# Critical Response to Meryl Nass' Article, *The Pandemic Treaty Will Compound Past Mistakes*

Roger Golden Brown

Published August 4, 2024

Find this PDF here and closely related material here as well as lots more Global Coup related material on my Quasar website.

And check out my Author Page for all of my published books - this includes paperbacks and ebooks. The content of the paperbacks reflect my truer inner self, predating my current seemingly necessary focus on world affairs. The ebooks include four Free world affairs oriented titles.

Some of my critique references the fact that there is no real evidence that viruses exist, no one has actually isolated a virus, viruses aren't responsible for "outbreaks" - it is germ *theory*. To research this claim, please check out numerous sources on my No-Virus website page.

## Preface

May 24, 2024, just days before the 77th meeting of the World Health Assembly convened to consider both a new "pandemic treaty" and amendments to the World Health Organization's 2005 International Health Regulations, Meryl Nass, along with Michael T. Clark, published an article, The Pandemic Treaty Will Compound Past Mistakes, on her substack web page.

In their article, which *does* clearly point out issues (to put it mildly) with the WHO, they make 10 points relative to the title subject. However, I think they fail to fully understand the bigger picture. This PDF is a critique of their 10 points. I will not include all of their text for my critiquing, but the curious reader can read all of it on the web page linked to above.

But first, I want to point out that Meryl Nass and I are on the same side; both fighting, working to expose those elements, both government, NGO, and private, that would impose totalitarian measures on sovereign citizens of the world. She has done incredible work bringing attention to the World Health Organization's ongoing push for a new Pandemic Treaty and for new draconian in nature amendments to the 2005 International Health Regulations.

However, Meryl Nass, like others in the health freedom movement, maintain a kind of fatalistic view of viruses, believing that they exist and are a threat requiring our vigilance and some measures be taken, even as they reject the extreme measures imposed by the WHO, governments, and health departments worldwide.

This belief, this position, unfortunately empowers the very entities whose overreach they are fighting. The bottom line is that believing that viruses exist and can and have caused pandemics resulting in disability and death, leaves the WHO and other agencies in a position to leverage the fear such a belief would naturally produce.

And, seeing the WHO's current activities as going too far or as the work of bad apples is missing the point, leaving us vulnerable to whatever machinations are deemed necessary to fight viruses, when in reality the World Health Organization should not exist at all. There is no need and absolutely no benefit to having a global Big Brother health body.

The work Meryl Nass and others are doing is good and a positive thing in the world. I appreciate and am impressed with the effort they put into their work. But I think it's important to see it as a vanguard along the way to a true liberation from global organizations who want to control the narrative as well as the people of the world. Acknowledging shortcomings helps us grow. Hence, this critique.

### Notes Regarding the Format

0. The first numbered title paragraph of each of their 10 points is complete as written in the article, looking like this line.

> * My critiques will be indented in paragraphs preceded by an asterisk, like this one.

Everything else is from the article, in text justified left, like this.

For some of the points I also include and critique excerpts from their expanded discussion of that point.

## The Pandemic Treaty Will Compound Past Mistakes

The new Pandemic Agreement and revisions to the International Health Regulations (IHR) – both legally binding instruments – are being negotiated for adoption during the 77th meeting of the World Health Assembly, May 27 to June 1, 2024.

This article, by Michael T. Clark, explains why developing country delegates should vote no, and why prudent national, provincial, and community public health leaders everywhere

should welcome a decision to scrap the current proposals, undertake a serious reflection on what just happened during the Covid-19 pandemic, and begin anew.

Michael T. Clark is a specialist in the political economy of international relations. He has held a variety of positions in international diplomacy, business, research, and the international civil service, including more than nine years as Senior Coordinator for Governance and Policy at the Food and Agricultural Organization of the United Nations. He earned his B.A. at Harvard and an M.A. and Ph.D. at the Johns Hopkins School of Advanced International Studies.

> * As far as Michael T. Clark goes I don't know him or his work but his short bio is not inspiring. Of course there are many good people who work with bad organizations, so his association shouldn't condemn him outright. But nine years as *Senior Coordinator for Governance and Policy at the Food and Agricultural Organization of the United Nations* is questionable because the UN is a premier global control organization. As Senior Coordinator, he published the PDF, *Implementing the 2030 Agenda.* And his association with Johns Hopkins is also suspect, as Johns Hopkins is partners with the Rockefeller Foundation and with the World Economic Forum and has hosted five pandemic table top exercises, from Dark Winter in 2001 to Catastrophic Contagion in 2022.

