

Covid's Bad Actors - Covid Lies and Deceptions by the CDC and the WHO

Compiled by Roger Golden Brown

This PDF and other Covid Related Specific Topic PDFs can be found [here on my website.](#)

Also check out my Free eBook,

[The Covid / Lockdown Crisis - Alternative Information & Sources](#)

All bullet pointed excerpts and statements are from sources footnoted and linked to at the end of the PDF. Indented entries preceded by a dash (-) are quoted from the noted source.

The reader is urged to use the footnote links to further explore the material and to get context to what is stated in this PDF and to make up their own mind amidst the nuances of opinion and fact as to what is really going on.

Unless otherwise noted, all dates are the year 2020.

Preface

The Centers for Disease Control and the World Health Organization have a tremendous amount of power right now. While I personally believe there are still good people in both organizations who are dutifully recording statistics (as far as that goes) and doing studies and making reports, those running the show are controlling the narrative and the messaging, which often does not comport with the data. They are using the leverage of their authority and taking advantage of people's general ignorance of who they are to manipulate the populace using fear.

Perhaps even more insidious than outright lies, for any information outlet, are lies of omission. People can debate the factual nature of any report or any piece of information or look into the nuances of the data, but that which is omitted is denied a role in shaping the narrative or completing the picture. This is even more important and especially egregious when the source of information (or lack thereof) is a public health agency tasked with serving the citizenry.

In any public health crisis informing the public should be top priority for a public health agency. Instead both the CDC and the WHO have issued "recommendations" and promoted rules for behavior while not honestly and openly informing the public.

This PDF is about the lies and deception by both the CDC and the WHO. Both have been lying, dissembling, misleading and not being forthcoming with pertinent information. Both are responsible for contributing to the level of fear related to Covid.

The intent of this PDF is to provide some information that should clearly indicate that neither organization has any credibility. As well as lying, they are both in bed with Big Pharma and both have agendas; they do not ultimately serve the people as a top priority. And they are both misrepresenting the reality of the situation regarding Covid.

For a more in-depth look at the CDC and the WHO, see my PDFs about each of them.

Table of Contents

[The CDC's and the WHO Create New Death Certificate Protocols for Covid-19](#)

[The CDC's Bogus Report Showing Lockdown Measures Work](#)

[The WHO Finally Announces PCR Test Cycles Guidelines](#)

[The WHO Changes The Definition of Herd Immunity](#)

[The Disappearing Flu](#)

[Final Thoughts](#)

[Footnotes](#)

[Relevant Links](#)

The CDC and the WHO Create New Death Certificate Protocols for Covid-19

In March and April, the CDC and the WHO created new protocols as to what evidence was needed to record Covid as the cause of death, and how to record it on death certificates. These new protocols were published and alerts were sent out to health agencies.

What these new protocols do is make it much more likely that Covid will be listed as the cause of death than would be the case with any other flu-like illness, making it impossible to compare Covid with other diseases and increasing the likelihood that what would have been attributed to another cause in the past will from now on be attributed to Covid.

- The recording of data for causes of death in the United States (other than Covid-19) has been and is based upon the CDC's 2003 Physicians' Handbook on Medical Certification of Death. [1]
- Regarding the priority listing of chronic conditions the 2003 Physicians' Handbook on Medical Certification of Death suggested listing them on Part 1 of the death certificate: [1]
 - For as many conditions as are involved, write the full sequence, one condition per line. If more than four lines are needed, add additional lines rather than using space in Part 2 to continue the sequence.
- On March 24th the CDC announced a new death certificate code and new guidelines for recording Covid-19 and Covid-19 suspected deaths issued by the National Vital Statistics Systems (NVSS): [2] [3]
- Covid-19 Alert No. 2 instructed physicians, medical examiners, and coroners that: [2]
 - The rules for coding and selection of the underlying cause of death are expected to result in Covid-19 being the underlying cause more often than not.
 - Covid-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death.

- If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part 2.
- On April 20th the WHO also announced the new death certificate code and new guidelines for recording Covid-19 and Covid-19 suspected deaths: [4]
 - A death due to Covid-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed Covid-19 case, unless there is a clear alternative cause of death that can't be related to Covid disease (e.g. trauma). There should be no period of complete recovery from Covid-19 between illness and death.
 - Covid-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death.
 - If the decedent had existing chronic conditions they should be reported in Part 2 of the medical certificate of cause of death.
- An article on the Children's Health Defense website explains why this change of protocol matters: [3]
 - Why does this matter? This matters because the Part I [on the death certificate] causes of death are statistically recorded for public health reporting, while Part II does not hold nearly the same statistical significance in reporting. This March 24th NVSS guideline essentially allows COVID-19 to be the cause of death when the actual cause of death should be the comorbidity according to the industry-standard 2003 CDC Handbook.

