

CODEX ALIMENTARIUS COMMISSION



Food and Agriculture
Organization of the
United Nations



World Health
Organization

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Comments from the National Health Federation

INTERMEDIATE REPORT OF THE SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE CODEX ALIMENTARIUS COMMISSION - "CODEX AND THE PANDEMIC - STRATEGIC CHALLENGES AND OPPORTUNITIES"

The National Health Federation (NHF), a non-profit consumer organization, respectfully submits the following comments:

1. CAC's Reaction to the COVID-19 Pandemic.

In February 2020, the World Health Organization (WHO) declared a "[Pandemic](#)" for the coronavirus and claimed that the mortality rate for the novel coronavirus disease now designated as COVID-19 was 3.4%, while that for the seasonal flu was 0.1%. Of course, the news media ran with those numbers and splashed scary headlines across the World stating how much more deadly this new virus was than the seasonal flu. The problem with WHO's statement, however, was that it applied two different formulas for the two viruses. For the COVID-19 disease, for example, WHO simply did not count any of the mild cases of COVID-19 that resolved themselves; yet, it did with the seasonal flu. If WHO were to apply the same formula to seasonal flu cases as it did with COVID-19 cases, then the seasonal flu is revealed more truthfully as being **twice as deadly** as the COVID-19 virus.

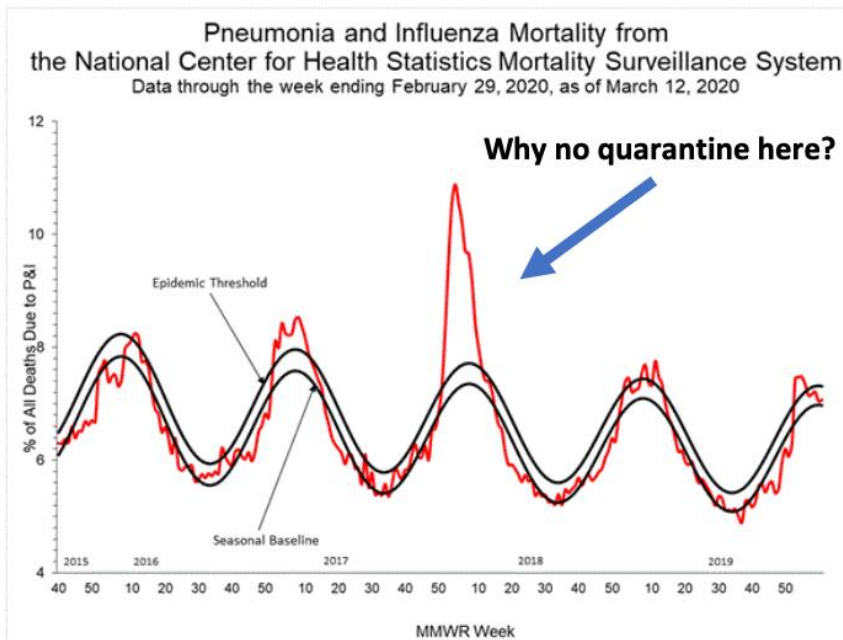
Moreover, WHO applied the dire Imperial College projections of Neil Ferguson, [which predicted 250,000-500,000 deaths in the UK alone](#) from the COVID-19 coronavirus. As events have transpired, and with the benefit of hindsight, the so-called Imperial College Model has been thoroughly discredited since the actual COVID-19 mortality rate has been significantly lower than first predicted.

Still, faced with these global pronouncements about the high danger of the Covid-19 coronavirus and its projected Infection Fatality Rates (IFRs), the Commission and Codex Secretariat took the sensible approach of delaying and then cancelling every Codex committee meeting scheduled for 2020. In light of the near universal cries of alarm, the Commission and Secretariat could hardly do otherwise; and there is no fault in them having taken this prudent course of action.

For the reasons demonstrated below, however, there is no further need for the Commission to postpone its normal meeting processes or to consider holding virtual meetings in place of actual in-person meetings.

2. The Mortality Rate Has Been Wildly Overstated.

COVID-19 is the **weakest** of the seven serious flus and diseases (West Nile, SARS, Bird flu, Swine flu, Ebola, and Zika) we have had since 2002. Early on in the epidemic, COVID-19 revealed itself as even less deadly – by one-half – than the ordinary seasonal flu. Bob Luddy, [writing for *The American Spectator*](#), in March 2020 made the comparison then (and which still holds true now in relative comparison), "This season the flu has killed 22,000 Americans versus 388 dead from COVID-19. This is the hard data available. There has been no national discussion about the flu but complete panic on the coronavirus."



