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## OPEN SOCIETY AND ITS CHALLENGES

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# THE WORLD HEALTH ORGANIZATION UNCOVERED

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We would like to think that international organizations are intrinsically good and that they have the common good of all at the core of their mission. However, my experience at the United Nations, after 10 years participating in their Working Sessions at Geneva, has been very bad. I know about the disappearance of documents, the manipulation of reports, coercion, and possibly bribery against delegates that did not “cooperate” or that “opposed” the goals of the delegates from countries with totalitarian regimes, especially China and Cuba; and the Soviets before them.

Their behavior was, and possibly continues to be, forceful; and they were successful because, in some ways, the governments (mainly democratic ones) of those “rebellious” delegates eventually removed them and they suffered “professional disgrace.” The end result is that the Chinese and Cubans manipulate the committees, sub-committees, and even the content of numerous reports at will. This seems the plot of a movie about the mob, but it is the reality, at least in Geneva and, now it seems that the same is taking place at the World Health Organization (WHO).

In order to overcome the temptation of allowing my viewpoint dominate the content of this article, I have dedicated many hours to reading and reviewing the Daily Reports of the WHO since the discovery of coronavirus. The sequence of events reported is the best information that we have to evaluate the behavior of the WHO and its Director-General during this crisis.

The first surprise is that the Situation Reports began on January 21 with “a summary” of the events from December 23, 2019 to January 20, 2020. In this “event highlights,” the first piece of information on December 31, 2019 states that “the WHO China Country Office was informed of cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China.” And it continues: “From 31 December 2019 through 3 January 2020, a total of 44 case-patients with pneumonia of unknown etiology were reported to WHO by the national authorities in China. During this reported period, the causal agent was not identified.”

Then, it is until January 11 and 12 when the WHO receives more detailed information from the National Health Commission in China, informing them that “the outbreak is associated with exposures in one seafood market in Wuhan City.” The following data are presented in a sequence, one after another: “The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020.” On January 12, “China shared the genetic sequence of the novel coronavirus for countries to use in developing specific diagnostic kits. On 13 January 2020, the Ministry of Public Health, Thailand reported the first imported case of lab-confirmed novel coronavirus from Wuhan” On 15 January 2020, the Ministry of Health in Japan reported a case, which was confirmed by a laboratory, of the coronavirus from Wuhan. On 20 January 2020, the Republic of Korea (South Korea) reported their first case of coronavirus.

However, before January 21, important events that were not included in the WHO reports took place. For instance, the South China Morning Post reported that the first case of coronavirus was discovered on November 17, and added that the scientists believed that a person (55 years old) from Hubei could be patient zero (the first person infected), even though it still has not been confirmed. The newspaper informed that from November 17, there were from one to five cases of people being infected each day; and that on December 15, there were 27 cases. Finally, on the 20<sup>th</sup>, there were 60 cases. Information on Chinese social media shows that on December 27, Dr. Zhang Jixian, from the Provincial Hospital of Hubei, reported to the health authorities that, “the type of pneumonia that was affecting people was caused by a new coronavirus.” Three days later, the confirmed cases reached 266, and 24 hours later rose to 381. This credibility of this information was reinforced by the British Medical Journal “The Lancet,” which published that the Chinese doctors, who treated several of the first patients, had dated the discovery of the first case as of December 1, 2019. Other reports from Chinese social media warned that the Wuhan police was repressing and silencing doctors, so they would not provide information. Dr. Li Wenliang, and ophthalmologist, was admonished for “spreading rumors.” The letter of admonition was uploaded to social media. Dr. Li Wenliang contracted the virus and he posted a picture of himself from his hospital bed where he died on February 7. Another piece of information, this time official, which did not appear in the WHO Reports, is that Taiwan obtained permission from China, on January 12, to send a group of experts to Wuhan. Upon their return, they reported that, “at the places they allowed us to observe, the situation was not optimistic.” The interpretation of what they saw is evident in the strict containment measures implemented in Taiwan. Thanks to the opportunity of knowing the truth with enough time, Taiwan only has 385 cases, 331 from abroad, and only 6 deaths.

