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How We Can Stop The WHO's Horrific Pandemic Treaty

A Midwestern Doctor from The Forgotten Side of Medicine

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How We Can Stop The WHO's Horrific Pandemic Treaty

Reviewing exactly what is inside the worse treaty of our lifetime and the heroic efforts that are stopping it.

A MIDWESTERN DOCTOR

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Story at a Glance:

•“Preventing” pandemics is one of the most lucrative areas in medicine. Unfortunately, despite all the money this industry has received, it has only made the problem worse. This is because most pandemics are the result of lab leaks from “preventative” research, and because whenever an effective solution is discovered for a pandemic, it gets suppressed by the industry since so many business interests depend upon profiting off of an “unsolvable emergency.”

•The way COVID-19 was handled was so egregious that it woke much of the public up to this grift. Because of that, the pandemic-industrial complex is now facing an existential risk to its business model (since much of the general population no longer is willing to go along with it).

•To solve this problem, a covert WHO treaty has been put together behind the scenes which gives these international health agencies absolute control over anything related to an alleged “health emergency,” and in turn enshrines each awful policy which was

conducted throughout COVID-19 (e.g., mass censorship or the promotion of dangerous and experimental vaccines).

•A grass roots activist movement has accomplished something remarkable—despite the fact every single large organization has pushed the pandemic through, in only a few short months, those activists have begun to derail that treaty. I believe stopping this power grab is one of the most important issues of our time, and this article was written to explain exactly what they are doing so that each of us can help be a part of making sure this abhorrent treaty is never ratified.

There is a longstanding problem of natural and non-natural diseases leaking (or being deliberately released) from biolabs. These leaks are quite common and periodically, leaks with grave consequences occur (e.g., RSV, H1N1, HIV, Smallpox, Anthrax, Lyme, SARS, Ebola and SARS-CoV-2 [the virus which caused COVID-19]). Remarkably, prior to the unprecedented censorship of COVID-19, scientists actively spoke out against weaponizing viruses in labs (known as gain of function or GoF research) and in response to public pressure, in 2014 Obama banned it, but only for 3 types of viruses: **SARS**, MERS and bird flu.

Note: bacteria diseases (e.g., Lyme and anthrax) are sometimes weaponized as well, but these actions are typically not associated with the term “GoF.”

In the first part of this series, I attempted to shed light on the vast pandemic “prevention” industry that the world’s eyes were opened to during COVID-19.

Briefly, to summarize that article, this racket:

- Has convinced the world that we face an existential risk of a dangerous new infectious disease jumping from wild animals to the human population and then wiping out humanity.
- Has pivoted to trying to convince the world that the root cause of the increasing frequency of these diseases is not their leaky biolabs, but rather climate change and human encroachment on nature.
- Uses the fear of a pandemic that might wipe out humanity to justify invasive surveillance of every aspect of our lives and drum up a lot of money to “fix” the problem. That money is then spent on scouring the world for potentially dangerous diseases (after which animals infected with them will be brought back to labs) developing countermeasures for these pathogens, and

performing genetic engineering (GoF) on existing viral diseases to make them more deadly in order to be able to better understand how future pandemic viruses *might* behave.

Note: as discussed in the first of the half of this series, once a pandemic actually emerges, the effective countermeasures that were developed (e.g., hydroxychloroquine for SARS) typically never see the light of day as anything which “ends” a pandemic (rather than just marginally treating it) destroys the lucrative sales market created by the pandemic—which is unacceptable for the medical-industrial complex.

In short (like many other areas in medicine), the pandemic racket actually creates the problem it exists to “fix,” and typically fails to even do that because its focus is always on how to make as much money as possible rather than solving the problem.

Fortunately, things are starting to change because much of the public now recognizes how egregious the COVID-19 response was. For example:

- Everyday citizens are aware COVID-19 came from GoF research in Wuhan.
- They saw how bad policies were repeatedly propped up (e.g., remdesivir and lockdowns) while good ones were buried (e.g., all the off-patent therapies which effectively treated COVID-19).
- Polling has repeatedly shown roughly half of America believes the vaccines were unsafe and ineffective, while a quarter directly know someone (e.g., themselves) who had a significant injury they attribute to the vaccines.
- Many can now see the trillions we spent on the COVID-19 response produced a result which was actually worse than doing absolutely nothing (best demonstrated by the WHO's finding that **the less** countries complied with their instructions, the lower the COVID-19 death rates were—which is truly remarkable given that the “compliant” nations collectively spent trillions enacting the WHO's guidelines).

Most importantly, the extreme censorship needed to maintain this racket radicalized many moderates who previously would have been politically apathetic. This allowed the alternative media to thrive during COVID-19 (while conversely mass layoffs are hitting the mainstream media). Because of

this, those opposed to the pandemic policies now have a large platform much of the public will listen to, and unlike any era in America's past, the existing propaganda methods (e.g., having everyone in the mass media repeat the same dishonest talking point) no longer have the ability to effectively suppress narratives which compete with the pandemic racket.

This situation thus represents an existential threat to the pandemic cartel and the enormous amount of money which had been invested into being able to sell every product they pushed onto the public (e.g., endless experimental mRNA vaccines) after their next fear campaign was rolled out.

In the previous article, I argued that the correct response to this new political reality would be to some extent come clean about the mistakes they've made and pivot to doing things which could prevent future pandemics (definitively ending all GoF research or putting laws in place which protected the public's right to access repurposed drugs that could treat novel diseases).