John P. A. Ioannidis, a Stanford University Medical School professor of medicine and epidemiology, [argued](#) that we were making decisions in the early Spring 2020 without reasonable data, so it would be impossible to make claims about any fatality rate, actual or future. Dr. Ioannidis presciently thought that when the dust settled and an accurate count was made, then the true mortality rate for COVID-19 could be five times lower, coming in at 0.025% or maybe 0.625% but certainly not the alarmist WHO figure of 3.4%. “Patients,” he wrote, “who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future.” In the end, as will be shown below, Professor Ioannidis was proven correct.

Dr. Jay Bhattacharya, another Stanford University professor of medicine, concurred when he [said, as quoted in *The Wall Street Journal*](#), “An epidemic seed on January 1st implies that by March 9 about six million people in the U.S. would have been infected. As of March 23 ... there were 499 Covid-19 deaths in the U.S. ... that’s a mortality rate of 0.01%.” He lamented the fact that there have been no studies done to accurately assess the actual Measured Case Fatality Rate.

Many have pointed to Italy and its death rates from the coronavirus as proof positive for the deadliness of this latest epidemic. But [according to Italian officials](#), 99% of those who died had other illnesses that predisposed them to die. In fact, the average age of those who died there was 79.5 years (some say 81-83 years). Keep in mind that Italy ranks fifth in the World for having the highest median age (the United States ranks 61st).

As if that were not enough to put a nail in the coffin of the mythically high Italian death rate from COVID-19, [a report from Italy’s National Institute of Health shows](#) that **up to 88%** of Italy’s alleged COVID-19 deaths could be misattributed. The Report states, “the way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus ... On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity – many had two or three.”

Moreover, if you look at the Italian government’s own [figures for mortality](#), you will see a steady rise in deaths there since 2006! Well, we all know that the current “crisis” just started in 2020, so another factor must have been causing the rapid rise in deaths in Italy. Several experts have attributed the rise in deaths to a resurgence in tuberculosis cases. Tuberculosis kills 1.7 million people worldwide every year, far dwarfing the puny threat of COVID-19.

Unfortunately, in its [COVID-19 Alert No. 2](#) (March 24, 2020), the CDC issued a directive to medical personnel that actually states, “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.**” (emphasis in original) So, it is easy to see that the official death figures from COVID-19 are exaggerated and that doctors may assign the virus as a cause of death even without having tested the patient. Moreover, in the United States, [there is a](#)

[financial incentive](#) for hospitals to declare a patient “COVID-19 positive” since the government will reimburse the hospital more for such patients (\$13,000) and three times more (\$39,000) if the COVID-19 patient is on a ventilator.

Careless, even reckless, statistics have contributed to the false belief that COVID-19 is a highly contagious virus that will kill millions and lacks any effective treatment. And yet the mortality from COVID-19 has turned out to be [many times lower than expected](#) and much closer to that of a normal, seasonal flu (0.2%). The number of registered corona deaths, therefore, still seems to be overestimated.

There is a vast difference between death **by** corona and death **with** corona. Humans are often carriers of multiple viruses and potentially pathogenic bacteria at the same time. Taking into account the fact that most people who developed serious symptoms suffered from additional pathology, one cannot simply conclude that the corona-infection was the cause of death. Again, this was mostly not taken into account in the statistics and was even twisted adversely by a perverse financial incentive, as shown above.

The CDC, as of August 26, 2020, finally admitted that in a mere [“6% of the deaths, COVID-19 was the only cause mentioned.”](#) (look under comorbidities, near page bottom) Furthermore, the CDC found that “For [COVID-19] deaths with conditions or causes in addition to COVID-19, on average there were 2.6 additional conditions or causes per death.” In other words, as Dr. Peter Breggin, M.D. wrote, “COVID-19 was identified as the sole cause of death in a mere six of 100 deaths reported by the CDC. All the other 94% of so-called COVID-19 deaths had an average of 2.6 other causes listed.”

