

# Bill Gates Plan for Global Takeover

By Dr. Joseph Mercola



The World Health Organization is attempting to seize control over global pandemic monitoring and response and, ultimately, all health care decisions

Bill Gates intends to play a key part in this takeover. He's building a pandemic response team for the WHO, dubbed the "Global Epidemic Response & Mobilization" or GERM Team, which will have the authority to monitor nations and make pandemic response decisions, such as when to suspend civil liberties to prevent spread of an illness.

The globalist cabal plans to seize control through biosecurity governance, and they're attempting to do this using two different avenues. If we fail to fight off both attacks, we'll end up under totalitarian governance.

The first attack comes in the form of amendments to the International Health Regulations (IHR), which is currently being voted on by the World Health Assembly. These amendments will strip member nations of their sovereignty and give the WHO unprecedented power to restrict your medical freedoms and civil liberties in the name of biosecurity. Get involved and urge your nation's leaders to reject the amendments if passed. Unless rejected, they will become binding law in November 2022.

The second attack comes through a new international pandemic treaty with the WHO. They intend to eliminate individualized medicine and provide blanket rulings for how a given threat is to be addressed, and this can only result in needless suffering - not to mention the loss of individual freedom.

In "The Corbett Report" above, <sup>1</sup> independent journalist **James Corbett** reviews the contents of **Bill Gates'** book, "[How to Prevent the Next Pandemic](#)."

*"It's every bit as infuriating, nauseating, ridiculous, laughable and risible as you would expect," he says. "This is a ridiculous book... There's certainly nothing of medical or scientific value in here... It's a baffling book even from a propagandistic perspective..."*

*Gates' goal in writing the book is to disarm the public and prepare us to accept the agenda that Gates and his allies would like to impose on the world.*

*Ultimately, what this is about is drumming up general public support - or at least general public understanding - of the unfolding biosecurity agenda."*

Another reviewer of Gates' book, economist Jeffrey Tucker, offered similarly negative feedback: <sup>2</sup>

*"Imagine yourself sidled up to a bar. A talkative guy sits down on the stool next to you. He has decided that there is one thing wrong with the world. It can be literally anything. Regardless, he has the solution.*

*It's interesting and weird for a few minutes.*

*But you gradually come to realize that he is actually crazy. His main point is wrong and so his solutions are wrong too. But the drinks are good, and he is buying. So you put up with it. In any case, you will forget the whole thing in the morning.*

*In the morning, however, you realize that he is one of the world's richest men and he is pulling the strings of many of the world's most powerful people.*

*Now you are alarmed.*

*In a nutshell, that's what it's like to read Bill Gates's new book 'How to Prevent the Next Pandemic.'"*

### **Gates' Book Chapter by Chapter**

Corbett goes through Gates' book chapter by chapter, so if you're short on time, you can review the ones that interest you the most:

Chapter 1: Learn from COVID (timestamp: 12:58)

Chapter 2: Create a pandemic prevention team (timestamp: 18:23)

Chapter 3: Get better at detecting outbreaks early (timestamp: 26:21)

Chapter 4: Help people protect themselves right away (timestamp: 31:01)

Chapter 5: Find new treatments fast (timestamp: 37:26)

Chapter 6: Get ready to make vaccines (timestamp: 39:46)

Chapter 7: Practice, practice, practice (timestamp: 47:06)

Chapter 8: Close the health gap between rich and poor countries (timestamp: 50:49)

Chapter 9: Make - and fund - a plan for preventing pandemics (timestamp: 57:40)

Afterword: How COVID changed the course of our digital future (timestamp: 1:03:00)

### **Gates GERM Team**

By now, you've probably heard that the [World Health Organization is attempting to seize control over global pandemic monitoring and response](#), and ultimately, all health care decisions.

### **Source**

But did you know Bill Gates, the largest funder of the WHO (if you combine funding from his foundation and GAVI), also intends to play a key part in this takeover?

