

The Most Dangerous International Treaty Ever Proposed

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Human history is a story of forgotten lessons. Despite the catastrophic collapse of European democracy in the 1930s, it appears that the tale of the twentieth century – in which citizens, cowed by existential threats, acquiesced in the rejection of liberty and truth in favour of obedience and propaganda, whilst allowing despotic leaders to seize ever more absolutist powers – is perilously close to being forgotten.

Nowhere is this more evident than in relation to the apparent nonchalance which has greeted two international legal agreements currently working their way through the World Health Organisation: a new pandemic treaty, and amendments to the 2005 International Health Regulations, both due to be put before the governing body of the WHO, the World Health Assembly, in May next year.

As concerned [scholars](#) and [jurists](#) have detailed, these agreements threaten to fundamentally reshape the relationship between the WHO, national governments, and individuals.

They would hardwire into international law a top-down supranational approach to public health in which the WHO, acting in some cases via the sole discretion of one individual, its Director General (DG), would be empowered to impose sweeping, legally binding directions on member states and their citizens, ranging from mandating financial contributions by individual states; to requiring the manufacture and international sharing of vaccines and other health products; to requiring the surrender of intellectual property rights; overriding national safety approval processes for vaccines, gene-based therapies, medical devices and diagnostics; and imposing national, regional and global quarantines preventing citizens from traveling and mandating medical examinations and treatments.

A global system for digital 'health certificates' for verification of vaccine status or test results would be routinised, and a bio-surveillance network whose purpose would be to

identify viruses and variants of concern – and to monitor national compliance with WHO policy directives in the event of them – would be embedded and expanded.

For any of these sweeping powers to be invoked, there would be no requirement for an “actual” health emergency in which people are suffering measurable harm; instead it would be sufficient for the DG, acting on his or her discretion, to have identified the mere “potential” for such an event.

It is hard to overstate the impact of these proposals on Member States’ sovereignty, individual human rights, foundational principles of medical ethics, and child welfare. As currently drafted, these proposals would deny UK sovereignty and governmental autonomy over health and social policies and, through the indirect impacts of forced lockdowns and quarantines and because each Member State would be required to commit a staggering minimum of 5 percent of national health budgets and an as yet unspecified percentage of GDP towards the WHO’s pandemic prevention and response, also over critical aspects of economic policy.

The proposed new powers would cut across not only the Universal Declaration of Human Rights but also the UN Convention on the Rights of the Child. They would signal a new watershed in our understanding of cornerstone human rights: an express amendment to the IHR deletes language currently reading “[t]he implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons” to replace it with a nebulous confirmation that “[t]he implementation of these Regulations shall be based on the principles of equity, inclusivity, coherence...”.

Provisions *requiring* (my emphasis) – in particular – the WHO to develop fast-tracked regulatory guidelines for the “rapid” (aka relaxed) approval of a broad range of health products including vaccines, gene-based therapies, medical devices and diagnostics threatens, in the view of legal jurists, “*long fought-for standards of medical law aiming to [ensure safety](#) and efficacy of medical products,*” and should be of particular concern for parents.

Indeed, nothing in these documents would oblige the WHO to differentiate its binding directions for their impact on children, thus allowing for indiscriminate measures including mass testing, isolation, travel restrictions and vaccination – potentially of investigational and experimental products fast-tracked to accelerated approvals – being mandated for healthy pediatric populations on the basis of a real or “potential” health emergency declared unilaterally by the DG.

As if this weren’t troubling enough, what makes it more so is that, as Thomas Fazi writes, “*the WHO has fallen largely under the control of [private capital](#) and other vested interests.*” As he and [others explain](#), the evolving funding structure of the organisation and in particular the influence of corporate organisations focusing on pandemic response solutions (predominantly, vaccines), has steered the WHO away from its original ethos of promoting a democratic, holistic approach to public health and towards corporatised commodity-based approaches which “*generate profit for its private and corporate sponsors*” ([David Bell](#)). Over 80 percent of the WHO’s budget is now ‘specified’ funding by way of voluntary contributions [typically earmarked](#) for specific projects or diseases in a way that the funder specifies.

History lesson

“History can familiarise, and it should warn,” states the prologue to Timothy Snyder’s book, [*On Tyranny: Twenty Lessons from the Twentieth Century*](#). If only we were minded to be taught, there would be lessons to be learned of how far down the path of tyranny pandemic authoritarianism has already taken us and of how, if the WHO’s plans proceed, the Covid pandemic may yet signal just the beginning.