Ultimately this means that almost from the onset the scales were tipped in such a way that would make Covid-19 appear more deadly than any other flu like illnesses which have been recorded using the previous long standing accepted protocols.

The CDC's Bogus Report Showing Lockdown Measures Work

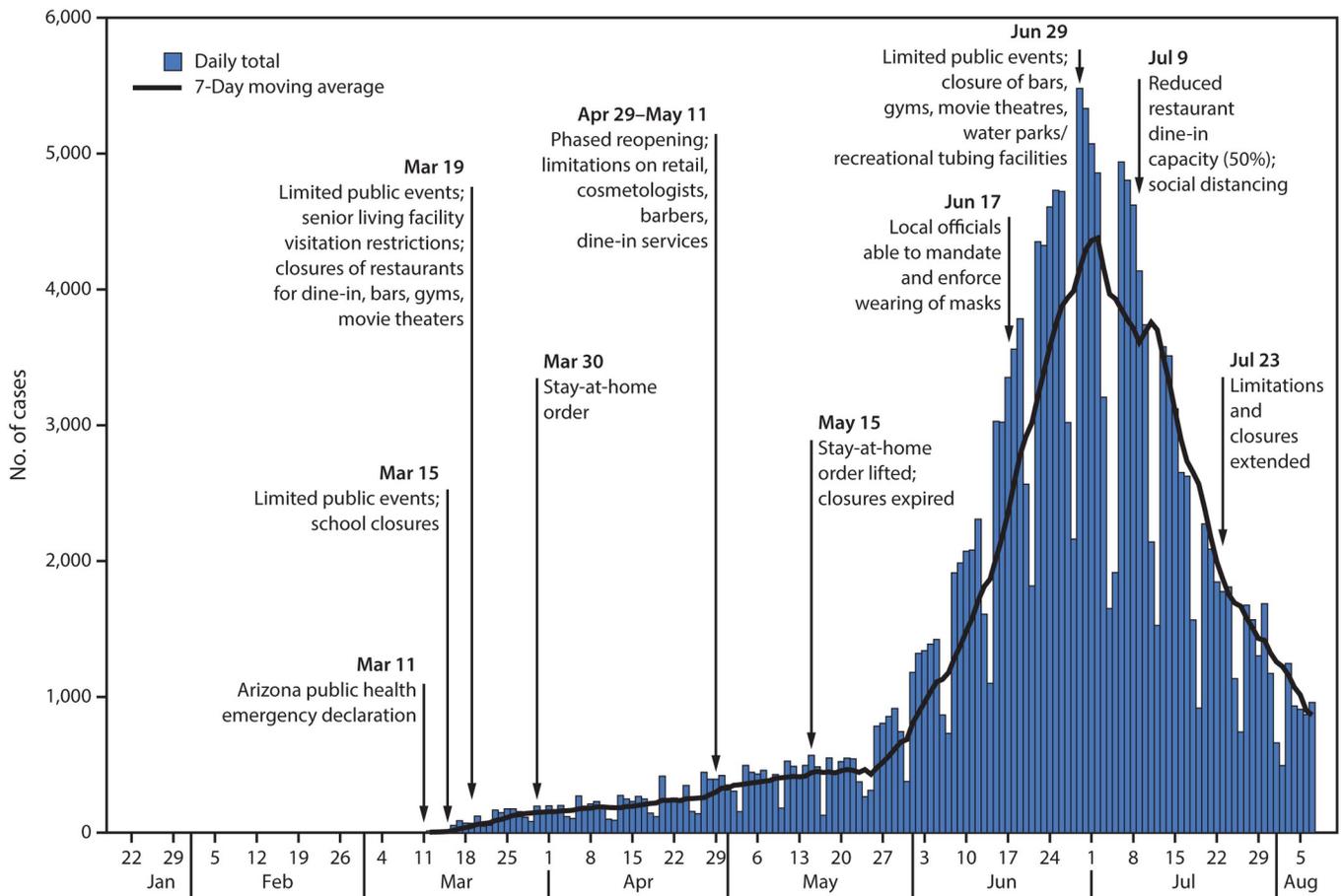
In August, the CDC published a PDF four page report titled, "Trends in COVID-19 Incidence After Implementation of Mitigation Measures - Arizona, January 22-August 7, 2020". The report was based on information from Arizona's health department. The report compared daily case counts with the timelines of various measure taken in the state. The report purported to show that it was clear that the measures - masks, social distancing, lockdowns - worked.

