"'Disease X' is 20 Times more Fatal Than COVID-19"

Or so say the "experts".



The MRC Centre for Global Infectious Disease Analysis (MRC GIDA) at the Imperial College of London is a "WHO Collaborating Centre for infectious disease modelling." This is the organization supporting the modeler Dr. Neil Fergusen. He is the one that published the apocalyptic prediction of a case fatality rate of 3.4% for COVID in 2020 - which governments across the world used to justify lockdowns. This modeling was faulty - more than that, it was irresponsible and it resulted in great world harm to publish such a demonstrably false number.

The lockdowns "have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy," - according to a <u>2022 John's Hopkins study</u>.

The Imperial College report was also the basis for much of the modeling used by COVID Act Now (<u>a non-profit run by Democratic activists</u>) that local and state officials in the U.S also relied on. This then led to "shelter-in-place" mandates (madness). COVID Act Now has is an online mapping tool that generates models predicting coronavirus hospitalizations, which have also already <u>proved to be wildly inaccurate</u>.

Jessica Hamzelou at <u>New Scientist</u> documents the systematic errors researchers and scientists found with the modeling by Neil Fergusen/MRC GIDA COVID Act Now relied on:

Chen Shen at the New England Complex Systems Institute, a research group in Cambridge, Massachusetts, and his colleagues argue that the Imperial team's model is flawed, and contains 'incorrect assumptions'. They point out that the Imperial team's model doesn't account for the availability of tests, or the possibility of 'super-spreader events' at gatherings, and has other issues.

Nicknamed, "The Master of Disaster."

This is not the first time that Dr. Fergusen/MRC GIDA has caused wide spread panic. They have a long track record of making outrageous modeling claims for new infectious disease outbreaks.

In 2002, Ferguson <u>predicted</u> that, by 2080, up to 150,000 people could die from exposure to BSE (mad cow disease) in beef. <u>In the U.K., there were only 177 deaths from BSE</u>.

In 2005, Ferguson predicted that up to 150 million people could be killed from bird flu. In the end, only 282 people died worldwide from the disease between 2003 and 2009.

In 2009, a government estimate, based on Ferguson's advice, said a "reasonable worst-case scenario" was that the swine flu would lead to 65,000 British deaths. In the end, swine flu killed 457 people in the U.K.

Last March, Ferguson admitted that his Imperial College model of the COVID-19 disease was based on undocumented, 13-year-old computer code that was intended to be used for a feared influenza pandemic, rather than a coronavirus. Ferguson declined to release his original code so other scientists could check his results. He only released a heavily revised set of code last week, after a six-week delay.

So the real scandal is: Why did anyone ever listen to this guy?

What damage did his faulty modeling cause worldwide?

In South Africa, 73,000 troops were used to enforce lockdowns on many people who live "<u>Meal-to-meal</u>". This draconian governmental response was replicated through out the world. For instance in the USA - Hawaii had various quarantines, traveler restrictions and lock-down requirements for 1.5 years. In many poorer nations, people lost their lives due to the lockdowns. Of course, this was not documented by the WHO or governments, but the excess mortality during 2020 in many "less developed" countries that did not have severe COVID outbreaks cannot be denied.

Yet still continuing into the present, the MRC GIDA is a WHO collaborating center for infectious disease modeling. Even after all of this, the WHO is still using Dr. Ferguson and his team to "model" future infectious disease outbreaks.



The MRC Centre maintains close collaborative partnerships with public and global health agencies (notably the World Health Organization, where we are a Collaborating Centre for Infectious Disease Modelling), governments and nongovernmental bodies across the world. With over 200 researchers, we are one of the largest centres of our kind. This gives us a unique capacity to respond to emerging threats with real-time analysis and predictive modelling of epidemiological and genomic data – and to provide timely evidence-based input to urgent policy questions for major endemic diseases such as HIV, malaria and tuberculosis. Much of our work is highly interdisciplinary, spanning epidemiology, mathematical modelling, pathogen genomics, implementation science and health economics.

Bad science and bad modeling that causes worldwide harms including significant death should not be rewarded. Except that the WHO has benefited enormously from this fear mongering. They have received millions, if not billions from governments to fight the pandemic, they are expanding their infectious disease public health global presence and more importantly, COVID-19 has allowed them to expand their control of governments worldwide- and to advance support for a "one-world government" which they would benefit from- financially and politically. This is being codified in the new, amended International Health Regulations. Whereby, the Director General of the WHO can declare a public health emergency and also declare what must be done about it worldwide.

🖳 Summarizer

The International Health Regulations (IHR) are a **legally binding legal instrument adopted by the World Health Assembly in 2005**. 0 3 5 They aim to prevent the transnational spread of infectious diseases, define national core capacities for acute public health events of potential or actual national and international concern, and coordinate a global alert and response system. 3 The IHR require all countries to have the ability to detect, assess, report, and respond to public health events. 4 The original 1969 IHR addressed only cholera, plague, and yellow fever; the 2005 revision broadened the scope to any public health emergency of international concern. 1 The IHR have been the governing framework for global health security for the past decade and are a nearly universally recognized World Health Organization treaty, with 196

If Dr. Tedros wants to declare gun violence as a public health emergency of international concern, he could do so under the new IHRs.