However, doing that would require everyone invested in the industry to lose a lot of money (e.g., all scientists and academics whose careers depend upon grants for GoF research or emergency pharmaceuticals). So, an alternative option was needed which much of the world recently became aware of thanks to Bret Weinstein's recent interview:



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The Pandemic Treaty

Since any of the legitimate methods for regaining the public's trust (e.g., apologizing for their actions and reforming their conduct) will cost the billionaires a lot of money, the pandemic cartel is opting for the only other option available to them—doubling down on their current approach (e.g., by arguing the actual reason the pandemic response was a disaster was because we didn't do enough of what they wanted) and reworking the legal system so any dissent from their policies is illegal. Since that would be almost impossible to do within the existing Democratic framework (as more and more countries are having populist movements rebel against the pandemic cartel) a global strategy which bypasses national governments is being employed instead.

This began in November of 2020, at G20 (the annual gathering for the leading economic powers) where a proposal was put forward for a “pandemic treaty” to ensure the nations of the world would handle future pandemics in an “appropriate” manner. A few months later, in March of 2021, citing the statements made at G20, the World Economic Forum (WEF) echoed this call—which suggests much of what they were proposing to the public had already been put together in private.

Note: the Global Biosecurity Agenda was already being created during the Obama administration. Additionally, before that, massive sums were expended for pandemic prevention and response beginning with the 2001 anthrax letters (which originated from a US biolab). The PREP Act, which for the first time allowed untested, unlicensed drugs and vaccines to be rolled out to the entire nation with no liability for anyone, simply because of the potential for a national security emergency, got passed in 2005—revealing that the planning for the pandemic racket began at least two decades ago.

Since that time, a series of policies and regulations has gradually been put together by the WHO, the UN, the World Bank, the US, the EU and other multinational organizations (with the assistance of the other globalist organizations like the UN and the Rockefeller Foundation) to remedy the “deficiencies” in our pandemic response. Those policies and regulations in turn are part of a “pandemic treaty,” amendments to existing International Health Regulations, or domestic legislation that each member of the WHO is being pushed to adopt, and by virtue of being an international treaty must then be followed by each signatory country.

The pandemic treaty in turn contains a wishlist of each thing globalists have been working for over the last few decades. Let's now review what's inside it.

Climate Change and Pandemics

Since the “war on climate change” and the “war on pandemics” represent two of the greatest sources of wealth and power for the global elite, a lot of work has been put into conditioning the public being terrified of the existential risk each *allegedly* poses.

In turn, the pandemic treaty seeks to link both of these together by arguing that “climate change” is the root cause of the disastrous pandemics, and that this “problem” thus necessitates giving the WHO (and its related organizations) control over how we interact with the environment.

Exclusive: Destruction of wildlife and the climate crisis is hurting humanity, with Covid-19 a 'clear warning shot', say experts

● [Coronavirus - latest updates](#)

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Nature is sending us a message with the coronavirus pandemic and the ongoing climate crisis, according to the UN's environment chief, Inger Andersen.

Note: while the link between the two is typically not specified, whenever a concrete justification is given, it is typically that wildlife habitat loss is bringing humans (or livestock) into closer contact with wild animals that harbor potentially serious diseases. While habitat loss is a huge ecological issue, there is very little evidence tying it to pandemics (as outside of biolabs, consequential animal to human disease transmissions are quite rare).

One Health

A common way humans have obtained power throughout history is by declaring an idea to the world and then having the world submit to that declaration (e.g., much of my work relates to one of the core declarations our medical system's credibility rests upon—the lie vaccines are always safe and effective and that the global decline of infectious disease was the result of mass vaccination).

In the modern era, declarations are brought to life by having a large body of literature (and laws) reference and affirm those declarations. Because of this, we regularly see that new brands aiming to serve as modern day declarations be put forward via massive investments made behind the scenes to establish the “credibility” of the declaration.

Note: declarations are also being used to push along the pandemic treaty. For example, the WHO's director has stated the treaty is necessary for the survival of our future generations (e.g., grandchildren) and that there is a universal agreement amongst nations that we need this treaty to prevent another catastrophe like COVID-19. The important thing to remember is that while these declarations may sound very convincing, they are in fact lies.

One Health began in 2004, at an international (globalist) conference where the idea was put forward that public health needed be expanded into a umbrella which could control (and profit off) every aspect of our lives. For example, “climate change” was folded into public health under the rationale that the dire environmental threats we faced necessitated making “ecological health” a core facet of public health. As you might expect, the push for “One Health” was merged with the notion that the problems we now faced were too complex for the electorate to solve and hence necessitated decisions which would control our lives being delegated to a panel of multidisciplinary “experts.”

Note: the major problem with relying upon experts is how easy they are to buy off—particularly since the (corporate owned) media will typically only allow people who can be bought off to become our “experts.”

Since its founding, the scope of “One Health” has gradually expanded to cover each progressive concept (e.g., overpopulation, where humans should live, what farming practices should be used, global trade, vaccines, managing a wide variety of chronic diseases, promoting diversity and equity etc.).

According to an editorial in The Lancet published in January 2023:

The reality is that One Health will be delivered in countries, not by concordats between multilateral organisations, but by taking a fundamentally different approach to the natural world, one in which we are as concerned about the welfare of non-human animals and the environment as we are about humans. In its truest sense, One Health is a call for ecological, not merely health, equity.

In short it's morphed from a way to cover up lab leaks to a way to control each aspect of human life in the name of "health." For example, as you might imagine, One Health continually emphasizes the need for more surveillance and centralized control of public "health."

Note: more detailed summaries of the broad scope of One Health can be found [here](#) and [here](#).

