

FULL TRANSCRIPT

The Fundamental Transformation of the W.H.O. from Health Advisor to Global Dictator

Wednesday, Nov. 8, 2023 at the U.S. Capitol Visitors Center

Sponsored by Sovereignty Coalition Partners: American Freedom Alliance, Children's Health Defense, Committee on the Present Danger: China, Door to Freedom, Eagle Forum, Family Research Council, Global Health Project, Stand for Health Freedom, The Center for Security Policy, and Women's Rights Without Frontiers

Senator Ron Johnson hosting Sovereignty Coalition members Frank Gaffney as moderator with subject-matter experts: the Honorable Michele Bachmann; Reggie Littlejohn, esq.; Valerie Borek, esq.; Dr. David Bell, M.D., Ph.D.; Dr. Meryl Nass, M.D.; Dr. Kat Lindley, M.D.; Catherine Austin Fitts; and Kris Ullman

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TRANSCRIPT BEGINS

Frank Gaffney: [00:00:21] Hello. I'm Frank Gaffney. I'm the executive chairman of the center for Security Policy. And I guess the co-chairman of our sovereignty coalition with my friend and colleague, Reggie Littlejohn. I've been involved in a lot of coalitions the last 35 years or so. I'm not sure I've ever been involved with one that is as formidable. In terms of the people who have pulled together as impressive—in terms of their credentials and skills—coalition, [00:01:00] which is an informal team. The formidable, impressive members of it are with us today. Which is to say, I want to thank Senator Ron Johnson for helping us put this together for this together as well as coming to speak to us. I want to thank Dr. Meryl Nass in particular, for having been kind of the "sparkplug" behind many of the logistical and details with this program. I think you're going to learn a lot. And our purpose is not only to help you learn a lot, but I hope to help you help people that you represent or people that you work for represents [00:02:00] to understand what is, I personally believe, the greatest single threat to the sovereignty of the United States that we face today. And frankly, that's saying something because there's a lot of competition for that distinction.

Frank Gaffney: [00:02:25] I'm going to introduce each of the individuals in turn, but I take special privilege and pleasure in introducing the woman who has offered to introduce Senator Johnson. Her name is Michele Bachmann. She is well known to people in this building, having served with great distinction as a congressman from Minnesota. She has run for president. She has become an incredible thought leader in the conservative movement, I think, and really in the world. [00:03:00] Her current day job is as the dean of the Robertson School of Government at Regent University, and she has been one of the driving forces behind the effort to both raise consciousness about, but also raise an alarm about the danger that we face from the idea that we will institutionalize arrangements that, frankly, were disastrous. When the World Health Organization simply served in its original function, more or less, mainly as an advisory body. But stands at the moment poised to become an instrument of what is now being called global governance. Essentially putting it on steroids, giving it authorities that had never been contemplated [00:04:00] and frankly, are not even properly discussed, let alone approved. So, we're going to talk with this great group of people starting with Senator Johnson following Michelle's introduction about the various dimensions of this problem that will not only make you among the most informed people in America, but probably about this great and growing danger to both our sovereignty and, I think, the Republic more generally. So with that, Congresswoman Michele Bachmann, welcome.

Michele Bachmann: [00:04:40] Thank you. Thank you for having me. Thank you, everyone, for coming today. It really is a thrill for me to introduce Ron Johnson. He's a neighbor next door in Wisconsin, and I met him for the first time, you wouldn't remember this, but when he was running for the first time for office, and I [00:05:00] had introduced a bill to build a bridge between Hudson, Wisconsin and Stillwater to get this bridge built. It was the longest unfinished bridge project in the history of the United States, and it was all because it was meant to be a shakedown operation so that the Sierra Club could get money every time a new bridge was going to be built. Well, we smashed through that, which was great, and we got this bridge built. But I met Senator Johnson. I really liked him. He's an extremely likable person. He's a true American in every possible way. He's an extremely hardworking person, and he's a happy person. He's an optimist. He's the kind of guy that you just want to hang around. He and his wife, Jane, live in Oshkosh, Wisconsin. They have their children; they have their grandchildren. But he really is something he started as a young boy. He had all the great habits of a work ethic. But then when he became a man, he started building his own company.

Michele Bachmann: [00:05:59] And [00:06:00] so in Wisconsin, he built a company all based on manufacturing, very successful. He did everything in the business. It grew. It was very successful. And then he saw what a lot of us who came here saw. You can spend your whole life doing everything right, building something up, creating jobs, adding to the community, only to have the government come along and try at every turn to bankrupt you and take everything that you raised up and maybe even hurt your ability to have employees. Well, that's Ron Johnson. So, he went from being very successful to do something not a lot of successful people want to do, come here and try to make the world better for people who did what he did. And it's a frustrating place because usually we don't advance, we see ourselves recede. But he's been here for three terms now and he has made a huge difference. All of you in this room may know [00:07:00] him for the hero that he was to this entire country when he put a spotlight on the pandemic, not only where it came from, which was huge, but also what about the injured? What about the human cost here in the United States and around the world? He talked about the people who had adverse reactions and who died from this.

Michele Bachmann: [00:07:25] So he put the effort on that. So, we all lived through the horrors of having our constitutional liberties effectively suspended for three years. And he continued to forge through, even though he ended up being a lone voice. Many of you may have seen his infamous hearing that he held. Was it last December 7th? It was one of them. One of them. Okay. It was the best hearing I saw in my life. It was five hours long. I watched it three times. That's 15 hours of my life. The best 15 hours that [00:08:00] I spent because I've learned more. You couldn't hear anything in the media about what the problem was. Finally, Ron Johnson, who wasn't in the majority, he just took his position as a US senator, and he put a big, broad floodlight by letting people who actually some of whom lost their jobs by trying to tell the truth, he let them talk. It was one of the most heartbreaking, but yet greatest hearings in my life. Then along came this issue of as bad as it was for those three years, now it's looking at becoming worse because we saw Dr. Fauci take this power. We saw President Biden issue public health emergency, emergency powers. Emergency powers is a dangerous thing. And we saw how it was overplayed and we lost our freedoms during those three years. Well, now the effort by President Biden is to give that [00:09:00] power of declaring an emergency at the international level to the most untrustworthy organization there is when it comes to pandemics. And that's the World Health Organization. So that's what

he wants to do. President Biden wants to give this over. Well, this is very far down the road, I'm sorry to say. It's very far down the road.

Michele Bachmann: [00:09:22] So the World Health Assembly that meets in Geneva, Switzerland at the end of May. They have made the decision that they're going to go forward with this. So now the question is, will countries disagree? Because that's the protocol. Countries have to disagree. If nations disagree and the US is all on board and we're the big dog at the World Health Organization, we have to get some countries to disagree so that we don't lose our sovereignty. Frank said that this creates a platform for global governance. That sounds shocking, but it does. It creates this platform. So, it's important that we hear now from the man who [00:10:00] probably brought greater enlightenment to US citizens than anyone else on this issue, Senator Ron Johnson, please give him a warm welcome.

