

The Rise of COVID 2.0? Beware the WHO's Pandemic Industrial Complex

Transcript available

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"We saw the buildup of events from the swine flu of 2009, Zika, the Ebola scare of 2014, et cetera. Escalating throughout the 2010's into the Covid scare of the past few years. And now, we are on the cusp of potentially another scare which might cause the actual political impetus and even the public to get on board with the idea of the World Health Organization swooping in to save the day with their brand new pandemic agreement."

- James Corbett, November 2023[1]

"It is not a matter of if a pandemic will happen again; it is a matter of when."

- World Health Organization (May 10, 2024)

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At this point in time when the worst of the sinister Coronavirus "pandemic" is thought to be behind us, the arrival of another alert of another killer disease may be stampeding toward

us. [2][3]

After over a year of seeing this moment in the distance, the monster is at the door, and we must either yield to the moment and hope it isn't as bad as some have predicted, or fight with every fibre of our being to preserve the rights and freedoms that may well be sacrificed to the discretion of those who claim to safe-guard our public health.

From May 27th to June 1st, initiatives are being set before the World Health Assembly, the decision-making body of the World Health Organization (WHO.) These include changes to the 2005 International Health Regulation and the introduction of the WHO Pandemic Agreement. [4][5]

What are the implications of these changes? Essentially, according to critics, it would turn the WHO from an agency giving advice on healing from the next pandemic to giving orders to the world. Taking control. [6]

If you recall, the advice during COVID-19 included lock-downs, and the massive PR campaign related to what turned out to be a dangerous COVID-19 vaccine. As Professor Michel Chossudovsky explains in his 2022 book, *The Worldwide Corona Crisis: Global Coup D'etat Against Humanity*, these initiatives have had very negative effects on people throughout the globe. [7]

Should the motions be adopted, the WHO would have even more power to command faulty decisions to the masses.

As we witnessed during the Corona scare, [free speech could be gone](#), doctors [questioning the health authorities](#) could lose their medical license, [travel](#) could be obstructed, [surveillance of medical and online records](#) an Orwellian outcome. All in an era when it seems to be getting easier and easier to diagnose pandemics! [8]

There is even the possibility that fighting climate change through the "One Health" principle can open the door to extending the reach of the WHO, and by extension the billionaires pulling the devolved WHO's puppet strings. [9][10]

These are issues that should be brought to the attention of the masses. But, as is consistent with that other marionette, the Mainstream (legacy) media, major television, and radio stations will not likely go down this path. But the Global Research News Hour sees it as news that IS fit for broadcast! And this week, we will inspect some of the arguments put forward by critics.

In our first half hour, Michelle Leduc Catlin joins us. Formerly the spokesperson for the National Citizens Inquiry: Canada's Response to COVID-19, she plans to partake in the Geneva Project in the European Union next week to rally against the WHO's plans and put forward an alternative to the new normal of pandemic fear forever. She talks about the trip and what Canadians can do to help.

In our second half hour, we are joined by Dr. Meryl Nass. An outspoken doctor and researcher, she has been concerned for months about the direction the Pandemic Agreement and IHR regulations may take us. She explains in a little under half an hour the focus of her concerns, and what can and has been done to stop politicians from signing away the rights of 'We the People.'

What follows is a brief review by Dr. Nass of what is at stake.

Michelle Leduc Catlin is a storyteller and citizen journalist. In 2023, she became the spokesperson for the National Citizens Inquiry in Canada, traveling across the country to hear and report on testimony from over 300 witnesses. Michelle is currently freelancing as a writer and speaker/moderator, and will be bringing her journaling courses back online in combination with self-sabotage coaching services later this year.

Dr. Meryl Nass is a National Merit Scholar. She has entered MIT before completing high school; BS Biology 1974, MD 1980, Board Certified in Internal Medicine 1986. She has practiced medicine for 41 years. Traveled to over 50 countries, has 2 children, single parent. She was the first person in the world to study an epidemic and show it was due to biological warfare.

Her websites are <https://meryl.substack.com/> and <https://doortofreedom.org/>

Selected publications on Biological Warfare, beginning 1991:

- *The Labyrinth of Biological Defense*
- *Anthrax Epizootic in Zimbabwe, 1978-1980: Due to Deliberate Spread?*
- *Can Biological, Toxin, and Chemical Warfare be Eliminated?*
- *Anthrax Vaccine:: Model of a Response to the Biological Warfare Threat*

(Global Research News Hour Episode 433)

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Transcript of Dr. Meryl Nass, May 21, 2024

Global Research: The way the WHO sells it, they would prefer to streamline our approach so that the disastrous response to the last pandemic will not repeat itself. And there's no question of high death and mortality rates that followed.

