

AIM Position Paper on WHO and its proposed Global Pandemic Treaty

I. Global Pandemic Treaty

1.1 A draft of Global Pandemic Treaty is being prepared under the aegis of World Health Organisation, and was issued on 1st February, 2023.

This Draft Treaty¹, dubbed as ‘Zero Draft’ of the WHO CA+, has 38 articles and is a 32-page long document. It was also proposed that this treaty, as an instrument of WHO, would be adopted under Article 19 of WHO Constitution and also consider the suitability of Article 21.

1.2 Purpose of the Treaty

This Zero draft claims to propose mechanisms to create a global framework for the preparedness, detection, response, and recovery to future pandemics. It claims to prevent and prepare for future pandemics, while ensuring a better coordinated response and equal access to vaccines, treatments, and diagnostics. In reality, this global framework appears to be a tool for further solidifying and consolidating WHO’s hold and power over member countries, and that amounts to a dictatorship, pushing only its chosen interventions that benefit the pharma lobby.

The WHO is expecting totalitarian powers when it says “improved cooperation” and yet, the global health threats are just the ones created by WHO using false science, paid experts and paid media. Instead, the COVID-19 pandemic mismanagement highlights a greater need for evidence-based science, transparency in policy decision and respecting national sovereignty. Potential threats to global health are not the flu, but health complications that arose out of the WHO’s restrictive mandates, which it termed as ‘Covid Appropriate Behaviours’ (CAB) such as masking, testing, social distancing, lockdowns, quarantines and vaccinations. These life destroying behaviours impacted poor families across the globe, which survive on daily toiling, pushing them into a cycle of irrational fear, starvation and consequently, ill health.

II Major Concerns on WHO Draft Global Pandemic Treaty

2.1 Who is the WHO? Can we trust WHO?

The Global Pandemic Treaty draft is created by WHO (World Health Organization) that was founded in 1948. WHO relied on funding from its member states; and their contributions were assessed based on their national income and population. The funds were not earmarked for any particular policy. In those days WHO was an independent organization. But over time, the WHO leadership traded its independence and with it, its integrity, for big money. WHO provides public health recommendations about the use of pharmacologic drugs and vaccines and provides guidelines and assistance in public health emergencies.

Currently, 80% of the WHO budget relies on earmarked donations; primarily from the U.S. government, the Bill and Melinda Gates Foundation, China and Big Pharma Companies. These major donors dictate and control the WHO policies, ensuring that WHO policies further their interests. The WHO, it should be noted, is not accountable to public scrutiny, as non-profits are. The internal documents of the WHO are not available under Freedom of Information, and most of the WHO’s financial contracts are secret. In essence, the WHO became a vassal of, and the global marketing agent for Big Pharma and its aggressive drug and vaccine market expansion agenda. Time and again, the WHO has demonstrated its allegiance to its financial backers; adopting measures that have vastly enriched Big Pharma – even as the widespread, use – and misuse – of multi-drug cocktails and multi-virus vaccines – have caused epic number of serious adverse side-effects, hospitalizations, chronic illnesses, and deaths².

¹ https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf

² https://ahrp.org/who-controls-the-who/#_edn3

2.2 Four Important Concerns Regarding the WHO Draft Pandemic Treaty

The draft raises 4 important concerns:

- 1) Restrictive Medical Perspectives on Health Safety (Faulty pandemic definition, sole emphasis on Germ Theory, restrictive health harming practices as solutions).
- 2) National Sovereignty.
- 3) Intellectual Property regime.
- 4) Principles of Democratic Governance.

The entire treaty and its provisions to give unprecedented powers to the WHO are pivoted on the faulty pandemic definition, with its sole emphasis on Germ Theory and restrictive health harming practices as solutions. A scientifically validated process of declaring a pandemic is not ingrained into the treaty. Another major concern and danger is that it violates national sovereignty and an individual's and family's basic rights and freedoms. **The wording of the Treaty camouflages the true meanings, where co-ordination and co-operation signify coercion and global health threats are actually the fear mongering campaign unleashed on the world via media, paid experts and mathematical models.**

The WHO has grossly over-acted in managing COVID-19 pandemic, even as its role during the period was called out for being dubious, unscientific and deceptive. Yet, using the same arguments, through the Global Pandemic Treaty, WHO wants to become a unique, universal public health authority, reigning over nations. This has dangerous portent given that the WHO is a puppet in the hands of private foundations, private think tanks and vaccine company lobbies. The objective of making this a universal public health authority, the contents that are being discussed in the treaty negotiations and work of WHO are antithetic to the Indian Constitution and various statutes enshrined under it. India is a sovereign republic, bound by its Constitution that encompasses the rights, liberties and responsibilities of its citizens, and the 4 pillars of Indian democracy.

2.3 WHO's handling of the Covid-19 Pandemic.

2.3.1 First Medical Fraud by WHO – Fraudulent Pandemic Definition.

The 'Zero Draft' continues with WHO's faulty definition of a Pandemic, as not being the number of people dying from the illness (as was always the case), but the number of people indicated as positive with the infection, based on testing procedures that have been labelled 'dubious' by several microbiologists and scientists across the world.

The main test used in this case, the RT-PCR Test that was run at 35-40 cycles, gave 97-99% false positives and it is these high false positives that laid the foundation of a high number of positive people for the declaration of a Pandemic. The test's inventor Dr.Karry Mullis had earlier stated in an interview that the test was not to be used to prove virus isolation. The SARS Cov2 virus is more of a mathematical model based on a computer generated genome sequence of the virus, rather than a definite science of complete virus isolation and its flu causing capacity.

But in their Zero Draft, WHO is still not discussing a scientifically-validated process of declaring a pandemic. It glosses over the declaration of a pandemic, and yet asks for powers within the treaty that gives it unbridled emergency powers after the declaration. The definition and the processes of declaration is harmful to the people, who suffered enormously and immensely due to WHO, which still remains an international institution that is unaccountable, distant and lacking democratic values.

Since a Pandemic is now declared with numbers supposedly infected by an unscientific RT-PCR Test and not the numbers of people who died from the infection, the WHO is set to make every flu into a Pandemic. The 'Terrain Theory' sees flus as the body's way of adapting to environmental and body toxins, and explains that a flu builds immunity. In fact, radiation from 5G, HAARP and EMF, as well as

chemical toxins in the air, water, food and soil are also known to cause flu in many people, but WHO still displays complete lack of such understanding, and its related preventive measures.

Restrictive Medical & Disease Model Followed by WHO

The 'Zero Draft' is based on a war on germs and virus theory of disease that has been challenged by eminent scientists - this is its main weakness. The danger is that the solutions on the table are similar to what was done during COVID-19 and more. The draft alludes to the life harming restrictions on human behaviours (CAB) and vaccinations to combat these germs and viruses, instead of a terrain theory of disease model that would focus on promoting a health boosting and natural immunity strengthening behaviours and infrastructure model.

