

What is Really Going On With the WHO?

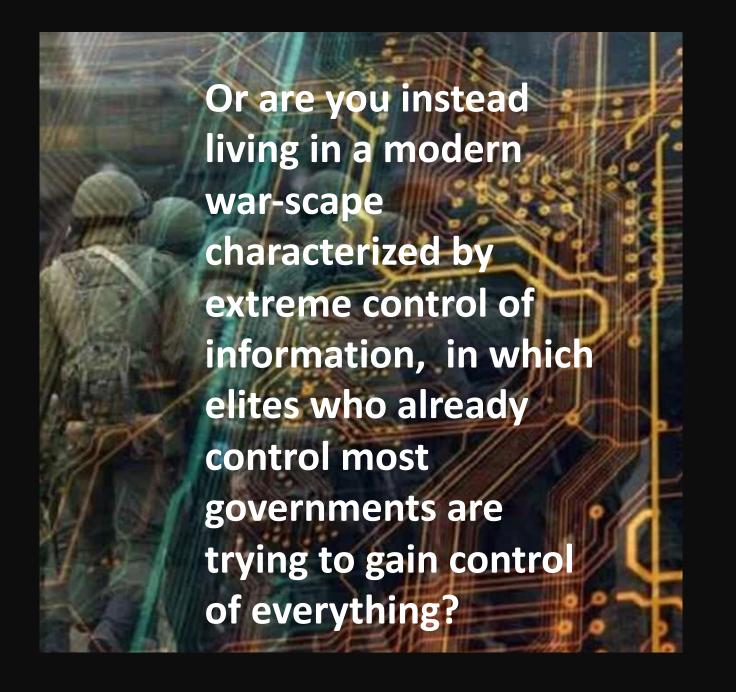
Meryl Nass, MD April 19, 2024



Let me remind you...

- 1. covid was made in a lab and our health officials lied and covered it up
- 2. they still lie and insist pandemics come from "spillover"
- 3. they locked us down and withheld lifesaving medicines
- 4. they use(d) psychological warfare techniques to frighten us and force vaccines on us that they knew did not work and were dangerous
- 5. the vaccine makers, govt, doctors and were pre-shielded from liability
- 6. and now they plan to use the WHO to evade what is left of our democratic processes

Are you living through multiple crimes?





Why did Fauci cover up the COVID lab origin? Because of critical hidden agendas

- It shielded him from blame for paying for Wuhan research
- It got his agency lots more money to fight pandemics
- It was critical to support the Biosecurity Agenda
- The natural origin story could be spun to support the climate change narrative
- It served to justify the One Health agenda
- It was used to blame overpopulation and human activity for pandemics
- It justified censorship: 'conspiracy theories' interfered with collaboration with China on the pandemic



Very well planned, no?



The cabal uses **false ideologies**, **guilt and shame** to herd us into their chosen future

- #1 Global warming—> Climate Change--> Humans are destroying the planet. In order to save the planet we have to limit population and reduce consumption.
- #2. **Identity politics**—where what matters most is the color of your skin, not your morals, kindness, ingenuity. The cabal has worked to replace our cultures' positive values.
- #3 Critical Race Theory—another divide and conquer strategy, it is malicious because it is an attempt to warp children and induce self-loathing, making them easier to control
- #4 Climate change and wanton human activities cause pandemics

THE LIMITS TO GROWTH SOLOBAL EQUITY FOR A HEALTHY PLANET



We are in the midst of a planetary emergency, facing climate, biodiversity and health crises. By addressing these as one integrated challenge we can bring back balance between people, planet and prosperity.

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Climate change increases cross-species viral transmission risk

Colin J. Carlson ☑, Gregory F. Albery ☑, Cory Merow, Christopher H. Trisos, Casey M. Zipfel, Evan A.

Eskew, Kevin J. Olival, Noam Ross & Shweta Bansal

Nature 607, 555-562 (2022) Cite this article



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Scientists warn worse pandemics are on the way if we don't protect nature





Coronavirus: 'Nature is sending us a message', says UN environment chief

Damian Carrington *Environment editor*

Wed 25 Mar 2020 08.00 CET



"Leading scientists also said the Covid-19 outbreak was a "clear warning shot", given that far more deadly diseases existed in wildlife, and that today's civilisation was "playing with fire". They said it was almost always human behaviour that caused diseases to spill over into humans.

