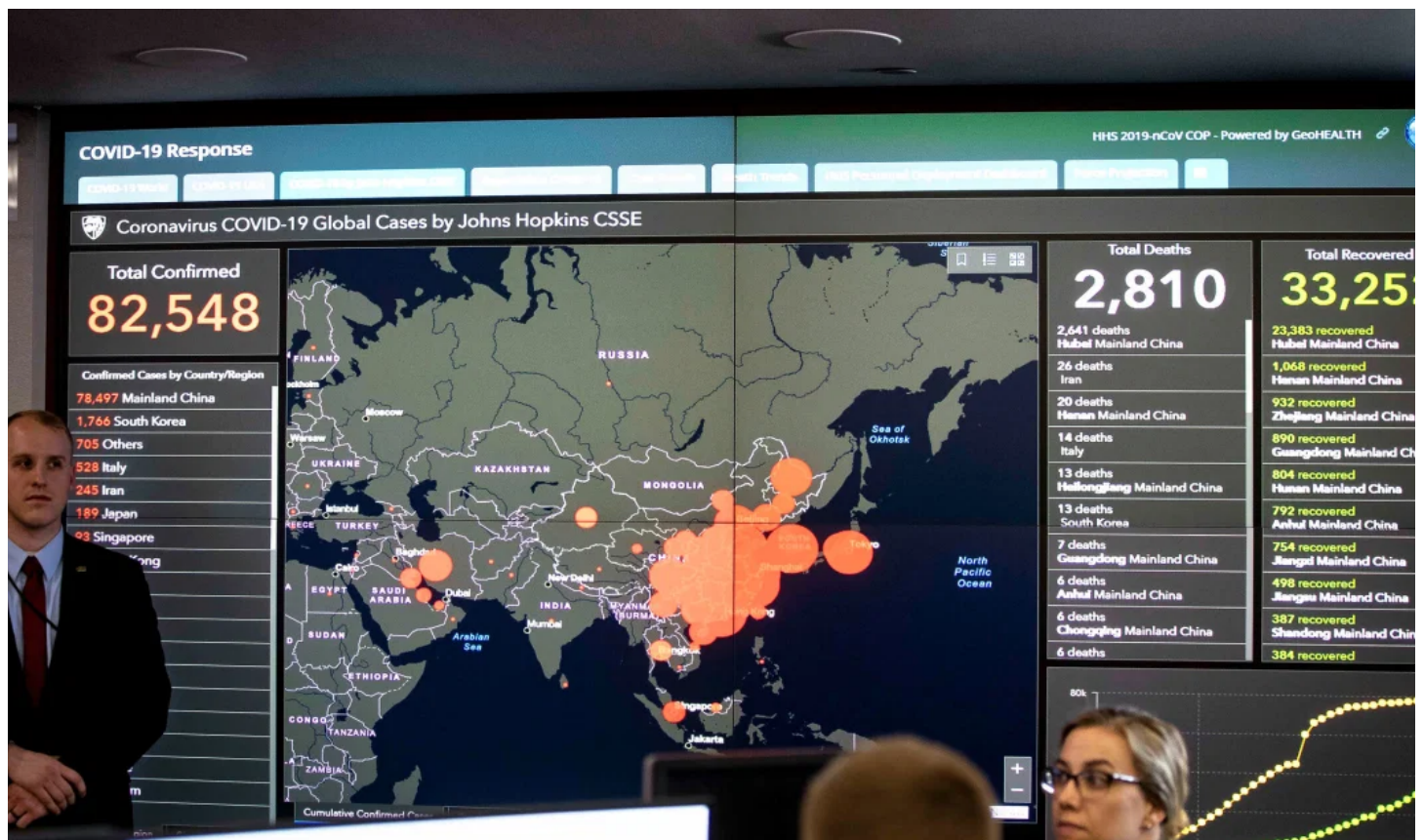


# [Exclusive] Final Evidence Covid-19 Is A 'SimEx' – Planned Simulation Exercise by WHO and World Bank

by Silviu "Silview" Costinescu



by Silviu "Silview" Costinescu\_ [Buy me a coffee \(https://ko-fi.com/Q5Q122139\)](https://ko-fi.com/Q5Q122139)

It all comes round now...

World leaders dealt above our heads, played their games and kept the plebs in the dark using smoke-screens of technocratic lingo. The elites are resetting our lives. All about The Great Reset.

## TIMELINE

- 2005 WHO member countries sign the new International Health Regulations (IHR) which is basically the implementation of the Health Management chapter in The Great Reset, the tactical manual for the New World Order aka New Normal. The document envisions using drills to perfect the new system.