As Gates explains in a video at the beginning of Corbett's report, he's building a pandemic response team for the WHO, dubbed 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 make decisions about when to suspend civil liberties to prevent spread of an illness.<sup>3</sup>

Alas, as noted by "Rising" host Kim Iversen in the video compilation above, if COVID-19 has taught us anything, it's that stopping the spread of a virus is more or less impossible, no matter how draconian the rules.

Meanwhile, the side effects of lockdowns and business shutdowns are manifold.

People's health has suffered from lack of health care. Depression and suicide have skyrocketed. Economies have gone bust. Violent crime has risen.

Tucker also points out the false premise behind Gates' pandemic prevention plan, stating: <sup>4</sup>

*"This theory of virus control - the notion that muscling the population makes a prevalent virus shrink into submission and disappears - is a completely new invention, the mechanization of a primitive instinct.*

*Smallpox occupies a unique position among infectious diseases as the only one affecting humans that has been eradicated. There are reasons for that: a stable pathogen, a great vaccine, and a hundred years of focused public health work. This happened not due to lockdowns but from the careful and patient application of traditional public-health principles.*

*[T]he attempt to crush a respiratory virus through universal avoidance could be worse than allowing endemicity to it to develop throughout the population."*

### **Gates' Destructive Greed**

During COVID, we basically traded false protection against one thing for a multitude of other ills that are far worse in the long run.

Now, Gates and the WHO want to make this disastrous strategy the norm.

Once again, we see Gates is basically paying the WHO to dictate what the world must do to make him a ton of money, because he's always heavily invested in the very "solutions" he presents to the world. While he's built a reputation as a philanthropist, his actions are self-serving, and more often than not, the recipients of his "generosity" end up worse than they were before.

Case in point: After 15 years, Gates' Green Revolution in Africa (AGRA) project has now been proven an epic fail. <sup>5</sup> Gates promised the project would *"double yields and incomes for 30 million farming households by 2020."*

That false prognosis was deleted from the AGRA website in June 2020, after a Tuft University assessment revealed hunger had actually increased by 31%.

February 28, 2022, the first-ever evaluation report <sup>6</sup> confirmed the failure of AGRA.

### **The Globalists' Double-Prong Attack on National Sovereignty**

But getting back to the globalists' plan to seize global control through biosecurity governance, they are attempting to do this using two different avenues.

If we fail to fight off both attacks, we'll end up under totalitarian governance.

The first attack comes in the form of amendments <sup>7</sup> to the International Health Regulations (IHR). The second attack comes through a new international pandemic treaty with the WHO.

Starting with the first takeover strategy, as you read this, countries around the world are in the process of voting on amendments to the IHR. <sup>8</sup>

By May 28, 2022, the World Health Assembly will have concluded their vote on these amendments and, if passed, they will be enacted into international law in November 2022.

The IHR, adopted in 2005, is what empowers the WHO to declare a Public Health Emergency of International Concern (PHEIC). <sup>9</sup>

This is a special legal category that allows the WHO to initiate certain contracts and procedures, including drug and vaccine contracts. While the IHR grants the WHO exceptional power over global health policy already, under the current rules, member states must consent to the WHO's recommendations.

This is one key feature that is up for revision. Under the new amendments, the WHO would be able to declare a PHEIC in a member state over the objection of that state.

The amendments also include ceding control to WHO regional directors authorized to declare a Public Health Emergency of Regional Concern (PHERC).

In summary, the IHR amendments establish *"a globalist architecture of worldwide health surveillance, reporting and management,"* Robert Malone, Ph.D., warns, <sup>10</sup> and we the public have no say in the matter.

We have no official avenue for providing feedback to the World Health Assembly, even though the amendments will give the WHO unprecedented power to restrict our rights and freedoms in the name of biosecurity.

There's not even a publicly available list of who the delegates are or who will vote on the amendments.