To prevent further outbreaks, the experts said, both global heating and the destruction of the natural world for farming, mining and housing have to end, as both drive wildlife into contact with people."

The crazy policies we are experiencing now did not just come into being out of nowhere

As Patrick Wood, a lifelong student of technocracy and globalism explains in **Technocracy, the Hard Road to World Order**, the roadmap to use climate change as the hook to bring about sweeping changes in the world was laid out decades ago:

- Gro Harlem Brundtland's UN Commission issued <u>Our Common Future</u> in 1987, which led to <u>Agenda 21</u>
- Christiana Figueres, head of the UN Climate Change Convention said in Feb. 2015, "this is probably the most difficult task we have ever given ourselves, which is to intentionally transform the economic development model, for the first time in human history."
- UN Sustainable Development Summit Sept. 2015: Agenda 2030
- UN Paris Agreement on Climate Change Nov.-Dec. 2015
- Habitat III in Quito, Ecuador Oct. 2016: the New Urban Agenda and Smart Cities
- NONE OF THESE WERE DEMOCRATICALLY SELECTED OR VOTED ON BY THE PUBLIC

The 2 WHO documents to be voted on in May 2024

International Health Regulation (IHR) Amendments

- Needs over a 50% vote to pass
- Every member of the WHO and IHR (196 countries) must obey it if passed, unless the nation issues a formal revocation or reservation
- Goes into effect 12 months from a vote or a 'consensus' (if WHO avoids a vote)
- Nations have 10 months to revoke or reserve after it passes. No option exists to get out of the new IHR after that.
- This is an **OPT-OUT** process
- In force during a declared pandemic or potential pandemic

Pandemic Treaty, also called Accord, Agreement, Instrument, etc.

- Needs at least 2/3 vote to pass
- If passed, nations must then formally sign or ratify to become a party
- Goes into effect for all signatories one month after the 40th signature
- Nations may not ask to withdraw from the treaty until two years after it enters into force, and then it will take an additional 12 months to get out
- This is an OPT-IN process, with an unusually short time-frame before entering into force
- The treaty will always be in force

Some egregious provisions of the treaty and amendments

Laws to develop and authorize unlicensed drugs and vaccines must be enacted

Liability shields for these products must be enacted

Surveillance and censorship of "misinformation" must be enacted

"One Health," already enshrined in US law, wraps plants, animals and ecosystems into one basket to be managed by the WHO

Removing human rights from the IHR was no mistake: they did it twice! And removed them from an earlier version of the treaty draft

Article 3 Principles

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development.

Article 2 Scope and purpose

The purpose and scope of these Regulations are to prevent, protect against, <u>prepare</u>, control and provide a public health response to the international spread of diseases <u>including through health systems</u> readiness and resilience in ways that are commensurate with and restricted to <u>public health risk all</u> risks with a potential to impact public health, and which avoid unnecessary interference with international traffic and trade, <u>livelihoods</u>, <u>human rights</u>, and equitable access to health products and health care technologies and know how.

Expanding the WHO's Authority:

- * Currently, the IHR are limited to responding to public health risks.
- * Amended, the WHO will be able to respond to all risks that have the potential to affect public health
- * This could include non-medical risks like food choices, biodiversity or climate change.

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Article 43 "Additional health measures" is where the plan to restrict medications during future pandemics is hidden, using coded language

Article 43 Additional health measures

4. After assessing information and public health rationale provided pursuant to paragraph 3, 3bis and 5 of this Article and other relevant information within two weeks, WHO shall make recommendations to the State Party concerned to modify or rescind the application of the additional health measures in case of finding such measures as disproportionate or excessive.

The Director General shall convene an Emergency Committee for the purposes of this paragraph.



