

# World Health Organization meets to discuss granting of increased surveillance powers under pandemic treaty

By Tom Parker | *Reclaim The Net* | December 6, 2022

The unelected global health agency the World Health Organization (WHO) is currently meeting to consider a draft version of a controversial international pandemic treaty that will give the WHO increased surveillance powers.

The new surveillance powers are detailed in Article 10 (“Strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems”) and Article 17 (“One Health”) of the draft treaty. They include requirements for the WHO’s member states to “build and reinforce surveillance systems” across both the public and private sector and to strengthen the WHO’s *“One Health surveillance systems.”*

In its fact sheet on [One Health](#), the WHO cites Covid-19 as one of the main drivers for expanding its One Health approach and notes that the COVID-19 pandemic *“put a spotlight on the need for a global framework for improved surveillance and a more holistic, integrated system.”*

While the draft treaty doesn’t mention contact tracing and testing, these were two of the main surveillance tools that were used to track the spread of Covid-19 during the pandemic and create a mass surveillance dragnet. Not only did this result in many citizens being forced to use surveillance [apps](#) and [devices](#) but the data was often [abused by governments and third parties](#).

Not only does this treaty grant the WHO new surveillance powers but it also recognizes *“the central role of WHO”* and deems it to be *“the directing and coordinating authority on international health work.”*

We obtained a copy of the draft international pandemic treaty for you [here](#).

The [three-day meeting to discuss this draft treaty](#) began on Monday (December 5) and ends Wednesday (December 7). Members of an intergovernmental negotiating body (INB) that was created by the WHO’s decision-making body, the World Health Assembly (WHA), are in attendance and have been tasked with drafting and negotiating this international pandemic treaty.

The INB is projecting that it will finalize this international pandemic treaty by May 2024 and present a final report to the seventy-seventh WHA meeting.

We obtained a copy of the INB's current proposed timeline for you [here](#).

If it passes, the treaty will be adopted under Article 19 of [the WHO Constitution](#). This provision allows the WHA to impose legally binding conventions or agreements on [the WHO's 194 member states](#) (which represent 98% of all the countries in the world) if two-thirds of the WHA vote for them.

Unlike the lawmaking process within many democratic nations, where officials are elected to implement national laws that reflect the will of the people in the country and voted out if they fail to achieve this goal, the WHO empowers a small number of global representatives, who are often unelected diplomats, to decide on international laws that are imposed on the WHO's 194 member states.

Before these meetings took place, the WHO demonstrated its love of mass surveillance. It has publicly supported vaccine passports [multiple times](#). The WHO also [initially commended China's response to Covid](#), which [relies heavily on digital surveillance](#), and only recently [changed its stance to criticize China's zero-Covid policy](#).

Many powerful nations support this WHO power grab including the United States (US), [United Kingdom](#) (UK), Canada, [Australia](#), New Zealand, and the European Council (EC) (which represents 27 [European Union](#) (EU) member states).

While some politicians in these countries have opposed this treaty, the pushback has so far failed to stop or slow down the progress of this international pandemic treaty and the May 2024 finalization is still very much in play. Coupled with this WHO power grab, consider a report by Dr. Meryl Nass below. This is a threat to humanity!

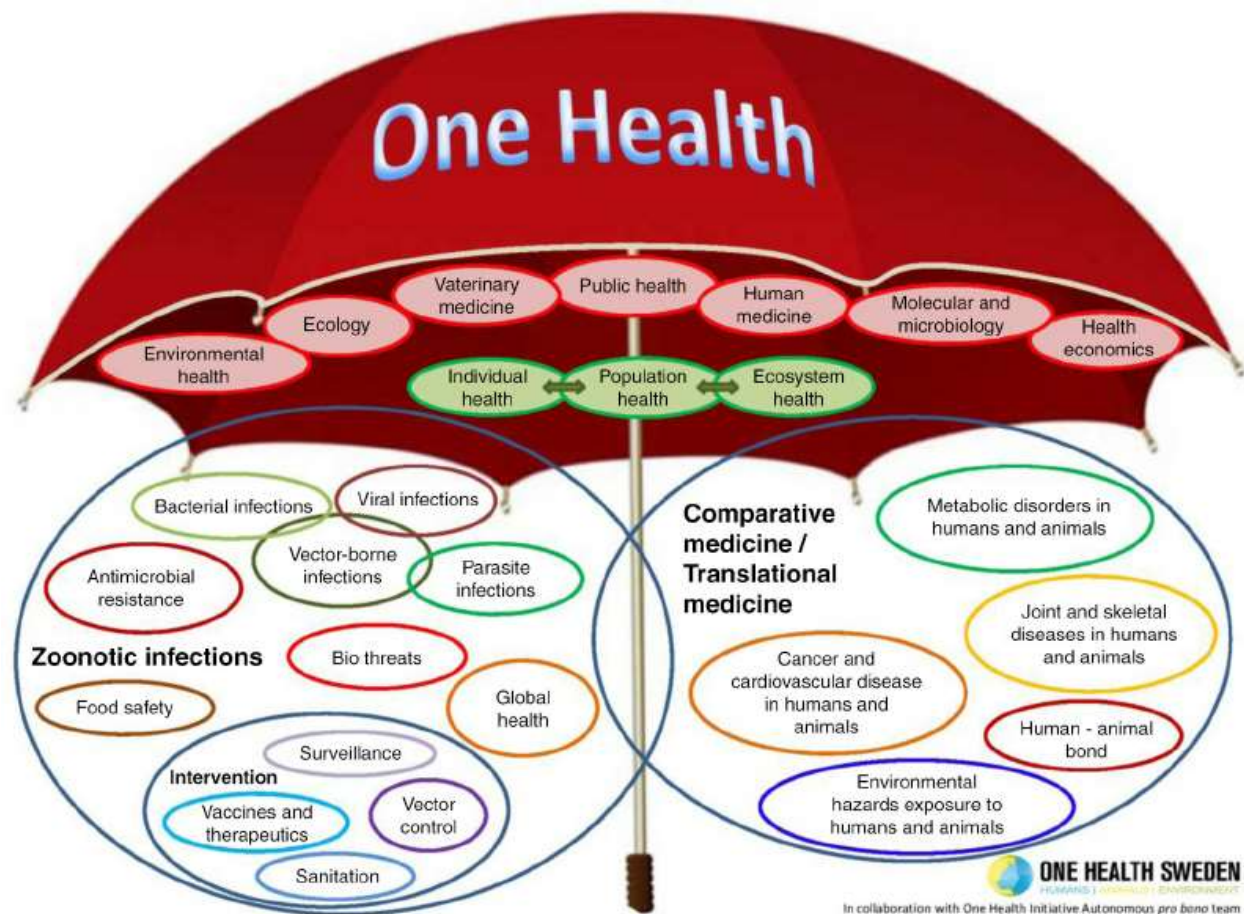
### **One Health is being embedded into the WHO's International Health Regulations (IHRs) and Pandemic Treaty/Accord**