#### Download IHR in PDF

([https://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410_eng.pdf))

- 2014 – The creation of The **Global Health Security Agenda** (<https://ghsagenda.org/>) (GHSA), “a group of 69 countries, international organizations and non-government organizations, and private sector companies that have come together to achieve the vision of a world safe and secure from global health threats posed by infectious diseases”. ([https://en.wikipedia.org/wiki/Global\\_Health\\_Security\\_Agenda#cite\\_note-1](https://en.wikipedia.org/wiki/Global_Health_Security_Agenda#cite_note-1))

It was launched by a group of 44 countries and organizations including WHO, as a five-year multilateral effort with the purpose to accelerate the implementation of IHR, particularly in developing countries. In 2017, GHSA was expanded to include non-state actors. It was also extended through 2024 with the release of the *Global Health Security Agenda (GHSA) 2024 Framework* (called “GHSA 2024”). The latter has the purpose to reach a standardized level of capacity to combat infectious diseases.

All financed through the World Bank, of course. Which is controlled by the Rothschild cartel.

- Rothschilds patent the first Covid-19 test ([https://nl.espacenet.com/publicationDetails/biblio?I1=0&ND=3&adjacent=true&locale=nl\\_NL&FT=D&date=20200903&CC=US&NR=2020279585A1&KC=A1#](https://nl.espacenet.com/publicationDetails/biblio?I1=0&ND=3&adjacent=true&locale=nl_NL&FT=D&date=20200903&CC=US&NR=2020279585A1&KC=A1#))k (<https://silview.media/2020/10/04/atomic-bombshell-rothschilds-patented-covid-19-biometric-tests-in-2015-and-2017/>)it ([https://nl.espacenet.com/publicationDetails/biblio?I1=0&ND=3&adjacent=true&locale=nl\\_NL&FT=D&date=20200903&CC=US&NR=2020279585A1&KC=A1#](https://nl.espacenet.com/publicationDetails/biblio?I1=0&ND=3&adjacent=true&locale=nl_NL&FT=D&date=20200903&CC=US&NR=2020279585A1&KC=A1#)) in the Netherlands.

According to Dutch Government's website for patent registrations: “A method is provided for acquiring and transmitting biometric data (e.g., vital signs) of a user, where the data is analyzed to determine whether the user is suffering from a viral infection, such as COVID-19. The method includes using a pulse oximeter to acquire at least pulse and blood oxygen saturation percentage, which is transmitted wirelessly to a smartphone. To ensure that the data is accurate, an accelerometer within the smartphone is used to measure movement of the smartphone and/or the user. Once accurate data is acquired, it is uploaded to the cloud (or host), where the data is used (alone or together with other vital signs) to determine whether the user is suffering from (or likely to suffer from) a viral infection, such as COVID-19. Depending on the specific requirements, the data, changes thereto, and/or the determination can be used to alert medical staff and take corresponding actions.”

The screenshot shows the Espacenet search results for patent US2020279585 (A1). The page is in Dutch. The title of the patent is 'System and Method for Testing for COVID-19'. The inventor is listed as ROTHSCILD RICHARD A [GB] and the applicant is ROTHSCILD RICHARD A [GB]. The patent is dated 2020-09-03. The priority date is 2015-10-13. The patent is classified under CPC G06K2009/00939, G06K9/00892, and G11B27/031, and IPC G06K9/00, G11B27/031, and G11B27/10. The patent is published in the US as US2020279585 (A1) on 2020-09-03. The patent is also listed in the INPADOC status and INPADOC family sections.

Uitvinder(s):	Aanvrager(s):	CPC:	IPC:	Publicatie:	Prioriteitsdatum:
ROTHSCILD RICHARD A [GB]	ROTHSCILD RICHARD A [GB]	G06K2009/00939 G06K9/00892 G11B27/031	G06K9/00 G11B27/031 G11B27/10	US2020279585 (A1) 2020-09-03	2015-10-13


- 2017-2018 – World Bank's website reports massive shipments of COVID-19 medical devices (tests, mainly). See our previous reports (<https://silview.media/2020/09/07/world-bank-says-covid-19-test-kits-are-being-sold-since-2017/>).
- 2019 In its first annual report (<https://apps.who.int/gpmb/>), WHO and WB's Global Preparedness Monitoring Board (<https://apps.who.int/gpmb/>) identifies the most urgent actions required to accelerate preparedness for health emergencies. This first report focuses on epidemics and pandemics.