The Terrain Theory of disease model would be all about supporting the flow of life with free movement, boosting natural immunity and supporting the body's adaptive mechanism to environmental and seasonal change or to combat infections. This would be done by boosting organic nutrients via natural foods, limiting processed foods, stopping chemtrails and weather manipulation, limiting EMF radiation, cleaning up sewage systems, enhancing garbage clearance, stopping GMO and food fortification, encouraging sunlight, outdoors, earthing practices, breath work, yoga, exercise, energy healing and emotional and stress management. This would mean setting up such awareness programs, having health building centres with holistic practices and giving people choices with all systems of medicine that suit them.

2.3.2 Second Medical Fraud by WHO – Mandating the RT-PCR Test for entry to places.

Mandating the RT-PCR Test and the Rapid Antigen Test (RAT), both of which do not detect if a person actually has an active Covid-19 infection. Enforcing these tests every week or twice a week on people entering places of work or service was not only an activity that damaged the nasal cavities of people across the world, but it also inflicted mental trauma on people. Moreover, it did not stop anyone who got infected just after the test or the next day, from carrying in the infection to these places on following days. The more definite and safer medical practice with much higher real-time safety was doing the non-contact temperature checks and symptoms checks on every entry. That should have been implemented instead of the expensive and harmful RT-PCR and RAT testing.

2.3.3 Third Medical Fraud by WHO – No trials done proving that the virus is the cause of the flu.

CDC and WHO did not do human trials of the virus, despite people across the world offering themselves for such testing. These tests needed to prove that when SARS Cov2 is naturally administered to a person, it actually causes the stated Covid symptoms, and thereafter, such a symptomatic person passes on the virus to others to make them sick. These real time and natural scenario tests have a much higher authenticity than any laboratory tests of fragments of the Coronavirus present on surfaces or in people's nasal swabs. Neither did any other independent laboratory across the world do such virus trail tests. Therefore, stating that SARS Cov2 causes Covid symptoms is completely fallacious. Other causes of such flus are known to be not from biological cause of germs and viruses, but from radiation effects of 5G, HAARP and EMF, as well as chemical toxins in the air, water, food and soil.

2.3.4 Fourth Medical Fraud by WHO – False Flag of Asymptomatic Carriers.

WHO claimed without proper scientific evidence that asymptomatic people infect others. This had not yet been proven by independent medical studies across the world and the ground reality that people across the world experienced does not support it.

2.3.5 Fifth Medical Fraud by WHO – Mandating Un-Scientific and Harmful CABs

Health Experts from across the globe have consistently been criticizing the following un-scientific Covid Appropriate Behaviours (CAB) advised by WHO all throughout the Covid-19 Pandemic. Masks did not prevent the virus from getting into people's mouths and noses, since it was proven that their pore sizes

were several times larger than the size of the SARS Cov2 virus. Besides that, masking caused innumerable health problems to people, lowering their overall immunity³, with some studies suggesting they cause lung cancer as well⁴. Hand Sanitizers were also found to be dangerous for health in the long term⁵ and causing lung weakness too⁶. Social Distancing made people fearful of each other. Regular family life and bonding was destroyed, and intimacy between couples was also compromised. Besides restricting people's daily mobility and pushing them towards a sedentary lifestyle, Quarantines and Lockdowns⁷ deprived people of fresh air and sunlight that's is so vital for the manufacturing of Vitamin D, a vital hormone in the human body that is required for the functioning of various other vitamins and minerals in the human body. All of these behaviors advised by WHO pushed people across the world into repeated cycles of irrational fear, isolation, starvation, sedentary lifestyle and consequently, ill health.

2.3.6 Sixth Medical Fraud by WHO – Marking Non-Covid Deaths as Covid Deaths.

WHO mandated diagnostic protocols in medical institutions across the globe that falsely marked most non-Covid deaths as Covid deaths, even though they did not express the classic influenza symptoms before dying. As a result, patients who were not actually having COVID-19, but died of heart attacks, brain strokes, cirrhosis, cancer, tuberculosis and various other diseases, were marked as Covid deaths because of their false positive results from the RT-PCR Test.

2.3.7 Seventh Medical Fraud by WHO – Not mandating Informed Consent for Covid Vaccines.

WHO did not mandate 'Informed Consent' for all the Covid-19 experimental vaccines. Every person was not informed in advance at vaccination centres, about both the contraindications of each covid vaccine and about its side effects. This violates International Law. Informed consent in writing was not taken from people before they received the experimental Covid-19 vaccines. The result is that it left people unaware that they could have prevented suffering the side effects, and that some of them should not be taking the covid vaccines at all, as it would be a threat to their lives. This resulted in millions of vaccine injuries and vaccine deaths across the world.

2.3.8 Eighth Medical Fraud by WHO – Not mandating AEFI.

WHO did not mandate the VAERS system in Europe or the AEFI (Adverse Events Following Immunization) system across countries for every vaccinated person, but left it voluntary. This has resulted in the gross underreporting of Vaccine Injuries and Vaccine Deaths across the world. Many vaccination centres refused to accept complaints from vaccinated people regarding vaccine injuries, stating that their reported symptoms were not in the list of symptoms declared in the clinical trials of the vaccines. With the vaccines still in the experimental stages, how did WHO conclude that the clinical trials covered all the short term and long term side effects?

2.3.9 Ninth Medical Fraud by WHO – Mandating Covid Vaccines when not required.

WHO stated that the virus was transmitted only via contact in 2020, so they advised people across the world to wash their hands, fruits, milk packets, groceries, clothes and all other objects used in public places with soap before using them. Later in 2021 they switched their narrative to the virus becoming airborne, and people were advised double masking to prevent the virus from the air getting into their nostrils and mouths, and this caused several health problems.

But does the virus in the open air or in the air-conditioning systems not fall on people's hands all the time and don't people infect themselves by touching their faces 30 times a day? Does the air borne virus not

³ <https://awakenindiamovement.com/usage-of-face-masks-during-covid-19-a-treatise>

⁴ <https://awakenindiamovement.com/long-term-mask-use-may-contribute-to-advanced-stage-lung-cancer-study-finds>

⁵ <https://mdpi.com/1660-4601/15/7/1440/pdf>

⁶ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-reiterates-warning-about-dangerous-alcohol-based-hand-sanitizers>

⁷ <https://awakenindiamovement.com/aim-statement-on-lockdowns>

fall on our food being eaten all through the day and get into our bodies through our food all the time? So how does masking during some hours of the day prevent the virus from getting into the body?

