

The WHO Pandemic Treaty. A Backdoor to Global Governance: “Stripping Away Individual Rights and Liberties”

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Theme: [Intelligence](#), [Science and Medicine](#)

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More importantly, a one-size-fits-all approach to pandemic response simply does not work, because pandemic threats are not identical in all parts of the world. Even people in the same region do not have identical risk and may not need or benefit from identical treatment

The WHO will accept two more days of public comment on the treaty, June 16 and 17, 2022, so prepare your statements now. The World Health Assembly will also vote on amendments to the International Health Regulations, May 22-28, 2022, which may also strip away more individual rights and liberties

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The globalists that brought us the wildly exaggerated COVID pandemic in an effort to cement a biosecurity grid into place is now hard at work on the next phase of this New World Order.

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to implement digital identities/vaccine passports, mandatory vaccinations, travel restrictions, standardized medical care and more.

In “The Corbett Report”^{1,2} above, independent journalist James Corbett reviews what this treaty is, how it will change the global landscape and strip you of some of your most basic rights and freedoms. Make no mistake, [the WHO pandemic treaty](#) is a direct attack on the sovereignty of its member states, as well as a direct attack on your bodily autonomy.

A Backdoor to Global Governance

As noted by anti-extremism activist [Maajid Nawaz](#) in an April 28, 2022, Twitter post,³ the “WHO pandemic treaty serves as a backdoor to global empire.”

COVID-19, while potentially deadly to certain vulnerable groups, simply isn’t a valid justification for handing over more power to the WHO, especially in light of its many inexplicable “mistakes” in this and previous pandemics.

As just one example, the WHO didn’t publicly admit SARS-CoV-2 was airborne until the end of December 2021,⁴ yet scientists knew the virus was airborne within weeks of the pandemic being declared.⁵ The WHO also ignored early advice about airborne transmission.⁶

So, it seems clear that the effort to now hand over more power to the WHO is about something other than them being the most qualified to make health decisions that benefit and protect everyone.

It seems far more likely that the WHO is being installed as a de facto governing body for the global Deep State.⁷ Through the WHO, under the guise of biosecurity, the globalist cabal who seek to own everything and control everyone, will then be able to implement their wishes across the whole world in one fell swoop.

With this treaty in place, all member nations will be subject to the WHO’s dictates. If the WHO says every person on the planet needs to have a vaccine passport and digital identity to ensure vaccination compliance, then that’s what every country will be forced to implement, even if the people have rejected such plans using local democratic processes.

As noted by Corbett, these negotiations are already well underway,⁸ and the treaty is expected to be fully implemented in 2024 — that is, unless the people of the world wake up to what’s happening and beat back this monstrosity.

WHO Likely Seeking to Monopolize Health Care Worldwide

Under the guise of a global pandemic, the WHO, the World Economic Forum (WEF) and all its installed leaders in government and private business, were able to roll out a plan that had already been decades in the making. The pandemic was a perfect cover.

In the name of keeping everyone “safe” from infection, the globalists justified unprecedented attacks on democracy, civil liberties and personal freedoms, including the right to choose your own medical treatment.

Now, the WHO is gearing up to make its pandemic leadership permanent, extend it into the

health care systems of every nation, and eventually implement a universal or “socialist-like” health care system as part of The Great Reset.

While this is not currently being discussed, there’s every reason to suspect that this is part of the plan. WHO Director-General Tedros Adhanom Ghebreyesus has previously stated that his “central priority” as director-general of the WHO is to push the world toward universal health coverage.⁹

And, considering the WHO changed its definition of “pandemic” to “a worldwide epidemic of a disease,”¹⁰ without the original specificity of severe illness that causes high morbidity,^{11,12} just about anything could be made to fit the pandemic criterion. The whole premise behind this pandemic treaty is that “shared threat requires shared response.” But a given threat is almost never equally shared across regions.

Take COVID-19 for example. Not only is the risk of COVID not the same for people in New York City and the outback of Australia, it’s not even the same for all the people in those areas, as COVID is highly dependent on age and underlying health conditions.

The WHO insists that the remedy is the same for everyone everywhere, yet the risks vary widely from nation to nation, region to region, person to person. They intend to eliminate individualized medicine and provide blanket rulings for how a given threat is to be addressed. Without doubt, this can only result in needless suffering, not to mention the loss of individual freedom.