At this point, I strongly suspect "One Health" was concocted by a public relations firm which was paid to come up with the most emotionally appealing euphemism that would effectively convince everyone to comply with its ever increasing dictates (which the public would likely never agree to were they to be presented in honest language). Likewise, as time has moved forward, more and more other (globalist) organizations have come together to support this declaration. For example:

- The CDC has a "One Health Office" tasked with promoting One Health domestically and abroad.
- The WHO has a team tasked with promoting One Health.
- Many other US agencies are devoted to promoting One Health (e.g., the USDA, the Fish and Wildlife Service, the FDA and the NIH).
- Many other large international organizations (e.g., the UN, FAO, OIE, and UNICEF) along with their satellite organizations in each Western nation are aggressively promoting the One Health message.
- Private globalist organizations like the Rockefeller Foundation and the WEF are funding and promoting One Health.
- Many other longstanding institutions within the medical industrial complex (e.g., the American Medical Association and the premier medical journals) are also promoting One Health.

In short, many billions in grants have been given throughout the world to establish "One Health" as a pillar of public health throughout the world. One Health is now embedded in most governments on every continent...even though it is still impossible to identify this nebulous concept has actually done

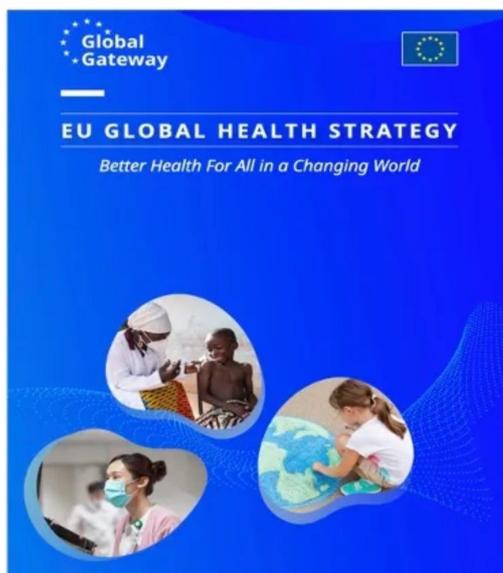
anything that benefited health.

Note: American's 2023 National Defensive Authorization Act contained a provision to advance the "One Health Approach" and provided at least one billion a year to support it (alongside financing a few related globalist "public health" organizations).

So as you might have guessed, everyone who made a lot of money off COVID-19 (even Pfizer) is promoting One Health because enshrining this incredibly vague declaration within the legal and public health system provides them with the means to enact whatever policies benefit them. In turn, advancing "One Health" is a key theme throughout the WHO's pandemic treaty.

The parties commit to promote and implement a **One Health** approach for pandemic prevention, preparedness and response that is coherent, integrated, coordinated collaborative among all relevant actors, with the application of, and in accordance with, national law.

Lastly, for anyone who doubts One Health is part of a globalist power grab to "regulate" (and monetize) every aspect of our lives, consider the text of this report (which repeatedly mentions promoting "One Health")



https://health.ec.europa.eu/system/files/2023-03/international_ghs-report-2022_en.pdf

"As we shift the focus on what to do, an equally fundamental shift must occur on how to do it. **A new global health order is emerging** —and the EU must contribute to shaping it through a more strategic and effective engagement."

"**Global governance** will require a new focus to maintain a strong and responsive multilateral system, **with a World Health Organization (WHO) at its core** which is as sustainably financed as it is accountable and effective. Consensus should be built through deepened cooperation through G7, G20, and other global, regional and bilateral partners. The EU should drive the essential process of filling the existing gaps in global governance, avoiding duplication and ensuring coherence of action. This will need **close cooperation with the private sector, philanthropic organisations, civil society and other stakeholders** to support this strategy's objectives."

Note: it's quite remarkable how similar this language is to Bush's famous 1991 "New World Order" speech which was used to kickstart our decades of disastrous wars in the Middle East.

Likewise, as the Lancet shows, a lot of this is just about money:

We call for the creation of an integrated and flexible Global Health Fund... The Global Health Fund would require annual disbursements of the order of \$60 billion per year... This recommended annual funding of \$60 billion would be allocated roughly as follows: commodities, \$20 billion per year; **pandemic preparedness, \$15 billion per year**; and support for primary health systems, \$25 billion per year... We also highlight the design and political advantages of consolidating the target funding into a single Global Health Fund, which will ensure consistency, coordination with WHO, and a holistic vision of health that places the health system at the core.

The Global Health Fund should be closely aligned with the work of WHO. We propose that the Fund has its headquarters in Geneva, but has strong regional offices in each of the six WHO regions... The Global Health Fund should be supplemented by an emergency financing mechanism to enable a surge of funding in the face of a global health emergency.

Note: I am a lifelong environmentalist and fully agree with some of the concepts One Health touches upon (e.g., deforestation and habitat loss) are huge issues that need to be solved. Unfortunately, my experience again and again with the environmental movement is that once big money comes in and it stops being a grassroots process, the mission changes from addressing critical environmental issues to advancing the interests of the rich and powerful—which often are power grabs that have nothing to do with protecting the environment.

Enshrining Gain of Function Research

Since COVID-19 has put the bioweapons industry at risk, it makes sense that the pandemic treaty would do whatever it can to protect that enterprise. For example, consider what this fairly explicit passage of the Bureau draft of the treaty says about (GoF) “research.”

5. Each Party shall implement and apply relevant international standards for the biorisk management of laboratories and research facilities that carry out research to better understand the pathogenicity and transmissibility of pathogens with pandemic potential, and to prevent the unintended consequences of such research, while minimizing unnecessary administrative hurdles for research.

Likewise, the pandemic treaty contains multiple provisions for the signatory nations to make all their data on biological agents (e.g., GoF research or wild

animals being studied in labs) accessible to the WHO so “pandemic potential” infectious diseases can be tracked by the WHO.

Government officials, researchers and workers across sectors at the local, national, regional and global levels should implement joint responses to health threats. This includes developing shared databases and surveillance across different sectors, and identifying new solutions that address the root causes and links between risks and impacts.