SEVENTH MEETING OF THE INTERGOVERNMENTAL NEGOTIATING BODY TO DRAFT AND NEGOTIATE A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE Provisional agenda item 2

A/INB/7/3 30 October 2023

Proposal for negotiating text of the WHO Pandemic Agreement

Deliberate Contradictions re: Information Access

Article 1. Use of terms

(c) "infodemic" means too much information, false or misleading information, in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines public health and social measures;

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 <u>unhindered</u>, fair, equitable and <u>timely access to</u> safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social protection.
- 7. **Transparency** The effective prevention of, preparedness for and response to pandemics depends on the transparent, open and timely sharing of, access to and disclosure of accurate information, data and other relevant elements that may come to light, for risk assessment, prevention and control measures, and the research and development of pandemic-related products and services, including reports on sales revenues, prices, units sold, marketing costs and subsidies and incentives, consistent with national, regional and international privacy and data protection rules, regulations and laws.

After noting the importance of unhindered access to information, the treaty draft directs nations to "manage" information, combat "misinformation" and promote "trust in science"

Article 9. Research and development

- 2. To this end, the Parties shall promote:
 - (d) 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.

Article 18. Communication and public awareness

- 1. The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects and drivers, and combat false, misleading, misinformation or disinformation, including through effective international collaboration and cooperation as referred to in Article 16 herein.
- 2. The Parties shall, as appropriate, conduct research and inform policies on factors that hinder adherence to public health and social measures in a pandemic and trust in science and public health institutions.

Nations are required to pass laws to enable a rapid license or authorization (use without proper review) of "pandemic products," i.e., vaccines or drugs

Article 14. Regulatory strengthening

- 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.
- 6. Each Party shall, in accordance with relevant laws, encourage manufacturers to generate relevant data, contribute to the development of common technical documents, and diligently <u>pursue regulatory authorizations and/or approvals</u> of pandemic-related products with WHO listed authorities, other priority authorities and WHO.

The Pandemic Treaty made sure to remove all liability 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. Fach 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

What is **One Health**?

"One Health is an **integrated, unifying** approach that aims to **sustainably balance** and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.

The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate changes and contributing to sustainable development."

https://www.onehealthcommission.org/en/why_one_health/what is one health/

The One Health High Level Expert Panel created this definition.



The 15 year History of the One Health phenomenon

"In response to the 2002–2004 outbreak of SARS and H5N1 avian influenza, which generated global attention, the World Wildlife Conservation Association officially proposed the concept of One Health and released the Manhattan Twelve Principles encapsulating this approach [11]. In 2005, The Lancet published its first reference to "One Health" in an article about the cooperation between human and animal health to strengthen health systems [12]. In 2008, FAO, OIE, WHO, UNICEF, The World Bank and the United Nations System Influenza Coordination (UNSIC) officially suggested One Health as the approach to deal with global epidemics [13]. In 2009, funded by the Rockefeller Foundation, the One Health Commission was established with the objective of disseminating the One Health approach more widely [14]. In 2020, the OHHLEP was jointly established by FAO, OIE, WHO and UNEP, to provide expert technical guidance on key scientific issues in One Health [15]. At the behest of the international community, countries including the United Kingdom and the United States of America established specific government entities or initiatives [16, 17] to lead administrative coordination, fundraising and policy-making relevant to One Health promotion."













ONE HEALTH JOINT PLAN OF ACTION

(2022-2026)

WORKING TOGETHER FOR THE HEALTH OF HUMANS, ANIMALS, PLANTS AND THE ENVIRONMENT

The Plan of Action is Simply more Word Salad

"In the face of the increasing number of multidimensional health, water, energy, food security and biodiversity challenges that the world is facing, a shared vision of coherent and coordinated action on all levels is more important than ever. The Quadripartite considers this international dynamic to be a unique opportunity to take its partnership to a new level and stand together as a global coalition to jointly drive change and achieve the transformations required to mitigate the impact of current and future health challenges at global, regional and country level."