It became quite apparent that the virus is getting into people all the time, but people were not getting the flu for most of the time, and this can only mean one of the following three things:

- a) The virus is not in the air, or anywhere, and that's why people are not getting sick from it.
- b) The virus is in the air, so everywhere, but is harmless to us. So we need not bother about it.
- c) The virus is harmful, but since we are not falling sick from it, it has to be concluded that we have all reached herd immunity. Therefore, there was no need of a vaccine to protect us from it.

Then why were the Experimental Gene Altering Covid Vaccines forced by WHO on all nations?

2.3.10 Tenth Medical Fraud by WHO – Misleading people about the Superior Herd Immunity.

WHO altered the previously well-established scientific understanding of how 'Herd Immunity' is acquired, which protects the whole community, by saying that it is vaccine induced immunity that must be chosen as the way to herd immunity. It has pushed this propaganda in spite of the proof that natural herd immunity is reliable and permanent, whereas vaccine induced immunity is not. Thus the war on germs and virus model will be all about testing, surveillance, containing, quarantining, PPE suits & masking, building quarantine camps, setting up testing booths, mandating lockdowns, requiring proof of being virus free with tests and digital health passports for travel anywhere, administering drugs to kill the germs and bacteria, and pushing vaccinations as a preventive irrespective of side effects and even deaths.

2.3.11 Eleventh Medical Fraud by WHO – Enforced Unsafe Experimental Vaccines.

WHO did its best to enforce the Experimental Gene Altering Covid Vaccines on all countries. After two years of its performance, ground reports from across the world state that Covid Vaccines have caused over 100 side effects including death⁸. It is now common knowledge that none of the Covid Vaccines prevent anyone from getting the flu, neither do they prevent anyone from getting sick from the flu, neither do they prevent anyone from dying of the flu, and finally, they do not even prevent anyone from passing on the flu to others. Instead, the Covid Vaccines have only succeeded in making people across the globe sicker, as well as causing millions of deaths. Some of this information is also provided on the WHO's VigiAccess website⁹. Awaken India Movement's Letter to Indian Council of Medical Research shares details of the 18,000+ Sudden Deaths in India, post Covid Vaccinations¹⁰.

This work of WHO is now being seen as '**The World's Biggest Act of Genocide**' and it was done by an organization that was supposed to do the opposite – make people healthier and save lives.

2.4 Is WHO in the business of manufacturing Pandemics?

The 2009 H1N1 Swine Flu Pandemic has also been widely reported by healthcare experts as being a 'Fake Pandemic' orchestrated by the World Health Organization in collusion with vaccine companies who started the manufacturing of the Swine Flu vaccines even before WHO declared the Swine Flu Pandemic. Indian Bar Association's document titled 'Indian Bar Association's document on WHO Crimes'¹¹ gives extensive details of how WHO manufactured the 2009 Swine Flu Pandemic with the help of Vaccine Companies, GAVI, Bill & Melinda Gates Foundation and Rockefeller Foundation.

⁸ <https://awakenindiamovement.com/informed-consent-for-schools>

⁹ On <https://www.vigiaccess.org> scroll down to end of page and click 'I understand' in the checkbox. Click Search Database, type in Covid-19 Vaccine, click Search and select which Covid-19 Vaccine injuries you want to analyze.

¹⁰ <https://awakenindiamovement.com/letter-to-dr-rajiv-bahl-director-general-of-icmr>

¹¹ <https://awakenindiamovement.com/indian-bar-associations-document-on-who-crimes>

2.5 Is WHO a Health Organization in reality?

Since its inception in 1948, WHO has not done programs teaching people how to prevent themselves from getting sick. WHO has not taught people about the several ways of improving their immune system function with the right kind of diets, exercises or herbal supplements. They have not taught people how to reverse their chronic illnesses through various diets, detox programs, herbal remedies and natural therapies. All of this has instead been done by practitioners of alternative, complimentary, integrative & holistic, mind, body & spirit medicine, since the last 50 years. The Integrative Medicine Healthcare Movement in India itself has been doing this phenomenal work for over 15 years as can be seen on their website¹². This work was even presented at the 'BRICS Nations Conference on Integrative Medicine' on 17th November, 2021 and received good appreciation.

There are over a 1000 'Disease Reversal Programs' running all across India that are done by prominent and reputable Doctors, Ayurveda, Yoga, Unani, Siddha, Homeopathy, Sowa Rigpa, Naturopathy, Nature Cure and Energy Medicine professionals, wherein simple housewives too after attending day long workshops on disease reversal, are able to follow all the teachings and reverse their own chronic illnesses and those of their spouses and other family members. These health professionals, holistic wellness centres that host such programs, and finally, it is the ordinary people who have been doing all of this great work in healthcare since the last 20 years. They are the real custodians of health on the planet, not the WHO.

During the last 3 years, millions of people cured themselves of Covid Flu symptoms using these natural systems of medicine. The 3-Step Flu Diet by Dr. Biswaroop Roy Chowdhary in India, was audited and reported as the best treatment for the Covid Flu with a 100% recovery rate to the AYUSH Department of India, with a recommendation for its nationwide rollout. Yet WHO did not rollout this excellent Covid treatment for the rest of Humanity, despite having their centre in India and being aware of it.

Why is WHO being called a health organization when it has not done any of the above vital healthcare work for Humanity over the last 75 years? Does WHO have a right to dictate terms to any country on immunity building and healthcare, given their deplorable performance in comparison over these years? How can India and other countries see the WHO as a credible organization that can be entrusted with the drafting of a Global Pandemic Treaty?

The only clear track record of WHO that can be seen is their unwavering support of businesses, bodies, programs, protocols and products that don't even cure chronic illness, instead worsen disease outbreaks and pandemics across the world, in favour of the increasing supply of non-curative allopathic medicines and vaccines and other unnecessary medical interventions, all for the profit of Pharma Companies.

III. History & Key Provisions of the Treaty

3.1 History or Timeline of the Treaty Formation Process

In November 2020, the World Health Organization (WHO) released a "Zero Draft" of a proposed International Treaty on Pandemics. The draft was developed in response to the COVID-19 pandemic, which WHO **claims** has highlighted the need for improved international cooperation in the face of global health threats. **In truth, the world suffered from WHO's harmful CAB over-reach for a flu with a 99.7% cure rate.**

The first step for a pandemic treaty was taken on 30th March, 2021, when 25 world leaders met under the leadership of European Union. This did not include India, China (the 2 most populous countries of the world) and United States. Primarily, the motivation for a pandemic treaty has not originated from these 3 countries; at least not directly. Ostensibly, these nations were concerned about the way Covid-19 has been handled, including issues related to pandemic declaration, treatment, vaccine safety and host of other issues, which kept cropping up, impinging on the lives of crores of human population across the globe.

¹² <https://integrativemedicinecommittee.org>

- A draft of Global Pandemic Treaty, being prepared under the aegis of World Health Organisation, was issued on 1st February, 2023.