How the WHO Has Wielded Previous Pandemic Instruments

To give us an idea of how the WHO might end up misusing this new proposed international “instrument” on pandemic prevention, preparedness and response, we can look at the International Health Regulations (IHR),¹³ which the U.S. signed on to in 2005.

The IHR is what empowered the WHO to declare a Public Health Emergency of International Concern (PHEIC).¹⁴ This is a special legal category that allows the WHO to initiate certain contracts and procedures, including drug and vaccine contracts.

As noted by Corbett, the IHR allows the unelected director-general of the WHO to simply declare a PHEIC and, suddenly, all member states have to dance to his tune. It basically grants the WHO dictatorial powers over health policy.

PHEICs have included the phony H1N1 swine flu pandemic in 2009, the inconsequential Zika outbreak in 2016, the overhyped Ebola outbreak in 2019, and, of course, the massively exaggerated COVID pandemic in 2020. All of these PHEICs were poorly handled and the WHO was criticized as inept and corrupt¹⁵ in their wake.

So, to summarize, through the IHR, the WHO has already been significantly empowered to dictate global health policy with regard to pandemics, and they used that power to bamboozle the nations of the world into spending billions of dollars on countermeasures, especially drugs and vaccines, that didn’t work very well.

In that sense, the WHO is really just another wealth-transfer instrument. The WHO’s Big Pharma collaborators make billions on the taxpayers’ dime, while the people of the world

are left to suffer the consequences of fast-tracked vaccines. Its handling of the COVID pandemic in particular has been unprecedentedly bad, as they were behind the withholding of early treatment with safe medicines worldwide.

As noted by ivermectin advocate Dr. Tess Lawrie,¹⁶ the WHO has also claimed the mRNA shots as safe as conventional vaccines, which is nowhere near the truth. Most all available data prove they are the most dangerous drugs ever created. Why would anyone expect the WHO to become less corrupt if given even more power and control?

IHR Amendments May Also Restrict Rights and Freedoms

Now, the IHR overrode and superseded the U.S. Constitution from the start, but in January 2022, the U.S. also submitted regulatory amendments¹⁷ that will give the WHO even more power to restrict your rights and freedoms.

May 22 through 28, 2022, the World Health Assembly will gather and vote on these amendments to the IHR and, if passed, they will be enacted into international law. These submitted amendments are in addition to the WHO pandemic treaty currently under discussion. As reported by Health Policy Watch, February 23, 2022:¹⁸

“Washington wants to fast track a series of nitty-gritty, but far-reaching changes in the existing International Health Regulations that govern WHO and member state emergency alert and response — for consideration at this year’s World Health Assembly, 22-28 May.

The U.S. proposal¹⁹ for major IHR rule changes, obtained by Health Policy Watch, has been a topic of discussion in a series of closed-door meetings of WHO member states, which are considering ways to reform the existing IHR, as well as advancing a whole new WHO convention or other international instrument²⁰ on pandemic prevention and response ...

The U.S. is expected to lead a parallel track of tightly-paced ‘informal’ member state negotiations to reach consensus on an IHR reform resolution for approval at this year’s 75th WHA [World Health Assembly] ...”

The “new WHO convention or other international instrument” mentioned here refers to the WHO treaty currently under discussion. An intergovernmental negotiating body (INB) was established as a subdivision of the World Health Assembly in December 2021,²¹ for the purpose of drafting and negotiating this new pandemic treaty. And, as mentioned, this INB has begun that work.

However, as noted by Corbett, this is only the second time in the WHO’s history that an INB has been established. The first one was the INB of the WHO Framework Convention on Tobacco Control,²² 22 years ago. So, this is not a well-established process, and it’s hard to predict how it will play out.

Bill Gates Builds GERM Team for the WHO

Another clue about what the WHO intends to do with more power comes from its primary funder, Bill Gates. Gates recently announced he's building a pandemic response team for the WHO, which he would like to be called the "Global Epidemic Response & Mobilization" or GERM Team.

This team will be made up of thousands of disease experts under WHO's purview, and will monitor nations and "decide when they need to suspend civil liberties, force populations to wear masks and close borders," The Counter Signal reports.²³

Of course, Gates is also the largest funder of the WHO (when you combine the donations from both his foundation and GAVI, the Vaccine Alliance). This and other relationships speak volumes about the corruption still ruling the WHO. At the end of the day, Gates is basically paying the WHO to dictate to the world what they must do to make Gates a ton of money.