So trying to put through the changes to the way they act and advise, it would seem to be a great idea. But what concerns do you have about the specific changes the WHO has in mind?

Meryl Nass: Well, what the WHO has said is that we handled the pandemic so poorly last time that we need to do it better in future. We can't let this happen again.

And so what they've suggested is that we centralize control into the WHO and let them manage pandemics going forward and other public health emergencies, quite a variety of public health emergencies. Now, the problem is that one of the reasons we did so poorly last time is because most countries were using the advice of the WHO, which of course, you know, was not to use hydroxychloroquine or ivermectin, to use remdesivir, you know, to lock down, all things that at least among those of us who looked very carefully, we feel were not helpful at all and probably actually contributed to the death rate. Another interesting thing is that the WHO normally is in favour of local control, you know, that projects should, or theoretically, they say projects shouldn't come from, you know, the Global North, but should be the Global South at the local level or the country level should determine what projects they need to improve health in their country.

And yet, this plan of the WHO is so centralized that basically everybody in the world would be given the same instructions. Let me also say that even though the WHO, as you read initially, claims to have the public health expertise that's the best in the world, they don't. They have a bunch of pamphleteers, they have people who can write copy, they have a very hierarchical system, you know, nobody's allowed to say anything unless it's, until it's approved by committees.

And they have a few physicians who haven't practised medicine in many years, you know, like Mike Ryan. Who are the others? I can't think of their names right now. And they've got some PhDs.

But these people really do not know much about medicine on the ground and what developing nations or anyone else needs. Mike Ryan, they are administrators, they are money people. And as I said, they did everything wrong during COVID.

And why they think they should get any authority to make any decisions for anybody else's health is sort of beyond me and beyond anyone who looks at these documents.

GR: So you say they're not really just actual doctors, they're more like, I guess, pencil pushers who sit behind a desk and go for that sort of thing. That kind of experience is what they benefit from or something like that.

MN: Correct. I mean, Africa had two major, the largest two Ebola epidemics ever were in 2014 in West Africa and 2018 and 2019 in East Africa. And the WHO would not declare them, would not help.

And finally, after about 10 months of each one going on, the WHO gave them some help, but it wasn't on the ground help. The WHO did not send people there to actually try to fix things. They came up with policies, and maybe it's a bit of money, a bit of resources, but they have failed when they've tried to help manage pandemics.

The WHO declared a pandemic in 2009 for swine flu, which triggered the activated contracts for vaccines for swine flu that were worth tens of billions of dollars, that the WHO had initiated, had been basically the broker for nations and pharmaceutical companies who had signed contracts, sleeper contracts, contracts that nobody knew about, saying that when the WHO director general declared a pandemic in future, these contracts would be triggered and nations would be obligated to buy whatever amount of vaccines at whatever price had already been established. So this was triggered in 2009, only weeks after the definition of a pandemic, a level six pandemic had been changed, such that any cold, any new virus, and

we have new viruses every day of the week, any new virus could be declared a pandemic. And so, you know, billions of people were vaccinated for a flu that was milder than a normal seasonal flu, well over a thousand people developed narcolepsy as a result of their pandemics, swine flu vaccinations, and those vaccines were given a liability shield so that the people who were harmed had nobody to sue.

And that is exactly what the WHO is trying to bring forward now. They want all the nations in the treaty, they want all nations to pass laws enabling unlicensed, rapidly produced vaccines to be rolled out for their entire population with a liability shield. So the same thing that happened in 2009 happened again for COVID, liability shield, because you can't roll out a vaccine in a few weeks and expect it to work or expect it to be safe.

It's never happened in the history of the world. It's never happened. And so if you're going to roll it out, you've got to put a liability shield on it because no manufacturer is going to be willing to take that risk, but they're perfectly happy to have the citizens take the risk.