- Subsequently, World Health Organisation formed an Inter-Governmental Negotiating Body (INB) to take measures that are needed for realizing this pandemic treaty. INB began a few public consultations, even while conclaves were organized to develop a treaty text. As can be seen INB is a lobbying body that is systematically targeting many stakeholders to get them on board.

- The Zero draft was discussed at the 4th meeting of INB, held in Geneva, 27 February – 3 March, 2023. At this meeting, additions were made to the lists of stakeholders (See point 3.2 below for the stakeholder list) with whom discussions will be held, as part of modalities of engagement with different stakeholders. There can be significant conflict of interest in the stakeholders choices for the protocols and products recommended or pushed for pandemic prevention.

- The next draft is expected soon, based on a meeting held between 12-16 June, 2023. However, a 203-page treaty draft with objections and concerns raised by members was not shared outside the World Health Assembly. This is currently under discussion and negotiation by the members of the WHO.

- A 42-page draft version of the treaty was leaked, as the WHA was under way. There is no information if this text is similar or different to the 203-page draft under discussion.

- The next step is for member states to review the Zero Draft and provide feedback on the proposed provisions.

3.2 Stakeholders that Build a Power Lobby for the WHO, whilst leaving out the very Public Whom WHO Claims to Protect.

Five kinds of stakeholders were developed, grouped as Annex A, B, C, D and E. These stakeholders were supposedly identified for participation in the treaty review and editing, on par with sovereign nations, but it is obvious that they are mostly associates of the WHO forming a power lobby:

- Annex A includes all UN organisations, which totalled 20.
- Annex B includes 8 Observers, which includes GAVI, the vaccine alliance.
- Annex C includes 218 non-State Actors, with whom WHO has official relations.
- Annex D has a list of 44 varied international organisations, including World Trade Organisation and Bretton Wood Institutions.
- Annex E includes organisations which were invited to give inputs through an online portal, which are 113 in number so far. This list includes Wildlife Institute of India, Tata Institute of Fundamental Research, National Centre for Disease Control (India) and National Institute of Virology (India).

3.3 Key Clauses in the Treaty

The Zero Draft outlines a number of key clauses, which whilst they sound good, actually are coercive: The WHO pandemic treaty zero draft is a uni-perspective document with multiple clauses covering various aspects of pandemic prevention and response based on its restrictive and traumatic war model on stopping germs and viruses.

Here is a brief analysis of the main provisions and clauses in the zero draft that reveal a totalitarian approach. **Notice the emphasis on surveillance, compliance, vaccines and diagnostics and especially clause 6 with seeking to set up a Pandemic Review Body to review nations on their compliance.**

A. The claim to strengthen the global health architecture:

The treaty would establish a Global Health Threats Council to coordinate global pandemic preparedness and response efforts.

(This actually means setting up a system for dictating all preparedness and response efforts worldwide on the lines of testing, quarantining, masking, vaccinating and lockdowns. Note that the word ‘Threats’ means a shift from control of actual pandemics to surveillance testing and control for even potential or possible threats and these are determined at the sole suspicion and discretion of WHO).

Clause 1: Purpose and Scope: This clause outlines the objectives and scope of the treaty, including the promotion of global health security, the prevention of pandemics, and the strengthening of the global health system.

Clause 2: General Obligations: This clause sets out the general obligations of the parties to the treaty, including the establishment of national and international frameworks for pandemic preparedness and response, the sharing of data and information, and the development of medical countermeasures.

(Note all these words in these two clauses such as security and prevention, pandemic preparedness, sharing of data, medical countermeasures all signify WHO’s power grab of surveillance, control, coercion of its chosen medical protocols and restrictive CABs).

B. A plan to improve surveillance and reporting of outbreaks:

The treaty would require countries to share information about outbreaks in a timely and transparent manner.

Clause 3: Surveillance and Alert: This clause emphasizes the importance of timely detection and reporting of potential pandemic threats, including the establishment of early warning systems and the sharing of information on disease outbreaks

(This can be a compulsion on countries to increase health surveillance, testing asymptomatic people and even animals, spaces and items. ‘Timely’ here represents acting on not only real but even suspected and potential threats).

(Note here that flus that are a seasonal adaptive mechanisms, are called disease outbreaks and the pandemic definition now creates an emergency from ordinary flus and health situations)

C. A focus on ensuring access to vaccines and treatments:

Clause 4: Response: This clause outlines the responsibilities of parties in responding to a pandemic, including the provision of medical care, the deployment of public health measures, and the coordination of international response efforts.

Clause 5: Access to Medical Countermeasures: This clause emphasizes the importance of equitable access to medical countermeasures, including vaccines, diagnostics, and therapeutics, and calls for the development of a global mechanism for their distribution.

(Equitable access to vaccines and diagnostics means a power grab by the WHO and its Director General to be the sole decision maker of treatments, over ruling any other medical experts, and the push for lobbying and mandating experimental or tested vaccines irrespective of side effects, other drugs and medical protocols as it deems fit, more to serve the pharma lobby, than accept effective natural and local cures. The treaty claims it would require countries to work together to ensure equitable access to vaccines, diagnostics, and treatments for all. Read “work together” as comply with WHO recommendations)

D. A plan to strengthen the One Health approach:

The treaty would promote a One Health approach, which recognizes the interconnectedness of human, animal, and environmental health

(Read here the words ‘One Health’ and ‘interconnectedness’ to mean that all people and animals are bio hazards to each other and hence to be tested, quarantined and in case of animals, even culled, One Health also signifies one central power to determine all health protocols which would naturally be a risk of dictatorial powers).

Clause 6: Global Governance: This clause calls for the establishment of a global governance mechanism for pandemic prevention and response, including the creation of a Pandemic Review Body to conduct independent reviews of pandemic responses.

Clause 7: Financing: This clause emphasizes the importance of adequate financing for pandemic preparedness and response, including the establishment of a financing mechanism for low- and middle-income countries.

Clause 8: International Cooperation and Assistance: This clause calls for international cooperation and assistance in pandemic response, including the provision of technical assistance and capacity building, and the sharing of best practices.

(Note that these 3 clauses allow for WHO to interfere with and coerce countries into spending what it deems fit, and for what it chooses as the treatment. The Pandemic Review Body, international cooperation and assistance would also really be about monitoring and indirectly pressurizing for compliance).

3.4 The 5 Broad Categories of the Treaty

Germán Velásquez, special advisor on policy and health, The South Centre (Intergovernmental Organization) in Geneva, Switzerland, in 2022, has grouped this treaty into 5 broad categories¹³: None of these address any health and immunity boosting practices, and the categories show WHO’s entire focus on emergencies with the distorted definition of a Pandemic, and its bent towards restrictions and pushing allopathic products and research to benefit pharma lobbies. It is a bid to centralize all health care into one power centre that would definitely be too much power at one place.