**The document is “co-convened by the World Health Organization and the World Bank Group”.**  
Under “Progress indicator(s) by September 2020”, the report states:

**The United Nations (including WHO) conducts at least two system-wide training and simulation exercises, including one for covering the deliberate release of a lethal respiratory pathogen. WHO develops intermediate triggers to mobilize national, international and multilateral action early in outbreaks, to complement existing mechanisms for later and more advanced stages of an outbreak under the IHR (2005).**

### Global Preparedness Monitoring Board

([https://apps.who.int/gpmb/assets/annual\\_report/GPMB\\_Annual\\_Report\\_Exec\\_Summary\\_Foreword\\_and\\_About\\_English.pdf](https://apps.who.int/gpmb/assets/annual_report/GPMB_Annual_Report_Exec_Summary_Foreword_and_About_English.pdf))



**The United Nations must strengthen coordination mechanisms.**

The Secretary General of the United Nations, with WHO and United Nations Office for the Coordination of Humanitarian Affairs (OCHA), must strengthen coordination in different country, health and humanitarian emergency contexts, by ensuring clear United Nations systemwide roles and responsibilities; rapidly resetting preparedness and response strategies during health emergencies; and, enhancing United Nations system leadership for preparedness, including through routine simulation exercises. WHO should introduce an approach to mobilize the wider national, regional and international community at earlier stages of an outbreak, prior to a declaration of an IHR (2005) Public Health Emergency of International Concern.

**Progress indicator(s) by September 2020**

- The Secretary-General of the United Nations, with the Director-General of WHO and Under-Secretary-General for Humanitarian Affairs strengthens coordination and identifies clear roles and responsibilities and timely triggers for a coordinated United Nations systemwide response for health emergencies in different countries and different health and humanitarian emergency contexts.
- **The United Nations (including WHO) conducts at least two system-wide training and simulation exercises, including one for covering the deliberate release of a lethal respiratory pathogen.**
- **WHO develops intermediate triggers to mobilize national, international and multilateral action early in outbreaks, to complement existing mechanisms for later and more advanced stages of an outbreak under the IHR (2005).**

**Countries, donors and multilateral institutions must be prepared for the worst.**

A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.

**The United Nations must strengthen coordination mechanisms.**

The Secretary General of the United Nations, with WHO and United Nations Office for the Coordination of Humanitarian Affairs (OCHA), must strengthen coordination in different country, health and humanitarian emergency contexts, by ensuring clear United Nations systemwide roles and responsibilities; rapidly resetting preparedness and response strategies during health emergencies; and, enhancing United Nations system leadership for preparedness, including through routine simulation

exercises. WHO should introduce an approach to mobilize the wider national, regional and international community at earlier stages of an outbreak, prior to a declaration of an IHR (2005) Public Health Emergency of International Concern.

## Progress indicator(s) by September 2020

- The Secretary-General of the United Nations, with the Director-General of WHO and Under-Secretary-General for Humanitarian Affairs strengthens coordination and identifies clear roles and responsibilities and timely triggers for a coordinated United Nations systemwide response for health emergencies in different countries and different health and humanitarian emergency contexts.
- The United Nations (including WHO) conducts at least two system-wide training and simulation exercises, including one for covering the deliberate release of a lethal respiratory pathogen.
- WHO develops intermediate triggers to mobilize national, international and multilateral action early in outbreaks, to complement existing mechanisms for later and more advanced stages of an outbreak under the IHR (2005).
- The Secretary General of the United Nations convenes a high-level dialogue with health, security and foreign affairs officials to determine how the world can address the threat of a lethal respiratory pathogen pandemic, as well as for managing preparedness for disease outbreaks in complex, insecure contexts.

**The chances of a global pandemic are growing.** While scientific and technological developments provide new tools that advance public health (including safely assessing medical countermeasures), they also allow for disease-causing microorganisms to be engineered or recreated in laboratories. A deliberate release would complicate outbreak response; in addition to the need to decide how to counter the pathogen, security measures would come into play limiting information-sharing and fomenting social divisions. Taken together, naturally occurring, accidental, or deliberate events caused by high-impact respiratory pathogens pose “global catastrophic biological risks.” (15)

**The world is not prepared for a fast-moving, virulent respiratory pathogen pandemic.** The 1918 global influenza pandemic sickened one third of the world population and killed as many as 50 million people – 2.8% of the total population (16,17). If a similar contagion occurred today with a population four times larger and travel times anywhere in the world less than 36 hours, 50 – 80 million people could perish (18,19). In addition to tragic levels of mortality, such a pandemic could cause panic, destabilize national security and seriously impact the global economy and trade.

