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Bill Gates and His Pandemic Agenda: A Way Out, or a Dead End?

A book review

PREMIUM

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Bill Gates speaks onstage at the TIME100 Summit 2022 on June 7, 2022 in New York City. (Jemal Countess/Getty Images for TIME)

Bill Gates' book "How to Prevent the Next Pandemic" (published in 2022) was written with the firm conviction that future pandemics are the biggest threat to humankind and that survival depends on global **pandemic** preparedness strategies.

Referring to the World Health Organization (WHO), university institutions such as Johns Hopkins, central steering bodies of vaccine manufacturers, e.g., [Gavi](#), [The Coalition for Epidemic Preparedness Innovations](#) (CEPI), and research bodies such as the [Institute for Health Metrics and Evaluation](#), he calls on the nations of the world not only to prevent a future catastrophe similar to [COVID-19](#) but also to eradicate all microbes associated with respiratory infectious disease.

“In fact, I see an opportunity not just to prevent bad things from happening, but to accomplish something extraordinary: eradicating entire families of respiratory viruses. That would mean the end of coronaviruses like COVID—and even the end of the flu,” Gates wrote.

The Political Agenda at Play

The political impact of the book is immense. Gates’ agenda has been incorporated into the [G20 Bali Leaders’ Declaration of November 2022](#). In a future pandemic treaty, all countries shall commit themselves to global pandemic preparedness, i.e., to recklessly enforce essentially [totalitarian strategies of viral containment](#) (e.g., “zero COVID”) at any cost, as seen until recently in China. For this purpose, digital surveillance technologies play a key role, in particular digital certificates.

Gates’ agenda provokes numerous questions.

Are Killer Viruses Coming out of Nowhere?

Is it really plausible to assume that humankind from now on will be tormented by pandemics?

The book presents a horrendous image: the constant threat of killer viruses. Gates describes the SARS-CoV-2 virus suddenly befalling the world.

In his interpretation, mathematical models clearly demonstrated the exponential growth of the coronavirus epidemic, based on the assumption that every person was susceptible due to a global lack of immunity against the new virus. His argument ignores all other factors.

The scientific debate about a possible laboratory origin from the Wuhan Institute of Virology (WIV) was hastily silenced and branded a “conspiracy theory” in February 2020 in a broad media campaign orchestrated by Peter Daszak, president of EcoHealth Alliance. EcoHealth Alliance has received **multimillion-dollar grants** for many years from United States (US) government institutes, such as the National Institute of Allergy and Infectious Diseases (NIAID), and grants from the Bill and Melinda Gates Foundation, to research potential pandemic viruses. These include gain-of-function research of concern—the research that alters viruses’ transmissibility or pathogenicity.

The investigative journalist Paul Thacker **exposed in 2021** that the EcoHealth Alliance supported WIV with \$600,000.

A Lack of Knowledge About Testing

Using COVID-19 as an example, the book attempts to convince the reader that the pandemic preparedness agenda is necessary for our very survival. Gates asserts that bold and radical measures such as lockdowns, quarantine, isolation, mask mandates, distancing, frequent asymptomatic RT-PCR or antigen testing, and mass vaccination campaigns and mandates have prevented the collapse of health care systems and millions of COVID-19 deaths worldwide.

The book fails to address the **adverse effects** of pandemic preparedness; it overlooks deteriorating social and health conditions following these measures.

Gates seems to eschew critical assessment of highly variable COVID case fatality or infection fatality rates (**pdf**) across different population groups, lack of benefit but **substantial harms of lockdowns**, mask mandates, mass RT-PCR or antigen screening (**pdf**) in symptomless populations.

Gates' assertions on the validity of the PCR test are unsettling: "Unless the sample is contaminated, a PCR test is unlikely to give you a false positive—if the result says you're infected, you almost certainly are—but sometimes it can return a false negative, meaning that it says you're free and clear even though you're not." And: "For now, PCR tests remain the gold standard in terms of accuracy."

These claims reveal a stunning ignorance regarding the science of testing.

For a long time, we have known that the accuracy of a test depends on circumstance. Mass screening in healthy populations where disease prevalence is expected to be low will produce many false positive results.

The use of the RT-PCR test as a screening tool in the population **is problematic**, mainly because a positive test result cannot reliably discriminate between infectious symptomatic and asymptomatic disease, noninfectious carriers, or individuals who recovered from infection. Therefore, on its own, this test is not suited ([pdf](#)) for diagnosing SARS-CoV-2 infection or COVID-19 disease. It follows that counting the positive results of the RT-PCR test as "incidence" of COVID-19 contradicts the rules of good clinical practice (GCP), as does the registration of cases of deaths occurring within **28 days** after a positive test as COVID-19 deaths.

A Lack of Understanding of Mortality Data

Why are pandemic responses of different countries not evaluated by comparing age-adjusted annual total **mortality** rates?

In the book, Gates provides figures from the Institute for Health Metrics and Evaluation (IHME) projecting 2021 cumulative worldwide estimates of the COVID-19 death toll. This gives the impression that an effort was made to come close to the initially (March 2020) **projected number** of >40 million COVID-19 deaths by the Imperial College COVID-19 Response Team at the expense of **methodological integrity**.

To achieve an unbiased estimate of the pandemic impact on populations in various countries, annual total mortality is an essential measure, particularly in countries like Germany, with comprehensive population registries.

Looking first at total mortality figures in 2020, when no COVID-19 vaccines were deployed, is particularly relevant.

With the introduction of mass vaccination programs at the beginning of 2021, vaccine effects and long-term influences of non-pharmaceutical interventions (NPI) on annual total mortality trends can be assessed.