1. The premise of a new “era of pandemics” in the 21st century is founded upon a fundamental misreading of the evidence.

The identification of apparently new, emergent virus outbreaks is an artifact resulting from the recent advances in the technology of pathogen testing and identification – PCR, antigen, serology, and digital sequencing – and the growing reach and sophistication of public health systems worldwide. Most pathogens in the WHO global mapping of viruses should not be described as new or emergent, but newly identified or characterized. Most are also either low virulence or low transmissibility resulting in very low mortality.

> * There is no evidence that viruses exist. Before you can evaluate whether a virus is new or how virulent it is, you must verify there is such a thing at all. Further, rather than recognizing the sham that was and is the use of PCR as a test, this seems to praise the use of PCR to identify viral infection as an "advance in technology", leaving the misuse of PCR as another tool alive and well in the elite's psyop toolbox.

Deaths on the order of magnitude of Covid-19 due to naturally occurring pathogenic outbreaks are extremely rare – on the best evidence available, a once-in-129-years event.

> * This plays into the WHO's hands because it supports the myth that Covid was of an extraordinary "magnitude", which keeps the fear up,

justifying draconian measures. This classification is naturally going to make it much more difficult to persuade people to ignore the narratives claiming the need for authorities' suggested measures, which may sound reasonable to frightened people. It also leaves the door open for the authorities' pushing of ideas like modern travel and even climate change being the causes of an increase in frequency of major pandemics.

2. The Covid-19 pandemic was a major “event” that called for a high level of international consultation and collaboration. But what was truly extraordinary was the policy response – including the vitally important and consequential financial response.

* Covid was a psyop. This statement of theirs makes it sound like the policy response was over the top, even for dealing with such a "major event". In reality, the response *was* the event. There was no pandemic and there was nothing that called for a "high level of international consultation and collaboration", unless that was to expose the psyop.

3. The pandemic did not “cause” the policy response or the collateral damage; rather, the policy response was an expression of the policy preferences of the narrow base of WHO donor countries and private interests that account for more than 90 percent of the World Health Organization’s funding.

* This is naive. To think that it's just the bad apples at the WHO and those backing the WHO and is not a globally contrived event, is ignoring an incredible amount of evidence. The breadth and synchronicity of the response, and the players at all levels of a myriad institutions and levels of government belies the idea that we just need to clean up the WHO.

4. The Covid-19 pandemic was the third “emergency” event in less than 20 years that was converted by a dubious policy response from essentially a reasonably well-contained local affair into an ever-larger global crisis.

First, the 9/11 attacks by Islamic terrorists...

Second, the 2008 world financial and economic crisis, ...

And third, the Covid outbreak, like the other emergencies, spawned a policy response cooked up outside the UN system, but then executed by United Nations institutions: the UN Security Council (for the War in Iraq), the IMF, the World Bank (for the financial crisis), and the WHO for the pandemic emergency.

* This is reasonably fair, though it misses the point that all three events (not just the policy responses) were cooked up, not just

mishandled. The "emergency" events were each the first stage of a Problem, Reaction, Solution psyop. And it makes it sound like the UN was naively played by actors from "outside the UN system."

5. In each of these crises, the policy response had strong and lasting impacts on development, but developing nations had no real voice outside of UN institutions.

* There's two things wrong with their statement. First, nobody (neither developing nations or any nations) had a real voice. And second, they make it sound like the UN cares. *Nobody* outside the elite class was afforded any agency to deal with the situation.

Also this re-enforces the meme reiterated over and over again by the United Nations and the World Economic Forum of equity that requires giving special attention to developing countries, which is their way of justifying the using of developing countries to implement their Great Reset and Sustainable Development programs.

6. There has not been to date any serious, sustained multilateral undertaking to review and assess (1) the true origin of the Covid-19 pandemic; (2) the decision-making process that led to the policy decisions taken; or (3) the ultimate balance of benefit and harm resulting from the recommended policy response in the immediate, short and medium terms.

* If they mean that the perpetrators of the scam have yet to admit it was a psyop (1), and have yet to acknowledge that it was done to break the world (2), and that there was zero benefit and only harm ever intended (3), they are right.

7. One of the most negative consequences resulting from the unpopular implementation of WHO-recommended policy measures is the massive erosion of public trust in public health authorities that has taken place since the onset of the Covid-19 pandemic.

* On this point they are 100% wrong. The "massive erosion of public trust in health authorities" (if that is, in fact, true), would be the best thing to come out of the debacle. Western medicine is at its core designed (yes, designed) to strip people of their agency, addict them to allopathic doctors and drugs, and keep them in fear of external things like germs and viruses, instead of managing their own bodies and their health. The public shouldn't trust them and should instead put their trust in themselves, their body's natural intelligence, and health professionals who empower individuals and their agency.