**Trust in institutions is eroding.** Governments, scientists, the media, public health, health systems and health workers in many countries are facing a breakdown in public trust that is threatening their ability to function effectively. The situation is exacerbated by misinformation that can hinder disease control communicated quickly and widely via social media.

No, they are not worried about misinformation. They are worried about their agenda being countered by truths leaking out on social media.

In the “Progress to Date” section, we find the following snippet (page 19):

In 2017 Germany, India, Japan, Norway, the Bill & Melinda Gates Foundation, the Wellcome Trust and the World Economic Forum founded the Coalition for Epidemic Preparedness Innovations (CEPI) to facilitate focused support for vaccine development to combat major health epidemic/pandemic threats.

On page 25, they are worried about armed resistance to their imposition of vaccines. To quote,

Challenges to poliomyelitis (polio) eradication efforts in Afghanistan and Pakistan and those experienced while containing the tenth Ebola outbreak in the DRC vividly demonstrate the impact that a breakdown in citizens' trust and social cohesion can have on health emergency response. Consequences include attacks on both national and international health-care workers and delays or stoppages in response efforts. In some countries, waning trust in public health and government officials together with cultural and religious beliefs lead to is decreasing vaccination rates and leading to the re-emergence of measles and other vaccine-preventable diseases, a phenomenon found in communities at all economic and educational levels.

Page 34 proposes making 'emergency preparedness' a precondition for receiving loans and financial support from the IMF and the World Bank. To quote,

To mitigate the severe economic impacts of a national, regional epidemic and/or a global pandemic, the IMF and the World Bank must urgently renew their efforts to integrate preparedness into economic risk and institutional assessments, such as the IMF's next cycle of Article IV consultations with countries, and the World Bank's next Systematic Country Diagnostics for IDA credits and grants. The funding replenishments of the IDA, Global Fund to Fight AIDS, TB and Malaria, the and Gavi Alliance should include explicit commitments regarding preparedness.

Now here are the wonderful people who are members of the Global Preparedness Monitoring Board. Remember Fauci? Remember the Bill Gates Foundation? Other notables include a member of the Communist Party of China.





**H.E. Dr Gro Harlem Brundtland**

Co-Chair, GPMB; Former Prime Minister, Norway and Former Director-General, World Health Organization



**Mr Elhadj As Sy**

Co-Chair, GPMB, Secretary-General, International Federation of Red Cross and Red Crescent Societies



**Dr Victor Dzau**

President, The National Academy of Medicine, USA



**Dr Chris Elias**

President, Global Development Program, Bill & Melinda Gates Foundation, USA



**Sir Jeremy Farrar**

Director, Wellcome Trust, UK



**Dr Anthony S. Fauci**

Director, National Institute of Allergy and Infectious Diseases, USA



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**Dr Jeanette Vega  
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**Professor K.  
VijayRaghavan**

Principal Scientific Advisor to  
the Government of India



## Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)

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### Simulation Exercise

A simulation exercise (SimEx) can help develop, assess and test functional capabilities of emergency systems, procedures and mechanisms to be able to respond to outbreaks or public health emergencies.

The video will explain in 4 minutes the SimEx practice as promoted by WHO, including the definition, the different types of SimEx (table top exercise, drill, functional exercise and field/full scale exercise) and available resources.

More info [here](#).



### Simulation exercise calendar

#### Upcoming

- SE** 15 September 2020 to 16 September 2020  
Ukraine -Regional EU Chem React 2 field exercise FX Sep.2020
- SE** 21 September 2020 to 25 September 2020  
South Sudan-Uganda Regional cross border SimEx
- SE** 21 September 2020 to 25 September 2020  
South Sudan-Uganda Regional cross border SimEx

SOURCE: WHO (<https://extranet.who.int/sph/simulation-exercise>).

## Field or Full-scale Exercises



### Field exercises:

"See full-scale exercise. A field exercise is one form of full-scale exercise, focusing on more specific capacities or series of capacities, such as procedures for Rapid Response Teams (RRT), laboratory analysis or other sample collection and transport." - WHO (<https://extranet.who.int/sph/simulation-exercise>).

Exercises are not one-time events, but should be undertaken as part of a carefully designed exercise program which ensures a common strategic objective is addressed. A comprehensive exercise program is made up of progressively complex exercises, which build upon the previous, until they are as close to reality as possible. This 'building-block approach' should start with basic exercises that test specific aspects of preparedness and response, followed by progressively complex exercises requiring additional preparation time and resources.

- WHO (<https://extranet.who.int/sph/simulation-exercise>).