https://wedocs.unep.org/bitstream/handle/20.500.11822/40843/one_health.pdf



One Health Approaches in Global Health Security, including Climate Change

The U.S. Government promotes a One Health and transdisciplinary approach, not only for human animal, plant, and environmental health, and health security, but also to meet national and global goals for climate, resilience, food security and nutrition, economic development, biodiversity, and conservation. Through these initiatives, the U.S. Government implements a range of activities to reduce the risk for zoonotic disease spillover through improved biosurveillance and biosecurity measures for those working with animals; information sharing across sectors to prevent human cases from growing to become outbreaks or health emergencies; as well as efforts to prevent and mitigate unsafe trade and trafficking in wildlife and wildlife products (primarily high-risk mammals and birds supplying demand for meat, pets, and traditional medicines). Biodiversity conservation and support and expansion of critical ecosystem services helps reduce the burden of chronic diseases, provides crucial nature-based climate solutions with significant economic and collateral health benefits, and prevents disease spillover and emergence at a key source. Additionally, ongoing efforts to reduce the impacts of climate change on health systems, and of health systems on climate change, can help the development of sustainable and resilient capabilities and reduce the risk posed by climate sensitive diseases. Prevention activities are focused on understanding risks at the human-animalenvironmental interface and reducing the zoonotic disease spillover risk, including those risks associated with capturing, processing, transport, sale, and consumption of wild animals.

But the concept of *Pandemic Preparedness* is a Myth

- The last 2 pandemics declared by the WHO, SARS-2 and Monkeypox, were both for viruses made in labs.
- US: \$10 B/yr for the biodefense industry and when the pandemic hit we lacked everything, including gloves, masks, gown—only the biodefense industry benefited from biodefense spending

My handout on pandemic preparedness: https://doortofreedom.org/wp-content/uploads/2023/11/Taking-a-Good-Look-at-Pandemic-Preparedness.pdf

My article on PP: https://merylnass.substack.com/p/the-myth-of-pandemic-preparedness-8e1

Dr. David Bell's article on PP: https://brownstone.org/articles/a-primer-on-the-who-the-treaty-and-its-plans-for-pandemic-preparedness/. **PANDA's:** https://www.pandata.org/who-paradox/

Avian flu has led to the killing of 140m farmed birds since last October

Culls and compensation have cost hundreds of millions of pounds in the US, UK and Europe, with current outbreak predicted to worsen

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About this content

Sophie Kevany

Fri 9 Dec 2022 08.54 EST







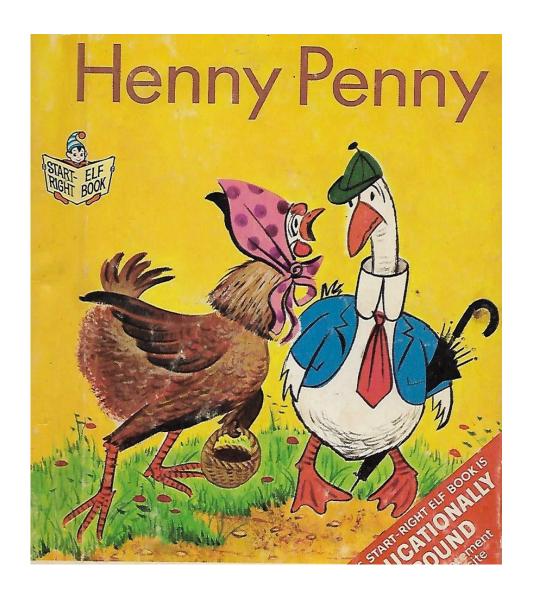
https://www.theguardian.com/environment/2022/dec/09/avian-flu-has-led-to-the-killing-of-140m-farmed-birds-since-last-october



Footage taken by animal charity Essere Animali in Italy appeared to show live chickens being

An acorn hit Henny Penny, and she told everyone "The SKY is FALLING DOWN!"

- The H5N1 "Bird Flu" is being used to frighten everyone—it is crucial not to be fooled.
- The current strains of bird flu are not dangerous for humans, but hundreds of millions of chickens are being killed and perfectly good milk from "infected" cows is being thrown away to push the pandemic agenda.
- 17 states will not allow cows from affected states to cross their borders





Emergency Preparedness and Response

https://emergency.cdc.gov/han/2024/han00506.asp

Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response

Print





Distributed via the CDC Health Alert Network April 05, 2024, 0130 PM ET

This patient is the second person to test positive for HPAI A(H5N1) virus in the United States. The first case was reported in <u>April 2022 in Colorado</u> in a person who had contact with poultry that was presumed to be infected with HPAI A(H5N1) virus.

