

# The Global Pandemic Treaty Is a Threat to Us All

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Today, James delivers a statement for the National Citizens Inquiry in Canada on the WHO, the global pandemic treaty, the amendments to the International Health Regulations, and the formation of the coming technocratic biosecurity control grid.

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### **Transcript**

Hello. I'm James Corbett of The Corbett Report.

For those who don't know, I'm a Canadian who's been living and working in Japan for 19 years and founded The Corbett Report in 2007 as a source for news and information about politics, economics, science, philosophy and society, and in that regard I've been covering the corruption of the [World Health Organization](#) and warning about the dawning [biosecurity state](#) for over 15 years now.

So I would like to thank the inquiry for giving me the time to address the extremely important topic of the pending global pandemic treaty, but I know my time is limited today so I'd like to get straight into detailing the relevant background and context for understanding this story.

Firstly, the World Health Organization was established in 1948 to promote "the attainment by all peoples of the highest

possible level of health.” It proposes to achieve this by acting as “the directing and co-ordinating authority on international health work.”

Accordingly, the WHO’s governing body, the World Health Assembly, adopted the [International Sanitary Regulations](#) in 1951 to consolidate the multiple, overlapping international agreements then governing quarantine procedures and other international health controls into a single convention.

In 1969, this was superseded by the [International Health Regulations](#), which, as amended in 1973 and 1981, covered six diseases but focused on three: cholera, yellow fever and plague.

[Worries](#) about the “emergence, re-emergence and international spread of disease and other threats” concurrent with the surge in international travel in the 1990s gave rise to calls for a substantial revision of the treaty, and, in the wake of the 2003 SARS event and the 2004 avian influenza A epidemic (if you remember that one), a renewed sense of urgency led to the 2005 revision of the IHR.

This revision included the creation of a new category of declaration by the World Health Organization: the Public Health Emergency of International Concern, which is appropriately enough abbreviated as PHEIC.

A PHEIC declaration grants the WHO the power to obtain and share information about any declared health crisis anywhere within the IHR territories [with or without the consent](#) of the individual governments involved. And, [according to Stephen Morrison](#)—the director of the Global Health Policy Center at the Center for Strategic and International Studies—this potentially allows for “boots-on-the-ground” intervention by the US military or other NATO member countries to operate in these environments in terms of ground transport, supply chain, and distribution of commodities.

The PHEIC was declared for the first time in 2009 during the so-called Swine Flu pandemic, which, as was later shown, was [based on severely overestimated case numbers](#). In fact, the swine flu “pandemic” did not meet the [WHO website’s own definition](#) of “an enormous number of deaths and cases of the disease” and, when that was pointed out by a CNN reporter on May 4, 2009, that language was [promptly removed](#).

At the time, Richard Schabas—the former chief medical officer for Canada’s Ontario Province—was [quoted as saying](#): “Sometimes some of us think that WHO stands for World Hysteria Organization.”

Indeed, in 2010, a [British Medical Journal investigation](#) and an [investigation by the Council of Europe](#) *both* concluded that the key scientists who advised then-WHO Director Margaret Chan to declare the PHEIC for the swine flu scare “had done paid work for pharmaceutical firms that stood to gain from the guidance they were preparing” and excoriated the WHO for its complete lack of transparency about the process.

PHEICs were subsequently declared for the 2014 polio declaration, the 2013 outbreak of Ebola in Western Africa, the 2015 Zika virus “epidemic,” the 2018–2020 Kivu Ebola epidemic, and, of course, in 2020 for the so-called novel coronavirus pandemic and in 2022 for the monkeypox “pandemic”(?).

Each of these cases similarly resulted in massive paydays for pharmaceutical manufacturers and other beneficiaries of the growing biosecurity complex and massive increases in power for “health authorities” in each country and for the WHO in particular. In fact, [we are told](#) that the current WHO Director even ignored the decision of his “expert advisory council” to unilaterally declare last year’s Monkeypox outbreak as a Public Health Emergency of International Concern.

Incredibly, the WHO is not satisfied with the remarkable power that it already enjoys. It is currently engaged in a

deliberately confusing process to simultaneously do two things:

- Firstly, to once again amend the International Health Regulations to give the WHO *even more* powers of surveillance and control during any arbitrarily declared health crisis.
- And secondly, to create a global pandemic treaty that would supersede the sovereignty of individual nation-states and cede even more authority to the WHO to monitor and control public health agencies in the name of preventing the next pandemic.