Sen. Ron Johnson: [00:10:21] First of all, Congressman, thanks for the introduction. It made me blush. Listen, there are a lot of heroes here, and I'm not going to dwell. You know, Frank and Dr. Nass and Mary Holland and all of you. You're heroes in your own right. I think one thing we all have in common is, our eyes have been opened to what's happening here. And once your eyes are open, you really can't close them. Our task needs to be to open up more people's eyes. I don't know what percent. I was talking to Dr. Moore, and he thought maybe 20% that have their eyes open. You know, based on the pandemic and all, all that's going wrong in this country. But the pandemic has exposed an awful lot. So let me cut right to the chase in terms of what this conference is about, [00:11:00] in terms of the amendments to this W.H.O., what I guess is called a treaty. Okay. So, I'm trying to make sure it is a treaty, so it gets consideration and ratification in the Senate. I don't think it would be ratified if it got brought up. Here's the current state of play. I offered an amendment to a bill to repeal the authorization—authorization for use of military force in one of the Iraq situations. And this is one of these bills that the Senate loves to take up. It seems like we're being serious. It wasn't going anywhere because they knew the house wasn't going to take it up. So, this bill dies. So, I mean, that's the charade of Washington, D.C. Well, give me an opportunity to offer an amendment to deem these amendments to the W.H.O. agreement as a treaty and come before the Senate. Well, it's a little depressing about that is, the vote. Every Republican voted for that except for the bill sponsor, because he didn't want a poison pill in the bill because if it did pass the Senate, it won't [00:12:00] pass the House. Every

Democrat voted against it. So, you really have to wonder, why would that be? I mean, senators ought to be jealously guarding their constitutional authority over these things. We have supposedly three co-equal branches of government. We don't anymore. We've given the executive power enormous—or the executive branch—enormous power, and they're happy to take it. And if we don't reclaim it in these situations, it's a real problem. So again, you've got to scratch your head. Why? Well, the main reason is Democrats are in lockstep behind their component of the cartel. And you've probably heard me talk about the cartel. It's the Biden administration. It's the federal health agencies who have been completely captured by Big Pharma. It's the media companies that have also been captured by Big Pharma in the mainstream media, plus the social media companies. And that's the cartel charter. Members of that are Democrat members of Congress. And so they're going to follow in lockstep whatever President [00:13:00] Biden does.

Sen. Ron Johnson: [00:13:00] And President Biden is all for, you know, the new world order and governance. So how do we bust through this? It's not going to be easy. In our society globally you're seeing you're seeing some people recognizing reality. In some European countries where they're not allowing the vaccine for anybody under 50. Again, I can't remember all these. I don't have the photographic memory like Dr. McCullough has. I mean, that guy is amazing. But globally, first of all, nobody wants to believe government in these agencies—that we rely on to ensure drug safety—would lie to them. That they would do something this malign. They just simply don't want to believe it. You know also in the US, probably about 75% of Americans got the vaccine. Nobody wants to admit that they might have by not ensuring that they got themselves properly informed, that they did something that could [00:14:00] harm their health, that they could have some ticking time bomb in their body. So, they don't want to admit that. They just want to push out of their mind and move on with their lives. You know, here in Congress, we had members cutting videos. "Get the jab, get the jab," you know, going all over for months. And "we need to end this pandemic. Get the jab." Doctors obviously pushed this on their patients. Hospitals required their health workers to get this. The President of the United States forced this on the members of the military. The commanding generals forced it on their themselves and their reports.

Sen. Ron Johnson: [00:14:38] So, everybody was made complicit in this. So, nobody wants to admit they were wrong. And one of the techniques of preventing yourself from admitting you were wrong is double down on failure. To roll out masks again, even

though you've got the studies that say they [00:15:00] don't work. You know, "let's let's keep doing jabs." I was telling the group earlier that I listened to a very interesting video this morning with Dr. Peter McCullough on London Reel, and I hadn't really thought about this, but he said, you know, 'I wonder how I wonder how many of these health officials, I wonder what the President of the United States has literally gotten, what the recommended seven jabs? You see the Rasmussen poll? Twenty-four percent of Americans believe they know somebody who died from the jab. About half think they know somebody who died of Covid. But again, 25%, the 'v-safe.' There's a voluntary safety surveillance system for the Covid jab. 10 million people signed up. Aaron Siri had to sue the CDC to release the results. The results were devastating. 7.7% of people got the jab had to seek medical care, 24% lost a day of work or disrupted their routine. We shut down an eyedrop for one death. We're up to 36,000. [00:16:00] 36,500 deaths on 24% of those occurred on days zero, 1 or 2. Again, so to us, we have our eyes open. This is so obvious. It's been obvious for years.

Sen. Ron Johnson: [00:16:15] Why doesn't the rest of American lives and the rest of the world recognize this? And I just gave you an explanation. They don't want to admit it. So human testing. Nobody wants to admit they're wrong. Nobody. So, it's a significant challenge. I ran again, I couldn't turn my back on this country, but I certainly couldn't turn my back on the vaccine injured. Nobody else was advocating for redress. I brought in a bunch of vaccine injured. I helped set up meetings and encouraged senators to meet with them. They were treated shabbily. I mean, I can't believe some of the reaction. They were treated nice by some offices, but in others was such, such a level of disrespect, just scorn. It [00:17:00] tells you something. They don't. My colleagues here don't want to admit it. So, you have you have to get that. You have to understand that and integrate that in terms of what your strategy is to be successful here. The only way we succeed is if we get more people up on their eyes. And certainly, the people, the vaccine injuries we're seeing is probably the best way of doing it again. Yeah, three quarter of Americans think they know somebody who died with a jab. I think everybody knows somebody or they themselves experienced an adverse event, even if it was minor, which is why, I mean, the success we have had is that we have a very low uptake of the current boosters.

Sen. Ron Johnson: [00:17:40] So, I mean, those of us who've been this medical freedom can at least take comfort in that, you know, our efforts have at least resulted in

that. I don't think mRNA is going to be a platform that's going to be successful until they have all the bugs ironed out, and they have extensive testing, which they didn't do on these things. So, my advice [00:18:00] to you is you're trying to combat this is first you're preaching to the choir here, you're with Republicans. We're going to be, you know, even my colleagues who don't really want to admit that our response was miserable. And they probably shouldn't have been pushing the jab on people. They are all about protecting U.S. sovereignty. So, Republicans are on board. Democrats aren't. So those are the folks you have to persuade. And the only way I can see to open up people's eyes is to literally get them to look at the injuries, look at the reality of what has happened as a result of our response. I don't know how anybody can look at our response to Covid and say it was anything but a miserable failure. I mean, we indebted ourselves to a tune of six, 7 trillion additional dollars. You know, we America had 16% of the world's deaths, supposedly. I mean, those numbers are unquestionable, but we have 4% of the world's population. All these vaccine injuries, this was a miserable [00:19:00] failure. And yet we don't talk about it because members of Congress voted for \$6 trillion of aid that they just watched, wasted and was misspent and gobbled up by fraud.