1. Governance: The main objective of the treaty is to strengthen the WHO’s capacity to address and manage future pandemics. (Here “strengthen” means an undue expansion of power given to itself, and this could directly result in further medical malpractices being propagated by WHO, over their previous ten).
2. R&D and technology transfer: Research and innovation must be open. Mechanisms are needed to ensure that pandemic-related health supplies are considered global public goods and made accessible. Other topics for discussion in this category include the following: unrestricted access to diagnostics, vaccines, drugs and the technologies required to produce them; transparency in R&D costs and the pricing of pandemic-related pharmaceutical products; and waiver of intellectual property rights on products and technologies financed by public resources or any global public R&D fund. (Note the focus is entirely on propagating pharma products).
3. Funding: Coordination and transparency of international public funding to combat pandemics. The proposal is to pool funding in a global research and development fund that would support research and results sharing, including support for open science, with the participation of institutions and researchers from developing countries. The document calls for transparency in public research contracts and advance purchase agreements. (Note that countries will end up having to fund the global research that WHO chooses. Each country can be free instead to choose what it would like to research).
4. Laboratory capacity, clinical trials and data exchange: Increased laboratory and surveillance capacity is needed to identify animal diseases in all countries. There is also a need for closer collaboration between health research centres around the world. Clinical trials must be transparent and independent, and must include mechanisms designed to ensure the sharing of pathogens,

¹³ <https://www.isglobal.org/en/-/un-tratado-internacional-contra-las-pandemias-negociado-en-una-oms-mas-fuerte>

biological samples and genomic data. (Note again, there is a compulsion to give up data and samples, and the dangers of hidden gain of function research by lobbies).

5. Communication and information: Scientific communication must be independent, reliable and accurate. It should also be accessible through digital technologies designed to facilitate the collection and sharing of pandemic-related data. (Note this point is all about information control, in a greater way than was done during covid where information was censored on social media platforms and only WHO and other power lobbies used main stream and social media to push their propaganda of fear related to covid and deception about the vaccines).

The Zero Draft is just a starting point, and the final treaty may look different based on feedback and negotiations with member states. **However, feedback and negotiations with member states will be with State Heads and selected civil society who are likely to toe the line with WHO, whilst the public voice and concerns could be ignored.**

The treaty acknowledges that different countries may have different approaches to pandemic management based on their specific circumstances, and it is not intended to replace national decision-making and yet emphasizes the need for coordinated international action to address global health threats. **However, what is implied here is that the framework for coordinated international action will be solely the power of WHO to determine, and will require national decision making to follow it. The power to say 'No' will be lacking, as every threat is a global threat, once declared by WHO, and a global threat means WHO becomes the global authority.**

Proponents claim that the proposed treaty is couched in many promises, and that it does not prescribe a single method of treatment for pandemics, but rather seeks to ensure that all countries have access to the tools and resources necessary to address pandemics in the most effective way possible. The WHO claims the Treaty is not intended to undermine national sovereignty or promote a single method of treatment for pandemics. It claims that the specific interventions used to address a pandemic may vary depending on the circumstances, and provide a flexible framework that can accommodate different approaches based on the needs of individual countries. **Yet the last Pandemic proved that WHO dominated the premier medical institutions of most countries to enforce their Pandemic response directives. This fact proves that WHO cannot be trusted with all power given to it via this treaty.**

IV. Awaken India Movement Commentary on the WHO proposed World Pandemic Treaty

4.1 The proposed treaty is couched in so many promises that it does not propose a meaningful, rational pandemic management method.

It does not trust any expertise outside the WHO. All the euphemistic words in the Treaty hide the fact that “One Health” and claiming “interconnectedness” signifies coercion, “preparedness and response” signifies surveillance and control and “required cooperation and collaboration” means unquestioned compliance. The draft raises 4 important concerns: Restrictive Medical Perspectives on Health Safety (Faulty pandemic definition, sole emphasis on germ theory, restrictive health harming practices as solutions) National Sovereignty, Intellectual Property regime and Principles of Democratic Governance.

4.2 Strengthening WHO Totalitarianism

A Global Pandemic Treaty will give WHO undue powers to declare constant pandemics in the future. WHO will also be able to unilaterally determine toxic measures to be taken as part of the response to the declared pandemics, including lockdown policies, mandatory masking, social distancing, and forcing the population to undergo medical treatments and vaccination.

4.3 Vaccine-centric Approach needs a review, as Vaccines have now been found out to cause over a hundred different types of injuries and even Deaths.

Pandemic treaty advocates tell us that one of main focuses of the Zero Draft is a more equitable distribution of pandemic-related products such as vaccines, therapeutics and diagnostics. This is in fact the One Health approach. However, adverse effects of vaccines and behavior of health institutions before and after Emergency Use Authorization (EUA) have been questioned before. The debate has become stark with excess death data, sudden deaths and adverse effects being recorded all over the world. **Instead of reviewing this approach of vaccine-related pandemic responses, the WHO Pandemic Treaty continues to hold it in the center of its approach.** It ignores the core principles of liberal thought and the principles of democratic governance, and the worldwide disastrous performance of the vaccines, and wants to lord over the same processes that have led to catastrophic failure in protecting the health of people and securing the rights of individuals to determine their medical care. Ironically, instead the Zero draft shifts the blame to the ‘catastrophic failure of the international community in showing solidarity and equity in response to the coronavirus disease (COVID-19) pandemic’ **whereas it is the over-reach of the WHO CAB measures that actually caused immense distress.**

The vaccine centric approach of the Treaty has to be reviewed as vaccines are causing injuries and deaths. With recent adverse events and experiences, vaccines are now a questioned method of preventing and controlling the spread of infectious diseases. The efficacy and safety of vaccines have been questioned. It is scientifically proven that these are causing significant injuries and even deaths. There are other safer and more effective treatments and interventions that can be used to manage and mitigate the impact of pandemics. The WHO proposed treaty does not refer to alternatives to vaccines and ignores reference to varied and diverse methods of healthcare responses, adopted and practiced successfully across the world, in the draft treaty text.

For example, in the case of COVID-19, only allopathic treatments such as monoclonal antibodies, antivirals, and corticosteroids were prescribed, even requiring compliance and were pushed to manage the symptoms of the disease. Alternative Medicine doctors and Complementary Medicine doctors were instructed not to treat. Allopathic drugs like Ivermectin and HCQ which many doctors experienced as helpful were not allowed. Additionally, the non-pharmaceutical interventions such as social distancing, wearing masks, and improved hygiene practices have also been restrictive and health harming and it is questionable if they reduced the spread of the disease. In India and elsewhere, where traditional societies have survived, a slew of non-interventionist treatments were used successfully. Ayurvedic, Unani, Homeopathy & Naturotherapy treatments gave positive results¹⁴. Integrated Medicine was also used to treat COVID-19 patients. WHO initially actively suppressed these and later too they have been side-lined in media, and only vaccines and life harming toxic restrictions were fraudulently constantly drummed into people as the only way to be safe.