- **Countries with harsh lockdowns may not do better**

Studies of all-cause mortality have shown that countries with draconian lockdown policies didn't do any better compared to countries with less restrictive strategies.

For example, a statistically significant increase ([pdf](#)) in total mortality starting in 2021 in Germany and other countries applying far-reaching pandemic measures is observed.

Gates also arrives at other unfounded claims; for example, the positive effects of school closures. In fact, he entirely ignores the effects of far-reaching measures such as lockdowns, school and university closures, and restrictions of access to medical care—and consequent social isolation, discontinuation of work, unemployment, poverty, and malnutrition—that negatively influenced the course of severe COVID-19 disease and total mortality.

- **Japan and mask mandates**

Gates writes, “The benefit of masks has now been proven around the world.” Again, this claim disregards the [scientific debate in the published literature](#) that challenges mask mandates.

Right from the first chapter, “Learn from COVID,” Gates appears to take on the role of world judge of sovereign countries: “I don’t like to dwell on failures, but some are too egregious to ignore. Although there are positive examples, most countries handled at least some aspects of their COVID response poorly.” Gates highlights Japan as “one country that did particularly well” for reputed mask mandates—though there were, in fact, no mask mandates, immunity passports, or other severe pandemic restrictions for residents living in Japan, apart from a tight border control strategy.

- **Sweden: loose NPI but low deaths**

Gates denigrates the United States for a disastrous 2020 pandemic response by the White House and the worst failure of “never getting testing right” and disparages Sweden for not enforcing lockdowns.

The billionaire Gates harshly reprimands the democratic Swedish government for its decision not to infringe on civil rights. For example, school closures were not considered appropriate or beneficial in Sweden. The country announced from the beginning that wearing face masks was optional, and very early on, Sweden abated quarantine and isolation rules.

In contrast to Gates’ view, Sweden did not experience a fiasco but, in reality, exhibited only half the number of COVID-19 deaths compared to Michigan, for example, which is of similar population size and socioeconomic structure.

The book systematically ignores findings and empirical observations, such as total mortality trends in Sweden, in case they undermine Gates' assertions. All-cause mortality in Sweden was slightly elevated in 2020 but not in 2021, when statistically significant excess mortality emerged in Germany. Incidentally, Sweden belongs to the countries with the highest life expectancy in the world, one to two years higher than Germany and much higher than the U.S.

For Every New Pandemic Virus, a New Vaccine Within 6 Months?

Gates thoroughly admires fast-track development and emergency authorization of novel mRNA vaccines. For Gates, sponsor of COVID-19 vaccine development, the quality of pivotal trials or regulatory oversight seems out of the question.

In his view, all production processes went extremely well; the safety and efficacy of vaccines are beyond doubt.

From this follows his call for vaccine readiness, meaning that no more than six months shall pass between the appearance/detection of a new pandemic virus in the years to come and the deployment of the adjusted mRNA vaccine. In this short period, 16 billion doses of the novel vaccine shall be available, providing two shots for each human being in the entire world, covering infancy to old age.

Gates' demand for vaccine production at "warp speed" jeopardizes good clinical practice of vaccine research and development that requires large-scale randomized controlled (phase III) trials with sufficient follow-up time to demonstrate the efficacy and safety of every new vaccine.

Critical issues and unknowns of mRNA Covid-19 vaccines are not mentioned. Instead, Gates reassures the reader that “even though vaccine trials had to be sped up during COVID...the standards for safety and effectiveness didn’t change...even in groups like pregnant women.” This assertion is highly questionable as there is no reliable safety data on mRNA covid-19 vaccines **in pregnancy**. Even the enthusiastic vaccination advocate Gates must concede that mRNA Covid-19 vaccines have not been shown to prohibit the dissemination of infection.

In the view of the philanthropic billionaire, the \$20 billion US-government investment that flowed into the production of COVID-19 vaccines “to help move various vaccine candidates through the pipeline” did more than pay off. Gates’ vision is to create a universal vaccine for coronaviruses with the potential to work against viruses that do not yet exist.

But why should new vaccines be manufactured for each new virus or variant if **broad natural immunity** against the virus and its variants already exists in the population? And what should be the rationale behind putting vast resources into uncontrolled gain-of-function research of concern?

Commercial Predation Sold as Philanthropy

Gates should be asking himself whether he is doing humankind a service in “prescribing” pandemic preparedness that categorically excludes any possibility of scientific examination.

It is of great concern that a multi-billion dollar tycoon is able to sell business acumen as philanthropy and to dominate—through the Bill & Melinda Gates Foundation—global health, the WHO, the World Bank, NGOs, the actual G20 declaration, and health policy agendas in numerous countries ([pdf](#)) including the currently **drafted global pandemic treaty**.

The consequences of his self-proclaimed “struggle” must be recognized and analyzed, as well as the involvement of experts, institutions, steering committees, and world organizations that depend on his money. Moreover, responsible politicians and the media need to be investigated for their ties to Gates and his organizations, as his influence is profound. People who suffered due to NPI or inaccessible medical and nursing care must be granted adequate compensation—explicitly, the many individuals injured by COVID-19 vaccines.

Update: Gates appears to have changed his stance on mRNA vaccines. Speaking at a Lowy Institute conference in Australia on Jan. 23, 2023, Gates said, “The current vaccines are not infection-blocking. They’re not broad—so when new variants come up, you lose protection—and they have very short duration, particularly in the people who matter, which are old people.” It is disconcerting that Gates omits any mention of the substantial [scientific evidence on severe harms caused by COVID-19 vaccines](#).

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