

Social, Health and Family Affairs Committee
of the Parliamentary Assembly of the Council of Europe

Hearing on “The handling of the H1N1 pandemic: more transparency needed?”

Strasbourg, 26 January 2010

Statement presented by Dr. Wolfgang Wodarg, medical expert specialising in epidemiology
and former Chair of the Sub-committee on Health of the Parliamentary Assembly^{*}

Thank you very much Madam Chair,
Ladies and Gentlemen,

I would like to give you a brief status report of what has occurred over the past years and what the situation is today. We see that the population is exposed to a mild flu. People fall ill as they usually do in winter season. Some have even respiratory symptoms. But the extent of all this is considerably less than in most of the previous years. Before this development and these subjective experiences within the population, we saw that last April there were very intense reports about a flu spreading in Mexico City and its region, a region with about 20 million inhabitants, i.e. a very densely populated area. Given the fact that the influenza is always a very contagious disease which spreads very rapidly and leads to a great number of cases, it was surprising to see the extent to which attention was focussed on that flu after the reporting of only hundreds of cases. After a mere 1 000 of cases, the word ‘pandemic’ already began to be used by scientists collaborating with the administrations in charge.

I would also like to give you a report on the situation of a town where I established a sentinel a few years ago, which was Flensburg, a town of less than 100 000 inhabitants. Here we were able to observe regularly how many people went to the doctor’s and had typical flu symptoms. In winter season at least 10% of the population fell ill, so more than ten thousand people normally developed flu symptoms within two weeks time and among them up to 30% with an Influenza variety. In such a region -according to WHO- normally the seasonal flu goes along with 10 to 13 deadly cases attributable to influenza. In Mexico 2009 there were not even 1 000 persons who had contracted the disease and about 11 attributable deaths when the panic broke out over this new flu infection (At the beginning the administration shocked with higher death rates, which some weeks later showed out to be overestimated.).

^{*} English summary of the original German statement, prepared by the expert himself based on the transcription of the English interpretation during the hearing.

Those who are over 60 years of age hardly contracted the flu. It has become clear in the meantime that the current influenza affects young people most. There is a relatively higher number of young people who contracted this flu which is not surprising at all. Usually, when we observe a flu coming, one of the factors, which helps us determine if it is already known or not is the occurrence amongst the elderly. If they do not fall ill they seem to already have immunity against the virus, may be by former infections, may be because of former vaccinations.

However, despite all this, at the end of April 2009, there were heavy discussions as to whether the pandemic plans, which had already been developed, should be implemented and at what level, because the levels of "pandemic preparedness" each have their specific consequences attached to them. Associated Press reported on May 19, 2009, that China, Britain, Japan and a dozen of other countries had urged the WHO not to use the proposed new definition of a "pandemic" and to "be very cautious about declaring the arrival of a swine flu pandemic, fearing that a premature announcement could cause worldwide panic and confusion."

In regard to this, I have to recall, that there were doubts already about WHO's alarm on the avian flu in 2005/2006, a bird disease which in fact has never been transmitted between humans. Only singular singular individual 'zoonotic' cases were observed, cumulating to not even 500 worldwide. These cases were found amongst humans, who were very intensely exposed to avian flu while being in contact with sick animals. It was then officially stated by the WHO, in panic-stricken terms, that this flu could threaten mankind and that a great number of humans could fall ill and die. This is why medication worth billions of dollars was bought and stocked at the time. From a scientific view, this medication had never been clinically tested for the disease for which it was marketed, given that the avian flu had never become contagious among human beings and thus those medicines could not be tested because the disease they should be provided for did never exist.

This made me quite sceptical at the time. Since then I observed, how pandemic plans were developed in many countries and how "pandemic preparedness" was formulated and inaugurated. As a consequence of this avian flu hype many contracts between national states and pharmaceutical manufacturers were signed so as to ensure the availability of relevant vaccines in case of a real future pandemic. The pharmaceutical companies then started to establish a second line of flu vaccines for pandemic use. They developed their new vaccines by using specific patented adjuvants or breeding layers for the virus antigen to come. This was the reason, why the resulting vaccines could be monopolised by a few companies and marketed for a much higher price than those seasonal vaccines, which are traditionally produced in chicken eggs and which could be provided parallelly and thus very fast by many laboratories all over the world using non-patented procedures. It seems, that the indication for the new, patented vaccines primarily followed economic strategies and was not necessary to optimise public health needs. But this should be scientifically inquired.