GR: So something about the WHO, I mean, I know like when it was created back about 70 something years ago, I mean, it wasn't that bad, right? It was something that was basically helping fund, basically allowing resources to fund the poorer countries, but something happened between the 20th century when there are basically maybe three epidemics to a whole series of them, SARS and the pandemics that you just mentioned, basically making them, gearing them to, leaning towards more vaccination, essentially.

MN: Yes. So what's happened is that the way of funding the WHO changed over time.

So over the last, say, 25 years, the WHO decided there should be public-private partnerships, and then that there should be a WHO foundation. And these were ways of bringing in money from, you know, corporations and philanthropies. And so currently, 85% of the WHO's budget comes from donations rather than from dues.

So the member nations pay 15% of the budget, and Bill and Melinda Gates Foundation, you know, Rockefeller Foundation, Wellcome Trust, pharmaceutical companies, and nations, particularly nations with pharmaceutical industries, also donate. And so that is the funding stream. And so clearly the people who pay the most to the WHO have the most opportunity to influence its decisions.

And so the WHO, when it has its meetings and decides its program of work, et cetera, people at the table are not just the nation states, but they are also the stakeholders, the donors. So, you know, people from Bill Gates operation are there at the table almost all the time. And when the WHO actually needs real experts, they often come from the Bill and Melinda Gates Foundation or other philanthropies, because unlike their claim, they do not have medical expertise.

There's a lot of expertise they don't have. And what that means is that for countries to decide to turn over decisions, massively important decisions, such as whether everybody in the world is going to be mandated to get an experimental vaccine for which there's no liability, or whether the whole world will be locked down, why would you allow an unaccountable, unelected organization that gets most of its funds from private sources, why would you allow that institution to issue orders for the whole world?

GR: Yeah, so basically, you're talking about something like a pharmaceutical industrial

complex or a pandemic industrial complex, as opposed to the military industrial complex is a whole new section that has a devoted devotion towards, you know, profit making ahead of, you know, health promotion.

MN: I mean, I wouldn't have believed it myself.

I mean, I knew there was corruption in the medical system, for sure. But the extent of the corruption, you know, the fact that these companies would be happy to roll out vaccines that they knew didn't work or were harmful, and would keep rolling them out. And here we are, you know, three and a half years later, and they're still rolling them out.

I had no idea anything like that could happen. And two thirds of the world population has been given a COVID vaccine, and none of them work for, you know, more than a few weeks, a few months at the outside. And then they start to make you more susceptible to COVID.

And then there's a, you know, the panoply of horrendous side effects that they can cause. And that's every manufacturer, I think, because they're modelled on a spike protein, which is hot, which in itself is highly toxic. So the normal way to make a vaccine, you don't use the toxic part of the bacteria or the virus.

Or if you do, you modify it and get rid of the epitopes, the parts of it that give it toxicity. That was not done in this case. So everybody was injected with an antigen that was highly toxic.

Why that was done, you know, we don't know yet. Nobody's tried to explain it. Now, you know, did the government, did the US government give the recipe to Pfizer and to Moderna? Who came up with these recipes that did not modify the toxic portions of the spike protein? Or were there other parts of the virus that could have been used instead? Questions that really aren't being raised in the mainstream media.

GR: And I'm wondering if you could just go over some of the, I guess, more onerous aspects of the amendments to the International Health Regulations and the Pandemic Agreement that's being put forward and how that would subtract from us our human rights.

MN: Thank you. So the, if now we've had about nine versions of the Pandemic Treaty now called the Pandemic Agreement, it's had five names.

And we've had three versions of the amendments to the International Health Regulations. And we don't have a final version of either document. So what I'm telling you now is based on what's been in the majority of drafts of these two documents, but may not be there when they finally vote, if they vote, because they often avoid a vote and claim that they have a consensus.

So the WHO would be able to impose lock-downs. So borders could be closed. Everything we experienced with the lock-downs before could happen again.

Schools could be closed. Businesses could be closed, et cetera. Masks could be instituted.

Vaccines could be mandated. The chief scientist who has been brought into the WHO a year ago is Jeremy Farrar. He was previously the director of the Wellcome Trust.

And he and Bill Gates created a charitable organization, so-called charitable, called CEPI,

Coalition for Epidemic Preparedness Innovation, whose goal is to roll out vaccines for emergencies in, develop them in 100 days, manufacture them in 30 more days, and at the end of 130 days, get them to everybody in the country. There's no possibility of testing those vaccines in humans at that rate of speed. And so Jeremy Farrar being moved to the WHO means that even though the documents don't say vaccines to be pushed out in 130 days, everybody knows that is, in fact, what the plan is.