This hence incentivizes each nation to participate in GoF research, to share the bioweapons discovered with the world, and to collect the genetic information of their citizens (which amongst other things is necessary to make race-specific bioweapons). Enacting all of this of course requires a hefty dose of spying:

It will include digitalization and integration of surveillance systems across the human, animal, and environment spectrum.

Finally, as Nass highlights, if many nations end up sharing the same biological warfare agents, once a pandemic breaks out it will be impossible to know where the pandemic started, and who could have deliberately started it. In essence, this means the pandemic treaty is paving the way to a world where we have continual pandemics that require a harsh global response to “address them.”

The most insane feature of the WHO's Bureau draft (written by WHO staff) of the pandemic treaty is that it incentivizes GOF, in fact recommends it and reducing the administrative hurdles to it in every country, and then requires sharing of the most dangerous, deadly agents developed via this approach. It also requires the countries to obtain and sequence the genomes of the pandemic pathogens they collect as a prominent focus of the treaty is the establishment of genetic sequencing labs in every country in the world (which in turn paves the way to sequence everyone's DNA).

Combatting “Misinformation”

If you have a bad enough product that no amount of marketing will make people want to buy, the only remaining option is to have the government mandate it on the population (e.g., what we saw with the COVID vaccines).

One of the biggest problems the pandemic cartel now faces is that because of the audacity of their vaccine lies, much of the population no longer trusts

them. Because of this (and their unwillingness to admit their mistakes and reform their actions), the only remaining option available to them is to outlaw any public criticism of their actions.

As far as I know, this push was started by Obama at the end of his presidency and has evolved into enshrining the term “misinformation” into every corner of the society (which is essentially what was also done with “One Health”). Consider for instance that the WEF recently stated that their greatest concern over the next two years is “Misinformation and Disinformation.”

I first became interested in this issue after I discovered Peter Hotez, like a stereotypical childhood bully who can't get their way, was relentlessly calling for anyone who disagreed with the narrative to be censored and prosecuted by governments around the world. Yet, rather than this being viewed at lunacy, many prominent groups (e.g., the WHO) actively promoted this message. For example, consider JAMA's recent calls to censor and punish physician's who dissented against the COVID narrative.

Note: Hotez justified this by (falsely) claiming that hundreds of thousands of people had died because they were tricked into not vaccinating, thereby making anti-vaxxers mass murderers who deserved to have the justice system be weaponized against them (e.g., consider my summary of what was discussed within Hotez's most recent (and completely insane) book).

It soon dawned on me that Hotez was not acting alone (rather he simply was one of the prominent figures tasked with first promoting this message) and I saw case after case where the devastating censorship he advocated ~~for~~ was then enacted. In turn, many of the globalist organizations now have language which is very similar to the insane ideas Hotez put forward.



United Nations

Countering Disinformation

The UN General Assembly has expressed concern over the proliferation of disinformation and has welcomed the efforts of the Secretary-General to promote international cooperation in countering disinformation. In response to that, the Secretary-General has submitted a report based on information and best practices shared by States, UN entities and others on countering disinformation.

In his report, Countering disinformation for the promotion and protection of human rights and fundamental freedoms, the Secretary-General describes the challenges posed by disinformation and the responses to it, sets out the relevant international legal framework and discusses measures that States and technology enterprises reported to have taken to counter disinformation.

They really said that

“Countering disinformation requires lasting investment in building societal resilience and media and information literacy.**”**



ANTÓNIO GUTERRES, United Nations Secretary-General

Note: the UN's Universal Declaration of Human Rights (and human right's law) sanctifies the importance of freedom of expression (e.g., speech) and opposes censorship or punishment for exercising that freedom. This contradiction in turn may be why the proposed amendments to the international health regulations deliberately removed the preservation of human rights and freedoms..

Let's now look at what was in that report (per the Epoch Times):

The U.N. Educational, Scientific, and Cultural Organization (UNESCO) outlined a series of “concrete measures which must be implemented by all stakeholders: governments, regulatory authorities, civil society, and the platforms themselves.” in a 59-page report released this month.

The approach includes the imposition of **global policies**, through institutions such as governments and businesses, that seek to stop the spread of various forms of speech while promoting objectives such as “cultural diversity” and “gender equality.”

In particular, the U.N. agency aims to create an “**Internet of Trust**” through a focus on what it calls “**misinformation,**” “**disinformation,**” “**hate speech,**” and “**conspiracy theories.**”

Examples of expression flagged to be stopped or restricted include concerns about elections, public health measures, and advocacy that could constitute “incitement to discrimination...”

Note: the UN has previously admitted there is no agreed upon definition of misinformation.

To quote the treaty:

The WHO shall collaborate with and promptly assist State Parties, in particular developing countries upon request, in...countering the dissemination of false and unreliable information about public health events, preventative and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information.

To this end, the (signing) parties shall promote...knowledge translation and evidence-based communication tools, strategies and partnerships relating to pandemic prevention, preparedness and response, including **infodemic management**, at local, national, regional, and international levels.

The WHO in turn defines infodemic as follows:

“Infodemic” means too much information, false or misleading information in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviors that can harm health. It also leads to mistrust in health authorities and undermines public health and social measures.

The truly ironic thing about these misinformation provisions is that our disastrous (and costly) COVID-19 response was the direct result of misinformation (e.g., all the critical scientific evidence that would have gotten us out of the pandemic was deliberately suppressed by the pandemic cartel) and unscientific policies being pulled out of thin air. However since the greatest purveyors of misinformation (e.g., Fauci and Hotez) were part of the establishment, the blame hence needed to be dishonestly shifted to the other side.