“Anticipatory obedience is a political tragedy,” cautions Lesson One, and indeed it now would seem that the voluntary obedience given so heedlessly by global citizens in 2020-22 – to wear masks, to be locked down, to accept novel vaccinations. All of these measures, and more, now embedded in the proposals as potentially mandatory directives, binding on both Member States, and therefore on individual citizens.

“Defend institutions,” advises Lesson Two, for “institutions do not protect themselves,” a sobering reminder in light of the WHO’s self-designation in these proposals as the “guiding and coordinating authority of international public health response[s]:” a designation which would expressly elevate that organisation above national ministries of health and elected, sovereign parliaments.

Lesson Three, “Beware the one-party state,” reminds us that “parties that remade states and suppressed rivals were not omnipotent from the start.” The WHO does not masquerade as a political party but nor will it need to after ordaining itself as the exclusive global controller not just of the identification of pandemics and potential pandemics but of the design and execution of pandemic responses, while also granting itself a vast health surveillance network and a global workforce – funded in part by the taxpayers of the nations over whom it shall tower – commensurate with its new supreme status.

Remembering professional ethics – Lesson Five – would have been sage advice in 2020 but much though we might lament the abandonment of medical ethics from our vantage point of 2023 (“if doctors had accepted the rule of no surgery without consent,” rues Snyder in relation to the tyranny of the 20th century) the WHO proposals would ensure that such deviations from foundational pillars of medical ethics – informed consent, disregard for human dignity, bodily autonomy, freedom from experimentation, even – can become an accepted norm, rather than an abhorrent exception.

Beware, warns Snyder, of the “the sudden disaster that requires the end of checks and balances; ...be alive to the fatal notions of emergency and exception.” Positioned as a necessary next step for achieving global public health coordination and cooperation, the WHO’s proposals would erect a permanent, global surveillance infrastructure and bureaucracy whose *raison d’être* will be to seek out and suppress health emergencies.

The funding for this network will originate from the private and corporate interests that stand to gain financially from the vaccine-based responses they envision, so the opportunities for private exploitation of public health crises will be huge. And, by broadening and bringing forward in time the circumstances in which those powers might be triggered – no longer is an ‘actual’ public health emergency required, merely the ‘potential’ for such an event, we can expect the threat of the exceptional state of emergency to become a semi-permanent feature of modern life.

“[B]elieve in truth” says Lesson Ten – for “to abandon facts is to abandon freedom,” apt

indeed for our Orwellian era of doublethink, its slogans granted the status of religion and its ideology posing as integrity: “Be safe, be smart, be kind” (Dr. Tedros Adhanom Ghebreyesus, WHO Director General, 2020). What would Orwell make, one wonders, of the UK’s Counter Disinformation Unit and the US’s Ministry of Truth, or of proposals which not only permit but require the WHO to build institutional capacity to prevent the spread of misinformation and disinformation – and so anoint it as the single source of pandemic truth?

What would Hannah Arendt make of 2020-22’s intrusion of the State into the private lives of individuals and families and the ensuing prolonged periods of isolation and – through adopting forced isolation and segregation as respectful public health tools – the elevation of such destruction of private life to a globally accepted norm? “Take responsibility for the face of the world,” says Snyder in Lesson Four. Could there be any more potent symbol of society’s visible manifestations of loyalty to its new normal than the world’s masked faces of 2020-1?

“Eternal vigilance is the price of liberty” is a quote no less true for being incorrectly attributed to Jefferson, but having lived amongst the debris of failed Covid authoritarianism for three years. Perhaps we are too close now to understand how far from liberal democracy we’ve already fallen.

Even if one wholeheartedly agreed with the WHO’s focus on pandemic preparedness and the interventionist responses provoked, to grant such sweeping powers to a supranational organisation (let alone one individual within that), would be astonishing. That, as the pandemic response so brutally illustrated, the profit-optimised version of the greater good pursued by the WHO often clashes with child health and welfare, sets us up to commit a grotesque misdeed against our children and young people.

Snyder’s most important lesson might yet be “to stand out – the moment you set an example, the spell of the status quo is broken.” The UK has been sufficiently consumed with national sovereignty to pull out of the EU – a poster child for democracy compared to the unelected WHO; it would surely be unthinkable now to wave through proposals which would see the UK cede its sovereignty over key national health, social and economic policies to the WHO.

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