In addition, there is a requirement for nations to control misinformation and disinformation. So nations will have to perform surveillance of all their citizens' social media and censor them just as has happened, but worse. So it won't only be YouTube censoring us, but it'll include Twitter and everything else.

There are two particularly dangerous provisions. One is called One Health. It's a very bizarre concept.

It hasn't really been explained well. There have been 61 published definitions. It is some method by which you balance and evaluate the health of humans, plants, animals, and ecosystems together.

And that doesn't seem to make any sense, and it doesn't, but many billions of dollars have been pumped into this strange concept. And so there are One Health divisions in public health offices around the world, in universities around the world. And there have been many grants paid to scientists to write articles about how they use the One Health approach in one way or another.

And unfortunately, the Lancet that has a One Health commission, and I don't know who paid for that, Lancet has had a hard time being able to find any evidence that this approach works well for anything. But what's happened is that basically everything in the world has been put into the One Health basket, because if you include animals, plants, ecosystems, and humans, that's everything. And it's a mechanism for saying everything in the world is related to health, and now the WHO can issue orders to the world to manage climate emergencies, or ecosystem emergencies, or gun violence, or whatever, you know, problems with the food supply, bird flu, okay, therefore, we have to call all the birds.

GR: Oh, my goodness. So you're saying that it doesn't, you don't even necessarily have to prove that there is a pandemic, but you could say anything, climate change, clean water, whatever.

MN: The director, these documents initially said the Director General of WHO could either declare a pandemic or the potential for a pandemic.

People didn't like the term potential. So in the last draft, it's called a likely pandemic, which is the same thing. And he can determine when the pandemic is over.

So he can extend it beyond what most people would think would be the end of the pandemic. That's in the health regulation amendments. In the treaty, the treaty is actually active 24 seven all the time.

So the WHO would be able to issue orders all the time, if they are contained in the, if those issues are contained in the treaty, and One Health is in the treaty. The other bad part of this is something called the Biohub system, the Biohub network, and the pathogen access and benefit sharing system, which demands that nations find potential pandemic pathogens,

which I call potential biological warfare agents, collect them, study them, create labs for studying them, sequence them, and then send the WHO specimens and sequences, and the WHO will share them widely around the world. So this is basically a proliferation of biological weapons.

It's against the law, but the WHO doesn't bother with the law. And it's also a way that we can, because there are always accidents in laboratories, the United States reports 200 accidents using these potential pandemic pathogens in labs every year, we have about 200 reported accidents. And so demanding that every other country have these same labs is an invitation to many accidents, and presumably there will be many more pandemics.

GR: My goodness. Well, there has been resistance to this, you know, apparent changing of the guard of the WHO and the way they operate. So they're not just an advisory body, they're a governing body, right?

MN: The WHO would transition to be a governing body.

GR: Wow. Now, major resistance has been registered already in the United States, for example. Could you talk about some of the victories that have already come forward, or partial victories, you know, in response to this WHO order?

MN: Yes.

So we've had amazing victories in the U.S. So first off, 49 senators, every Republican senator has sent a letter to the president and co-sponsored a bill demanding that these treaties be put before the Senate for ratification. Now, most people think all treaties go before the Senate for ratification, because that's what the Constitution says. But in fact, for 200 years, most of them have not.

They have been signed off by the executive branch. So this would demand that it go before the Senate. And if we can get this done, so the Biden administration doesn't want it to go before the Senate, and it will require a law making it go in front.

And we've got 49 senators in favour. We've got 50-some-odd House members who have co-sponsored a bill doing the same thing. We need to get two additional senators who are not Republicans, and then we can pass this law.

And then we can kill these treaties, at least for the United States, at the level of the Senate. We've also had 22 Attorneys-General send a letter to the president saying that actually, according to the Constitution, the states have authority for health, not the president. And they do not agree with transferring that authority to the WHO, and they do not plan to carry out either direct or indirect orders from the WHO on health.

GR: That was just a few weeks ago?

MN: That was on May 8th, so two weeks ago tomorrow. And the senator's letter was on May 1st. We also have several states that have passed legislation that will protect them.

Florida actually did last year. Utah passed legislation that will protect them in January. And Louisiana passed legislation in the Senate, and it's passed in the House.