- Before introducing any information, the first paragraph of the report makes the definitive statement, reinforcing the need for such measures: [5]
 - Mitigating the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), requires individual, community, and state public health actions to prevent person-to-person transmission. Community mitigation measures can help slow the spread of COVID-19; these measures include wearing masks, social distancing, reducing the number and size of large gatherings, pausing operation of businesses where maintaining social distancing is challenging,

working from or staying at home, and implementing certain workplace and educational institution controls.

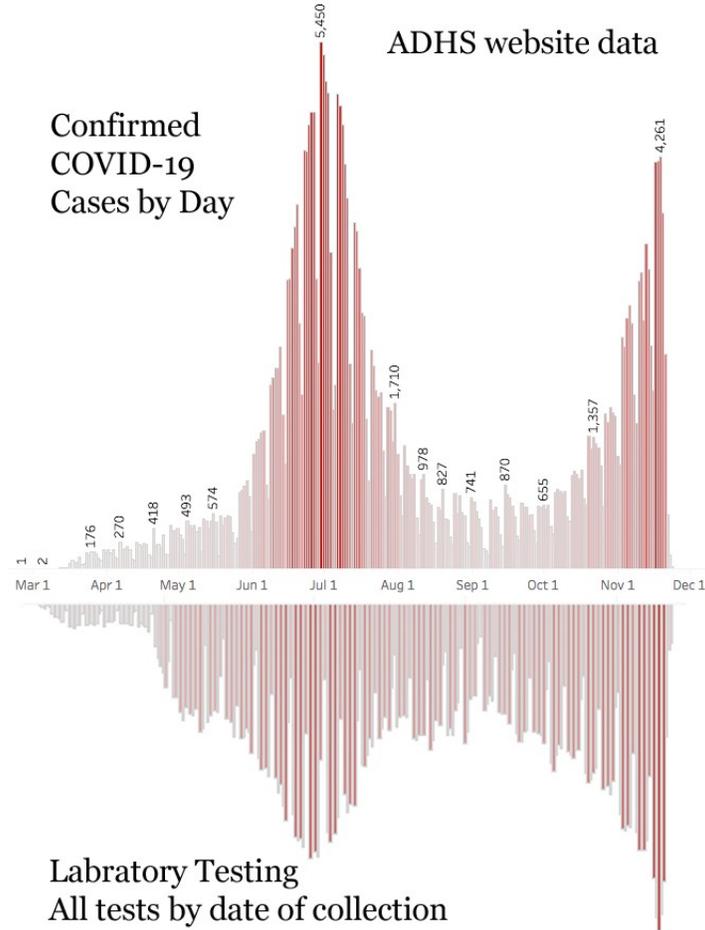
- While admitting some limitations, the final paragraph concludes: [5]
 - Enhanced mitigation measures should be implemented by communities and persons to slow COVID-19 spread, particularly before a vaccine or therapeutic treatment becomes widely available. State, local, and tribal officials are best positioned to continually monitor data and collaborate to determine the level and types of enhanced mitigation required. Mitigation measures, including mask mandates, that are implemented and enforced statewide appear to have been effective in decreasing the spread of COVID-19 in Arizona.
- The following image is shown illustrating how the measures related to the cases: [5]

FIGURE. Selected community mitigation measures* and COVID-19 case counts[†] and 7-day moving averages[§] — Arizona, January 22–August 7, 2020



If one is wont to trust the CDC and assume they've done their due diligence, the graph might appear to indeed support their conclusions. There is however a problem with this. We keep hearing that we need to trust the science. Unfortunately the scientists who published this report omitted one important factor. Not once in the report is testing mentioned.