Note: in the previous article, I discussed Orwell’s concept of doublespeak, manipulative language which meant the opposite of its literal meaning. The pandemic treaty, in turn, is full of doublespeak (e.g., censoring people is being done “to protect their human rights and fundamental freedoms”).

Protecting Pandemic Products

Since the pandemic racket's primary source of revenue is selling proprietary products that "mitigate" the next pandemic, a significant portion of the pandemic treaty goes towards protecting that market.

This is done by enshrining the use of emergency use pharmaceuticals, which as we saw throughout COVID-19 were a disaster but incredibly profitable for the pharmaceutical industry. An Emergency Use Authorization (EUA) can be issued without any testing of the drug or vaccine at all—or perhaps minimal testing—depending on the mood of the FDA Commissioner (and it just so happens that the current one is arguably the most corrupt commissioner in history). This eliminates the lion's share of the costs of drug and vaccine development. Rather with an EUA, the manufacturer can roll out the pharmaceutical product absent a demonstration of its safety and effectiveness—but only if the manufacturer, government, WHO and everyone else involved is shielded from liability for injuries that result. The WHO's pandemic treaty in turn makes it very clear each signatory nation is expected to push such EUA products onto the market:

Article 14. Regulatory strengthening

1. The Parties shall strengthen their national and regional regulatory authorities, including through technical assistance, with the aim of expediting regulatory approvals and authorizations and ensuring the quality, safety and efficacy of pandemic-related products.
5. Each Party shall take steps to ensure that it has the legal, administrative and financial frameworks in place to support emergency regulatory approvals for the effective and timely regulatory approval of pandemic-related products during a pandemic.

Likewise, since injuries from these untested products are inevitable, the pandemic treaty stipulates complete immunity be given to the manufacturers:

The Pandemic Treaty made sure to remove liability from the WHO, governments and manufacturers for injuries caused by 'Warp Speed' vaccines. The Treaty says it 3 different ways.

Article 15. Compensation and liability management

1. Each Party shall develop national strategies for managing liability risks in its territory regarding the manufacturing, distribution, administration and use of novel vaccines developed in response to pandemics. Strategies may include, inter alia, the development of model contract provisions, vaccine injury compensation mechanisms, insurance mechanisms, policy frameworks and principles for the negotiation of procurement agreements and/or the donation of novel vaccines developed in response to pandemics, and building expertise for contract negotiations in this matter.
2. The Conference of the Parties shall establish, within two years of the entry into force of the WHO Pandemic Agreement, using existing relevant models as a reference, no-fault vaccine injury compensation mechanism(s) with the aim of promoting access to financial remedy for individuals experiencing serious adverse events resulting from a pandemic vaccine, as well as more generally promoting pandemic vaccine acceptance. The Conference of the Parties shall further develop the mechanism(s), which may be regional and/or international, including strategies for funding the mechanism(s), through the modalities provided for in Article 20 herein.
3. Each Party shall endeavour to ensure that, in contracts for the supply or purchase of novel pandemic vaccines, buyer/recipient indemnity clauses, if any, are exceptionally provided and are time-bound.

https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf, Pages 20-21

Worse still, this medical monopoly is being established by giving the WHO (rather than your doctor) the authority to choose what responses are adopted to manage a pandemic—which will inevitably lead to the (lucrative) experimental pharmaceuticals being mandated while the competing ones (e.g., repurposed pharmaceutical drugs) are prohibited. For example, in Article 43, the treaty states the usage of medications during a pandemic can be restricted if they claim the use “is disproportionate or excessive”— which can instantly be weaponized against any therapy not deemed appropriate.

"Equity" became choosing populations for prioritized access

Article 3. General Principles and Approaches

3. Equity – Equity is at the centre of pandemic prevention, preparedness and response, both at the national level within States and at the international level between States. It requires, inter alia, specific measures to protect persons in vulnerable situations. Equity includes the **unhindered, fair, equitable and timely access** to safe, effective, quality and affordable pandemic-related products and services, **information**, pandemic-related technologies and social protection

Article 17. Whole-of-government and whole-of-society approaches at the national level

4. Each Party shall develop, in accordance with national context, comprehensive national pandemic prevention, preparedness and response plans pre-, post- and interpandemic that, inter alia:

(a) identify and **prioritize populations for access** to pandemic-related products and health services;

Note: the one type of “emergency” COVID therapy which worked were the monoclonal antibodies. Because of this, the government gradually reduced access to them. In certain cases, this was done in the name of equity. For example, New York State made a criteria for receiving monoclonal antibodies be that you belonged to a “disadvantaged” racial demographic under the logic that non-whites had a higher risk of dying from COVID so the limited monoclonals should thus be allocated to those at the highest risk of dying.

Finally, Meryl Nass also noted it’s very possible One Health’s focus on antibiotic stewardship (avoiding the inappropriate usage of antibiotics which leads to antibiotic resistance) will be weaponized against the public by prohibiting them from accessing lifesaving antibiotics (e.g., consider that people died during the COVID-19 because they were not permitted to receive azithromycin for their pneumonias).

Take joint action to preserve antimicrobial efficacy and ensure sustainable and equitable access to antimicrobials for responsible and prudent use in human, animal and plant health.

Note: the primary cause of antimicrobial resistant organisms is the rampant use of antibiotics throughout factory farming (as through killing the livestock's microbiome, they rapidly gain weight and hence yield a higher price when the animals are butchered).

Bypassing Democracy

One of the primary reasons to have a democracy is that the citizenry can be relied upon to vote against policies that go too far against their interests.

Since there are so many abhorrent agendas being pushed forward within the pandemic treaty, the treaty could never be approved without “undemocratic” tactics being employed to push it through.