The process for these two separate negotiations are happening simultaneously, and although there is the fig leaf of public input in these processes, in reality only accredited organizations are given time to voice their opinion about the need for such a treaty and even then the WHO is under no obligation to even consider such input.

Instead, actual negotiations are taking place behind closed doors in off-camera sessions, and draft documents and meeting minutes are only occasionally dribbled out for public consumption.

Worse, as the WHO has already demonstrated, their [procedure for adoption of these proposed amendments](#) is at best a formality, and, at worst, pure theatrics.

That a completely unelected, unaccountable body that wields so much power over international affairs is meeting behind closed doors to decide the future of humanity under the pretense of the next declared emergency should be worrying enough. But the few details that have leaked out about these negotiations are even more frightening.

These include:

- provisions in the draft of the proposed treaty that

would oblige member states to impose online censorship in the event of future crises under the guise of “[tackling misinformation](#);

- provisions for the creation of a [global digital vaccine passport system](#) to stop unvaccinated people from traveling in the event of the next declared crisis;
- and requirements that WHO members “[build and reinforce surveillance systems](#)” for future pandemics.

While these ideas may seem benign or even noble to those who do not know the history of the WHO or the erection of the biosecurity grid, to those of us who have lived through three years of unprecedented medical tyranny—from forced quarantines and lockdowns to the attempt to illegally mandate experimental medical interventions—stopping the WHO’s unprecedented power grab *must* be our greatest priority.

The World Health Organization currently consists of 194 member states, including Canada. In order to become a member of the WHO, a state must ratify the [WHO Constitution](#), which grants the WHO’s governing body, the World Health Assembly (WHA), the power to “adopt conventions or agreements with respect to any matter within the competence of the Organization,” which, when ratified, obliges each member state to adopt those conventions or to notify the WHO’s Director-General of rejection or reservations to that adoption within 18 months.

As a WHO member state, Canada is obligated to abide by World Health Assembly decisions or to provide specific reasons for partial or incomplete compliance with WHA rules and agreements. Accordingly, the Public Health Agency of Canada provides regular “[self-assessment reports](#)” regarding its own International Health Regulations compliance.

At an absolute minimum, Canadians *must* exert *whatever* power they have in *whatever* way they are able to reassert Canada’s sovereignty over its public health by registering its reservations about the IHR and the pandemic treaty. That would

of course *not* be a solution to the problem posed by the WHO, but it would be a start. A more thoroughgoing solution would be the withdrawal of Canada from the WHO altogether.

But, as someone who is not just deeply cynical about the ability of the public to influence such affairs, but actually believes the political process itself—with its inherent abrogation of individual sovereignty and thus, by extension, bodily autonomy—to be invalid and immoral, I would suggest that a more radical approach might be appropriate. That is, active and coordinated widescale civil disobedience of medical decrees and mandates, whether federal or provincial, that are not in the interest of individual health, including, if possible, the foundation of private medical organizations with doctors and others of like mind who are willing to disregard the dictates of the WHO, Public Health Canada, and any other self-declared health authority to provide health care regardless of vaccination status or any other unreasonable dictate.

I know that such a movement will not take place without a sea change in public perception, and such a change would have to be predicated on a sea change in public awareness and understanding. That is why I participate in inquiries like this and do the work that I do to help raise awareness of these issues.

I hope you can appreciate that there is *much, much* more to be said about this problem and its solution than can possibly be done justice in a short presentation like this. If you're interested in hearing more about this topic, I suggest you follow the hyperlinked transcript of this statement that is available at [corbettreport.com/pandemictreaty](https://corbettreport.com/pandemictreaty), as well as check The Corbett Report archives for my [previous work on the WHO](#) and the [biosecurity state](#) and follow my [monthly conversations with Dr. Meryl Nass](#) on Children's Health Defense as we document the progress of the IHR amendments and the pandemic treaty toward their proposed ratification at the 77th

World Health Assembly in May of next year.

But in closing, let me just say this: The WHO was established in 1948 to coordinate international efforts to promote public health. But what is health?

That may seem like a trivial question, but as we've seen over the last few years, the answer to that question can effect every aspect of our lives, from what medical interventions we are obligated to take to whether or not we are permitted to leave our house.

We cannot afford to let government appointees and unelected technocrats at the WHO answer this incredibly important question for us. It is up to *us* to answer that question for ourselves and to decide what health precautions we are willing to take and under what circumstances we are willing to take them.

Any treaty, health regulation or other document that would seek to undermine our bodily autonomy is null and void and should be treated as if it never existed.

Thank you for your time.

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