- In the image below a graph of the testing during the same time frame, taken from the Arizona Health Department's website, is inverted and juxtaposed with the cases, telling a different story: [6]



For a public organization tasked with serving the public to claim over and over again, as they do in the report, that the evidence shows that masks and the other mitigation measures work without correlating that more testing equals more cases is mind boggling. Every person who took part in doing that report or publishing it should be fired and shamed.

The WHO Finally Announces PCR Test Cycles Guidelines

The results of PCR (more accurately RT-PCR, real-time polymerase chain reaction) tests have been used to gin up fear, justifying enacting draconian measures, restricting travel, isolating people against their will, and basically stripping away most of what the West used to boast about, referring to itself as the "free world". And all of this based on the results of a test that was never intended to be used to diagnose. (See my PDF about the PCR test.)

- What does a PCR test do? From the Swiss Policy Research website: [7]

- A PCR test is amplifying samples through repetitive cycles. The lower the virus concentration in the sample, the more cycles are needed to achieve a positive

result. Many US labs work with 35 to 45 cycles, while many European labs work with 30 to 40 cycles.

- This is not new information, but after the results from PCR tests have been used to justify changing our society like nothing else ever has, the WHO, on December 7th, finally got around to stating that the tests are problematic. From the WHO website: [8]

- Users of RT-PCR reagents should read the IFU [instructions for use] carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result.

- The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the Ct value will be low. Conversely, when specimens return a high Ct value, it means that many cycles were required to detect virus. In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain.

The WHO Changes The Definition of Herd Immunity

The concept of herd immunity is not new. It is an idea, a theory, the observation that once a certain percentage of the population has immunity against a pathogen that then there is too few vulnerable people (hosts) for the pathogen to thrive.

- First, here is a definition from the Britannica website: [9]

- Herd immunity, also called community immunity: state in which a large proportion of a population is able to repel an infectious disease, thereby limiting the extent to which the disease can spread from person to person. Herd immunity can be conferred through natural immunity, previous exposure to the disease, or vaccination. An entire population does not need to be immune to attain herd immunity. Rather, herd immunity can occur when the population density of persons who are susceptible to infection is sufficiently low so as to minimize the likelihood of an infected individual coming in contact with a susceptible individual.

- Here, published on the WHO's website on June 9, was their definition of herd immunity: [10][11]

- Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.

(Note that the page has been deleted by the WHO. The footnoted link is from archive.org and may not stay viable so the second footnote for a link to a screenshot is included.)

Now that the push to get the whole world vaccinated with the Covid vaccines, the WHO did its part in the propaganda. On their November 13 page where they define herd immunity they changed their definition to state that herd immunity is only possible through vaccination, rejecting

decades of commonly accepted science and common sense. And to drive it home, they say the same thing three different ways in three paragraphs. Further, the psyop, using fear, is used that vaccines are how you get immune without having to get sick.

- From the WHO's website, dated November 13, 2020, What is herd immunity?: [12][13]

- 'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

- Herd immunity is achieved by protecting people from a virus, not by exposing them to it.

- Vaccines train our immune systems to develop antibodies, just as might happen when we are exposed to a disease but - crucially - vaccines work without making us sick.

- As more people in a community get vaccinated, fewer people remain vulnerable, and there is less possibility for passing the pathogen on from person to person. This is called 'herd immunity'.

- 'Herd immunity' exists when a high percentage of the population is vaccinated, making it difficult for infectious diseases to spread, because there are not many people who can be infected.

(For this also, a second footnote links to the screenshot.)

- Curiously, as of December 31, they have reverted to their original definition but retain the warning that vaccines are superior because people don't need to get sick or die. One might speculate that they reverted their message due to the blowback. In any case, it is clear that the WHO lacks integrity and is not about science or informed consent; instead is pushing vaccines. From the current WHO website, updated December 31: [14]

- 'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. WHO supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population, as this would result in unnecessary cases and deaths.

The Disappearing Flu

According to the CDC and the WHO the flu is now virtually nonexistent, worldwide.

It would not be a stretch, considering the new death certificate protocols and the lack of integrity exhibited by the CDC and the WHO, to wonder if deaths (and cases) that would have been attributed to the flu in previous years are now being attributed to Covid-19. But that might not be the whole story or any part of it.

This section is included not because it provides any kind of concrete evidence but rather because it is a curious development, and the agencies' responses to it seem ingenuous.