Sen. Ron Johnson: [00:19:13] They don't want to examine that. When you put something like a paltry \$50 billion into oversight, inspector general is on six \$7 trillion worth of spending. They don't. Again, I cannot tell you how dysfunctional this place is. Okay. There's a reason I didn't want to run for a third term. Okay, but anyway, that's the bottom line. I mean, we need to utilize the reality situation in terms of vaccine injuries, I think is our main cudgel for getting more people open up their eyes and realize that we blew this. We certainly don't want to give an organization who we don't trust to begin with, greater power to respond to another pandemic that could be ginned up. That's one thing we don't talk about. I mean, we don't get honest numbers from CDC and FDA. But the best I can determine, [00:20:00] Covid was no worse. The coronavirus is no worse than maybe bad flu season, right? And we freaked out. We shut down economy. We destroyed, I mean, destroyed people's lives economically, much less physical. And again, this is so obvious to us. Our goal has to be able to make it more obvious to more people, kind of one person at a time. So again, God bless our efforts. I know we have time for questions, but that's pretty much my spiel. Yeah, because you've got some. Sir. Sir.

(AUDIENCE): [00:20:38] Hi. Charlie Frohman with National Health Federation. And we go back to the 1950s helping doctors who are persecuted on that chart. You see, 'enforce surveillance' and 'loss of rights from the W.H.O.' And what's missing from there is the mechanism, how that spying on us and manipulating our behavior would occur. And it's from a wireless mesh of antennas outside our bedrooms [00:21:00] and kids' classrooms that Republicans are right now pushing through Congress. Now, health freedom activists love you and Republicans for Covid and now the W.H.O. But that support is going to be a little questionable if they look out their bedroom windows and see a bunch of 5G antennas, when they could have had fiber, and they saw the party that was pushing through this wireless mesh, which is going to become a digital prison. So, you running again allows you to put a hold on those bills to become a champion for health freedom. I wonder if you would consider that, given that is going to that is how the W.H.O. is going to get us.

Sen. Ron Johnson: [00:21:38] So trust me, I've been here, I've been doing investigations, I've been the target of FBI operations to, for example, say that all the Hunter Biden information was Russian disinformation. So, I've got a pretty open mind of how this, this group of one world governance, the Karl Schwabs of the world, the Bill Gates Foundation, I don't know all the methods they're using. I think they're probably [00:22:00] about ten steps ahead of us. I don't doubt that at all. All I can do is kind of what I can do. Okay. And right now, I'm kind of focusing on this as the primary because my primary target, because I think has Covid has opened up people's eyes not only to the abuse of federal health agencies, what happened here, but all of this as well. But I think you do need to be a little careful in terms of going too far ahead. I mean, when I, when I held these events, you know, I've got a guy like Dr. Michael Yeadon, he's the reason I didn't get the shot. I was talking to him early on and he was beside himself about this gene therapy. He couldn't believe it. So, I got educated. But, you know, the people who have their eyes opened are, you know, ten steps ahead of the general public. And what I always advise him is, is we need the foundational building blocks to bring people along. If you leap to ten steps ahead, without the public having all those foundational building blocks, it's easy to marginalize you. It's easy. I mean, people view me as a whack job. Okay. I'm not. And I haven't gone anywhere near as far as so many people have. Not that I don't necessarily disbelieve what they're saying. I'm just trying to make the case one step at a time, and if we get ahead of ourselves, we're going to be

too easily destroyed. And all our efforts to, you know, address what can be addressed right now are going to be lost. Okay.

Sen. Ron Johnson: [00:23:31] Mary.

(AUDIENCE): [00:23:32] You said that the Democrats are the ones to persuade. Do you have any suggestions for how we might do that?

Sen. Ron Johnson: [00:23:40] You know, so I'm if we had the majority, I'd be chairman of the firm's subcommittee investigation, and I and I would be holding hearings on all this stuff. Okay. So, I've been trying to get our current chairman, Richard Blumenthal, interested in this. He sees all my letters. He's you know, I actually gave him the movie "Vaxxed," which he claims to have watched. I mean, [00:24:00] I don't know how you can watch that and not go, whoa, something's happening here. Right. Well, he seems pretty immune to watching it and wanting to take action, because I just saw him up in Connecticut with the new CDC director pushing the vax, you know, booster shot. Okay. So, it's going to be a challenge. I keep talking to my colleagues. And we got a number of doctors in the Senate. I remember sitting down with one probably about a year ago and saying, do you know how this vaccine actually works? Not really. And, you know, he's saying, you know, again, the excuse always is with doctors. Well, there's risk to everything we do, which is true. Right. And that's there. Listen, there's always risk said. Well so I explained it to him very quickly. You know that by distributes over the body. Then it enters the cell, its used by the mitochondria to express the spike protein, which the body attacks us by myocarditis.

Sen. Ron Johnson: [00:24:51] At the end of the Congress said, well, if you describe it that way, it is a little scary. He's never talked to me about that since. I said, you know, listen, I'm happy to connect [00:25:00] you to doctors to educate you further. And, you know, so that I'm not aware of a doctor and I like I like the Doctors Republican Conference. There's not one that is willing to talk to me about this. We had a lunch where one of our senators stood up and admitted that he either had he claimed long Covid just happened to afflict him a couple of weeks after he got vaccinated. Another senator stood up. You know, very young, very healthy, I would say devastated by the vaccine injury. Okay. Again, I said, guys, I've got doctors that actually take this seriously. Let me connect you with them. Oh, okay. I've done it with you know, there's

Democrat senators that have admitted being vaccine injured. I'm happy to hook you up with people that are taking this seriously. They're trying some experimental therapies. They just don't want they don't want to admit it. So, they're still relying on a medical establishment. They still have faith in it. Right?

(AUDIENCE): [00:25:58] Would it help if, let's say, we [00:26:00] had really a concerted effort to have constituents who are vaccine injured? It's not so hard to find. So, so on a particular day to, you know.

Sen. Ron Johnson: [00:26:09] That's why I was encouraged to do. Come here. Insist on seeing your member of Congress, not a staff member, because you know Stafford Stafford shakes her head and all kinds of stuff and never even tell their members. Okay. So, you have to actually meet the member, and I'll tell you, I'm not easily shocked, but I was actually shocked at the, you know, the just the lack of respect these you had Earnest Ramirez there. He lost his son. I mean, I had, you know, wives who lost their husbands. I mean, how how can you listen to that? I mean, I listen to, you know, the families of, you know, these school shootings and stuff like that. I mean, I it's not fun, but I meet with them, and you express condolences. That wasn't universally the case here. So, I'm shocked. But no, I think the more that happens, the more vaccine injury [00:27:00] we can get to show up here and then insist on seeing their member of Congress tell their story. But they need they need to be very well prepared for not being treated well. Okay. I mean, we have we have to push this until you might have to bring camera crews of a local station that is sympathetic with your case. Yeah. You know, and then ask, then ask a member of Congress. What do you think of this story?

