](#).
18. [mediterranean-infection.com](#).
19. <https://www.connexionfrance.com/French-news/French-lab-Sanofi-hypothetically-offers-millions-of-doses-of-potential-Covid-19-Plaquenil-anti-malaria-drug>.
20. [Medicines that cannot be parallel exported from the UK](#).
21. March 13 White Paper
22. [If a COVID-19 Therapy Doesn’t Benefit a Stock, Does it Even Exist?](#).
23. The Governing Council will terminate net asset purchases under PEPP once it judges that the coronavirus Covid-19 crisis phase is over, but in any case not before the end of the year.

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