Currently, HPAI A(H5N1) viruses are circulating among wild birds in the United States, with associated outbreaks among poultry and backyard flocks and sporadic infections in mammals.

The current risk these viruses pose to the public remains low. However, people with job-related or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection and should take appropriate precautions outlined in CDC Recommendations for Farmers; Poultry, Backyard Bird Flock, and Livestock Owners; and Worker Protection.

Whenever possible, public health officials (including the state public health veterinarian) and animal health and agriculture officials (including the state veterinarian) should collaborate using a One Health approach

Marks confident in bird flu vaccine stockpile

By DAVID LIM and LAUREN GARDNER | 04/02/2024 12:00 PM EDT



Dr. Peter Marks, the FDA's top vaccine regulator, said Monday he's confident the U.S. stockpile of avian flu-specific vaccines would work well if deployed. The remarks came the same day the CDC confirmed that a Texas dairy worker fell ill with bird flu.

"We believe that, if we needed to, they would be reasonably good matches," Marks said at the World Vaccine Congress in Washington,

Whether the federal government would activate new vaccine production depends on how the situation unfolds, Marks indicated.

"... there's probably a pretty low threshold to pull the trigger here," he said. "This is one case we're a little luckier because it's a pathogen that we know. We know what this is and what we have in the freezer, so to speak. We have a little bit of a leg up on at least getting started."

But at the conference, Dr. Luciana Borio, a former FDA official, questioned the vaccines' potency "I'm not as confident as Dr. Marks," she said after his remarks.

https://www.politico.com/newsletters/prescription-pulse/2024/04/02/marks-confident-in-bird-flu-vaccine-stockpile-00150008

FDA licensed 3 bird flu vaccines for humans



Vaccines Licensed for Use in the United States



HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use AUDENZTM (Influenza A (H5N1) Monovalent Vaccine, Adjuvanted) safely and effectively. See full prescribing information for AUDENZ.

AUDENZ (Influenza A (H5N1) Monovalent Vaccine, Adjuvanted) injectable emulsion for intramuscular use

Initial U.S. Approval: 2020

Serious Adverse Events (SAEs)

In Study 3, fatal and non-fatal SAEs reported in the 12 months following vaccinations among adults 18 through 64 years of age occurred in 2.9% of subjects who received AUDENZ and 3.3% of subjects who received placebo. SAE rates among adults 65 years of age and older were 10.5% in subjects administered AUDENZ and 15.3% in subjects who received placebo. Fatal SAEs included 11 (0.5%) AUDENZ recipients and 1 (0.1%) placebo recipients. No SAEs were assessed as being related to AUDENZ.

The Global Biosecurity Agenda and the WHO's Pandemic Planning Instruments are Built on Lies and Misdirection

- 1. No sovereignty is ceded to the WHO? yet the WHO will give binding orders to nations and require them to pass laws to carry out the orders, a clear transfer of sovereignty (IHR Article 1)
- 2. "Regulatory strengthening" is actually **regulatory weakening** (*Treaty Article 14*)
- 3. "Managing liability" is actually **removing liability** for warp speed vaccines (*Treaty Article 15*)
- 4. The WHO promises "universal health coverage" (insurance policies to be purchased) and hopes we misinterpret it as medical care (Treaty Article 1)
- 5. The WHO promises unfettered access to information, then **demands nations censor "infodemics" and "misinformation"** (Treaty Articles 9, 18), (IHR Article 44)
- 6. Pandemics are much more likely to come from the labs the WHO demands every nation construct to study PPPs and from the **sharing of PPPs** (Treaty Article 12 and the Select Agent yearly reports)
- 7. "One Health" is a Trojan horse designed to place everything in the world under the WHO's authority (Treaty Article 6)
- 8. Human rights, dignity and freedom of persons have been discarded (IHR Articles 2 and 3)
- 9. The **WHO can withhold medications** it deems "disproportionate or excessive" (IHR Article 43)