(AUDIENCE): [00:27:24] I mean, in district may be easier just because people are injured.

Sen. Ron Johnson: [00:27:27] No, I think that's true.

(AUDIENCE): [00:27:28] And do it with local camera crews I like.

Sen. Ron Johnson: [00:27:30] Yeah, you got to set that up so that you've got to sic the news outlet covering the story. Here's the member of Congress and they start asking that member of Congress means you just discount this. I mean, do you think there's no

chance that this might be a vaccine injury? Do you have other do you have other people in your district that have claimed vaccine injury? There again, the vaccine injury just has not been able to break through the way. I would have expected them to. That's [00:28:00] it. Okay. Thank you much. God bless.

Frank Gaffney: [00:28:09] I want to do a, I guess they call it in this body, to make a point of personal privilege. I had the opportunity to serve in this institution four years ago. And I must tell you, Senator, I'm agog at what you just said about the senators representing constituents treating them, well, contemptible. It's just unimaginable to me. And even worse, in a way, because of the stakes is what you personally demonstrate, which is that not a majority, actually, but a sufficient plurality of this body declined [00:29:00] to do its constitutional duty on something of this consequence. And I just wanted to leave you, and I thank you for sticking around for this comment, sir. First of all, just to echo everything that Michelle said about, you know, how revered you are, I think by not just, you know, people who have these particular sets of interests, but who just appreciate that you're a kind of Cincinnatus figure. You came here to serve, and you just assumed not, if you could get away with it. But you have to. And that's so appreciate it. But also, I just wanted to connect the dots here. I think you're absolutely right. The critical argument for us to be making to senators as to why this is so important is that people who they represent have been, in some cases killed, and certainly in many, many other cases, very, very profoundly harmed [00:30:00]. Some permanently, some temporarily.

Frank Gaffney: [00:30:04] But how did we get here? I would argue we got here because the World Health Organization told us that the China model was the right way to deal with this thing. First of all, that it wasn't a problem. And that it's manageable because it doesn't get transmitted between humans. Then, that if that was a problem, you should wear masks and then you need to do the full lockdown, and then you need to take jabs of untested or inadequately tested vaccines. I mean, all of this goes back to what we were told by an outfit that, frankly, is, I believe, substantially run by the Chinese Communist Party, certainly in the person of the director general. So, this is all about [00:31:00] the vaccine injury and the damage that has been done to our society. As Michelle said, our freedoms, our constitutional republic. So, your leadership on both of these issues is profoundly important and deeply appreciated, sir. Thank you. Thank you. Just one.

Sen. Ron Johnson: [00:31:15] Final point. Yes. No doubt. Who failed us?

Frank Gaffney: [00:31:18] Just like we don't want to miss a word. Yes.

Sen. Ron Johnson: [00:31:21] So there's no doubt that who failed us. But every institution of this country failed us. Every institution.

(AUDIENCE): [00:31:28] Yes.

Sen. Ron Johnson: [00:31:29] Congress failed us. The administration failed us. The health agencies failed us. Our media failed us. The social media failed us. Every institution failed us. None of them want to admit they were wrong. That's right. And again, I keep pointing out they have the power to make it almost impossible to prove them wrong. Again, you have to understand what we're up against. One thing I have to admit or push back on congresswoman's introduction of me. I'm not an optimist. I'm not the most uplifting character to talk to you, because the reality [00:32:00] we face now is stark. We have to understand what we're up against if we're. Again, you have to admit the problem, and it's extensive. So again, we're up against all of this. And the hope I have is the truth, as Dr. Lewin often says, Truth has its own power. We need to be evangelists of the truth relentlessly and irrefutable truth. I was kind of getting that point. Let's not let's not get too far out there of things that may still be speculative or hard to prove or may be impossible to prove today. Let's stick to what we can prove irrefutably and build that foundational base of information if we're going to have any chance. Thank you, Frank. Thank all of you. I got to go.

Frank Gaffney: [00:32:53] Thank you so much, Senator. That's a tough act to follow. And it was no act, [00:33:00] of course. And I guess he's not going to be coping to be an optimist, but he is an uplifting guy in terms of truth telling. And that's what we're here to do is to talk to you about the truth. I would just close my remarks by saying that he's absolutely right, that every aspect of our government failed us to. But I think that was in part because they were following the lead of the World Health Organization. And to the extent that that was a problem then, when all it could do was advise us, the prospect that it will be able to tell us what to do is a terrifying proposition. To speak to that proposition. I'm delighted to welcome the co-sponsor of this remarkable coalition,

Reggie Littlejohn. She is a lawyer by training, Yale University trained litigator. But [00:34:00] her greatest, I think, contribution thus far has been founding and running a marvelous organization called Women's Rights Without Frontiers. She has expended a tremendous amount of time and energy on this issue because she appreciates that women are not going to have rights, or anybody else for that matter, if the global governance guys get their hands on our republic. And I can't thank her enough for her leadership in particular, when the series of webinars that something we call our little coalition, Stop Vaccine Passports Coalition has been doing that have really, I believe, been unbelievably important contributions to our understanding of all these challenges, specifically with respect to something she's going to talk about, which is the "digital gulag," as we call it. So, Reggie, welcome. Thank you so much.

Reggie Littlejohn: [00:35:00] Thanks [00:35:00] for pulling together the AV on this. I was told last night I had ten minutes and now I see I have six minutes and 52 seconds, so I don't know if we're going to be able to get into everything I wanted to talk about. Frank just said take ten so you can redo that. All right. Thank you. So as the co-founder of the Sovereignty Coalition, I have been extremely concerned about this global governance that is coming down through the World Health Organization using the China model. Never before has humanity been so close to losing our freedom and entering a digital dark age. Once digital IDs and central bank digital currencies become operational, there will be no more dissent because as soon as you dissent, you will be ostracized. And I'll go into how that will happen. So, we have to act now to stop these monstrous plans before they become an Orwellian [00:36:00] reality. So, for those who think that this is a conspiracy theory, I'm going to show you a couple of videos and some charts in which in the words of the global elites themselves, they are telling us what they are doing. So first of all, we want to understand the motive for pressing a vaccine into every arm worldwide. Follow the money. I just want to show the first video about Bill Gates.

VIDEO - TV Host and Bill Gates: [00:36:34] We're here today with Bill Gates. I'd like to talk about, about what he's been working on. And thank you so much for being with us. I'd like to talk to you about your approach to vaccinations. You wrote something recently, and like you always do, you kind of looked at the problem from a scientific and business perspective on things. You've invested \$10 billion in vaccinations over the last

two decades. And you figured out a return on investment for that. And you kind of stunned me. Can you walk us through the math?