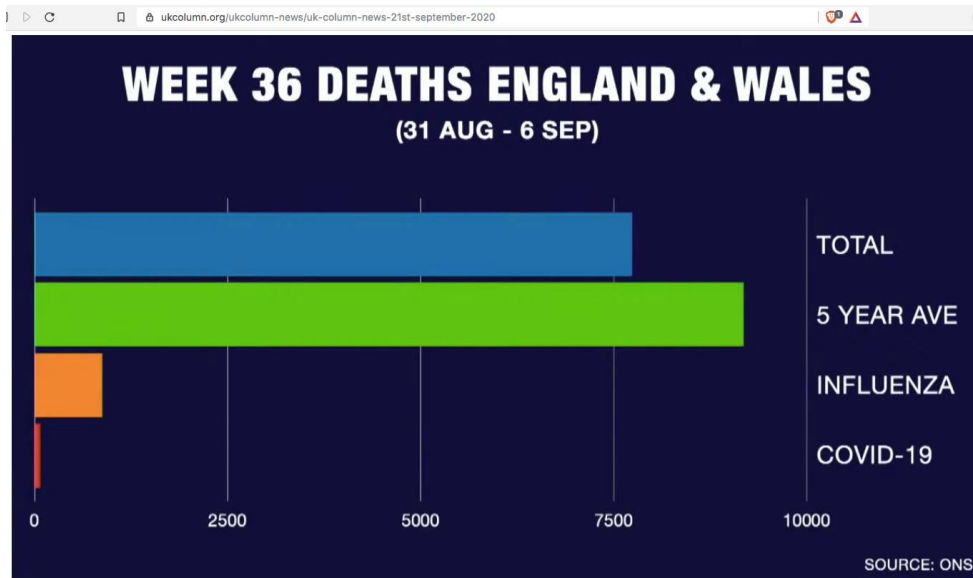
So, instead of the 150,000 to 180,000 COVID-19 deaths predicted by Dr. Anthony Fauci for the United States, the CDC on August 26, 2020, admitted that there had only been 9,683 deaths directly attributable to COVID-19 alone. And WHO has recently pegged the COVID-19 mortality rate at 0.13%, a far cry from its earlier prediction of a 3.4% mortality rate. Clearly, there was more to fear from the over-reaction than from the coronavirus itself.

3. The Pandemic Ended Months Ago

Peter Hitchens, writing for *The Daily Mail* on March 14, 2020, presciently stated, “Epidemic disasters have been predicted many times before and have not been anything like as bad as feared. The former editor of *The Times*, Sir Simon Jenkins, recently listed these unfulfilled scares: bird flu did not kill the predicted millions in 1997. In 1999, it was Mad Cow Disease and its human variant, vCJD, which was predicted to kill half a million. Fewer than 200 in fact died from it in the UK. The first SARS outbreak of 2003 was reported as having ‘a 25 per cent chance of killing tens of millions’ and being ‘worse than AIDS.’ In 2006, another bout of bird flu was declared ‘the first pandemic of the 21st Century.’ There were similar warnings in 2009, that swine flu could kill 65,000. It did not. The Council of Europe described the hyping of the 2009 pandemic as ‘one of the great medical scandals of the century.’” It increasingly appears that the COVID-19 “pandemic” has been over-hyped as well. On the CDC website, October 5, 2020, COVID-19 is described in the opening as an “outbreak” not a pandemic.

On the issue of an increasing infection/case count, Dr. Breggin remarked, “[Dr. Anthony] Fauci has continuously pushed to keep track of the death rates and the rising numbers of deaths; but [as the rate of lost lives declined and then held steady at a lower level](#), he and others began to emphasize the growing number of reported cases rather than the death rate. At the same time, the methods of counting cases became ridiculously inflated. Under CDC guidance, a valid case of COVID-19 can now be counted if someone has, in effect, seen someone who had seen someone who may have possibly had COVID-19. We described this absurd situation earlier in this year in our blog/report, [CDC Surges Covid-19 Stats](#). For many reasons the criteria for counting deaths due to the virus have become increasingly invalid and skewed to grow in [a frightening, unrealistic manner](#).”

So, counting “cases” of COVID-19 infection is essentially meaningless, especially as the death count drops to zero, hospitals are not overflowing but have empty beds instead, and COVID-19 illness is less and less evident. All indicators show a drop in the IFR, not an increase. You have to look at mortality rates, not cases.