The supply with pandemic vaccines on the national levels was contracted in many countries including a take-over of accountability for side effects by the customer state. These contracts and marketing commitments were to take effect when a global flu pandemic was declared by the WHO. So the WHO basically held the trigger for the implementation of the pandemic preparedness plans and with this for high revenues for the involved producers of pandemic vaccines and some antiviral drugs. The contracts signed between states and pharmaceutical companies were for their majority secret because the pharmaceutical companies insisted on their non-publication. Only recently some of them were made public by whistleblowers.

The WHO by its decision to announce the pandemic therefore had a key role to play. By its announcement, it also decided on expenditures to be made from national budgets worldwide, which, according to analysts, amount to 18 billion USD. This is a lot of money which could have been used for many other health issues. Every day there are 26 000 children worldwide who die of avoidable diseases and undernourishment! This is something we need to consider when we look at the allocation of health expenditures.

On 11th June 2009, the WHO raised the level of influenza pandemic alert from phase 5 to 6 and declared a global flu pandemic. Therefore the contracts established were to take effect. The pharmaceutical companies must have been waiting for this announcement, which was made even though the flu was relatively mild. This was possible because a new definition of pandemic levels had been adopted just beforehand. I will give you the old definition of a pandemic, or of what used to be considered a pandemic, which is quoted from the National Pandemic Plan of Germany. The same criteria were used in several publications of the WHO and used to be international standard.

The definition, which was used by the German health authorities in May 2007, reads as follows: "An influenza pandemic is a worldwide epidemic caused by a new strain of virus which leads to infection rates and mortality rates which exceed seasonal but similarly heavy waves of influenza by several orders of magnitude. A precondition for an influenza pandemic is the appearance of a viral subtype which had not yet circulated amongst the human population or which had occurred so long ago that no residual immunity remains amongst the population, and which is capable of provoking severe illness and of disseminating effectively from one human to another."

These various criteria did not apply to the flu that we observed arising last year. Therefore, the current "pandemic" could only be launched by changing the definition of a pandemic and by lowering the threshold for its declaration. The discussion about changing the definition along with the WHO pandemic preparedness agenda came to a head last May, when dozens of member states asked the organization to withdraw it because they were afraid of this new definition to raise panic and to lead to unjustified high expenses.

It is only this change that made it possible to transform a relatively mild flu into a worldwide pandemic, to implement relevant plans, which allowed pharmaceutical companies to transform their contracts with many governments all over the world into cash. Therefore millions of people were vaccinated for no good reason, and children were vaccinated whereas it was not even clear, if the vaccine had a positive effect on them because this was never clinically tested and proven.

The so-called “pandemic” vaccines were used. They involved higher risks than usual vaccines against seasonal flu: in some adjuvants were added and injected of which we know, that they stimulate the immune system manifold, which means that they could possibly lead to autoimmune diseases (such as multiple sclerosis) and immunological complications and stronger local side effects. New procedures were allowed onto the markets to produce vaccine products including bioreactors using fast growing cancer-like cells. The possibility that their proteins could induce cancer when injected involuntarily as impurities to the patient has never been excluded by clinical testing, that needs a much longer observation period than excluding other side effects like allergic and acute toxic ones.

So we can see that the WHO undertook an incomprehensible action, which up to now was never justified by any scientific evidence. WHO ‘gambled away’ public confidence. It does therefore seem right that we investigate this matter within the Council of Europe to find out how the WHO could undertake such risky action in spite of lots of warning and protesting voices from scientists and national Governments. It did so in the case of the avian flu and again for the swine flu. The main questions to investigate are: Why has this been done, who is behind this, what is the core of this public-private-partnership which was introduced ten years ago, what is the role of the enterprises, who participates in relevant decision-making processes and who takes the overall responsibility?