VIDEO - TV Host and Bill Gates: [00:36:58] We see a phenomenal [00:37:00] track record. It's been 100 billion overall that the world has put in our foundation is a bit more than 10 billion, but we feel there's been over a 20 to 1 return. So, if you just look at the economic benefits, that's a pretty strong number compared to anything else. The human benefit in millions of lives saved. So, you know, we're here with a pretty strong message that although all these other issues are very important, let's not forget about the great success in global health and maintaining that commitment.

Reggie Littlejohn: [00:37:36] All right. From the mouth of Bill Gates, a 20 to 1 return on investment is absolutely the most lucrative thing he's ever done. Now why do we care? The reason we care is because Bill Gates is a major funder of the World Health Organization. So as a major funder, he's funding an organization that he's telling them, you know, make [00:38:00] the vaccine be a pillar. I mean, and so they are following a lead of somebody who is funding them, who wants more and more vaccines. This is a massive conflict of interest. Now, this push towards vaccines has been used to justify the use of a vaccine passport or a digital health ID or any kind of a digital ID. So, this is a chart from the World Economic Forum about what the digital ID will do. And this is the China model. This will support the China social credit system. So, these are the things that you will need to have a digital ID in order to do. So, for example, to access health care and medical treatment, you will need a digital ID to open a bank account or to carry on online financial transactions, to travel, to shop online, to access social [00:39:00] media platforms, to pay taxes, vote and collect benefits like Medicare and Social Security. You don't have a digital ID; you will not be able to do any of these things. And this is just the same as the Chinese social credit system. They use this to surveil every single aspect of your life, come up with a score and then use that score to determine the level of your freedom.

Reggie Littlejohn: [00:39:28] So if you are in China, if you are a wonderful, in their opinion, Chinese communist sheep, if you never make any waves, if you never disagree with the government, you can live what looks like a normal life. But if you dissent, if you criticize the government, if you don't take your vaccine, okay, then your score will go down. And the first thing that can happen is you can lose your job. You won't be able to

borrow money to buy a home. Your kid won't be able to go to a good school. You won't be able to travel even on the local bus. And if you keep it up, [00:40:00] they can cut you off from your credit cards and your bank accounts. And if you continue to keep it up, they can just disappear you. This digital ID is the platform by which this can be operationalized worldwide. We need to stop this. So how will they accomplish this? One of the ways that they can accomplish this is through central bank digital currencies. And these currencies are programmable, meaning that it's not like money. This is Augustin Carstens. He's the general manager of the Bank of International Settlements. He will tell you the difference between cash and central bank digital currencies.

VIDEO - Augustin Carstens: [00:40:58] We intend to establish [00:41:00] the equivalence with cash, and there is a huge difference there. For example, in cash, we don't know, for example, who is using a \$100 bill today. We don't know who is using a \$1,000 peso bill today. A key difference with the CBDC is that central bank will have absolute control on the rules and regulations that will determine the use of that expression of central bank liability. And also, we will have the technology to enforce that. Those are those two issues are extremely important. And that makes a huge difference with respect to what cash is.

Reggie Littlejohn: [00:41:48] So what does it mean? They will have absolute control over how this works. It means that the rules, for example, could mean that you can't spend money more than five miles from your house or in the case of a 15 minute [00:42:00] city, you can't spend more than 15-minute walk. You have to spend it by a certain date. And if you're disfavored, for example, if they're pushing vaccines and you refuse to have one, they can just turn your money off completely.

Reggie Littlejohn: [00:42:15] Let's have the next one talking about One Health. One health is a pretty sounding concept. It joins human health, animal health and the environment. What they're trying to do, and this is an official chart. What they are trying to do is the World Health Organization wants to be able to surveil and censor disinformation concerning human health, animal health and the environment. So, I don't have time to get more into this. I still only have two minutes left. The new pandemic treaty, the most recent draft, has something in it called the conference of the parties. And [00:43:00] this is very, very different, very, very dangerous because whatever we pass for this pandemic treaty can be amended by this conference of the party.

Reggie Littlejohn: [00:43:11] The conference of the parties is an associated body. But I'm very concerned about article 28, which says this. Any party of the conference of the parties may propose amendments to the W.H.O. pandemic agreement. Such amendments shall be considered by the conference of the parties. Amendments to the W.H.O. Pandemic Agreement shall be adopted by the conference of the parties. So, whatever we pass now can change through the conference of the parties, completely unelected. Next image from the United Nations talking about another whole issue of complex global shocks, how they want to the United Nations separately wants to basically have an emergency platform that would operationalize automatically for climate change. You can see there are global connectivity, digital connectivity, [00:44:00] major event in outer space and unforeseen black swan events. Basically anything, anything that's not covered by the W.H.O. is going to be global governance by the United Nations. And ultimately, I believe that this is an attack on God. So, I want to play the next video, the final video. Yuval Noah Harari, who is the right-hand man of Klaus Schwab, who is the leader of the world economic forum.

VIDEO - Noah Yuval Harari: [00:44:26] But some governments and corporations, for the first time in history, have the power to basically hack human beings. There is a lot of talk about hacking computers, hacking smart phones, hacking bank accounts, but the big story of our era is the ability to hack human beings. And by this I mean that if you have enough data and you have enough computing power, you can understand people better than they understand themselves, and then you can manipulate them in ways which were previously impossible. And [00:45:00] in such a situation, the old democratic system stopped functioning. We need to reinvent democracy for this new era in which humans are now hackable animals. You know, the whole idea that humans have, you know, this, they have this soul or spirit, and they have free will, and nobody knows what's happening inside me. So, whatever I choose, whether in the election or whether in the supermarket, this is my free will. That's over. We need to come to terms with the fact that no matter again, this is where philosophy meets computer science and biology.

Reggie Littlejohn: [00:45:41] So, friends, we are on the cusp of a complete totalitarian takeover. If we are able to wake up enough people before the trap snaps shut, we may escape. And if not, we are facing the destruction of our national sovereignty and our

personal medical freedom. The truth has power. So, let's resist [00:46:00] now by getting the truth out. Thank you.

Frank Gaffney: [00:46:09] Thank you. We're going to hear next from a woman who has, I think, emerged as a very formidable analyst and advocate on the kinds of health freedom issues that we're talking about here today. And we're talking about health freedom, by the way, I hope you won't think of this as an abstraction. We're talking about your personal health freedom, as we'll be discussing in the course of these remarks. Her name is Valerie Borek, and she is an associate director and lead policy analyst for Stand for Health Freedom. Widely published, she has been very articulate, and I think increasingly a go to resource on the [00:47:00] sorts of topics that are much in play in this particular debate. And we're very appreciative of her joining us for the purpose of expanding upon basically the question of and Senator Johnson got into this a little bit, the two instruments that are now inexorably being moved forward by the World Health Organization to achieve their global governance gambit, I call it. We'll be talking a bit more about the treaty, which the W.H.O. doesn't want to treat it as a treaty here. And you heard about members of the Senate who feel the same way and the administration, but they keep calling it a treaty. So, it's kind of a clue that it should be. More insidious is what she's going to talk about, which is the other document, the amendments to the International [00:48:00] Health Regulations and why they must be treated as a treaty as well. Valerie, welcome.