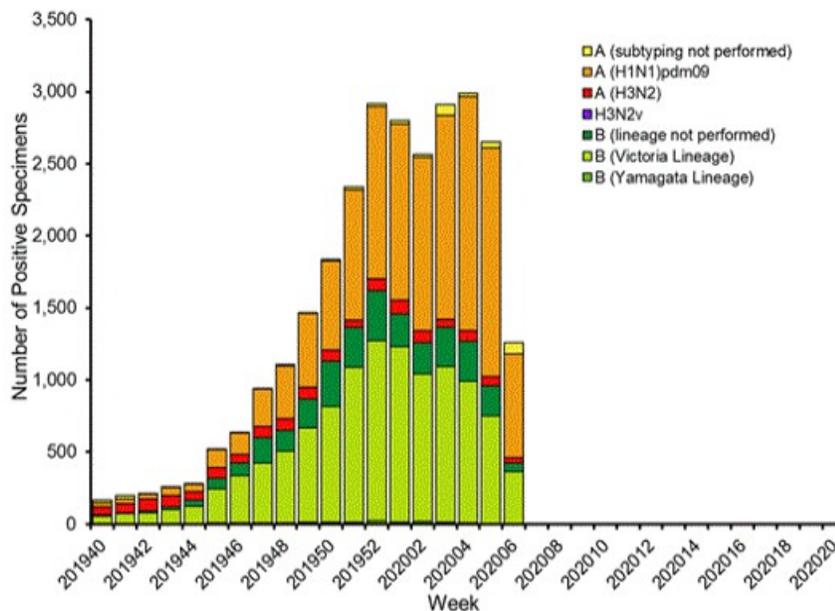
This section will be in three parts. First the data, graphs from the CDC and the WHO, second, a look at the WHO's and the CDC's explanations, and finally a look at the claim that Covid mitigation measures have stopped the spread of the flu and a possible other explanation.

The Data

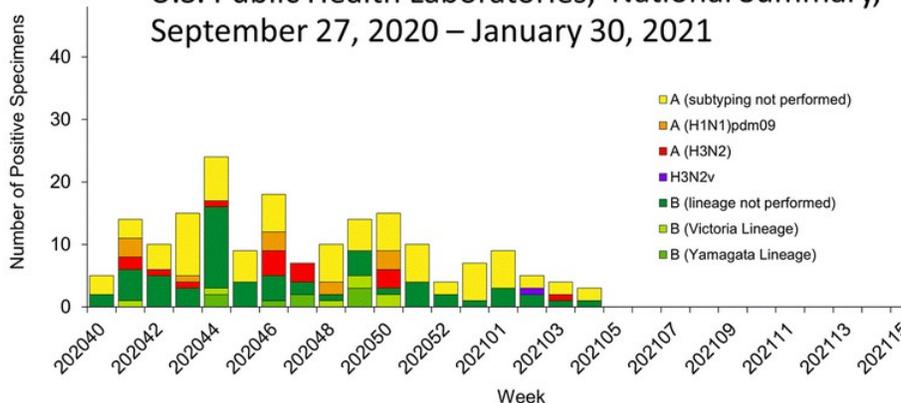
Below are some images from the CDC's website and from the WHO's website comparing flu cases in the 2019-2020 season to cases in the 2020-2021 season during the same weeks.

- These next two graphs are from the CDC website, the "Past Weekly Surveillance Reports" page. In the first graph, for the 2019-2020 season, you see the "positive tests", from week 50 of 2019 to week 5 of 2020 averaging about 2,500 per week. In comparison, for this season (2020-2021) in the same time frame, we see in the second graph an average of somewhere around 10 per week across the United States: [15]

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2019-2020 Season



Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, September 27, 2020 – January 30, 2021



From the WHO we see a similar incredibly low number of flu cases recorded.