**[By Meryl Nass | December 5, 2022](#)**

First, what is One Health? It is essentially a meaningless concept that is important to the WHO, CDC and the new pandemic regulations being negotiated, as I heard it mentioned several times by country representatives discussing the new IHR amendments. My best guess is that One Health will be invoked as the justification to move people off the land in certain rural communities. The authors of a June 2019 article titled ["The One Health Approach—Why Is It So Important?"](#) provide 3 definitions and a graphic to try and explain the term:

The most commonly used definition shared by the US Centers for Disease Control and Prevention and the One Health Commission is: 'One Health is defined as a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment'. A definition suggested by the One Health Global Network is: 'One Health

recognizes that the health of humans, animals and ecosystems are interconnected. It involves applying a coordinated, collaborative, multidisciplinary and cross-sectoral approach to address potential or existing risks that originate at the animal-human-ecosystems interface'. A much simpler version of these two definitions is provided by the One Health Institute of the University of California at Davis: 'One Health is an approach to ensure the well-being of people, animals and the environment through collaborative problem solving—locally, nationally, and globally'. Others have a much broader view, as encapsulated in [Figure 1](#) below.



I hope you agree that these definitions shed no light on the meaningfulness of this concept, nor how it might be relevant to public health. However, the definitions seem to rope a lot of other things into a consideration of “health” which I fear is its main objective—eventually to justify social engineering under the rubric of health, or rather ‘One Health.’

The authors of the piece cited above note that they have not gotten buy-in from the medical community:

*“Interdisciplinary collaboration is at the heart of the One Health concept, but while the veterinarian community has embraced the One Health concept, the medical community has been much slower to fully engage, despite support for One Health from bodies such*

*as the American Medical Association, Public Health England, and WHO. **Engaging the medical community more fully in the future may require the incorporation of the One Health concept into the medical school curricula so that medical students see it as an essential component in the context of public health and infectious diseases.***

And so cheap fixes are being applied. November 3 has been designated “One Health Day” since 2016 by the [One Health Commission](#), the [One Health Platform Foundation](#), and the [One Health Initiative](#). One Health Day is celebrated through One Health educational and awareness events held around the world. Students are especially encouraged to envision and implement One Health projects, and to enter them into an annual competition for the best student-led initiatives in each of four global regions.

After titling their article as if it was going to explain why One Health is important, in the end all we get is a spurious sentence asserting that it is so:

Today’s health problems are frequently complex, transboundary, multifactorial, and across species, and if approached from a purely medical, veterinary, or ecological standpoint, it is unlikely that sustainable mitigation strategies will be produced.

I went to the WHO website to see if I could get a more satisfying explanation of this concept, but was left with the same sense—that it was simply an attempt to throw every living thing, plus every ‘ecosystem’ on the planet into the One Health basket, where pretty much everything might in future be manipulated under the guise of public health. See if you get a different take:

[https://www.who.int/health-topics/one-health#tab=tab\\_1](https://www.who.int/health-topics/one-health#tab=tab_1)

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.

It recognizes that the health of **humans, domestic and wild animals, plants, and the wider environment (including ecosystems)** are closely linked and interdependent.

While **health, food, water, energy and environment** are all wider topics with sector-specific concerns, the collaboration across sectors and disciplines contributes to protect health, address health challenges such as the emergence of infectious diseases, antimicrobial resistance, and food safety and promote the health and integrity of our ecosystems.

**By linking humans, animals and the environment, One Health can help to address the full spectrum of disease control** – from prevention to detection, preparedness, response and management – and contribute to global health security.

The approach can be applied at the community, subnational, national, regional and global levels, and **relies on shared and effective governance**, communication,

collaboration and coordination. **Having the One Health approach in place makes it easier for people to better understand the co-benefits, risks, trade-offs and opportunities to advance equitable and holistic solutions.**

It matters because One Health appears to be a necessary part of the globalist, WEF plan to corral the earth's people, akin to vaccine passports. Please help educate those who have ears to hear and eyes to see. **This needs to be stopped.** The best way is by exiting the WHO. Trump started the process, which was immediately reversed by the Biden administration. We can do it again. Or they will keep coming up with cockamamie programs designed to control us under the guise of health.

**Share this:**

Blessings,

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