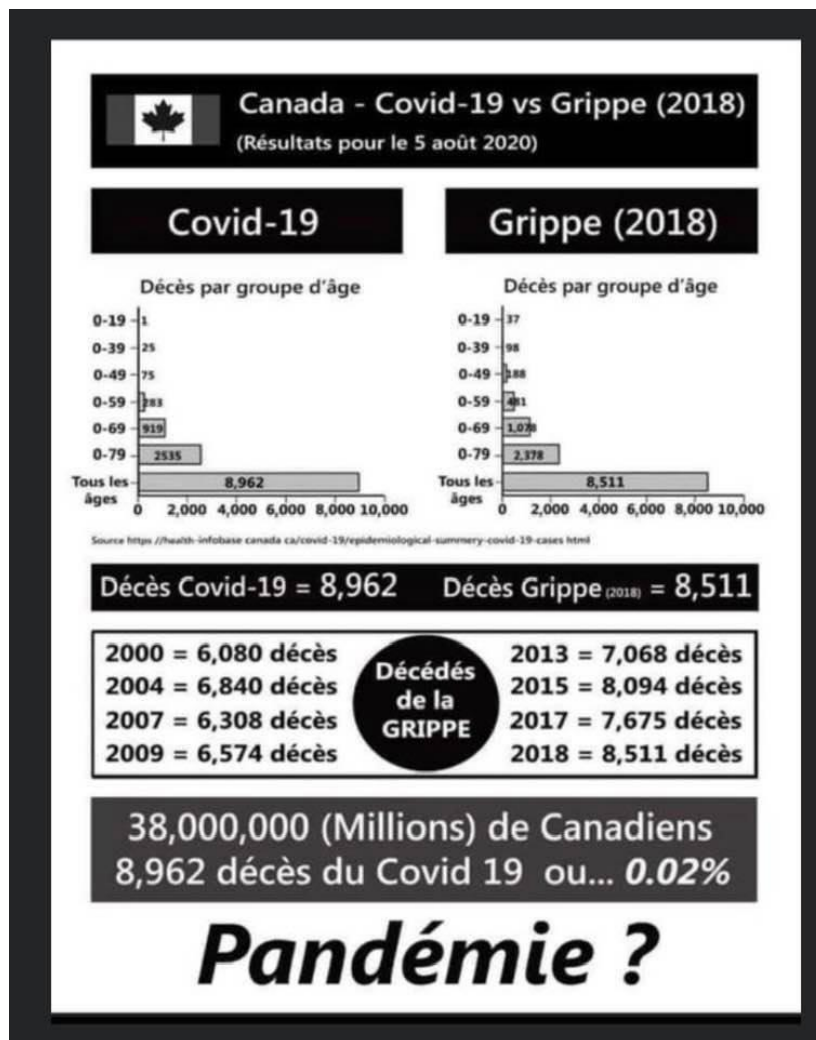


Brian Gerrish, Mike Robinson and David Scott with today's UK Column News.

If you go out and test for COVID-19 in an increasing number of people, then you will of course see an increasing “case” count simply because you are testing more people. Similarly, if one were to administer IQ tests to a larger percent of the population, then we would all be “surprised” by the alarming increase in the number of idiots in the population. It is meaningless and an artifact of statistical surveys. Any statistician worthy of the name knows this.

Those individuals who survived a COVID-19 infection – or for that matter any coronavirus infection – will show up as positive since they might well have viral fragments still in their body. This does not mean that they are infected. It more likely means that they had an infection and are now immune.

Besides, the so-called COVID-19 test is faulty [with many false positives](#). **False positives for the COVID-19 coronavirus can be up to 50%**, as recently [confirmed by the CDC](#). Others say up to 75%. Naturally any antibodies that show up post-immunization from a vaccine made up of inert influenza strains [will show a positive result](#). Recall that Italy had mandatory vaccinations prior to the COVID-19 outbreak. This would definitely skew results, especially the death toll.



Moreover, if one looks at the overall death rates in the United States and Europe, for example, one will see that the annual total deaths in the U.S. went from 2,839,205 in 2018 to 2,855,000 in 2019, and then plunged in 2020 to 2,033,736 (through Sept 24, 2020). How could this be, in the face of the supposedly greatest and most lethal pandemic in modern times? This alone should cause all of us to question the mainstream narrative that has led to numerous Codex meetings being cancelled or turned into virtual events.

4. Conclusion

By looking at the IFR for COVID-19 as it has changed over this half year, it is apparent to any objective person that the “pandemic,” if it ever even rose to merit such a designation, **topped out in late May 2020 to, maybe, early June 2020**. After that, it has primarily been a downhill slide as fewer and fewer true deaths from COVID-19 have occurred and the reality has set in that at worst 99.5% of the population is surviving this coronavirus.

It is time for Codex to go back to its normal schedule and allow its regular meetings to take place. For reasons other than those of health and safety, many governments are prolonging the agony of lockdowns and restrictions that is actually resulting in more deaths (from suicides, missed medical procedures, etc.) than would have otherwise occurred had the epidemic been treated as a normal, but severe influenza season.

Other vital work of Codex is being minimized and put on hold for an outbreak that is of less impact than the flu. We need to focus on the whole and prioritize all concerns impacting the health and welfare of mankind. NHF is calling for a return to sanity and balance and urges Codex to get back to work in the ways it has been most effective: in person.