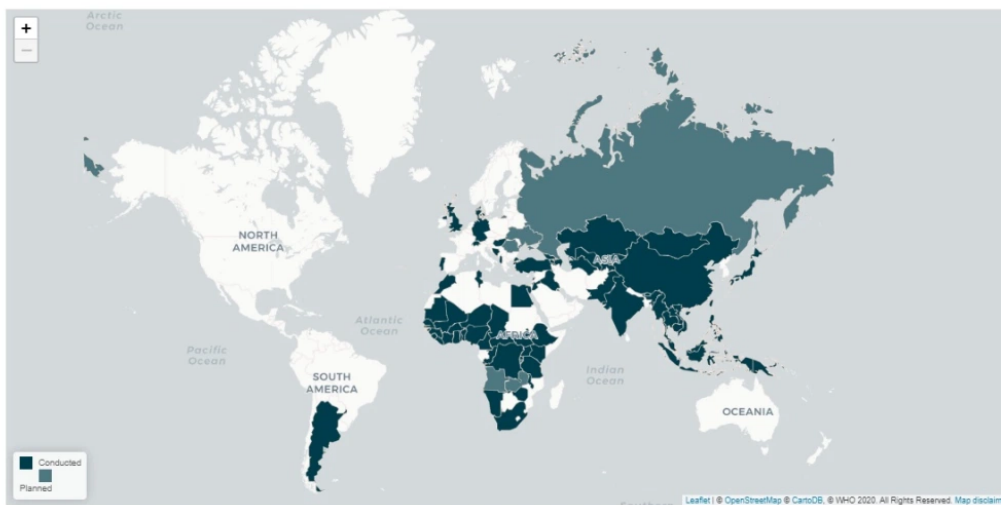
The figure below provides an illustration of the level of preparation and capacity needed for each exercise type.



## Field or Full-scale Exercises



### Simulation exercise activities



Situation map (<https://extranet.who.int/sph/simulation-exercise>) as of September 10, 2020. US, Brasil, Australia, Scandinavia and other countries seem to conduct their own drills following a different agenda, and that matches the actual field situation



## Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)

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### Ukraine -Regional EU Chem React 2 field exercise FX Sep.2020

**Region:**  
European Region

**Country:**  
Ukraine

**Date of exercise:**  
15 September 2020 to 16 September 2020  
To event remaining 4 days

**Activity Type:**  
FX

**Status:**  
Planned

### Simulation exercise calendar

**Upcoming**

- SE** 15 September 2020 to 16 September 2020  
[Ukraine -Regional EU Chem React 2 field exercise FX Sep.2020](#)
- SE** 21 September 2020 to 25 September 2020  
[South Sudan-Uganda Regional cross border SimEx](#)

So what is WHO planning out for Ukraine?

**112 UA** NEWS ANALYTICS VIDEO ARCHIVES UKRAINE CRISIS POLITICS FINANCE UA & EU SOCIETY SPORT RUSSIA

#Belarus protests #coronavirus #Donbas conflict #land sale #Zelensky #Disengagement #prisoner swap

### Ukraine is getting prepared for the second wave of the coronavirus pandemic

TK.media

Ukraine remains to be **one of the leaders among the European countries**, where the highest daily growth of cases of Covid-19 infection was observed as [Worldometers](#) reported.

Thus, on September 3, Ukraine took fourth place with +2,430 people in 24 hours. Spain (+8,959 cases in 24 hours), France (+7,157) and Russia (+4,995) remain to be the leaders of the Covid-19 incidence in Europe.

**Related: CovidUkraine: Record number of tests performed per day**

The UK entered the TOP5 countries with the highest daily growth - +1,735 new cases.

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases
	Europe	3,682,961	+36,362	208,957	+383	2,112,994	1,361,010
1	<a href="#">Spain</a>	488,513	+8,959	29,234	+40	N/A	N/A
2	<a href="#">France</a>	300,181	+7,157	30,706	+20	87,206	182,269
3	<a href="#">Russia</a>	1,009,995	+4,995	17,528	+114	826,935	165,532
4	<a href="#">Ukraine</a>	128,228	+2,430	2,710	+54	59,676	65,842

(<https://112.international/ukraine-top-news/ukraine-still-in-top5-european-countries-in-daily-covid-19-growth-54442.html>)

Ukraine is certainly being “groomed” for a 2nd wave of Covidiocracy. Source



Mass gatherings, like sporting events or religious pilgrimages, are highly visible events attended by tens of thousands of people. They can pose public health risks and strain the public health resources of the hosting community, city or country. Mass gatherings, like the Olympics or Hajj, require considerable preparedness and response capabilities on the part of the host.