Valerie Borek: [00:48:12] Thank you very much. I'm really grateful to be here. And thank you so much, everyone who's attending for your eyes and your ears on this issue, because this is how it's going to take off. We need as much light on this and awareness as we can get there. So, I'm going to talk to you about two points that I want you to take away from what I have to say today. Number one, the importance of the international health regulations in this sea of things that are going on, and also, what non-binding really means, that it's really a misunderstanding to think that means that there will be no impact. So first we're going to talk about the two documents that we are watching at the World Health Organization. Most eyes are on the pandemic treaty, as we're calling it. If there's any media attention at all, which of course is very scant, we're hearing about the pandemic treaty, but the international health regulations are also [00:49:00] at play here right now, simultaneously. It's a very confusing process and perhaps even intentionally so. Both of these documents are things that we need to keep an eye on. The treaty

does not exist yet. The International Health Regulations do. They have existed for many decades. There has been no advice and consent of the Senate. They were adopted and already amended. And so, there's already precedent that this will continue on into the future unless we step in. So let me give you a little bit of a bigger view on the international health regulations. They do things like allow the World Health Organization to declare the public health emergency of international concern. They place focal points in each country so that there is a direct line to the World Health Organization. It governs all of the reporting requirements, the eventually the pathogen sharing information and all of the surveillance that no more people are going to talk about tonight. And thank you so much, the gentleman from NHS, to point out this infrastructure [00:50:00] that we already have here in the United States.

Valerie Borek: [00:50:02] So I would argue at this point that the International Health Regulations should be treated as a treaty, not just the pandemic treaty that we're looking at. We need to also focus on the international health regulations, because the changes that are being proposed right now will change the document in such a way that the amendments—there are over 300 amendments—that are supposed to be presented at the next World Health Assembly in 2024. And at this point, the countries, the member states are not going to see the final documents before they show up to vote. This is a travesty. This recent meeting at the Working Group for the International Health Regulations, it was announced that they were not going to meet their deadline by the rules themselves, by the IHR, it's required that there's a four-month lead time for any documents that will be presented at the World Health Assembly. They announced that they wouldn't be able to make this deadline. It's in the dictate that they had when [00:51:00] their group was created. It's in any of the reporting that we expect to see these final compiled amendments in January of 2024, the lawyer for the World Health Organization said the rules don't apply to them because it's never been applied to a working group before, and so we're not going to apply it now, regardless of the fact that everyone had expected it to apply to them. And it is stated very clearly that it should.

Valerie Borek: [00:51:23] So we've got a situation right now where the World Health Organization is asserting the rules that they are trying to strengthen across the globe for everyone else does not apply to them. And this is horrifying, because our elected officials are not going to see the documents that we are supposed to then have binding on the United States. So, let's talk a little bit about that word because at Stand for

Health Freedom, one of the things that we do is encourage people to engage with their legislators, educate their lawmakers, become a part of this process. And so, in that process, when we have [00:52:00] sent information out, when people send information to their Congress people, we get a lot of feedback that they send to us. And one of the biggest things that we have been seeing is that people in Congress do not understand what is going on with respect to this treaty or the IHR being non-binding. They say that it's non-binding. But first of all, that does not mean that there is no impact. Non-binding does not mean there is no impact. And an example of this would be the CDC's immunization schedule. This is a policy document. It is non-binding. It's not a law. It's not a regulation but its intent, and its effect, is to have a massive impact on our health, on our children's health. Even health around the globe, because a lot of different countries look to the CDC as a gold standard.

Valerie Borek: [00:52:48] And so this policy document, it gets implemented in state laws, it gets adopted that way. Insurance companies look to this document to decide their policy and whether they're going to pay. It is so important [00:53:00] that ACIP just dedicated time to it to change the way they have the schedule laid out. They literally have a blank check at the back of their schedule nowadays, with an addendum for all the rapidly changing recommendations to make sure this nonbinding document has the effect that they want it to have. So, I want us all to remember that we saw a lot of policy that happened during the last three years through the CDC with their school guidance, for example, their mask guidance, the OSHA mandate that was struck down by the Supreme Court, the eviction halting that was struck down by the Supreme Court. All of these things were not necessarily binding until we went and carried them out, until states carried them out. And, you know, of course, unconstitutional actions are not legally binding either. So, we're at a precipice right now with the International Health Regulation amendments, because a lot of the things that we are calling non-binding, that's a misnomer because they are binding. But at this point many things are optional. [00:54:00] So we're at a tipping point where things are about to go from optional to obligatory. And you can think about the international health regulations, almost like a house that's under construction.

Valerie Borek: [00:54:10] And these amendments and the treaty are this wiring that's going in and they're just waiting to turn the power on. All of a sudden, this switch is going to flip, and things are going to go from "may" language to "shall" language. And

so that's where we're at right now. So, in 2022 I also want to give you an awareness. There are actually two waves of amendments that are happening right now. And one part of this IHR is about to change in less than a month unless countries stand up and reject this amendment. In 2022, the United States, the Biden administration, led about 40 countries in submitting amendments to the International Health Regulations. And when people became aware of this, there was a huge public outcry, not just in the US, but across the globe. And so, what ended up happening was one amendment group did pass. [00:55:00] The rest of them were tabled, and now they've ballooned to almost 300 amendments that need to be managed. But what I want us to take away from that is that when people are aware, they will stand up. And so, this is what we have to do right now. So right now, we have the amendments to the International Health Regulations when they are being changed. The timeline was shortened from a two-year process to a one-year process. So, we have even less time to look at when these things are changing.

Valerie Borek: [00:55:29] And so this is very important moving forward. So, the 300 amendments also that are on the table that we're not going to get to see, they are supposed to be presented at the May 2024 World Health Assembly. And so, at this point, I think that Congress and specifically the Senate, has a major opportunity to stand up for Americans to protect our Constitution by asserting their constitutional privilege to check the executive branch and make sure that the IHR amendments are treated as a treaty, [00:56:00] not just the pandemic treaty. Because the proposals that have been made, these 300 plus amendments, they actually will affect more than 50% of the document. And it would also expand the reach of the W.H.O. Exponentially. So, at this point, we're at a situation where the document will be fundamentally changed, and that's actually language that they use in their reports that this would be a fundamental change in the international health regulations. It will change our relationship, the United States relationship, to other countries. It will change domestic obligations. There are requirements. There's language in there that we aren't going to get to see the final copy of where we would be affecting our own laws and regulations. So, at this point, we need to move forward, understanding that we are looking at a massive change and that they are just ready to turn their power on, and we need to stand up and make sure that they're not able to do that.