### **Summary of Proposed IHR Amendments**

A summary of the proposed changes to the IHR was recently provided by Malone.<sup>11</sup>

In all, the WHO wants to amend 13 different IHR articles (articles 5, 6, 9, 10, 11, 12, 13, 15, 18, 48, 49, 53 and 59), the end result of which is the following:<sup>12</sup>

*"Increased surveillance - Under Article 5, the WHO will develop early warning criteria that will allow it to establish a risk assessment for a member state, which means that it can use the type of modeling, simulation, and predictions that exaggerated the risk from COVID-19 over two years ago. Once the WHO creates its assessment, it will communicate it to inter-governmental organizations and other member states.*

*48-hour deadline - Under Articles 6, 10, 11, and 13, a member state is given 48 hours to respond to a WHO risk assessment and accept or reject on-site assistance. However, in practice, this timeline can be reduced to hours, forcing it to comply or face international disapproval lead by the WHO and potentially unfriendly member states.*

*Secret sources - Under Article 9, the WHO can rely on undisclosed sources for information leading it to declare a public health emergency. Those sources could include Big Pharma, WHO funders such as the Gates Foundation and the Gates-founded-and-funded GAVI Alliance, as well as others seeking to monopolize power.*

*Weakened sovereignty - Under Article 12, when the WHO receives undisclosed information concerning a purported public health threat in a member state, the Director-General may (not must) consult with the WHO Emergency Committee and the member state. However, s/he can unilaterally declare a potential or actual public health emergency of international concern.*

The Director General's authority replaces national sovereign authority. This can later be used to enforce sanctions on nations."

Once the amendments are adopted by the World Health Assembly, nations will have only a limited time - six months - to reject them.

That would put us into November 2022. Any nation which hasn't officially rejected the amendments will then be legally bound by them, and any attempt to reject them after the six-month grace period will be null and void.

## Attack No. 2 - The WHO Pandemic Treaty

The second attempt to gain global control is through an international pandemic treaty with the WHO.

An intergovernmental negotiating body (INB) was established as a subdivision of the World Health Assembly in December 2021,<sup>13</sup> for the purpose of drafting and negotiating this new pandemic treaty.

In summary, the WHO wants to make its pandemic leadership permanent. It can then extend its power 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 a WHO-based universal health care system 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 is to push the world toward universal health coverage.<sup>14</sup>

And, considering the WHO changed its definition of "*pandemic*" to "*a worldwide epidemic of a disease*,"<sup>15</sup> without the original specificity of severe illness that causes high morbidity,<sup>16,17</sup> just about anything could be made to fit the pandemic criterion.

The problem with this treaty is that it simply cannot work. 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.

The WHO intends to  
eliminate individualized medicine  
and provide blanket rulings for how a given threat  
is to be addressed, and this can only result  
in needless suffering - not to mention  
the loss of individual freedom.

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, and this can only result in needless suffering - not to mention the loss of individual freedom.

### **Are You Ready to Cede All Authority to Gates-Led Group?**

#### **Source**

In closing, Gates' GERM team would be the ones with the authority to declare pandemics and coordinate global response.<sup>18</sup>

Are you ready to cede all authority over your life, health and livelihood to the likes of Gates? I hope not.

In the video above, **Del Bigtree** with "*The Highwire*" provides poignant examples where Gates is now admitting what "*The Highwire*," I and many others have been saying since the earliest days of the COVID pandemic, and getting censored and deplatformed for it.

Gates is two years behind everyone else, yet despite his apparent inability to interpret the readily available data, he now wants power to dictate health rules to the whole world.

We can't let that happen.

### **Join the Global #StopTheWHO Campaign**

It's going to require a global response to prevent these two power grabs, starting with the IHR amendments under vote by the World Health Assembly.

To that end, the World Council for Health has launched a global #StopTheWHO campaign.

