Ramesh Thakur (00:15):

Okay. Well, add my thanks to Graham and Robert and all of you associated with the two sponsoring organisations for making this possible, for organising it, for having us here. And of course, the rest of you for coming along to this. David, as you heard, comes from the public health and WHO background. For this purpose, I come from the UN background in particular global governance background and health as a subset. Just as the UN is the centre of the normative architecture of global governance overall. The WHO is the core of the normative architecture of global health governance. So my interest is on that side. I have no medical background whatsoever, but I do know a lot about UN reform and the difficulties in that to the point where I'm tempted to say, if you think you understand UN reform processes, you have been misinformed.

(01:18):

Now, I had an unusual role with an exceptional secretary general, and that's Kofi Anand. I was allowed to speak and comment publicly on any subject of my choice and a condition of my doing so was not to have anything I wrote vetted in advance by anyone in the UN so that the UN as an institution had not just plausible but actual deniability and could say that I was expressing my personal opinion, which I did. And the reason for that was very interesting. Kofi essentially concluded that I knew a lot about world affairs and where the UN belonged in the scheme of world affairs and that I was a strong and powerful defender of what the UN stood for and what it was trying to achieve.

(02:16):

But I was prepared to be openly and publicly critical of specific aspects of what the UN was doing. And he tolerated that for two reasons and he explained that to me. One was because he knew that my criticism was well intentioned in that if you're not prepared to acknowledge what your problems are, you are not going to be able to readdress them and rectify them. And second, because my intentions were good, even if they in the UN, including here as Secretary General, disagreed with what I said, he recognised the fact that I was prepared to be publicly critical in five to 10% of my writings of what the UN was doing gave me the necessary added credibility when I spoke in defence of what the UN was doing, which I did. For example, you'll remember the oil for food scandal, which was an important issue at the time.

(03:16):

So that is important. I want to assess that because some of you may, or maybe none of you did, there's an article by a regular columnist in the Sydney Morning Herald and the Age recently. The target of that was Senator Alex Antic for having the foolish courage to host us in parliament on Wednesday, but David and I were collateral damage in that and the smear by association was via MAGA aligned WHO haters. Hard right. Hard right.That's only with him with regard to being located in Texas, I think, but that's a definition. And I stress that because my writings in public going back to 20, 25 years, are very clear written in black and white criticisms of parts of the UN thing, including criticisms of the UN should not claim a legitimacy derived from its technical expertise that overrides the democratic legitimacy of member states and criticisms about the DACA.

(04:31):

And in fact, I'll show you that that was the article there. I leave this letter that I wrote that Vijay didn't publish pointing out the things and I thanked in the letter which didn't publish, but I thank the fact that quite often I get whatever I say dismissed because of course he's an old UN and he would defend the UN, wouldn't he? Don't take him seriously think. But this is, as I said, the industry standard book on the history of the UN on that side, things about technical legitimacy and standing above member states,

criticism of that. I'll leave this slide presentation with Graham and if you want to follow up, you can read that later on, but I'm not going to spend time on that, but these are just examples of where I was criticising attempted overreach by the UN system and questioning the basis for that.

(05:36):

And that question at the end there, does the UN somehow have a state of grace above that of its member states, which has become more relevant in recent times? You can see from the title, Unintended Consequences, David mentioned that UN, I mean, that's not in the book because that was earlier, but David mentioned that point about the UN compound in Haiti with the colour outpak. That was a contingent to peacekeepers from Nepal and the cause of that was defective sanitation or inadequate sanitation and defective hygiene practises, which then spread as an epidemic. The dark side of globalisation, both these books published by the UN University Press, so it's a publication inside the UN system and they allowed me to do that. Those are both very well received and well cited things. Now, this is an important point. This is just two months ago from within the UN system, 2.1 billion people still lack adequate, safe, portable water.

(06:43):

3.4 billion people lack adequate sanitation practises, 1.7 billion people like basic hygiene practises. These are the real big drivers of disease-based mortality in the world. This is where 80% plus of WHO attention and resources should be directed and it offends me grievously that they want to direct instead 40%, 50% of their attention to pandemics, which are historically important, but not all that relevant on an annualised average and particularly in the developing countries. I know what the cost of lockdowns and school closures and suspended childhood immunisation campaigns meant in the developing poor countries, low income countries, including India.