Globally, WHO collaborates with Member States and partners to improve planning for mass gatherings. Specific areas of WHO's work include:

- ensuring that correct standards are applied to risk assessment, surveillance and response, including outbreak management, infection control and vaccination;
- supporting planning for the management of mass casualties and emergencies in local communities, at event venues;
- ensuring that adequate diagnostic capacities, including human resources, and transport procedures are in place;
- ensuring that procedures are in place to provide updated health advice and guidance for visitors on topics such as vaccinations, food and water safety, and emergency contact numbers;
- carrying out activities before and during mass gatherings to encourage healthy behaviours, such as increased physical activity, cessation of tobacco use, avoidance of excess alcohol and safe sex practices.

WHO has been laying out the plans to control mass gatherings (<https://www.who.int/activities/managing-health-risks-during-mass-gatherings>), since 2019



Read more (<https://silview.media/2020/09/07/world-bank-says-covid-19-test-kits-are-being-sold-since-2017/>).

## more info and resources:

### Is Covid-19 one of WHO's Simulation Exercises (SimEx)?



WHO elaborates on what a SimEx is in October 2019

“Simulation exercises have been identified as a key voluntary instrument in the validation of core capacities under the “Implementation of the International Health Regulations: Draft 5-year draft global strategic plan to improve public health preparedness and response”, which was adopted by the seventy first World Health Assembly. Simulation exercises, along with After Action Reviews, represent the functional assessment of capacities and complement States Parties annual reporting, independent reviews, and joint external evaluations. They play a key role in identifying the strengths and gaps in the development and implementation of IHR capacities and to support countries to assess the operational capability of their national capacity for public health preparedness and response.” – WHO (<https://www.who.int/ihr/procedures/simulation-exercise/en/>)

#### **Full-scale/field exercises (FSX):**

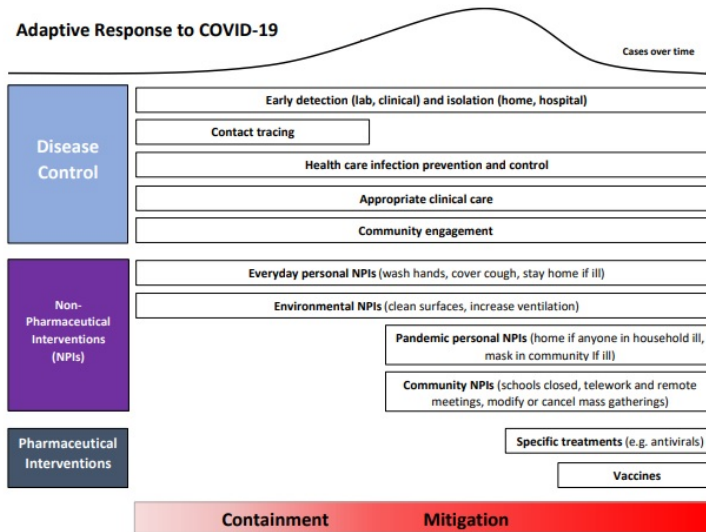
“A full-scale exercise simulates a real event as closely as possible and is designed to evaluate the operational capability of emergency management systems in a highly stressful environment, simulating actual response conditions. This includes the mobilization and movement of emergency personnel, equipment and resources. Ideally, the full-scale exercise should test and evaluate most functions of the emergency management plan or operational plan. Differing from the FX, a full-scale exercise typically involves multiple agencies and participants physically deployed in an exercise field location.” – WHO (<https://extranet.who.int/sph/simulation-exercise>)



The World Bank

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP) (P173789)

Figure 4: An Adaptive Emergency Response to COVID-19



Read more (<https://silview.media/2020/09/07/world-bank-says-covid-19-test-kits-are-being-sold-since-2017/>).

Ever heard of “event 201”, the “crimson contagion”, “Clade X”, “Dark Winter“, or “Atlantic Storm“?

While Covid-19 is the largest so far, these simulations have a long history.



**COORDINATING DRAFT****DO NOT DISTRIBUTE****CRIMSON CONTAGION 2019 FUNCTIONAL  
EXERCISE KEY FINDINGS**

Below is a list of the high-level, cross-cutting issues discussed in the Key Findings section of this report.