Here's how you can get involved:<sup>19</sup>

Speak - Raise awareness on the ground and online. Use articles, posters, videos



Act - Campaign through rallies, political mobilization, legal notices and cases and similar campaigns

Collaborate with health freedom coalitions such as the World Council for Health

Explore activist toolboxes such as: [www.dontyoudare.info](http://www.dontyoudare.info) and [stopthewho.com](http://stopthewho.com)

Engage global indigenous leadership to take a united stand against the WHO's IHR

Notify World Health Assembly country delegates to oppose the IHR amendments

Activate people's parliaments, legislatures or referendums to oppose power grabs

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.

Political action has been tabled for further discussion and it is still time to stop this tyrannical overreach that has many aspects that would virtually enslave citizens of the U.S. and all nations.

### **A back door to global governance**

As noted by anti-extremism activist [Maajid Nawaz](#) in an April 28 Twitter post, 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, yet scientists knew the [virus was airborne](#) within weeks of the pandemic being declared. The WHO also ignored early advice about [airborne transmission](#).

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](#). 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, 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 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 healthcare systems of every nation and eventually implement a universal or “*socialist-like*” healthcare 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.

And, considering the WHO changed its [definition of “pandemic”](#) to “[a worldwide epidemic of a disease.](#)” without the original specificity of severe illness that causes [high morbidity](#), 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 a 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), 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). 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 corrupt 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](#), 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, the U.S. also submitted regulatory amendments that will give the WHO even more power to [restrict your rights and freedoms](#).

May 22-28, 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:

*“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. proposal 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 instrument](#) 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 Dec. 2021, 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 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.

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:

*“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 U.S. 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, 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](#).

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](#).

As reported by the Western Standard:

*“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.

The [World Council for Health](#) was among the few that acted quickly enough to submit a comment in opposition to the treaty. Lawrie delivered the World Council for Health’s submission.

In an April 26 update on Substack, Lawrie wrote:

*“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.”*

### **[It's Time to Follow the Science. Join our Campaign!](#)**

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:

*“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 (It’s still up in the air)**

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. As noted by Lawrie:

*“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.”*

*“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. Unfortunately, the WHO has not yet released any submission details. Your best bet right now is to [sign up](#) for the World Council for Health 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.

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 asking for a list (see “Regions” in the blue section at the bottom of

the [World Health Assembly](#) webpage). It's also possible that the World Council for Health will publish guidance on it, so be sure to sign up for their newsletter.  
*Originally published by [Mercola](#).*

The President has not signed onto to this global Treaty which would surrender U.S. sovereignty to the World Health Organization. Senator Ron Johnson introduced Senate Bill S-4343 several months ago. THE SHORT TITLE is called:

This Act may be cited as the "No WHO Pandemic Preparedness Treaty Without Senate Approval Act".

Because of other distractions, political party squabbles, and global issues, everyone should let their voices be heard to their elected senators and legislators.

### **Sources and References**

- 1 [Corbett Report Episode 418, May 10, 2022](#)
- 2, 4 [Brownstone Institute May 3, 2022](#)
- 3 [The Counter Signal May 2, 2022](#)
- 5 [Corey's Digs April 27, 2022](#)
- 6 [USRTK March 17, 2022](#)
- 7 [Health Policy Watch February 23, 2022](#)
- 8, 9 [CDC International Health Regulations](#)
- 10, 11, 12 [RW Malone Substack May 17, 2022](#)
- 13 [WHO Proposed Method of Work February 21, 2022](#)
- 14 [National Review June 14, 2017](#)
- 15 [Wayback Machine, WHO Pandemic Preparedness captured September 2, 2009 \(PDF\)](#)
- 16 [The BMJ 2010;340:c2912](#)
- 17 [Wayback Machine, WHO Pandemic Preparedness captured May 1, 2009 \(PDF\)](#)
- 18 [The Lancet May 14, 2022; 399\(10338\): 1853](#)
- 19 [RW Malone Substack May 17, 2022](#)

Blessings,

Pastor Bob, [EvanTeachr@aol.com](mailto:EvanTeachr@aol.com)  
[www.pastorbobreid.com](http://www.pastorbobreid.com)