

# Who Chooses the Official, Governmentally-Approved “Health Experts”?

By [Prof. Bill Willers](#)

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*“My budget [is] highly earmarked, so it is driven by what I call donor interests.” –[Margaret Chan](#), Director General of the World Health Organization, 2014*

*“For the world at large, normalcy only returns when we’ve largely vaccinated the entire global population.” –[Bill Gates](#), April, 2020*

You have to hand it to governmental health experts: All are uniformly “on message”. Meanwhile, abundant medical expertise from around the world at odds with official messaging is rendered invisible. The [Great Barrington Declaration](#), so critical of governmentally-imposed lockdown strategy (and associated policies, e.g., public masking, quarantine, etc.), has, since October 5, 2020, been signed (as I write) by more than 45,000 medical scientists and practitioners worldwide. But mainstream media figures, savvy to the perks of power, know better than to report this. It’s worthy of note that the founders of the Declaration go to pains to declare their detachment from financial gain, perhaps to stand out against prominent governmental experts with ties to the pharmaceutical industry (e.g. [here](#), [here](#), [here](#)).

There are also [America’s Frontline Doctors](#), the many dissenting scientists being discovered by journalists ([here](#), [here](#), [here](#), and just the other day still more [here](#) and [here](#)), and plenty of others too, trying to be recognized above the din of officialdom, only to be forced to the outer margins of the Internet, where only a small fraction of the public bothers to seek them out. Relatively speaking, it’s lonely out there. Only a select set of officially approved voices conforming to a tightly-controlled narrative are allowed space in mainstream media, and therefore in the larger public mind. By what process, one wants to know, do specific individuals become the “health experts” for government and media?

The World Health Organization (WHO) is the global authority to which the medical institutions of nations look for leadership. WHO opinion and policy informs the NIH, CDC, [schools of public health and medical societies](#) in the US and their counterparts in countries all over the world. Visualized as a pyramid, WHO is the apex. Information from there descends through national organizations, schools and institutions to regional and local authorities. Gates and the pharmaceutical industry weave strategy at the apex, with industrial and political players making their impacts all the way down to the base of the pyramid where one finds hordes of frightened, masked citizens.

In this light, consider Margaret Chan’s introductory quote (above) regarding donor impact on WHO policy. Now, scroll down this 2017 [list of contributors](#) to the WHO that shows the United States as top contributor at ~\$401Million.

But forget that sum, because President Trump thereafter stopped US contributions. That so, further scrolling down reveals that the major contributor is not a nation but the Bill and Melinda Gates Foundation at ~\$325Million, seconded by GAVI, the vaccine alliance (itself heavily funded by Gates), at ~\$133Million.

The top donors to the WHO are not countries, as is widely believed, but private interests. In fact, in recent decades, private donations to the WHO have continued to grow relative to national contributions, so that by 2017, their total had passed the 50% mark. And the pharmaceutical industry, the vaccine aspect in particular, is primary.

As one peruses the backgrounds of the the government's (and media's) chosen health experts, as opposed to the wealth of medical expertise resisting the lockdown and its isolating mandates, there seems within the former a high frequency not only of governmental bureaucrats but also of ties to schools of public health, and therefore to the many connected interests of those schools. Put another way, the commercial involvements of public health schools move quickly and unavoidably into a political realm that a critical eye might conclude is inappropriate for a medical school *per se*. Considering the inevitable conflicts of interest characteristic of corporate involvement, shouldn't there be a solid wall of separation between medical schools and schools of public health?

A way to understand what is encompassed within "public health" is to read the [Bloomberg School of Public Health](#) at Johns Hopkins University, [rated tops](#) in the nation and named for its billionaire donor: "We implement large-scale *solutions*", which includes development of "programs" and "interventions" in disaster response, refugee health, evaluation of health insurance programs, human rights and sustainable practice. The site links to Bloomberg's "Centers and Institutes" which include the Bill and Melinda Gates Institute for Population and Reproductive Health and four others that are specific to vaccine development, production, education and access. Bloomberg School's joining with the World Economic Forum and the Gates Foundation to host Event201, that foretold Covid19 Pandemic five months before the real thing hit, shows the School to be a global power player, and other schools of public health are certainly similarly oriented.

In 2005, in my home state, the School of Medicine at the University of Wisconsin in Madison [underwent a change](#) to become the University of Wisconsin School of Medicine and Public Health. The expanded mission to include public health was, as stated, to emphasize community health needs. A strict focus on medicine, on the one hand, and the vastly expanded array of considerations innate to "public health", on the other hand, thereby became integrated into a single unit. In Wisconsin, two voices from within that school have been dominant in messaging with regard to the Covid19 Pandemic and how it should be handled, with the result that the [Governor instigated](#) a severe lockdown strategy that included a statewide masking mandate.

While it would be natural for a political leader to rely on medical advice, what is problematic is the unanimity of designated experts nation-wide in their conformity to a specific Covid19 policy that is, on many levels, dubious or downright false. For example, the two accepted experts in Wisconsin, cited above, have insisted that scientific evidence has established that public masking is a powerful means of preventing viral transmission, this mirroring the position of the Director of the CDC who [told a Senate Committee](#) that masks are more protective than vaccines. This claim is absolutely and demonstrably false. No scientific evidence has shown anything of the sort. A "smoking gun" in the masking issue is the fact that perhaps the finest meta-analysis of public masking, published in 2016 and titled "Why

Face Masks Don't Work: A Revealing Review", was [suddenly taken down](#) as "no longer relevant in the current climate". (Fortunately, [it was saved](#) at the Wayback site). What stands out is that the "current climate" referred to has nothing to do with weather. Rather, it mirrors a global project the details of which are hidden to the extent possible.

There is [growing awareness](#) that pre-Covid19 life will never return, and that masking, social distancing, and the like, will become normal aspects of daily life, for we — particularly the youngest among us — have been persuaded by officially-designated health experts to see our fellow humans as toxic and threatening. Indeed, Klaus Schwab, guiding light of the Big Reset, [confirms](#) the loss forever of life before Covid19, as he and his colleagues of the World Economic Forum put components of their new world order into place.

Putting the pieces together, one recognizes a global medical bureaucracy from the WHO on down, in concert with schools of public health and the pharmaceutical industry, combined into a politically powerful triumvirate dedicated to goals most certainly linked to [those of the World Economic Forum](#), with which Bloomberg School collaborates. The selection process within this triumvirate designates its experts for governmental and academic advancement, and for public display by mainstream media, this to the exclusion of dissenters. The apparatus for social control now being put into place is to involve an unimaginably profitable vaccine-based medical authority touted by certified "health experts" and governmental enforcers, all of whom will assure the public that they "have the science". There will be discovery of new pathogens threatening epidemic and pandemic waves, complete with spikes and hotspots. One foresees populations nurtured in fear, herded into groupthink and longing for salvation through vaccination.

*Bill Willers is an emeritus professor of biology, University of Wisconsin at Oshkosh. He is founder of the Superior Wilderness Action Network and editor of Learning to Listen to the Land, and Unmanaged Landscapes, both from Island Press. He can be contacted at [willers@uwosh.edu](mailto:willers@uwosh.edu). [Read other articles by Bill.](#)*

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