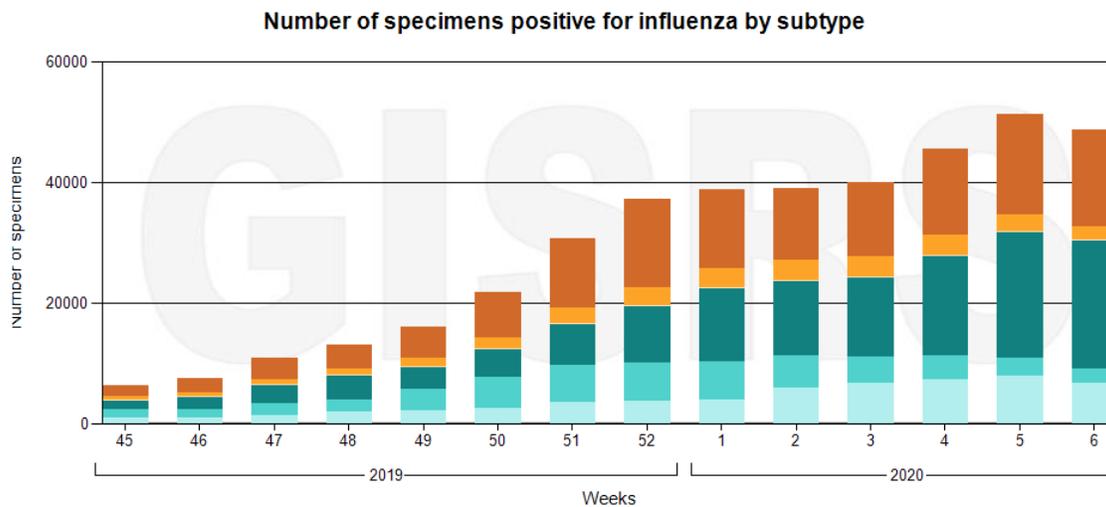
- From the WHO website, under the "Global Circulation - optional time period selection" page, in the first graph for the 2019 - 2020 season, you see the "positive specimens", from 2019 week 52 to 2020 week 4 averaging somewhat more than 40,000 per week. And for this season in the same time frame, we see in the second graph an average of somewhere around 250 across the entire globe: [16]



Influenza Laboratory Surveillance Information
by the Global Influenza Surveillance and Response System (GISRS)

generated on 11/02/2021 01:30:52 UTC

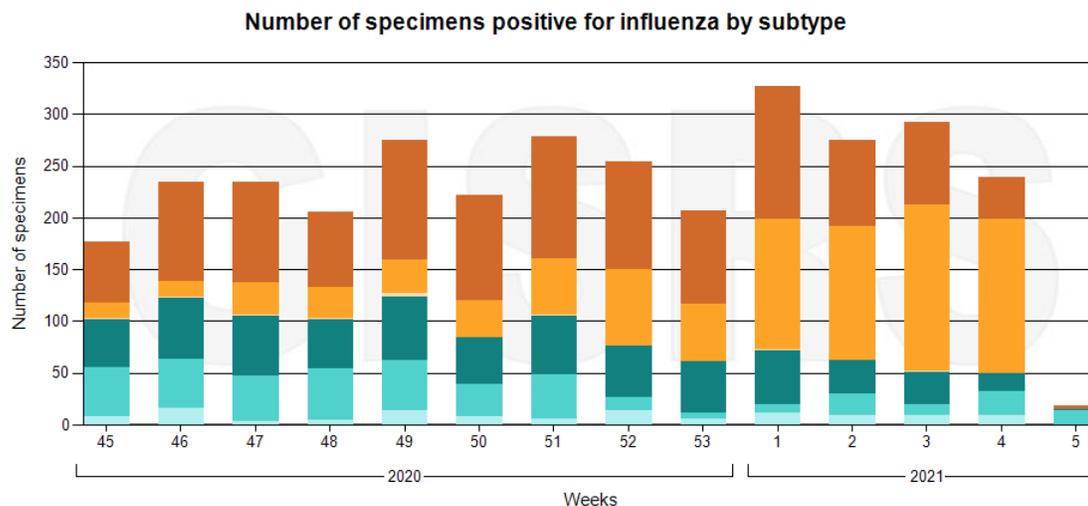
Global circulation of influenza viruses



Influenza Laboratory Surveillance Information
by the Global Influenza Surveillance and Response System (GISRS)

generated on 11/02/2021 01:42:09 UTC

Global circulation of influenza viruses



The WHO's Explanation

- In the September 2020 Influenza "Update N° 376" from the WHO, they had this to say: [17]

- The various hygiene and physical distancing measures implemented by Member States to reduce SARS-CoV-2 virus transmission have likely played a role in reducing influenza virus transmission.