**1. Statutory Authorities and Funding**

- Existing statutory authorities tasking HHS to lead the federal government's response to an influenza pandemic are insufficient and often in conflict with one another.
- Currently, there are insufficient funding sources designated for the federal government to use in response to a severe influenza pandemic.
- It was unclear if and how states could repurpose HHS and the Centers for Disease Control and Prevention (CDC) grants, as well as other federal dollars to support the response to an influenza pandemic.

**2. Planning**

DOWNLOAD PDF (<https://int.nyt.com/data/documenthelper/6824-2019-10-key-findings-and-after/05bd797500ea55be0724/optimized/full.pdf>).



The photo above represents “The Department of Health and Human Services’ Covid-19 operations center in Washington. The department ran an extensive exercise last year simulating a pandemic” – NY Times (<https://www.nytimes.com/2020/03/19/us/politics/trump-coronavirus-outbreak.html>).

“The exercise played out in four separate stages, starting in January 2019.

The events were supposedly unspooling in real time — with the worst-case scenario underway as of Aug. 13, 2019 — when, according to the script, 12,100 cases had already been reported in the United States, with the largest number in Chicago, which had 1,400.

The fictional outbreak involved a pandemic flu, which the Department of Health and Human Services says was “very different than the novel coronavirus.” The staged outbreak had started when a group of 35 tourists visiting China were infected and then flew home to Australia, Kuwait, Malaysia, Thailand, Britain and Spain, as well as to the United States, with some developing respiratory symptoms and fevers en route.

A 52-year-old man from Chicago, who was on the tour, had “low energy and a dry cough” upon his return home. His 17-year-old son on that same day went out to a large public event in Chicago, and the chain of illnesses in the United States started.

Many of the moments during the tabletop exercise are now chillingly familiar.

In the fictional pandemic, as the virus spread quickly across the United States, the C.D.C. issued guidelines for social distancing, and many employees were told to work from home.” – NY Times (<https://www.nytimes.com/2020/03/19/us/politics/trump-coronavirus-outbreak.html>).

## About the Event 201 exercise

### Event 201 Pandemic Exercise 2019: Highlights Reel



According to their own website (<https://www.centerforhealthsecurity.org/event201/about>), “Event 201 was a 3.5-hour pandemic tabletop exercise that simulated a series of dramatic, scenario-based facilitated discussions, confronting difficult, true-to-life dilemmas associated with response to a hypothetical, but scientifically plausible, pandemic. 15 global business, government, and public health leaders

It is also a tool to inform members of the policy and preparedness communities and the general public. This is distinct from many other forms of simulation exercises that test protocols or technical policies of a specific organization. Exercises similar to Event 201 are a particularly effective way to help policymakers gain a fuller understanding of the urgent challenges they could face in a dynamic, real-world crisis.

## Scenario

Details about the scenario (<https://www.centerforhealthsecurity.org/event201/scenario.html>) are available here.

## Recommendations

“The next severe pandemic will not only cause great illness and loss of life but could also trigger major cascading economic and societal consequences that could contribute greatly to global impact and suffering. The Event 201 pandemic exercise, conducted on October 18, 2019, vividly demonstrated a number of these important gaps in pandemic preparedness as well as some of the elements of the solutions between the public and private sectors that will be needed to fill them. The Johns Hopkins Center for Health Security, World Economic Forum, and Bill & Melinda Gates Foundation jointly propose these recommendations (<https://www.centerforhealthsecurity.org/event201/recommendations.html>).”

## Audience

An invitation-only audience of nearly 130 people attended the exercises, and a livestream of the event was available to everyone. Video coverage is available here (<https://www.centerforhealthsecurity.org/event201/videos.html>).

## Exercise team

Eric Toner, MD, is the exercise team lead from the Johns Hopkins Center for Health Security. Crystal Watson, DrPH, MPH and Tara Kirk Sell, PhD, MA are co-leads from the Johns Hopkins Center for Health Security. Ryan Morhard, JD, is the exercise lead from the **World Economic Forum**, and Jeffrey French is the exercise lead for the **Bill and Melinda Gates Foundation**.”

Main organisers:

The Johns Hopkins Center for Health Security, World Economic Forum, and Bill & Melinda Gates. World Economic Forum as in the ideologists that redacted The Great Reset.

were players (<https://www.centerforhealthsecurity.org/event201/players/index.html>) in the simulation exercise that highlighted unresolved real-world policy and economic issues that could be solved with sufficient political will, financial investment, and attention now and in the future.

The exercise consisted of pre-recorded news broadcasts, live “staff” briefings, and moderated discussions on specific topics. These issues were carefully designed in a compelling narrative that educated the participants and the audience.