But back to the MRC GIDA. there have literally been no consequences for the MRC GIDA publications that have grossly over estimated deaths from multiple outbreaks, spanning decades. MRC GIDA are still <u>actively collecting money for infectious disease outbreak modeling from the World Health Organization</u> (WHO).

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	ectious disease problems, notably outbreaks and events of inter D infectious disease programs including coordination of expertise odelling in accordance with WHO needs and planning.		
Subjects: 1. Health information; statistics; measurement & trend asse 2. Influenza 3. Viral hemorrhagic fevers	ssment		
Types of activity: 1. Outbreaks and emergencies 2. Providing technical advice to WHO 3. Training and education			
WHO Outputs: 2.2.1 - Research agendas, predictive models and innovative t 2.2.2 - Proven prevention strategies for priority pandemic-/e 2.2.3 - Mitigate the risk of the emergence and re-emergence		hazards	
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Access to annual progress reports and the current workpla	an (this is accessible to WHO Staff Members only):		
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Below are the responsible WHO officers and technical officers for this contract. Their workrelated contacts (not personal - I am not doxing anyone) are also below. Please consider calling or emailing them to express your disappointment with the WHO in their continuing funding to the MRC for infectious disease outbreak modeling. The MRC and the WHO has caused decades of panic worldwide, resulting in great harms by both creating faulty models and using faulty model to push population level lockdowns, masking and now vaccine mandates. Future plans include vaccine passports. Using modeling to predict future outbreaks has never been shown to work and are not endorsed by traditional public health policies.

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"Disease X" is the newest diversion to create fear worldwide

The WHO has created a future (non-existent) infectious disease of unknown origin called disease X, that according to anonymous WHO "*experts*" will wipe out millions, if not billions of people. Disease X is said to be a given and we must prepare now. In fact, UK scientists are already making a vaccine *<insert sarcasm emoji>*!

Some recent headlines about *disease X*:

NEWS

'Disease X' To Be Twenty Times Fatal Than Covid-19, Asserts Expert; Know About Potential Pandemic World Must Brace For

As things started getting back on track after the unprecedented mayhem owing to the deadly Covid 19 for over two years, health experts have warned the world of yet another potential pandemic, Disease X, which is expected to be 20 times deadlier than the erstwhile Covid 19. The UK scientists have already started preparing vaccines to combat the potential threat in future.

By Abhishek Sheoran Updated: Tue, 26 Sep 2023 04:19 PM (IST) Source: JND



Who needs faulty modelers, when the WHO can just create panic based on a fictitious disease? Gosh, according to the headlines above, the WHO is already "decoding" the pathogen before it is even identified. That is truly an amazing feat of science *<insert sarcasm emoji again>*. This is the public health crisis that WHO has been preparing for! The WHO can now model worldwide death and destruction before the virus is even identified. This is yet another <u>permacrisis</u>!

War, climate change, economic stagnation, political polarisation — there seems to be no shortage of crises these days. Indeed, the situation is so perilous that the rarely hysterical Financial Times last year named "polycrisis" <u>one of its words of the year</u>, defining it as "a cluster of related global risks with compounding effects, such that the overall impact exceeds

the sum of each part". The concept was initially popularised by <u>Adam Tooze</u> and has since been <u>endorsed</u> even by the World Economic Forum. The UN, for what it is worth, prefers to talk of <u>"overlapping crises</u>".

Remember that much of the WHO funding comes from big pharma and big tech. In fact, they do not disclose what percentage of their funding now comes from corporations and NGO versus governments. Frankly, disease X reeks of regulatory capture to me!

The world deserves better than this in the future.

The updated international health regulations (IHRs) are now being developed by the WHO. These require even more stringent world control by the UN/WHO, combined with loss of sovereignty by independent nation states. This is not acceptable. It is time for the USA to just say no. It is time for the USA to remove themselves from the WHO for good.

This is why we need a strong president, one who is willing to say "no" to the self-styled "international health community" headed up by the WHO. Public health is being weaponized as a tool to build a New World Order, one that places the UN in control of the world.

This is why President Biden must never be elected again. Elections have consequences. It is time for a major change in the House, the Senate and the Presidency.

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	WHO controls the fear controls the emergency. WHO controls the emergencies controls the fear.	•••
	Debra Nolasco 33 mins ago Viked by Robert W Malone MD, MS	
	I have always said that the best job to have is that of a weatherman. He can be wrong 100% of the time & still have job security. Ferguson falls into that same category. Nice job if you can get it. \bigcirc LIKE (10) \bigcirc REPLY $\stackrel{\circ}{\square}$ SHARE	***
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