The CDC's Explanation

- The CDC published a report on their website on September 18, 2020 about the disappearing flu titled, "Decreased Influenza Activity During the COVID-19 Pandemic - United States, Australia, Chile, and South Africa, 2020". From the summary at the start of the report they cite Covid's "mitigation measures" as the likely cause and suggest such measures for the future: [18][19]
 - What are the implications for public health practice? Interventions aimed against SARS-CoV-2 transmission, plus influenza vaccination, could substantially reduce influenza incidence and impact in the 2020-21 Northern Hemisphere season. Some mitigation measures might have a role in reducing transmission in future influenza seasons.
- After discussing, in the last paragraph of the report, the lockdowns and other mitigation efforts of the four countries mentioned in the report's title, the last sentence says: [18][19]
 - The community mitigation strategies implemented to prevent the spread of COVID-19, including both community and individual-level measures, appear to have substantially reduced transmission of influenza in all these countries.
- In this short 10 paragraph report they refer to the "mitigation" measures as the likely reason for the disappearance of the flu or suggest such measures for the future 15 times. They conclude that ultimately the flu vaccine is your best bet. From the last sentence of the Discussion section of the report: [18][19]
 - Influenza vaccination for all persons aged ≥ 6 months remains the best method for influenza prevention and is especially important this season when SARS-CoV-2 and influenza virus might cocirculate.
- The burning question from this report should be why and how do the mitigation measure prevent the spread of flu while apparently not working against Covid. In the Discussion section at the end of the report they hint at why, explaining SARS-CoV-2 is more contagious: [18][19]
 - In the United States, influenza virus circulation declined sharply within 2 weeks of the COVID-19 emergency declaration and widespread implementation of community mitigation measures, including school closures, social distancing, and mask wearing, although the exact timing varied by location.
 - Although causality cannot be inferred from these ecological comparisons, the consistent trends over time and place are compelling and biologically plausible. Like SARS-CoV-2, influenza viruses are spread primarily by droplet transmission; the lower transmissibility of seasonal influenza virus ($R_0 = 1.28$) compared with that of SARS-CoV-2 ($R_0 = 2-3.5$) likely contributed to a more substantial interruption in influenza transmission.

- The R number has nothing to do with the biology of the disease. It is an observation of the history of a disease. From the msn website: [20]
 - How is the R number calculated?
 - The R number cannot be calculated in real-time.
 - Instead, scientists look at figures including positive tests, rates of hospitalisation and fatalities to work out an estimate of the rate of transmission.
 - Generally this creates a picture that covers roughly the past month.

A Look at Another Explanation

- In an article from Michael G. Sunde, a Research Associate at the University of Missouri School of Natural Resources (the 2nd footnote is to his profile), on the medium.com website titled, "The Unexpected Case of the Disappearing Flu" the author looks at the contradictions involved in a claim that mitigation efforts would prevent the spread of the flu but not the spread of SARS-CoV-2. He addresses the most obvious point: [21] [22]
 - The reduction (or more accurately disappearance) in influenza cases has occurred in all geographic regions, regardless of the nonpharmaceutical interventions (NPIs) that have been employed.
- He addresses how masks should prevent the transmission of SARS-CoV-2 similarly to the flu: [21]
 - If the wearing of masks was capable of almost entirely removing influenza from circulation, as has been observed, then this approach would also eliminate SARS-CoV-2. Indeed, SARS-CoV-2 virions, which range from ~50 to 200 nm, are similar in size to those of influenza (~80 to 120 nm), adenoviruses (~90 to 100 nm), and other endemic betacoronaviruses, such as HCoV-OC43 and HCoV-HKU1 (~118 to 140 nm), which share the same genus as the novel virus. Since SARS-CoV-2, influenza, and various other respiratory viruses are largely spread by fine-particle aerosols in indoor settings, an intervention that works for one should logically work for the other. But in spite of the stringency of interventions, SARS-CoV-2 cases have skyrocketed.
- Finally Sunde refers to a section of a 1992 book called "The Transmission of Epidemic Influenza" by Edgar Hope-Simpson. The section, called "Vanishing Trick" offers an explanation that neither supports the WHO's or the CDC's "mitigation measures" claims nor does it support the theory that the CDC's and the WHO's new protocols labeling of flu cases as Covid cases is responsible: [21]
 - Information and specimens reaching Hampstead from many parts of the world drew attention to the most puzzling and apparently illogical of the many conundrums posed by the human influenza viruses. The strains discovered in 1932-33, soon to be called type A influenza virus, remained homogeneous for more than a decade. Then in the winter of 1946-47 they were replaced by a different but related virus that was named "A prime" (written A') in order to distinguish it from the earlier A strains. Vaccination by a vaccine containing the original A virus conferred little protection against the novel strains. Andrewes was

deeply puzzled: "... strange as it may seem these A primes seem to have completely replaced the classical As all over the world. How this comes about and why the classical As should have vanished is a mystery."