Let's return to the scarce information, provided by the WHO, on events that took place before January 20<sup>th</sup>; I should point out that via Twitter, the WHO and its Director-General did share this information; but the majority, if not everything, was information taken from the National Health Commission in China. For instance, on January 5, the WHO twitted that "there's no evidence of human-to-human transmission (of the virus). We don't recommend alerts (prohibitions) of travel to China." On January 12: "There is no clear evidence of human-to-human transmission." On January 14: "Limited human-to-human transmission." On January 15: "Perhaps, limited human-to-human transmission." On January 17: "The WHO does not recommend quarantine." On January 19: "There is no evidence of 'sustained' human-to-human transmission." The WHO's disinformation during those 21 days (3 weeks) that there was "no threat of human-to-human transmission" has brought about the tragic number of one million six hundred infected and more than a hundred thousand deaths.

When we read the following Situation Reports at the WHO website, from January 21, the inaction of the WHO is patent. For instance, on January 23, 25% of the cases reported in 25 Chinese provinces were classified as seriously ill; however, the WHO only wrote that, "There is now more evidence that 2019-nCoV spreads from human-to-human." In their reports, the WHO also evaluated the risk of infection for China, for Asia, and the rest of the world. On January 23 and January 25, their reports show that the WHO and the Director-General were trying to erase their reprobate actions. During that time, the WHO assessed that the risk for the world was "moderate," but a few days later changed it for "high risk" and added a note at the end of the report in small letters: "Note: Error in situation reports published on 23, 24 and 25 January as originally published, which incorrectly summarized the risk for global level to be moderate."

On January 22, the WHO's Emergency Committee convened to analyze the situation, but they decided against declaring a Public Health Emergency of International Concern, which it is declared when an event constitutes a public health risk to other States through the spread of disease. The final decision is made by the Director-General. The committee only agreed upon meeting again in 10 days...

On January 23, the Director-General praised China on twitter: "Once again, I'd like to thank the People's Republic of China for its cooperation and transparency." But, that transparency was nowhere to be seen when, 5 days later, China denied entry to a team of specialists from the U.S. Centers for Disease Control and Prevention to help with coronavirus containment.

The sequence of daily reports by the WHO continues to show how the cases were increasing in China and in other countries without a statement by the WHO about international flights and maritime travel.

On January 27, the Director-General, Tedros Adhanom Ghebreyesus met Chinese dictator Xi Jinping in Pekin. The purpose of the meeting was to “analyze events, strengthen the cooperation between China and the WHO, continue the collaboration on containment measures in Wuhan, and conduct further studies on the transmissibility of the virus.”

On January 30, the WHO reported that “to date, human-to-human transmission outside of China has been limited, and public health efforts are targeted at limiting further transmission in countries with imported cases which depend critically on the ability to detect the pathogen.” However, the WHO did not recommend “any specific health measures for travelers” or any suspension of international flights.

Finally, on January 31, the Emergency Committee declared the outbreak of coronavirus as a Public Health Emergency of International Concern (PHEIC), but sent the following message to the “global community”: “Under Article 43 of the IHR, States Parties implementing additional health measures that significantly interfere with international traffic (refusal of entry or departure of international travelers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours) are obliged to send to WHO the public health rationale and justification within 48 hours of their implementation. WHO will review the justification and may request countries to reconsider their measures. WHO is required to share with other States Parties the information about measures and the justification received.”

Until February 7, the reports do not have any relevant data, but several countries, led by the United States, began to implement travel restrictions. For this reason, the WHO complained in one of its reports that: “To date, a total of 72 States Parties were identified to be implementing travel restrictions. Of these, 72 States Parties, WHO received 23 official reports from States Parties about their travel restrictions.

On February 12, another international organization, the United Nations, reacted to the insecurity and activated a Crisis Management Team composed of numerous international institutions, including the WHO. They attempted to address the situation (as the WHO proved unprepared). Yet, this “Team” of the United Nations was not able to provide any significant solution to the crisis.

On February 13, the WHO was still “distracted” by its technical disquisitions. On that day, China had reported an increase of 14,840 cases, including 13,332 clinically diagnosed cases in Hubei. The report focused on that angle stating that “This is the first time China has reported clinically diagnosed cases in addition to laboratory-confirmed cases.” Maybe, unintentionally, the WHO revealed evidence of how China was underreporting their cases.