Cloaking the Agenda:

Throughout this series, I've tried to illustrate how progressive euphemisms (doublespeak) are being used to conceal very malicious policies. While this tactic typically works (which is why the mainstream media continually uses it), because of how many eyes are on the pandemic treaty, many people are slowly becoming aware of what those euphemisms actually mean, and this collective awareness is proving itself to be the most effective tool for destroying the treaty.

In addition to deceptive euphemisms (e.g., using “peaceful” terminology to describe the bioweapons research the treaty requires), some of the other tactics being used to conceal what is in the treaty include:

- Having the treaty documents contradict each other (e.g., in one place it says the WHO can't do something, while in another place which supersedes the previous one it says it can). This allows the treaty advocates to point to the first instance but not the second and hence falsely suggest the treaty does not also contain its reprehensible provisions.

- Having the WHO's plan be extremely difficult to understand, as it involves two separate legal documents (a treaty and amendments to the International Health Regulations) that need to be pieced together. Much of the language within each is complex and contradictory so most people

(myself included) will struggle to make sense of what they actually mean and which statement takes priority under which situation.

- Continually change the name of the treaty with each draft so it's difficult for independent researchers to even find the right document (most recently, the treaty was referred to as the "pandemic agreement").

- Not allowing the public to see what is within the current version of the amendments until shortly before it will be voted on in May (this is similar to how many bills are pushed through Congress and only made available at the last minute so legislators cannot possibly read through them before voting on them).

Note: to support these tactics, WHO officials such as the WHO's Director-General insist again and again that nothing "bad" is in the treaty. In turn, they are becoming increasingly flustered by the fact the public is waking up to their lies (e.g., now they are stating a "torrent of fake news" is putting the treaty at risk). This I would argue goes hand in hand with the fact the WHO's chief was accused of crimes against humanity in his conduct as Ethiopia's Health Minister prior to joining the WHO.

Finally, the WHO's constitution permits the organization to conduct either "consensus procedures" or secret ballots, avoiding a roll call vote, so that no one will ever know how each diplomat voted—a technique that is frequently used to remove accountability and to push through unpopular measures the electorate would never support.

Usurping National Sovereignty

One of major debates in international law is the question of when exactly ~~when~~ an international treaty supersedes national (or state) law. Since the underlying purpose of the WHO's pandemic treaty is to provide a mechanism to bypass populist resistance against the WHO's edicts, the treaty is attempting to supersede local law, and as the previous section shows, do so in secret so local legislators don't realize what has been agreed to until the treaty's "emergency" pandemic provisions kick in.

For example, to quote an international lawyer and a former WHO physician scientist:

A rational examination of the texts in question shows that:

1. The documents propose a transfer of decision-making power to the WHO regarding basic aspects of societal function, which countries *undertake* to enact.
2. The WHO Director General will have sole authority to decide when and where they are applied [remember that they apply to both “pandemics” and “other health hazards”].
3. The proposals are intended to be binding under international law.

Note: these powers include controlling where people can travel, forcing them to quarantine, implementing contact tracing, and mandating treatment or vaccination. Furthermore, many of the treaty's provisions also violate existing laws (e.g., mass surveillance which violates basic medical privacy protections, taking away intellectual property rights from members of signatory nations, and as mentioned before, encouraging GoF research which violates the 1972 Biological Weapons Treaty).

Likewise, recently, 8 members of Europe's parliament (from 5 different nations) contacted the EMA (Europe's FDA) and cited numerous valid points to request it rescind the emergency authorizations for the COVID vaccine (e.g., that there was no longer an emergency, that the newly authorized vaccines were never tested on humans, along with many now-known issues with the vaccines). The EMA (**which controls what pharmaceuticals are used throughout Europe**) chose to dismiss every single point which was raised to them.

This in turn again illustrates how problematic it is when a large (corrupted) international organization is allowed to supersede health policies determined at a more local level (e.g., by a national government).

Note: another major issue is that many of the unelected bureaucrats within our governments have significant conflicts of interest that are causing them to also support the One Health agenda. Because of this, in addition to promoting the pandemic treaty, they are trying to bypass the democratic process to push the treaty through (e.g., US and Australian officials, like the WHO's leadership, are overtly lying about what is in the treaty).

Violating the WHO's Constitution

One of the most common strategies lawyers use to resolve a dispute for their client is by pointing out how an organization violated its own rules when acting against their client. In turn, one of the more surprising aspects of the WHO's treaty is how frequently its implementation has involved policy and procedural violations (which I believe again is illustrative of just how far its advocates are willing to go to push it forward).

Some of the procedural issues include:

- A reservation made to the WHO's constitution in 1948 affirms that for the USA the WHO's dictates hold sway over the federal government but not necessarily the individual states, due to the 10th Amendment to the US Constitution. So while the intent of the treaty is to force everyone around the world to believe they have to comply with it, the situation is actually much more similar to what we saw throughout COVID-19, where the Federal Government provided "guidance" for states to follow (e.g., lots of lockdowns and testing) but the individual states had the option to ignore those "guidelines." During COVID, only a few did (e.g., Florida and North Dakota) but it is likely, due to the changing political climate, that far more would now.
- The WHO claimed a vote to approve some of its new (and egregious) amendments happened in May 2022 but has failed to provide proof that vote ever happened (even when asked to by 12 members of Europe's parliament last November).
- As mentioned before, the WHO has failed to reveal anything about the proposed amendments to its international health regulations since November 2022, even though they have been continuously negotiated since then. Likewise this means the WHO is not followed its existing rules which had require public drafts of the new amendments to be viewable four months prior to being voted on.
- The WHO has covertly allowed "stakeholders" like the Bill and Melinda Gates Foundation to sit at the negotiating table, even though foundations that donate to the WHO are not parties to the health regulations nor members of the WHO who shoul/d be negotiating the treaty.