- A mystery indeed! The phenomenon, christened the vanishing trick, has characterized most subsequent major and minor antigenic changes of influenza A virus. Strains that have been causing all the type A influenza in the world for perhaps a dozen years will vanish and next season be replaced everywhere by a novel strain. In the case of minor antigenic changes the predecessor may have been prevalent for only one or two seasons over a large part of the earth's surface before it disappears and is replaced by a new minor variant.

- The vanishing trick still remains to be explained.

So is the flu's disappearance the result of relabeling the flu or is it because of the mitigation measures or is it simply because of a mysterious character trait of viruses? The reader is encouraged to explore it more and come to their own conclusions. In any case the CDC's and the WHO's messaging that the mitigation measures likely are the reason seems very ingenuous.

Final Thoughts

One of the things one hears over and over since Covid is to trust the science or believe in the science. It is said as if certain people own the science. It is used to claim moral superiority over those who disagree with the mainstream narrative. Just because some authority claims or insinuates that the science is settled, doesn't make it so. Science is a human endeavor; it exists - it is not something to be believed in or not believed in. Science is full of nuance and data (especially sound bites of data) never shows the whole picture.

It's clear that the CDC and the WHO make political decisions and have agendas. While there may be many smart and degreed people in those organizations one cannot assume that their knowledge is used for the benefit of and focused on the welfare of the public.

Finally, it is extremely important for people to understand that you don't have to be a scientist or infectious disease "expert" to appraise and judge things for yourself. It is a grave mistake to yield your agency to experts.

Footnotes

[1] CDC PDF - [Physician's Handbook on Medical Certification of Death -2003 Revision](#)

[2] CDC, NVSS PDF - [COVID-19 Alert No. 2](#)

[3] Children's Health Defense website - [If COVID Fatalities Were 90.2% Lower, How Would You Feel About Schools Reopening?](#)

- [4] WHO PDF - [International Guidelines For Certification And Classification \(Coding\) Of Covid-19 as Cause Of Death](#)
- [5] CDC PDF - [Trends in COVID-19 Incidence After Implementation of Mitigation Measures - Arizona, January 22-August 7, 2020](#)
- [6] Arizona Department of Health Services website - [Laboratory Testing](#)
- [7] Swiss Policy Research website - [The Trouble With PCR Tests](#)
- [8] WHO website - [Nucleic acid testing \(NAT\) technologies that use real-time polymerase chain reaction \(RT-PCR\) for detection of SARS-CoV-2](#)
- [9] Britannica website - [Herd immunity](#)
- [10] WHO website - [Coronavirus disease \(COVID-19\): Serology, 9 June 2020 | Q&A](#)
- [11] Screenshot of WHO page - [What is Herd Immunity? June 9th](#)
- [12] WHO website - [Coronavirus disease \(COVID-19\): Serology, antibodies and immunity, 13 November 2020 | Q&A](#)
- [13] Screenshot of WHO page - [What is Herd Immunity? November 13th](#)
- [14] WHO website - [Coronavirus disease \(COVID-19\): Herd immunity, lockdowns and COVID-19, 31 December 2020 | Q&A](#)
- [15] CDC website - [Past Weekly Surveillance Reports](#)
- [16] WHO website - [FluNet](#)
- [17] WHO PDF - [Influenza Update N° 376](#)
- [18] CDC website - [Decreased Influenza Activity During the COVID-19 Pandemic – United States, Australia, Chile, and South Africa, 2020](#)
- [19] CDC PDF - [Decreased Influenza Activity During the COVID-19 Pandemic – United States, Australia, Chile, and South Africa, 2020](#)
- [20] msn website - [R rate: What is it and how is the figure calculated?](#)
- [21] medium.com website - [The Unexpected Case of the Disappearing Flu](#)
- [22] ResearchGate website - [Michael G. Sunde Profile](#)

Relevant Links

[WHO Deletes Naturally Acquired Immunity from Its Website](#)
[COVID-19 cases in Arizona dropped 75% after mask mandates began, report says](#)
[WHO \(finally\) admits PCR tests create false positives](#)
["R nought" and herd immunity](#)