The Johns Hopkins Center for Health Security, World Economic Forum, and Bill & Melinda Gates Foundation jointly propose these recommendations (<https://www.centerforhealthsecurity.org/event201/recommendations.html>).”

## Purpose

In recent years, the world has seen a growing number of epidemic events, amounting to approximately 200 events annually. These events are increasing, and they are disruptive to health, economies, and society. Managing these events already strains global capacity, even absent a pandemic threat. Experts agree that it is only a matter of time before one of these epidemics becomes global—a pandemic with potentially catastrophic consequences. A severe pandemic, which becomes “Event 201,” would require reliable cooperation among several industries, national governments, and key international institutions.

Recent economic studies show that pandemics will be the cause of an average annual economic loss of 0.7% of global GDP—or \$570 billion (<https://www.weforum.org/press/2019/01/risks-to-global-businesses-from-new-era-of-epidemics-rival-climate-change/>). The players’ responses to the scenario illuminated the need for cooperation among industry, national governments, key international institutions, and civil society, to avoid the catastrophic consequences that could arise from a large-scale pandemic.

### Event 201 Pandemic Exercise 2019 - Segment 1: Intro and Medical C...



Similar to the Center’s 3 previous exercises—Clade X ([https://www.centerforhealthsecurity.org/our-work/events/2018\\_clade\\_x\\_exercise/index.html](https://www.centerforhealthsecurity.org/our-work/events/2018_clade_x_exercise/index.html)), Dark Winter ([https://www.centerforhealthsecurity.org/our-work/events-archive/2001\\_dark-winter/index.html](https://www.centerforhealthsecurity.org/our-work/events-archive/2001_dark-winter/index.html)), and Atlantic Storm ([https://www.centerforhealthsecurity.org/our-work/events-archive/2005\\_atlantic\\_storm/](https://www.centerforhealthsecurity.org/our-work/events-archive/2005_atlantic_storm/))—Event 201 aimed to educate senior leaders at the highest level of US and international governments and leaders in global industries.

# COVID-19: THE GREAT RESET

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THIERRY MALLERET

FORUM PUBLISHING

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## Elites Decided THEY Need to Reset Us. Get Informed Before You Enrol!



In order to create momentum for the Great Reset, UK royal **Prince Charles** said the imagination and will of humanity “will need to be captured” so that they can set the world on a new trajectory. This is taken from his historical but largely ignored speech at the official launch event for The Great Reset.

He further suggested that longstanding incentive structures that have adverse effects on the environments must be reorientated, and that systems and pathways will need to be redesigned to advance net zero emissions globally.

## The Great Reset launch event - Prince Charles' speech



“This reset moment is an opportunity to accelerate and align our efforts to create truly global momentum. Countries, industries and businesses moving together can create efficiencies and economies of scale that will allow us to leapfrog our collective progress and accelerate our transition,” the Prince said.

2. **Pingback:** Facebook, USA Today accuse Bill Gates, WHO, Johns Hopkins (and more) of “repeating bogus coronavirus c0nspiracies” – SILVIEW.media
3. **Pingback:** The Trump x Covid-19 announcement explained the day before – SILVIEW.media
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Also read about the spectacular Clade X ([https://www.centerforhealthsecurity.org/our-work/events/2018\\_clade\\_x\\_exercise/index.html](https://www.centerforhealthsecurity.org/our-work/events/2018_clade_x_exercise/index.html)), Dark Winter ([https://www.centerforhealthsecurity.org/our-work/events-archive/2001\\_dark-winter/index.html](https://www.centerforhealthsecurity.org/our-work/events-archive/2001_dark-winter/index.html)), and Atlantic Storm ([https://www.centerforhealthsecurity.org/our-work/events-archive/2005\\_atlantic\\_storm/](https://www.centerforhealthsecurity.org/our-work/events-archive/2005_atlantic_storm/)).

More very soon, come back later!

If you want to get the larger picture later, also read:

HENRY KISSINGER: "I USED TO ASSIGN MAO'S WRITINGS TO MY CLASSES AT HARVARD" (<https://silview.media/2020/06/22/henry-kissinger-i-used-to-assign-maos-writings-to-my-classes-at-harvard/>).

ABOVE BILL GATES: THE ROCKEFELLERS. FROM OPERATION PAPERCLIP TO CHINA AND WHO (PART. 1) (<https://silview.media/2020/06/21/above-bill-gates-the-rockefellers-from-operation-paperclip-to-china-and-who-part-1/>).

"Accept it that this is a New World Order" - Australian Health Minister



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1. **Pingback:** [Updated] World Bank says Covid-19 test kits are being sold since 2017 – SILVIEW.media