Meryl Nass

Meryl Nass MD is a quiet and unassuming country doctor who lives in an inconspicuous house in rural Maine and loves to garden. Simultaneously, she has been unwilling to back down when she feels something unethical is occurring, and has thus been a thorn in the medical-industrial complex's side for decades.

For example, in the 1990s, the military created an experimental (and unneeded) anthrax vaccine which was mandated on our servicemen. This vaccine was a disaster, but despite the fact it severely injured potentially hundreds of thousands its recipients, the military continued to mandate it. Eventually, this led to a congressional investigation, during which Meryl volunteered a lot of her time to testify and work with the investigators, which ultimately led to clear proof of the military's misconduct being uncovered (which she shared with me while I was writing a series covering those events).

Note: the anthrax vaccine disaster (as so many were affected by "Gulf War Syndrome") led to a a law being passed which prohibited members of the military from being forced to receive an experimental vaccine (which tragically was disregarded when the military mandated the COVID-19 vaccine on its members).

Once COVID began, Meryl began treating many of her COVID patients with the repurposed drug protocols (e.g., hydroxychloroquine) and continued to do so even after her state moved to protect business interests by cracking down on anyone using off-patent therapies to treat the disease. Meryl of course spoke out against this as she could see restricting the access to those therapies was killing people.

Once the COVID vaccines hit the market, Meryl quickly realized how many problems they were going to cause and began speaking out against the vaccines. At this point, the medical industry decided they needed to make an example out of her, and chose to do so by moving to revoke her medical license.

Since there was no good justification for doing so, this required putting forward a series of ridiculous charges and denying Meryl the normal due process afforded to doctors being investigated by the medical board. After this happened, 13 members of Maine's legislature (and soon after 9 more) signed a letter to the state medical board protesting the medical board's conduct. While I have seen many medical dissidents be unfairly persecuted

by the medical board, to the best of my knowledge, I've never seen the board's conduct be so egregious that the state legislature felt compelled to protest it.

Ironically however, this tactic backfired and created a much larger problem for the medical cartel. This was because eliminating Meryl's ability to treat patients freed up a lot of her time.

Door to Freedom

On June 2nd 2023, while she was fighting to protect her medical license, Meryl Nass decided that she needed to do something about the WHO's pending power grab and started the WHO pushback project, which she initially funded with \$25,000 of her saving, along with the money she has received from Substack subscriptions. Since that time, her fledging non-profit became known as "Door to Freedom" and has gradually received more and more outside support.

Note: Door to Freedom became a qualified 501c3 in November 2023.

I originally felt compelled to write this series after I found out how much Meryl (along with everyone else who has helped her such as James Roguski) has gotten done since the organization formed. To illustrate:

- Meryl is constantly providing high quality interviews to inform the public about the pandemic treaty (e.g., on Del Bigtree, Steve Kirsch, Steve Bannon, Christine Dolan, Tommy Carrigan, Michael Ashley, Patrick Wood and Allison Steinberg, Bruce de Torres, Michael Farris, James Howard Kunstler, James Corbett, Angie Law, Doc Ahmad Malick, Greg Hunter, Allison Morrow, James Corbett, Zahra Sethna, Daniel Horowitz, and Mike Farris).

- Meryl has gone on grueling tours to address parliaments around the world about the pandemic treaty (e.g., on a recent trip she briefed 5 different parliaments). More importantly, in many cases, those official briefing have allowed the topic of the pandemic treaty to break into the nation's mainstream media.

Note: Some of the parliaments she has spoke to include the European Union Parliament in Brussels, Ireland's, England's, Romania's and Croatia's. Additionally, Meryl had a more limited parliamentary briefing in Estonia, while

other friends of Door to Freedom have briefed even more parliaments (e.g., Sweden's).

•She has also spoken at a variety of other international summits and COVID related conferences.

Note: I mention this because those tour schedules are incredibly grueling, and a few friends in the movement who spoke at them stopped going to many because their bodies just couldn't handle that schedule anymore (e.g., due to the time zone changes).

•She has spoken to our elected officials and at Congressional symposia (e.g., the one hosted by Senator Ron Johnson).

Or to quote Meryl directly:

Yesterday I met on Zoom with 25 doctors, lawyers and judges in Italy. More similar meetings are planned. And we are working with the US Sovereignty Coalition to encourage additional hearings to be held in the US Congress on the WHO—and next time there will be no whitewash, nor will the witnesses be allowed to lie to Congress under oath, as they did on December 13, denying that sovereignty is under attack by the WHO. We are only getting started with our outreach!

More importantly, Door To Freedom's activity has had a seismic political impact.

Global pandemic agreement at risk of falling apart, WHO warns

The accord, aimed at preventing another health catastrophe, is losing momentum due to 'lies and conspiracy theories'



<https://www.theguardian.com/world/2024/jan/22/global-pandemic-agreement-at-risk-of-falling-apart-who-warns>

For example:

- She has convinced numerous countries to withdraw from the pandemic treaty (e.g., New Zealand partially rejected it).

Note: Meryl persuaded many other countries to reject the treaty, but at this point in time I can not yet disclose what occurred.

- Political parties and politicians in countries that have not yet withdrawn from the treaty are now vocally opposed to it (e.g., Germany, the Netherlands, the Philippines and Estonia).

Note: prominent citizens in other countries (e.g., India and South Africa) are also speaking out against the treaty.

- America's Congress recently had a hearing on the pandemic treaty from elected officials who did not support the treaty (and since corrupt US government officials who were witnesses there misrepresented the treaty and amendments, so additional hearings are in the planning stage).

Simultaneously, our elected officials are beginning to speak out against it (e.g., [Idaho's senator](#) recently wrote a OP ed strongly condemning the treaty).