4.4 Intellectual Property Rights IPR

Studies have shown that public funding has played a significant role in the development of drugs for many decades, particularly in vaccine research. Between 2000 and 2019, the U.S. National Institute of Health (NIH) funded over \$17.2 billion in published research on vaccine technologies, providing the foundation for the COVID-19 vaccines in the market¹⁵. Recognition of IPR for products that have emerged from research supported by public funds remains controversial. Royalty payments to such products have been flagged for feeding private profits. In fact, inequities in pandemic medical care, products and treatment are borne out of such in-built royalty payments and price determination rights given to private foundations and private pharma companies.

US Senators in a Congressional hearing emphasized that Moderna developed the vaccine in collaboration with government scientists at the National Institutes of Health, and the Federal Government spent roughly \$10 billion to support clinical development and speed production of the vaccines in the early days of the pandemic. Moderna reported \$1.86 billion in revenue. It forecasts \$5 billion in COVID vaccine sales for this year, based on a planned 400 percent hike in vaccine prices.

¹⁴ <https://theweek.in/wire-updates/business/2021/07/23/pwr27-n.i.c.e--network-of-influenza-care-experts.htm>

¹⁵ <https://doi.org/10.1101/2021.04.08.21255103>

Yet, the treaty simply reaffirms that ‘Members of the World Trade Organization have the right to use, to the full, the TRIPS Agreement and the Doha Declaration on the TRIPS Agreement and Public Health of 2001, which provide flexibility to protect public health including in future pandemics’. It is pertinent to point out that the treaty in its justification flags ‘inequitable access to fair, equitable and timely access to affordable, safe and efficacious pandemic-related products and services’ in pandemic responses. How is equity ensured when the IPR regime is accepted?

The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), which states that it represents over 90 innovative pharmaceutical companies and associations across the globe, issued a Statement on 28th February, 2023. Through this Statement, IFPMA called for a multi-stakeholder structure, which they believed is the only viable solution to managing pandemic crises. It wanted that the private sector be included in the negotiations and considered as a critical partner in the process of this treaty. Interestingly, it opines that the next pandemic may not be similar to COVID-19. They are against the weakening of IP, which can lead to weakening of the research and development on pandemic technologies.

The solution for this contradictory situation as per this Zero Draft, is via public financing, waiver or managing through royalty payments. But these are decisions to be taken at a national level. However, an international financing mechanism is possible. Sources of finance can be private foundations, pharma companies, vaccine manufacturers and rich countries. Untied finances from these sources is difficult to come by. In fact, in a broader sense, the words “equity and equal distribution” has come to be linked directly to vaccines and other technology products. This is reducing the scope of discussion of solutions.

The WHO must accept that equity and equitable access, to treatments, services and products, lies in accepting diversity of medical care responses, decentralization and inclusion of a wider spectrum of treatment methods. By limiting the provision of treaty to vaccines and other related products, accepting of IPR regime and expecting equal response to pandemic globally, this Treaty seems to be catering to the interests of the pharma lobby.

4.5 Why the “One Health” Focus is a Power Grab for WHO & Pharma Lobbies

This treaty pushes a concept called “One Health”, which is enunciated as a unifying approach to sustainably balance and optimize the health of people, animals and ecosystems. Article 18 of this zero draft, thus, pushes the scope of this treaty into a wider realm. It is puzzling to see why the interventions explained in the article are grouped under the term “One Health”. It gives an impression of pushing one-size-fits-all solution, instead of prescribing an enabling atmosphere of integrating responses through sharing resources and increasing capacities across the board.

On the other hand, “One Health” emphasizes that only pathogens which are resistant to antimicrobial agents and zoonotic diseases deserve attention, as part of pandemic prevention¹⁶.

There is a possibility this Article 18 can be used to interfere in national decisions with regard to the ‘human-animal-environment’ interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance.’ Without any limitation clauses inbuilt into this article, “One Health” as the title suggests can push for unification of public policies that are suitable to technological interventions and solutions, in turn amenable to vested interests of businesses and companies.

The circumstances, which are causing the rise of virus populations, transfer of zoonotic diseases to humans, need to be addressed. But, not through their ‘One Health’ approach which is at best vague, even while WHO is not the right platform to initiate action on industrial animal farming and food supply chain that destroys biodiversity, intensifies chemical usage and leads to ultra-processing of primary food. Human innate immune systems are threatened by modern, ultra-processing, centralized, factory-based,

¹⁶ Art. 4, Guiding Principles and Rights No.14, page 12

chemicalized food supply systems that are dominated by multi-national conglomerates. The transformation of this system of toxic food production is the real need.

This treaty can play a complementary role in facilitating the transformation in food systems sustainability. However, it cannot be the platform for change, as is made out to be. In fact, the provisions are cautiously worded to be inclusive of concerns, but hides enough about the real deceptive power grab agenda for transformation. There is no clarity on how this “One Health” concept in this treaty is going to increase food access and ensure quality of food to the masses across the world. At this point, one has to remember that healthy, appropriate and sufficient food is medicine. In fact the cruel WHO mandates for Covid of lockdowns brought many daily wagers into starvation by robbing them of access to their livelihoods

4.6 National Sovereignty

The Global Pandemic Treaty can have a huge negative impact on Indian national sovereignty, democratic framework of governance and Rule of Law.

If the treaty were to be coordinated by a trustworthy unbiased body without conflicts of interests from its donors and stakeholders and then it were to establish a framework for coordinated international action to prevent and respond to pandemics, while respecting the sovereignty of individual nations, it could be seen as a positive development. Such a treaty could help ensure that countries are better prepared to respond to a global health crisis, which ultimately benefits the health and well-being of people around the world. However, since the WHO Pandemic Treaty includes provisions that undermine the sovereignty of individual nations, such as requiring them to cede decision-making power to the WHO, it is a threat to national sovereignty. In such a case, the treaty is bound to meet with resistance from countries that are wary of ceding any degree of control to international organizations. **Since the Treaty is also created by an unelected body i.e., the WHO, which is controlled by its agenda driven donors, and has had such abysmal performance in the past, it is impossible to trust its authority and recommendations.**

The Treaty has an argument that national sovereignty is not an absolute principle. This is a red flag for a power grab. In cases of pandemics, which require coordinated international action, some degree of sovereignty may need to be surrendered in order to achieve a common goal. Ultimately, the impact of a Global Pandemic Treaty on national sovereignty would depend on the details of the treaty and respecting the free choice of nations whether working together is necessary to address global health challenges. It is also important to note the process of decision-making. In WTO, decisions can be made only through consensus. Elsewhere, like in World Bank, voting rights are divided by shares and contributions. In a democratic decision-making body, equal rights and opportunities for all the parties are critical.