Frank Gaffney: [00:57:08] A [00:57:00] subtext in a lot of this is that we don't know what the Biden administration is doing, and Valerie just mentioned that it put forward an

amendment in 2022. I don't think you explicitly, explicitly said what it did. My understanding is it shortened the time in which that review could be done, but it originally was designed to shorten it to a point where it would happen during the Biden administration. And the outcry that developed, I think, pushed back against that, that extended it into the first three months of a successor administration, possibly. But we're not being dealt with fairly and, you know, honorably, I would argue, certainly in any of this by the Biden administration. [00:58:00] We are very privileged to have with us a number of medical doctors who have been deeply involved in the recent unpleasantness brought to us by the World Health Organization during what I call pandemic 1.0. You're going to be hearing from them their personal insights and experiences, but it's a special privilege to have with us one who has had that sort of experience but also actually worked for the World Health Organization as one of its medical officers and senior scientists. He's what I call an overachiever, having both a medical degree and a PhD in public health. His name is Dr. David Bell. He is these days a senior scholar at a wonderful organization, the Brownstone Institute. [00:59:00] He consults on biotechnology and related issues and is an incredible resource to our Sovereignty Coalition. We're very proud to have him here with us, to address what I can kind of characterize as, if public health crises are a problem, the World Health Organization is not a solution. Dr. Bell.

Dr. David Bell: [00:59:36] Thanks for having me. All right. I'd like to very briefly just go through what a lot of people are unaware of, I think, is that the what the W.H.O. actually is, because we hear about a lot and the inappropriateness for the role that it's being proposed, and also that role that they have to issue health emergencies, what and how big an issue that [01:00:00] actually is. So, the general understanding is that W.H.O. Represents the world's population. So, they're the key for public health internationally in the legitimate owner of that. And that pandemics are increasing. We have an existential threat. That's what we've been told. So, to understand the W.H.O., most people see it as this: they're there to serve countries when requested, address high burden diseases, see to problems of international health at the request of countries. And this is pretty much what most people who started the W.H.O. had in mind. That's not everyone. The W.H.O. has changed dramatically. So now this is the current funding, and about 80% of the funding to the W.H.O. is given as directed funding for specified funding. It means you give funding for the W.H.O. to do what the funder wants to do. So, it's essentially a

gun for hire. It's a tool of the funders. [01:01:00] It's not an independent international organization. And those funders include very heavily on the private sector now.

Dr. David Bell: [01:01:07] So they see the Gates Foundation, Gabbay, which is a vaccine alliance. It's essentially Big Pharma, the Gates Foundation and the number of countries. And so not only is the W.H.O. there to do the bidding of its funders, but those funders are very heavily influenced by essentially medical commodity producers, particularly pharma. So it will inevitably do what they want. That's what the organization is.

Dr. David Bell: [01:01:35] So during Covid 19, some people are still unaware, pre-Covid this was the recommendations of the W.H.O. for pandemic. So, under no circumstances essentially do we lock down. And this is Orthodox public health. The Great Barrington Declaration is similar. Essentially, the W.H.O. said, don't do this because the [01:02:00] harm will be far greater than the gain. At most you might lock down for 7 to 10 days. No border closures, no quarantine of healthy people, no contact tracing. And they did the opposite for a reason. And we saw that in the funding chart. That is why they followed Big Pharma. We knew very early in Covid. We knew from March 2020 that Covid almost exclusively affected old people. The old, very, very young. Certainly not working age adults. This is the data from China. And this is translating that to a population. This is just the US in the middle. So almost all Covid mortalities over 75 on the rug. We have sub-Saharan Africa where we know is the recipient of most US foreign aid for humanitarian purposes.

Dr. David Bell: [01:02:51] Less than 1% of people are in that high-risk age group. So, the W.H.O. knew that their main constituency is low income countries. So [01:03:00] despite this or this, the World Economic Forum in early 2020 said, and we heard it from all over the place, including medical journals, "Africa is a time bomb. Everyone is going to die of Covid." They had to do something. They locked down Africa. This is what actually happened. We see, you know, African countries, as predicted, were virtually unaffected by Covid. Most people still aren't aware of this. And this is the first 12 months of Covid. The orange is Covid burden in Africa versus TB, malaria, HIV. So Covid was not a problem. The W.H.O. shouldn't have even been dealing with it there. But they did lock down Africa and they pushed this very strongly. Other organizations pushed as strongly. The result in the first 12 months in South Asia, where they did the same, was a

quarter of a million children dead, not from Covid but from lockdowns. This is UNICEF data. 100 million more children globally in poverty, an increase in child marriages, about 100 million [01:04:00] people now in the world. Additional growth in extreme food deprivation, extreme poverty because of this lockdown. So, this was not a public health response. It is not the W.H.O. agreement.

Dr. David Bell: [01:04:13] Then they went ahead with the mass vaccination of these same populations. Most of this money, those contributions, are from the US to vaccinate the world under the Covax program of W.H.O. and other organizations. So, it's about \$10 billion, in contrast the W.H.O.'s total budget is only 3.5 billion. We spent about 3 billion on malaria. So, \$10 billion for this population that we knew was not at risk. And the W.H.O. knew very early on they were already immune to Covid. This is not foreign aid. This is aid for pharmaceutical corporations to sell a product and to get the idea of mass vaccination into the population. Moving forward from Covid, just [01:05:00] going back to that document 2019 from W.H.O., this is the major pandemics that they see in the last century before antibiotics. We had Spanish flu, where most people died of secondary bacterial infections. In the century since then, we haven't had a large pandemic, the 50s and the 60s. We have flu outbreaks that kill less. People can die every year due to proteolysis, so pandemics are not a big issue. Natural pandemics. And in contrast, we've been told that health emergencies are becoming worse. SARS, which a lot of people still remember that killed 800 people in the whole world. But 2000 people die of cancer every day in the US. We are not seeing an increase in and there's no existential threat from a natural pandemic.

Dr. David Bell: [01:05:54] So Valerie mentioned these documents. Essentially, we have the International Health Regulations. [01:06:00] They essentially put the power to declare pandemics in the hands of a single person. They can declare it as a threat, not as an actual harm. And then, they can insist on all of these things that will cause harm. Mandated vaccinations, border closures, confinement. And they have censorship to keep everyone in line. The accord of the treaty is essentially the governance for this financing. And it includes appropriating money from not just countries electing to give money, but the W.H.O. appropriating money from the US and other countries. This is not, they're not the only things, that the W.H.O. has underway. And there are five different initiatives now from the W.H.O. to this tiny problem that we saw of pandemics that occur, you know, 2 or 3 times in the last century. This is now the major [01:07:00]

focus of this organization. And the cost they're looking for is in excess of 10 billion. So essentially with W.H.O., this is, you know, it's a wrong ownership for an organization to have this power. It's heavily privately influenced. It's the wrong agency with an extremely poor track record. And the idea of centralized public health for a complex problem like a pandemic is the wrong one anyway. So just a note.