•Door to Freedom [has provided the legal support](#) to elected officials who wish to use their position to oppose the pandemic treaty.

Additionally, some countries are beginning to pursue charges against those who were complicit in the COVID-19 disaster (e.g., [Italy is investigating the former health minister](#) for homicide because he covered up vaccine deaths, and Slovakia's Prime Minister [is calling for Pfizer investigated](#)).

These are monumental political shifts I would normally have considered to be impossible, and it is unbelievable they (along with everyone supporting them) were able to pull this off in a matter of months.

What You Can Do To Help

There are three major things each of you can do to help stop this in its tracks.

First and foremost, you need to spread awareness over this issue (e.g., by discussing it with your peers or sharing articles about it with your network). I sincerely believe very few people would support the pandemic treaty if they actually understood what was in it, and it was for that reason that I spent almost a month reading through over a thousand [pages of Meryl's work](#) to [put this series together](#).

Note: Meryl also wrote a 1000 word (easily shareable) summary of the treaty [here](#).

Secondly, what [Door to Freedom](#) has done so far shows that there are a sizable number of elected officials who are willing to listen to public complaints about the pandemic treaty. For this reason, it is critical to contact your elected representatives about this treaty.

Third, please consider supporting their work (either through directly donating to Door to Freedom or by [supporting Meryl's Substack](#)). They are operating on a shoe string budget but nonetheless getting a lot done (something you rarely see in the non-profit world). Likewise, because I feel it is critically important to support this work, prior to writing this article, I set things up so that any paid subscriptions I receive from this article (which I very much appreciate) **will be donated to Door to Freedom**.

Politically, there are a three major considerations which help to frame why those three things are so important:

- The pandemic treaty will be voted on at the World Health Assembly in May 2024. Because of this, we have about two months left to hit the critical mass to stop this (and have that vote fail).

- There are two entirely different things the WHO is trying to push through. One is the treaty itself, while the other are new set of International Health Regulations. It is very possible the WHO will have to let go of the treaty (due to the pushback it has received) but use that confusion to covertly pass those disastrous regulations.

- While it is unlikely the current presidential administration will be convinced to reject the pandemic treaty (as it is staffed with individuals who profited handsomely from COVID-19), as described above, individual states can opt out of it. Because of this, if legislatures, attorneys general, or governors either pass a bill or issue a statement declaring that the state is the authority over healthcare within it, that will prevent the treaty from being able to take effect there—and given the current political climate, it is likely many Republican states will listen to their constituents if enough of them voice their concerns on this treaty.

Note: this tactic has the potential to be very effective. For example, consider what recently happened after Texas refused to heed the Biden administration's demand to open their border—26 states had their attorney generals side with Texas's challenge to the federal government. Similarly, recently 25 states refused to support the financial sector's creation of natural asset companies, and before long, both the NYSE and SEC withdrew the proposal.

- Technically, for a treaty to be enacted in the United States, it needs to be debated in the Senate. Since that exposure would quickly turn the public against the treaty (as it is so indefensible it can only be passed in secret), the current presidential administration has been trying to bypass that step (as the State department has some latitude to decide if it wants to skip the Senate's advise and consent process). Because of this, one of the most viable ways to stop it is by forcing a debate in the Senate (which senators like Rand Paul are already trying to do). However, a bill Senator Ron Johnson introduced that would have required the treaty to be reviewed by the Senate barely failed early last year on a strict party line vote.

Note: a more detailed summary of what members of Congress can do to stop the pandemic treaty can be found [here](#). Keep in mind that there are now dozens of members of Congress who oppose the pandemic treaty and in fact, the House defunded the WHO for 2024 in its foreign operations appropriations bill in September 2023—but the Senate is not expected to pass it, and the President would likely veto it if passed.

Conclusion

Years ago, a friend told me that they believed COVID-19 was “the Democrat’s War on Iraq” as the primary goal was for every profiteer to make as much money as possible, and in the process of doing so, they would continue to make the actual situation become worse and worse. I believe their assessment was spot on, and one of the most remarkable things I learned was that when Bush launched those wars 33 years ago, he used the same language (“A New World Order”) which is now being used to promote subjugating the entire world to the WHO’s dystopian “One Health” vision.

The only real difference is that the propaganda has gotten more sophisticated, and this time around they’ve done a much better job of cloaking this crime against humanity in utopian progressive language which makes it sound like something that there is no question we should support (whereas in Bush’s time much cruder concepts like “if you don’t support this you’re with the terrorists” were utilized).

If you take a step back and look at this whole situation, (like Iraq) it’s beyond absurd. The same people who clearly did the worse possible job of handling the pandemic (demonstrated by the fact we fared far worse than Africa which did almost nothing to mitigate COVID-19) are demanding that “failure” justifies giving them the complete authority to do whatever they want during the next pandemic.

I interpret this to mean that they are actually paper tigers and are in an extremely precarious situation which is requiring them to take extremely audacious steps to protect their racket and not be held accountable for their crimes against humanity.

Note: it’s important to keep in mind how many people’s livelihoods depend upon continuing the pandemic grift (e.g., consider just how many academics rely upon grant money to “prevent” pandemics). These people will do

everything they can to maintain this racket.

In turn, I would argue we are at a moment in history where we could easily go down two different paths with profound implications for generations to come—our society may end up becoming becoming enslaved to the pandemic-industrial complex but we also have a once in a lifetime opportunity it to break up a predatory industry which has victimized generations of human beings around the world in its relentless pursuit of power and profit.

I find it incredibly heartening that Substack has made things that were previously impossible light a spark which quickly transforms the world (e.g., all that Meryl has accomplished in the last eight months through her relatively small Substack publication).

I sincerely thank all of you from the bottom of my heart for the work you are doing to help make all of this possible.

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