As noted by The Counter Signal:²⁴

"Gates' announcement of the GERM team coincides with the World Health Organization's drafting of a global pandemic treaty ... In the future, the pandemic treaty will not only ensure that member states abide by International Health Regulations but will also put the WHO in the driver's seat, so to speak. Member states, including the US and Canada, will take their orders directly from the organization. As Conservative MP Leslyn Lewis explains:

'The treaty includes 190 countries and would be legally binding. The treaty defines and classifies what is considered a pandemic, and this could consist of broad classifications, including an increase in cancers, heart conditions, strokes, etc. If a pandemic is declared, the WHO takes over the global health management of the pandemic.

Of even more concern, if this treaty is enshrined, the WHO would be in full control over what gets called a pandemic. They could dictate how our doctors can respond, which drugs can and can't be used, or which vaccines are approved. We would end up with a one-size-fits-all approach for the entire world ... A one-size-fits-all response to a health crisis doesn't even work across Canada, let alone the entire globe' ...

It isn't unreasonable to assume that the GERM team, as a new branch of the WHO, would oversee making sure member states comply with the pandemic treaty after the draft is finalized and member states sign-on.

The next question, then, is how the WHO and Bill Gates would be able to monitor every individual in every country to determine whether enough people are sick to justify locking a region down.

To this end, the WHO has contracted German-based Deutsche Telekom subsidiary T-Systems to develop a global vaccine passport system,²⁵ with plans to link every person on the planet to a QR code digital ID ... Thus, there will be one pandemic treaty, one GERM team, one global vaccine passport, and one World Health Organization to monitor every person on the planet."

Under WHO Control, Vaccine Passports Are a Given

Indeed, while countries around the world have scrubbed their COVID measures and backed away from vaccine passports, the WHO is still moving ahead with a global vaccine passport program.²⁶

So, if the WHO is given the authority to dictate biosecurity rules for the world, you can bet they'll insist on vaccine passports with built-in digital identity and readiness for a centralized programmable central bank digital currency (CBDC). As reported by the Western Standard:²⁷

"The WHO fully intends to provide support to its 194 member states to facilitate the implementation of the digital verification technology for countries' national and regional verification of vaccine status.

'COVID-19 affects everyone. Countries will therefore only emerge from the pandemic together. Vaccination certificates that are tamper-proof and digitally verifiable build trust. WHO is therefore supporting member states in building national and regional trust networks and verification technology.

The WHO's gateway service also serves as a bridge between regional systems. It can also be used as part of future vaccination campaigns and home-based records,' said Garrett Mehl, unit head of the WHO's Department of Digital Health and Innovation, on Deutsche Telekom's website."

Can We Stop the International Pandemic Treaty?

The question now is, can we stop this "international pandemic instrument" that the WHO is seeking? With short notice, the WHO announced it would accept public comment on the treaty for a total of five days.²⁸ The World Council for Health (WCH) was among the few that acted quickly enough to submit a comment in opposition of the treaty. Lawrie delivered the WCH's submission.²⁹

The proposal to take control of pandemics at a central WHO level is untenable and threatens a global society ... It is foolhardy to even suggest that a 'one size fits all' response to a pandemic crisis across geographic zones characterized by hugely different parameters, could possibly be covered by a central bureaucratic process — the need for local decision making is of prime importance. ~ Robert Clancy, Ph.D.

In an April 26, 2022, update on Substack, Lawrie wrote:³⁰

"Despite the lack of notice, many grassroots organizations did what they could to spread the word and the World Council for Health's #stopthetreaty campaign reached an astonishing 415 million people. Many of you made written submissions expressing your concerns. So many of you in fact, that I hear the WHO's website crashed on the last day."

One person who missed the deadline was professor Robert Clancy, a leading clinical immunologist in Canada. He sent the comment he would have wanted to submit to Lawrie, who included it in her post:³¹

“The proposal to take control of pandemics at a central WHO level is untenable and threatens a global society. I am in receipt of the World Council for Health response, and the superbly summarized view by Dr. Tess Lawrie. These concerns reflect the ‘across the board’ view of most Australian doctors ...

The failure to understand the restrictions of systemic vaccination for mucosal infection and the dangers of accumulated suppression that follows mindless booster programs, and failure to interrogate the massive databases regarding adverse events of genetic vaccines are but two of the serious mistakes perpetuated by the WHO ...