A Governing Body, constituted by all parties, is proposed as part of the institutional arrangements for decision-making. However, the functioning of this Governing body has been made sub-servient to the WHO Executive Board. This WHO Executive Board does not represent all parties. Procedures to be evolved for the functioning of the governing body might include ‘specified majorities required for the adoption of particular decisions.’ This will bring politics, politicking and probably give us a zero-sum game¹⁷.

4.7 India

The Indian government has followed WHO directions whenever they have been conveyed. This unquestioned acceptance has been a major concern. With a treaty, this can be the legal norm and would be worrisome to the democratic atmosphere in India. Nationally, the Union Government has not utilized the mechanisms of consultation and thinking enshrined in Indian Constitution. Unlike UK Parliament, India is yet to propose a discussion on the draft treaty inside Parliament.

When Covid struck in 2020, it was the duty of the Indian Government to first act quickly to protect the health of its citizen’s by forming a ‘High Level Health Experts Committee’ of the best and most

¹⁷ <https://www.merriam-webster.com/dictionary/zero-sum>

senior doctors and healthcare professionals in the country from all streams of medicine such as Allopathy, Ayurveda, Yoga, Unani, Siddha, Homeopathy, Sowa Rigpa, Naturopathy, Nature Cure & Energy Medicine. They were the ones who should have been entrusted with the Covid Response protocol instead of the Allopathy dominated National Covid Task Force that failed so miserably.

If the Indian Government had done that, not much harm would have come to Indian citizens. After all, a great nation like India with its 5000 year old Ayurveda & Yoga and other ancient medicine systems was the most suitable to handle something as simple and tiny as a virus. The Indian Government must now make up for this grave blunder that has destroyed the lives of millions of Indians, by immediately facilitating the formation of a multi-disciplinary national level apex medicine and health committee, supported by state committees having adequate representation of accomplished healthcare practitioners from all fields of medicine and healthcare, as suggested by the public.

India has gone through harrowing times in the last 3 years, mainly due to implementation of a kind of “One Health” project, coming from WHO, private foundations such as BMGF, pharma lobby in India and the perspicacity of election politicians. Lockdowns, compulsory masking, quarantine zones, mandatorily administering vaccines and experimental drugs, promoting private treatment, refusal to invest on public medical care facilities, liberalization of drug production and market pricing, promotion of drug exports are some of the tyrannical measures that people in India have endured.

The Global Pandemic Treaty promises a similar approach, albeit, with an international mandate. UK Parliament is discussing this already. Indian Parliament is yet to initiate discussion on the zero draft of this Global Pandemic Treaty. Government of India, or its various Ministries, have not put out information about the participation and position on this treaty.

V Analysis

5.1 Seasonal adaptive mechanism like flu is actually being termed as disease outbreaks. Thus, the pandemic definition now creates an emergency from ordinary health situations. Through the WPT, the WHO and its Director General want to be the sole decision maker of pandemic treatments, overruling any other medical experts, and push for, lobby and mandate experimental and under-tested vaccines, ignoring other drugs and medical protocols as it deems fit, more to serve the pharma lobby.

5.2 After Covid Excesses and their Pandemic Medical Frauds, can WHO be trusted to have such Power over all countries & people? This treaty inevitably gets linked to the recent controversies as an extension of the power grab and deception by the WHO with its declaration and management of the COVID-19 pandemic, such as declaring a flu as a pandemic (we did not need to declare a flu as a pandemic), enforcing masks, lock downs, quarantines, forceful hospitalizations, unscientific coercion for covid experimental vaccines, and other draconian measures.

Chief of the WHO’s pretense is that he feels this is an “opportunity to strengthen the global health architecture to protect and promote the well-being of all people” **The real opportunity that the WHO wants to create through the Global Pandemic Treaty is of creating a dictatorial structure to make radical changes to the national healthcare systems of its member countries.** This is akin to an agreement in 1995, which led to the formation of the World Trade Organization and the emergence of a global trade architecture. Concerns over national sovereignty were raised then. These concerns are valid now as well.

Anticipating such concerns, the Zero Draft cleverly reaffirms each nation’s sovereign right “in addressing public health matters”. The particular section in the draft treaty is carefully and deviously worded. It misleads by assuring: “States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to determine and manage their approach to public health, notably pandemic prevention, preparedness, response and recovery of health systems, pursuant to their own policies and legislation, and pushes in a caveat giving it power “...*provided that activities*

within their jurisdiction or control do not cause damage to their peoples and other countries.” Sovereignty also covers the rights of States over their biological resources.”

While referring to the sovereign right, this paragraph also includes a specific condition that over-rules sovereignty, “The sovereign right is not absolute”. The WHO would assume the dictatorial power to determine whether and which activities ‘cause or do not cause damage to their peoples and other countries’. It is not countries that decide, but the WHO decides, when and how this condition applies. In the background of concerns about the independence of the WHO, from pressures such as China or private foundations such as BMGF, this determination can actually be in the hands of the forces that dominate the institution of WHO.

The treaty has not assured these concerns either directly or indirectly through a democratically designed process of determination, wherein the WHO overrides a sovereign nation’s right.

The architecture of trade agreements, in and outside of World Trade Organization (WTO), has considerably weakened the sovereignty of nations to determine national policies that are appropriate. The Global Pandemic Treaty reaffirms the importance of One Health approach, and as such rejects all other approaches that are not approved by WHO, is drafted to ride over the sovereignty of all countries. There is no expectation that this treaty would discuss and approve pandemic treatment methods, apart from vaccines, the provisions in this treaty do not define mechanisms that might provide an opportunity for the emergence of innovative, traditional, diverse medicare responses to a pandemic. The preamble does not recognize the diversity of responses, which saved millions from COVID-19, and the criticality of diversity in the treatment systems.

In fact, it may not be WHO, which determines the national responses to a pandemic, being a weakling, it was. In 2020, it was observed that the WHO could not declare a COVID-19 pandemic due to threats from China. On the other hand, seriously, the WHO has been asked on what parameters it declared this as a pandemic. COVID-19 should not have been declared a pandemic at all. COVID-19 experience has exposed this UN organization starkly – it is not considered as an independent, unbiased, and ethical organization that aims to achieve the common good. In reality, its goals and agendas are set by its donors, including some of the world’s richest countries and most influential philanthropists¹⁸.

Jens Martens and Karolin Seitz explain in *Philanthropic Power and Development: Who Shapes the Agenda?*, “that the Gates Foundation and earlier the Rockefeller Foundation, have been shaping global health policies. Private organizations, who have shares in pharma and other healthcare companies, are able to influence WHO and governments direct grant-making, provision of matching funds, support for selected research programs, creation of global health partnerships with BMG Foundation’s staff in their decision-making bodies, and by direct advocacy at the highest political level. Bill and Melinda Gates Foundation declares on its website¹⁹, “we have a Memorandum of Cooperation (MoC) with India's Ministry of Health and Family Welfare under which we provide technical, management, and program design support for key health initiatives.”