On February 15, Director-General Tedros Adhanom Ghebreyesus spoke at the Munich Security Conference. He spent a lot of time talking about Africa and Ebola, as if the coronavirus crisis was not as important. He described aspects of the virus outbreak that the WHO deemed hopeful, and also spoke about areas of concern. But, his most significant statement was: “Much has been written and said about my praise for China. I have given credit where it’s due, and I will continue to do that, as I would and I did for any country that fights an outbreak aggressively at its source to protect its own people and the people of the world, even at great cost to itself.” The question that the media did not ask was how the Chinese regime protected its own people and the people of the world, could he explain it?

On February 22, there were already 22 countries with coronavirus cases, and on February 24, there were 34 countries. The speed of the pandemic’s spread was evident and alarming, but not for the WHO. The Director-General was more preoccupied about the states that were speaking up about China’s responsibility. That was the paragraph in the February 24 report: “Since the emergence of COVID-19 we have seen instances of public stigmatization among specific populations, and the rise of harmful stereotypes. Stigmatization could potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling infectious diseases during an epidemic. Please see the Subject in Focus section for more information on how to counter stigmatizing attitudes. The WHO rejected the term “the Chinese virus.”

That same day, the WHO-China joint mission concluded, and the WHO team reported the following findings: “We’re encouraged by the continued decline in cases in China. The team found that the epidemic peaked and plateaued between the 23rd of January and the 2nd of February, and has been declining steadily since then.” The indirect message that the WHO was trying to disseminate was that “the expansion of the virus could be contained.” However, the cases in Italy, Spain, and Iran were beginning to significantly increase. In that regards, the WHO stated that, “There’s a lot of speculation about whether these increases mean that this epidemic has now become a pandemic. Our decision about whether to use the word ‘pandemic’ to describe an epidemic is based on an ongoing assessment of the

geographical spread of the virus, the severity of disease it causes and the impact it has on the whole of society. For the moment, we are not witnessing the uncontained global spread of this virus, and we are not witnessing large-scale severe disease or death.” Clearly, for the Director-General, 34 countries was not a large-scale global spread...

On February 29, the following statement disappeared from the WHO reports: “We do not recommend any specific health measures for travelers.” But, on March 1, they repeated this warning: “Travel bans to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases but may have a significant economic and social impact.” The next day, 64 countries reported cases and the day after, on March 3, this number increased to 72. On March 5, the virus was present in 85 countries, but for the Director-General it was still not a pandemic. On that day, he spoke at a meeting of the WHO and said: “Excellencies, dear colleagues and friends, this virus is not SARS, it is not MERS and it is not influenza. The nature of this virus means we have an opportunity to break the chains of transmission and contain its spread. At the very least, we can slow it down and buy time.” (Unbelievable)

On March 8, 101 countries reported cases of coronavirus infection, and the WHO reported that, “[we are] urging all countries to prepare for the potential arrival of COVID-19 by readying emergency response systems; increasing capacity to detect and care for patients; ensuring hospitals have the space, supplies and necessary personnel; and developing life-saving medical interventions.” But, still coronavirus was not declared pandemic..., and the WHO did not declare air and maritime travel restrictions...

It would be very long to continue this chronological “narrative” until today, but most readers already know the rest of the story because they are experiencing it, day after day, here in the United States. Nonetheless, there are some important facts that are very useful to evaluate the “work” of the WHO and its General-Director during this complex and sad situation that our countries are going through. A critical question is: How the Chinese regime managed to influence the WHO? Funding does not seem to be the answer as China provides only a small percentage of their budget. The United States is the top donor, in both assessed and voluntary contributions. Based on my experience in the United Nations, I investigated the curriculum vitae of the Director-General and there I found the answer. Tedros was a career politician of the communist regime of Ethiopia. According to the Daily Mail, he was Minister of Foreign Relations and established warm relations with Chinese diplomats in Addis Ababa. With Chinese support, he became Director-General of the WHO in 2017, even though he is not a doctor.

We can find this Chinese influence in members of his team as well. His Chef de Cabinet, Bernhard Schwartländer, has served as WHO's representative in China and, before that, as the United Nations Country Coordinator on AIDS in Beijing. In addition, his Assistant Director-General for Communicable Diseases, Ren Minghui, was, for 30 years, Health Minister in China.

You will know them by their fruits. This is the World Health Organization and this is its Director-General.