It is foolhardy to even suggest that a ‘one size fits all’ response to a pandemic crisis across geographic zones characterized by hugely different parameters, could possibly be covered by a central bureaucratic process — the need for local decision making is of prime importance.

The rule of science and the rule of the doctor-patient relationship must determine any response to a pandemic, and current experience where the rule of the narrative has so distorted disease outcomes — supported by the WHO — must make very clear the foolishness of rewarding incompetence and corruption with even greater powers.

I write this as the most experienced Clinical Immunologist in Australia, and a leading research scientist in Mucosal Immunology with a focus on ‘host-parasite relationship.’
Professor Robert Clancy AM FRS(N) MB BS BSc(Med) PhD DSc FRACP FRCP(A) FRCP(C)”

Make Your Voice Heard in June

While many, like Clancy, didn’t get a chance to participate, the WHO has announced it will allow for two more days of public comment, June 16 and 17, 2022. As noted by Lawrie:³²

“Please also be aware of the proposed amendments to the International Health Regulations, to be voted on this May at the World Health Assembly.

Like the pandemic treaty, this is another move to seize greater powers and override the sovereign laws of individual nations. Some say this is more significant than the pandemic treaty: if voted in, it means the loss of our sovereignty from this November.

James Roguski has written extensively about this on his Substack.³³

There seems to be a concerted effort by the WHO and its controllers to attack our sovereignty from all angles. It is important we make it clear that we do not recognize the WHO as an authority over us and that we will not tolerate this abuse of power.

We are sovereign and will not be bound by the undertakings of corrupt officials who pretend to act on our behalf when signing away the inherent rights of the World’s People. They do not act for us and we will not be bound.”

I encourage you to make plans to have your voice heard June 16 and 17, 2022. Unfortunately, the WHO has not yet released any submission details. Your best bet right now is to sign up for the WCH’s newsletter. The last time, they issued links and instructions on how to submit your comment, and are sure to do the same for the June submission window. You can [subscribe at the bottom of this page](#), or on the [WCH’s home page](#).

To block the IHR amendments at the May 2022 World Health Assembly, we need to flood our respective delegations with opposition. A list of U.S. delegates can be found in Roguski's Substack article, "[Speaking Truth to Power](#)."

For contact information for other nations' delegates, I would suggest contacting the regional office and ask for a list (see "Regions" in the blue section at the bottom of the [World Health Assembly's webpage](#)). It's also possible that the WCH will publish guidance on it, so be sure to sign up for their newsletter.

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Notes

¹ [The Corbett Report April 27, 2022](#)

² [Transcript of The Corbett Report](#)

³ [Twitter Maajid Nawaz April 28, 2022](#)

⁴ [World Health Organization, Coronavirus disease \(COVID-19\): How is it transmitted? December 23, 2021](#)

⁵ [J Hosp Infect. 2021 Apr; 110: 89-96](#)

⁶ [Nature April 6, 2022](#)

⁷ [Heysatyamevjayate WordPress March 20, 2022](#)

⁸ [America Out Loud February 18, 2022](#)

⁹ [National Review June 14, 2017](#)

¹⁰ [Wayback Machine, WHO Pandemic Preparedness captured September 2, 2009 \(PDF\)](#)

¹¹ [The BMJ 2010;340:c2912](#)

¹² [Wayback Machine, WHO Pandemic Preparedness captured May 1, 2009 \(PDF\)](#)

^{13, 14} [CDC International Health Regulations](#)

¹⁵ [Corbett Report April 13, 2010](#)

^{16, 28, 29} [Tess Lawrie Substack April 13, 2022](#)

^{17, 18} [Health Policy Watch February 23, 2022](#)

¹⁹ [WHO Proposal for Amendments to the International Health Regulations January 20, 2022](#)

^{20, 21} [WHO Proposed Method of Work February 21, 2022](#)

²² [INB of the WHO Framework Convention on Tobacco Control](#)

^{23, 24} [The Counter Signal May 2, 2022](#)

^{25, 27} [Western Standard March 2, 2022](#)

²⁶ [Off-Guardian March 1, 2022](#)

^{30, 31, 32} [Tess Lawrie Substack April 26, 2022](#)

³³ [James Roguski Substack March 31, 2022](#)

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