Along with the amendments being made to the International Health Regulations (IHR), which were instruments of the WHO, for long, Global Pandemic Treaty proposes undue powers to the WHO over member states and their citizens. However, the clauses are sufficiently worded to mask the ‘real’ intentions.

5.3 Regulation of biological weapons and research on gain-of-function viruses is not broached in this treaty. World over research labs are doing research on viruses. There is dearth of information on such research. Information sharing and exchange on such research does not get place in this treaty. Rogue nations and terrorist organizations can potentially use virus-centric biological weapons to espouse their silly causes.

¹⁸ <https://mises.org/wire/whos-pandemic-treaty-end-national-sovereignty-and-freedom>

¹⁹ <https://www.gatesfoundation.org/our-work/places/india>

The WHO Pandemic treaty, with its contents, can lead to unprecedented mobilization of R&D in the direction of gene edited and digital technologies, facilitate financial flows to scale-up manufacturing of these products and enable technology transfer through debt instruments. While the slogan upfront is to improve equitable access of vaccines, treatments, and diagnostics, the debt traps and inherent payouts by the poor and developing countries are not revealed. Hospitals in India and elsewhere made huge profits because of pandemic and inappropriate, extra-legal responses from governments. Poor communities were stressed severely, and continue to face the consequences arising out of sudden lockdowns and forcible vaccinations. With disruptions in production and services, across the economy, caused by false transmission prevention methods of masking, social distancing and sanitation, awfully wrong testing and patently unproven declaration of covid infections, health systems across the world have failed and harmed the people.

Yet, this Zero draft includes the words ‘health systems’, repeated 51 times, across the text, but has not been defined. Health systems is a euphemism for health enterprises, and according to Harvard Business Review, this term poorly describes what are in many places mere collections of health assets²⁰. Why does WHO want such health systems, dominated by for-profit companies, when it wants ‘resolute action on social, environmental, cultural, political and economic determinants of health’ through the treaty?

5.4 This treaty does not touch upon three of corona pandemic’s most controversial issues:

- 1) Ineffectiveness of vaccines and treatments.**
- 2) Tyranny of the mandates, especially lockdowns and the starvation and other stress they caused.**
- 3) Origins of the Pandemic.**

Vaccines Masks and Lockdowns have been pushed as emergency measures, without sufficient and appropriate processes of safety. Faulty mathematical models and use of fraud RTPCR testing has been used to show cases rising. Testing and calling asymptomatic people as carriers and bio hazards were other frauds by WHO. The propaganda and the political push to force vaccination, as trials, than as a proven method, has compromised the health of millions of people. The treaty does not propose a scientific body or a process that aids and advises pandemic responses.

The treaty requires nations to pool research and development resources with the benefit of guaranteed access, which is also controversial. Competition can be castled, in the name of pooling and coordination. Research on vaccines is largely led by private organizations, even though public funds do subsidize such research substantially. Science can be sequestered, without transparency, competition and adequate oversight measures.

Legally binding procedures to share information and allow outside investigators are missing in this treaty. In the recent past, WHO has come out in poor light over this highly politicized problem.

The treaty does not envisage social, ecological, environmental, political and economic provisions that are necessary and linked with prevention and preparedness. Fundamentally, pandemic prevention is more about a decentralized system of building immune systems of individuals through healthy food and building diverse food systems that facilitate easy access to nutritious and healthy food. And, yet food is mentioned only once appropriately and vaccines 9 times in the Zero Draft. **Thus, there is no provision about the prevention of emergence and spread of viruses through herd immunity that can prevent pandemics.** The word virus appears only 3 times, while pandemic 168 times and pandemics 40 times. The political construct of pandemic gets more importance from WHO, which declares that its vision is to achieve ‘the highest possible standard of health for all people’²¹.

This Zero Draft declares, “Effective pandemic prevention, preparedness, response and recovery cannot be achieved without political will and commitments in addressing the structural challenges in inequitable

²⁰ <https://hbr.org/2019/01/what-a-health-system-is-and-isnt>

²¹ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-who-75th-anniversary-concert-at-victoria-hall--8-april-2023>

access to fair, equitable and timely access to affordable, safe and efficacious pandemic-related products and services, essential health services, information and social support, as well as tackling the inequities in terms of technology, health workforce, infrastructure and financing, among other aspects.” **showing the emphasis only on vaccines, pharmaceuticals and their distribution.**

VI: Conclusion

Do we need WHO itself? Should We Exit the WHO? Should the Planet Disband the WHO?

The Global Pandemic Treaty is being formulated supposedly to have united effort, coined in the term One Health, One World, but is really a power grab move. The World Economic Forum, at Davos, has been advocating for such unified response, meaning wanting to establish “dictatorial control”.

In conclusion, whilst the WHO-led Global Pandemic Treaty promises a unified, one health approach to future pandemics, it is a repetition and extension of what was done during COVID-19, making it a catastrophe of tyrannical domination, now raised to a global scale, with a more structured power grab. **Such a structured, concerted approach led by WHO, which is not yet independent from the shackles of private foundations and private health care companies, backed by Governments of all hues, is going to be a formidable weapon to kill people’s movements for justice, equity, sovereignty, diversity and sustainability. It is likely to be a potent doorway to forcibly introduce gene-edited technologies in health and food sectors.**

It is expected to endorse digital technologies, which infringe on individual rights and can be an unseen tool to smother fundamental human rights, namely right to liberty and right to life. Alternative medical care systems, of indigenous and traditional society origins, would be suppressed by this Zero Draft Global Pandemic Treaty, even as it ignores the therapeutic role of these systems in containing the spread of COVID-19 pandemic.

The Treaty is based on fear mongering and declaring constant states of Emergency. Based on these apparent fears, this treaty proposes emergency powers to the WHO to declare pandemics. This paranoid method of management needs to be reversed so that people no longer fear colds and fevers. In the past, pandemics happened once in a 100 years. This model is likely to declare a Pandemic every 3 to 4 years. The detrimental effects of the WHO’s forced solution, i.e. vaccines, needs to be evaluated given the current spate of sudden deaths from vaccination. A decentralized system of health care is the only way for true health care.

As Jagannath Chatterjee, one of India’s most well researched figures on vaccine said “As the so called infectious diseases were “conquered” using vaccines and antibiotics, the world is witnessing an explosion of serious chronic diseases. These diseases are called lifestyle diseases by pharma but are really due to the toxins in the body from the vaccines themselves. Restoration of health requires detoxification measures.” Viruses and germs are not the key causes of “pandemics’. Besides, One Health is a myth and true health care needs to be decentralized, locally determined to suit local needs, cultures, and remedies for their specific health challenges.”

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