8. In 2020, the WHO Director-General already had the authority unilaterally to declare a Public Health Emergency of International Concern and to make nominally “non-binding”

and practically unenforceable, but nonetheless authoritative recommendations thereafter; the new pandemic treaty and revised International Health Regulations commit Member States to a five-year, $155 billion investment to create a worldwide infrastructure for WHO-centered and directed pandemic surveillance, coordination, monitoring, and compliance enforcement.

The following features of the WHO's pandemic prevention, preparedness, and response plans point to political risks and conflicts that, far from strengthening the WHO, in fact become incentives to abandon it:

- the ability to mandate state actions by the WHO;
- the vast, interlinked surveillance structure that is being developed;
- the contemplated use of multilateral funding to ensure operational control and "accountability" of Member States;
- creation of an extensive system of pathogen sharing along with (still) unregulated research and development, including gain-of-function experimentation;
- the designation of fighting "misinformation" and "disinformation" as a core competency (and implied obligation) of Member States;
- the proposed establishment of emergency control over production and distribution of a wide variety of "medical products."

> * Good. But please just say it. There is no reason for the World Health Organization to exist. With computers connecting worldwide at the speed of light and video conferencing easily accessible, people of the world, medical professionals, and health agencies can easily and quickly share their thoughts and experiences regarding any health concern. There is no need for a United Nations global organization to play any role, let alone have any authority regarding health, controlling people's movement, or dictating treatment. Again, the only reason it exists is to strip everyone of agency and let Big Brother dictate while squelching an open discussion about any health issues that arise.

9. Summing up, the pandemic treaty and the many IHR revisions are not a power grab *by* the WHO Secretariat, but rather a power grab *of* the WHO, by its public and private donors.

> * You say to-mah-to, I say to-may-to. Who cares where the money comes from? This point makes it sound like the WHO could be reformed if only the money came from somewhere else. It's the United Nations, people. It's poison at its roots.

10. The vote of the 194 Member States represented at the 77th meeting of the World Health Assembly should be an unambiguous “No” to the treaty and IHR package, both “as is” and as the basis for any future negotiations.

Elements from the current draft agreement may be taken up in a new, expanded, and time-bound process, with the following conditions to establish an appropriate and proportionate evidence-, science-, and comparative experience-based foundation for future deliberation and negotiation:

> * Why?? This, once again implies that we do in fact need Big Brother to manage our health and that pandemics do exist; we just have to get it right. There is no good way to manage crises that only exist because they have been manufactured.

Evidence, including Cochrane meta-analyses of peer-reviewed studies conducted by licensed clinicians, should be reviewed to assess:

- the potential of alternative therapeutic approaches to contain viral infections.
- the impact on individuals of alternative public health and social policies to contain viral spread while minimizing disruption of core economic, health, and food systems.

> * Meryl Nass hosts shows regularly on the Children's Health Defense's CHD.TV website. Like her, the people at CHD are very stubborn about the existence of viruses. In a discussion with Christine Massey (a No-Virus advocate) and Mary Holland (CHD President), Mary Holland referred to the no-virus argument as an interesting "hypothesis". This exposes the wrong think. People who believe that there is no proof and no substantial evidence that viruses exist are not the ones entertaining an hypothesis. Mary Holland and the CHD and those who believe in viruses are the ones who hypothesize that an unseen, never isolated particle exists, that causes disease. The burden is on them to admit that they accept virology blindly or to seek evidence to support their hypothesis.

## Conclusion

The best option, considering the issues highlighted here, would be a complete restart of the negotiating process based on new premises, a more open and inclusive Member States-led process, and sound, appropriately humble, and truthful respect for science and its limitations, evidence, and countervailing evidence, the wisdom of experience and acknowledgment of legitimate differences.

* While they call for everyday people instead of the evil elite and their agendas to participate in the process, they seemingly still acknowledge there needs to be a process to come up with a global health manifesto. Why? This leaves the WHO intact. Why?

I finish with the words of Mike Yeadon (a British doctor who has recently joined the no-virus camp) while being interviewed on CHD.TV by three people, one of them being Meryl Nass:

"It's a mad idea to centralize the emergency response to a novel situation where no one knows what the best solution is. It would be the wrong thing because you will get one answer, whereas if you leave it to well inclined, because they live there, public health people in each of their nations to do their best and to communicate really well with each other, then, I think that's the way human beings solve problems quickly. And also you have demonstrable evidence that this was the best solution and this one was less good."

## Related Sources

Mike Yeadon - 3 Short Excerpts

Screw The WHO - James Roguski