


Pandemic Preparedness: The New Parasite

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“The frequency and impact of pandemic-prone pathogens are increasing. Modest investments in PPR capacities can prevent and contain disease outbreaks, thereby drastically reducing the cost of response”

So begins a recent [joint paper](#) from the World Bank and the World Health Organization (WHO), written for the 2022 meeting of the G20. The paper is seeking to justify a request for unprecedented international public health funding directed to the burgeoning pandemic preparedness and response (PPR) industry. The modest investments they refer to includes \$10 billion in new funding; three times the WHO’s current [annual budget](#).

In the century prior to the Covid debacle pandemics were not increasing and their impact was steadily diminishing, as noted in [WHO’s 2019 pandemic guidelines](#). The cost of the Covid response would also have been far lower if these abandoned but evidence-based 2019 guidelines were followed. The WHO guidelines note that the approaches that comprised Covid lockdowns would be costly, especially to lower-income people.

However, the joint statement is not intended to reflect reality; rather it is intended to paint a picture through which the public will perceive a false reality. By triggering fear and deference, the wealth-concentrating response used against Covid can be normalized and then repeated. False assertions stated as accepted fact have proven very effective in increasing the industry's share of the global financial cake. International agencies have no advertising standards to comply with.

When an industry absorbs material value to produce mostly unquantifiable products, perceptions are vital. Growth in the public health industry can only occur in two ways. Firstly, the industry and the public can jointly identify mutually beneficent areas of work that the public considers worth funding. Secondly, the industry can mislead, coerce or force the public, with the assistance of cooperative governments, to provide support that is not in the public's interest. The latter is what parasites do.

As a disclaimer, I have spent the bulk of my working life employed by governments or on aid budgets, living off money taken from taxpayers so that I could have it. It can be a great lifestyle, as global health salaries and benefits are generally very attractive, offer travel to exotic locations, and commonly offer generous health and education benefits. It can still work for the public if the relationship is symbiotic, increasing their general health and well-being and improving the functioning of a moral decent society. Sometimes that outcome can occur.

For public health to work for the public, the public must remain in control of this relationship. Oxpeckers, the birds that hitch a ride on rhinoceroses, have a useful symbiotic relationship with their host. They remove skin parasites from awkward crevices, providing the rhinoceros with a healthier skin and fewer irritating itches. If they pecked out the eyes of the host, they would cease to be of benefit, and become a marauding parasite.

For a while, the oxpecker may gain more for themselves, feasting on the rhino's softer parts. Eventually their host will succumb as a blind rhinoceros, unless confined to a zoo, cannot sustain its being. But the oxpecker, if overcome by greed, may not have thought that far ahead.

To remain in charge and manage public health for mutual benefit, the public must be told the truth. But in a problem-solving industry where solved problems no longer require work, truth-telling risks job security.

This is where the symbiotic relationship of public health is prone to become parasitic. If one is paid to address a particular health issue, and the issue is resolved through good management or a changing risk environment, there is a clear and urgent need to justify continuation of salary.

On a larger scale, whole public health bureaucracies have an incentive to find more issues that 'must' be addressed, make new rules that must then be enforced, and identify more risks to investigate. New international public health bodies keep emerging and growing, but

they don't close down. People rarely choose redundancy and unemployment.

This is where the public health industry has a real advantage. In nature, parasites usually must concentrate on just one host to survive, adapting to maximize their gains. A hookworm is designed specifically to survive in its host's gut. The host, however, has a whole variety of parasites, illnesses, and other pressing concerns to deal with. A host must therefore ignore the hookworm as long as it does not pose an obvious immediate threat. The worm needs to milk the host of blood whilst seeming relatively innocuous.

A really smart hookworm would find a way to trick the host into thinking it beneficial – perhaps by promoting the benefits of Medieval practices such as bloodletting, as we have seen with masks and curfews through the recent Covid response. The global health industry can use this approach by building a story that will benefit them, plausible enough to the public to pass rudimentary scrutiny. If it sounds sufficiently specialized, it will dissuade deeper examination.

In the current rendering of this ploy, the public faces an ever-growing threat of pandemics that will devastate society if we in the public health industry are not given more money. They are given a story of urgency, and shielded from the historical and scientific realities that would undermine it.

International public health organizations solely concentrated on addressing pandemics already exist, such as CEPI, inaugurated by the Gates Foundation, Norway and Wellcome Trust at the World Economic Forum in 2017, and the new Financial Intermediary Fund for pandemics of the World Bank. Others such as Gavi, and increasingly the WHO and Unicef, focus heavily on this area. Many of their sponsors, including large pharmaceutical companies and their investors, stand to gain very large profits off the back of this gravy train.

The average taxpayer, dealing with inflation, family life, jobs and myriad other priorities can hardly be expected to delve into the veracity of what 'experts' say in some far distant place. They must trust that a symbiotic, mutually beneficial relationship is still in place. They hope that the public health industry will do the right thing; that it is still on their side. Sadly, it is not.

White papers on pandemic preparedness don't have detailed cost-benefit analyses, just as these were not provided for Covid lockdowns, school closures or mass vaccination. cursory calculations suggest poor overall benefit, so they have been avoided. We now see this playing out through declining economies, rising poverty and inequality. Diverting billions of dollars annually to hypothetical pandemics will add to this burden. Yet this is being done, and the public is acquiescing to this use of their increasingly hard-earned taxes.

A dead rhinoceros will not support many oxpeckers, and a hookworm will not survive bleeding its host to death. A public health industry that impoverishes its funding base and harms society through ill-advised policies will eventually be caught up in the outcome. But

the short-term gains from parasitism are attractive and humans don't seem to have the instincts (or intelligence) that keep the oxpecker in healthy symbiosis.

Thus, the public health industry will probably continue its current trajectory, increasing inequality and poverty, comfortably on the receiving end of the wealth redistribution it promotes. The money requested for pandemic preparedness will be paid, because the people deciding whether to use your taxes are essentially the same people asking for them.

They run the international financial and health sector and they all meet at their private club called the World Economic Forum. Their sponsors now have more than enough spare cash swirling around to keep needy politicians and media on board.

Those working within the industry know what they are doing – at least those who pause long enough to think. This abuse will continue until the host, the parasitized, realizes that the symbiotic relationship they had been banking on is a fallacy, and they have been duped.

There are ways to deal with parasites that are not good for the parasite. A really smart public health industry would adopt a more measured approach and ensure their policies benefit the public more than themselves. But that would also require a moral code and some courage.

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