(07:44):

And I find it impossible to comprehend how health experts thought they were following the moral course of action by recommending and mandating and enforcing lockdowns. What do you expect a poor manual Rick Shawala to do in India when you take away his daily wage? What do you think his choices become in terms of his family and the consequences for the child trafficking, for early child marriage, for domestic violence, for child sexual trafficking and there were real consequences when given the demographic profile, it's Europe, North America, and South America that are hugely disproportionate COVID mortality, COVID related mortality, I should say, and Asia, Africa in particular, Oceania were hugely underrepresented in terms of their population shares. So no, we didn't share this threat equally around the world. It was highly segregated regionally, it was highly disaggregated age wise and to have a one size fits all approach based on centralised global health governance distorted the threat, distorted the responses and screwed everything in consequence.

(09:16):

It's interesting. A recent peer reviewed study of systematic review of 132 peer review studies and the unique outcomes, 75% to 90% of the unique outcomes are detrimental and very little clear evidence to show the benefits once you get into that. And as David said, the best single metric to use for these purposes is all cause mortality or excess deaths because it's methodologically so complicated to try and assign causality to individual things. So we look at that and it should always have been cost benefit analysis in response. There was no justification for turning our entire health service into COVID only services of turning entire public policy agenda to COVID management agenda and we are still paying the consequences and the next generation will pay an even heavier cost for decades to come.

(10:21):

So those are the details there. This is the regionalized continent by continent comparison of COVID related mortality to health, to population shares of thing. And you can see the distribution around the world. This is the age segregated survivability and the point that people forgot that even at 70 plus years, you still had a 95% probability of surviving COVID infection later on the 99.99%. I'd still love to know, I haven't seen the figure. How many healthy that is without any comorbidity people in Australia age two to 18 died with the relationship. I would be surprised if we got into double figures. I would not be surprised if the answer was zero. So there you go.

(11:22):

The vaccination coverage, you'll remember the horrific scenes from India about the April, May, June 2021 deaths. What is interesting there is how ... Now, of course there are problems of methodology in India and reliability of data, but it's unlikely that it's problematic when it's going up or down and acceptable and fully reliable on the other side. So what you see is the very common phenomena all around the world. The ascending curves tend to match the descending curves and the descent is completed at around 3% of the population being fully vaccinated. That's it. So it wasn't the vaccination that drove it down. It was its natural curve, immunity spreading, and the finite lifespan of the virus itself, which is what was predicted at the time. And you can see that same with Australia and New Zealand.

(12:17):

In North America and in Europe and in the UK, I can understand why they think the correlation of the curves coming down as they roll out the vaccine shows at least potentially the efficacy of vaccines, but about the same logic and especially if you're a believer of Carl Popper's falsifiability criteria of science and reliable deductions, our example in Australia and New Zealand proves the opposite. Our curves actually went up as the vaccination rolled out and between, I think I have it in the next figure somewhere, I thought I had it. Oh, there we are. 92% of Australia's and 99% of New Zealand's cumulative COVID related deaths occurred after they had reached 70% full vaccination coverage. 70% full vaccination means for practical purposes universal adult vaccination. And hence the question, if this is COVID-19 vaccine success, what would failure look like?

(13:23):

Parts of the pandemic agenda includes additional layers of bureaucracy, other COP. Well, this is what we are paying to Mr. Bowen to be president for one year of COP. Do we really want another COP and then additional structures as part of the bureaucracy? What we have seen is since 1945, since the established of the UN ... By the way, today's the anniversary of the signing of the UN Charter and I'm pleased for that reason that our meeting coincides with that. I just wanted to note that. But in that time, there has been a constantly thickening overlay of global governance norms, regulations, and institutions.

(14:09):

And that means additional taxation for that purpose and that has implications and for distorting our expenditure as well as taxation agendas within countries. And are there returns just there to justify that? Well, I'm sceptical, put it that way. There's all those structures that are in the pandemic accords. And the point is, does the empirical base justify this increased claim to that or is it the case of a standard bureaucratic subversion of the original mission where instead of delivering maximum returns measured by increased life expectancy, decreased numbers of disease-based mortality as opposed to what has happened a subversion into our primary mission now is to grow our size, our authority, our powers, our resources, but not strengthen the accountability mechanisms for the technocrats. And remember in the international bureaucracy, you don't have the equivalent of the political check on the bureaucrats, ministers and prime ministers and cabinets saying, "These are policies.

(15:35):

We determine that and you do that. " But of course in COVID, we saw the politicians abdicate on their responsibility for making decisions as well, just hand it over to the technical experts. And as a result has been, and I'll finish with that, a demonstrable fall in public confidence and trust in public health experts and public health institutions. And that is the final cost we are paying because we should be able to trust our public health institutions. We should respond if you tell it to us, we'll take it on good faith and do it. Too many of us now say, "I'd like to check that myself." Thank you.