And then there was a slight change to bring the date it becomes active on to the date of

signing by the governor, and it went to the governor yesterday. And the governor is in favour. So we're expecting that Louisiana will have this bill, this law in place sometime this week.

And there are several other states that have passed resolutions or are in the process of passing bills to deny jurisdiction to the WHO or to direct the president not to obey the WHO. And so those are big victories. We've had a number of countries say that they don't like these treaties.

However, so the prime minister of Slovakia, who came out about 10 days ago, 11 days ago, and said Slovakia would not be signing the treaties as they're currently written. Five days later, there was an assassination attempt on his life, and he's been in the intensive care unit ever since with multiple close range bullet wounds. And Iran was one of 11 countries that had written to the UN in September, not going along with this plan.

And the president and the foreign minister of Iran died in a helicopter crash two days ago. So I would advise heads of state to not, even though I asked them previously to publicly state what they would do ahead of time to give other countries, countries don't like to go out on a limb on their own. They want company.

But I would say, don't go out on a limb right now and say how your nation is going to vote. Instead, demand a roll call vote. That means every diplomat that votes yes or no has to have their vote recorded.

And so that diplomat and that country can be held accountable for their vote. This is something the WHO does not like to do, but it's absolutely necessary when we're talking about transferring sovereignty, transferring governance to this unaccountable international organization. People who vote yes need to be accountable.

And so it's very important that we get a real vote and that we know how everyone voted. What else can I tell you?

GR: Well, I think maybe in about 30 seconds or so, is there anything, if listeners haven't gotten involved up until now, is it too late to take action? Because it's starting early next week. I mean, are there still measures that we could take too?

MN: Well, there's still measures that, so because the treaties need to be ratified, even if the United States signs up to them, we can still have the Senate ratify.

And so it's very important to contact your representatives and senators. Now, if you've got Republican senators, they've already signed on to this. But if you've got non-Republican senators, please urge them to pay close attention to this.

It's really critically important for our freedoms going forward. I mean, I can't tell you how critical this issue really is. This is the first real big play by globalists to start centralizing control over the entire world.

Call your representative. If they are a co-sponsor of bill HR1425, Tom Tiffany's bill, to require Senate ratification, thank them if they're a co-sponsor. If they're not, beg them to please co-sponsor it and vote in favor.

Because if we can get this in front of the Senate for ratification, it dies and we are saved

here in the United States. Now, if you're in other countries, you demand the same thing of your leaders. You don't want this in any country.

So I hope you will work with me. DoorToFreedom.org is an organization I founded a year ago to get information about what is going on to people. We have a ton, all kinds of information available that could be read by 12-year-olds or college professors.

We have videos, we have handouts. You name it, we've got it. And we've got copies of all the documents, every draft of every treaty, if you want to read them yourself, we would encourage that.

And I thank you, Michael.

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WZBC 90.3 FM in Newton Massachusetts is Boston College Radio and broadcasts to the greater Boston area. The Global Research News Hour airs Global Research News Hour excerpts infrequently during Truth and Justice Radio which starts Sunday at 6am.

Notes:

1. <https://www.globalresearch.ca/pandemic-2-0-and-the-new-pandemic-treaty-hold-the-line/5841934>
2. Jamie Ducharme (March 11, 2024), 'Experts Can't Agree If We're Still in a Pandemic', Time; <https://time.com/6898943/is-covid-19-still-pandemic-2024/>
3. <https://www.globalresearch.ca/influenza-h5n1-fear-mongering-perfect-candidate-disease-x-how-protect-against-h5n1/5853935>
4. <https://www.who.int/about/accountability/governance/world-health-assembly/seventy-seve>

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5. <https://www.who.int/news/item/10-05-2024-governments-agree-to-continue-their-steady-progress-on-proposed-pandemic-agreement-ahead-of-the-world-health-assembly>
6. <https://www.technocracy.news/who-treaty-seeks-total-control-over-global-health/>
7. Michel Chossudovsky (2022), 'The Worldwide Corona Crisis: Global Coup d'État Against Humanity'
8. <https://totalityofevidence.com/dr-wolfgang-wodarg/>
9. <https://www.globalresearch.ca/health-officials-admit-bill-gates-runs-world/5794989>
10. <https://doortofreedom.org/decoded-one-health-wants-to-lower-the-status-of-humans/>

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