Dr. David Bell: [01:07:30] It's not just the W.H.O. We're dealing with a movement of international organizations that are all talking to each other or heavily funded and connected with US corporations. And what they're building in the end is a system where you have mass surveillance, which we will—the public will—pay for. For variants, though, at low risk, which is our final and consistent nature based on viruses and nature, they will lock down. They will offer a 100-day vaccine to get out of that. [01:08:00] And people would take that because they've had the freedom to take away otherwise. And this will be funded by public money. It will produce those profits for corporations, and it will happen if we don't stop it, because the public health, my profession is on board with this, because this is now where all the salaries in global health are culled, the benefits and so on. So very briefly, we can stop this. Firstly, it's anathema to give away sovereignty if you're in a democracy. Secondly, we have to insist on ethics and human rights. And with this, if we insist on this, this can't go forward. And this should be a bipartisan issue for me, and we should absolutely not be giving aid budget to an organization like that where it increases hostilities, and it is heavily influenced by private interests. I think [01:09:00] I'll just leave it with that comment. And thank you very much for your time.

Frank Gaffney: [01:09:12] I don't know about you, but that was a stupefyingly powerful presentation. He really said what we need to hear. Thank you, Dr. Bell.

Frank Gaffney: [01:09:21] Next up, another medical professional. Dr. Meryl Nass is perhaps known to most of you because of her activism in this space for some time, but she actually had a previous claim to fame as a medical doctor. I think she was the first, and perhaps only, medical practitioner to have identified correctly an apparent pandemic of some kind as actually enacted biological warfare. And [01:10:00] she's been on that beat as a sort of forensic scientist for decades and has done some incredibly important work about biological warfare threats. One of the things that she'll address is how those threats will be greatly intensified if these kinds of arrangements

are adopted. Dr. Nass is, among other things, a scientific advisor to an organization represented here by Children's Health Defense, best known perhaps for its founder, Bobby Kennedy Jr. And, she has contributed to three of his books as an editor and has gone on to start her own organization that we are very proud to have a part of our team. It is called Door to Freedom, and [01:11:00] Dr. Nass has agreed to talk to us a little bit more about this whole, well, I call it global governance gambit. How it would work in practice and how dysfunctional it could prove to be for all of us watching this.

Dr. Meryl Nass: [01:11:28] Hi. Thank you very much for coming. I want to urge you to pick up the handouts on the table, because there's so much about these two documents and what the W.H.O. and what global organizations are trying to do right now. We don't have time to talk about it all, but there's much more on the table.

Dr. Meryl Nass: [01:11:52] I'm going to talk about three things today very quickly. The W.H.O. has no interest in solving pandemics [01:12:00] or preventing or ameliorating biological warfare. That is not what this is about. That is the excuse. The W.H.O. is not an honest broker. It is continually trying to fool us. And I'm going to provide only a couple of examples, but there are many more. It's also trying to confuse us, and it is in fact trying to wrest sovereignty from nations over health and I believe over other areas as well. But it is not the only global entity trying to do this. Many organizations are working in concert for the same purpose, and I'm going to show you their documents today to prove it. This whole idea about preparedness and doing more research on potential pandemic pathogens is extremely risky. The United States is actually in compliance with Security Council Resolution [01:13:00] 1540 regarding biological warfare and pandemic prevention. And that means we have a program which restricts the transfer and research on organisms that may cause pandemics.

Dr. Meryl Nass: [01:13:17] And we must register. If you're doing research on them, you cannot transfer them freely. But of course, that is what the W.H.O. is demanding. Still, this is the bureau text. The treaty has had many versions. This is a new one, came out a week ago. This is the one before that. And it requires the nations to establish genomic labs and to find potential pandemic pathogens and globally share them. These are screenshots from the document. But what is gain of function research? It's "germ warfare research." It's biological [01:14:00] warfare research. It's not called biological defense. For a while, and when it was criticized, it was morphed into "gain of function."

It means studying microorganisms to make them more transmissible or to cause more dangerous diseases. And that is what this text actually incentivized nations to do is to perform gain-of-function research by saying that they should minimize unnecessary administrative hurdles for this work. Again, that white box is a screenshot from the document— the treaty. Unfortunately, Congress has already voted to enact much of this plan. This is from 18 pages that were inserted into the NDAA passed in December. And I've just summarized some of the provisions in this 18-page bill inserted into a 1700-page bill which says we will comply with the [01:15:00] global health security agenda.

Dr. Meryl Nass: [01:15:03] However, as Dr. Bell said, the need for pandemic preparedness relies on false assumptions. They tend not to be that deadly. Sars-cov-2 came from a lab. It didn't come from spillover. Everybody who has looked at the genetics knows that the wet market theory was a cover story and Fauci knew that, at least from February 1st of 2020 when he met with a dozen scientists, and they gave him six reasons why the genome looked very suspicious. And we know how to deal with pandemics, and it is the opposite of what the W.H.O. is telling us to do. And like David Bell said, we've only had three in the 20th century. But now the W.H.O. and global leaders are mad to keep calling things pandemics and giving themselves more money and power in the process. We've had seven [01:16:00] declared already. And since Tedros became the director general six years ago, he's declared three, two of which we know were made in labs SARS-2 and monkeypox. Last month, the W.H.O. and their lawyers pulled a fast one, saying, "we're not going to show you, we're probably not going to show you the new amendments that we're creating when we're supposed to in January, and you might not even see them until after they're accepted."

Dr. Meryl Nass: [01:16:32] In terms of providing misleading information, this was a UN publication talking about the fact that, no, there's nothing about these W.H.O. documents that are wresting sovereignty from nations and that the W.H.O. is not going to be a party to the treaty. But if you read the treaty, the W.H.O. is definitely a party to the treaty. So this is an incorrect claim. And [01:17:00] today, actually, this morning before I came here, the W.H.O. put out a press release and basically said the same thing again, absolutely lying. This is supposedly a quote from Tedros. There are those who say, whether they believe themselves or not,(tape glitch) [they intend to give the secretary] power to impose excerpts from the document. They're on the table. And the

W.H.O. (tape glitch-skip) Because of sexual misconduct by W.H.O. employees of people are supposedly helping. All right.

Dr. Meryl Nass: [01:17:53] I want to show you how an EU document on health and it came out was published [01:18:00] in March. What is it talking about? I'm quoting here, "A new global health order is emerging. Global governance will require new focus to maintain a strong and responsive multilateral system, with a World Health Organization at its core." This again, is a screenshot from that document. They want a legally binding—it's not non-binding, it's a binding pandemic agreement—they want a One Health approach. One Health is a method to wrap everything in the world into the rubric of health and allow the Director-General of the W.H.O. to manage everything. That means ecosystems, plants, animals and people.

Dr. Meryl Nass: [01:18:44] They want continual surveillance, looking for more potential pandemic pathogens. And when you find them, you have to sequence them, and then you have to provide them to the W.H.O. and put them online. Why would you do that with a biological weapon? Okay. [01:19:00] This is from the G20 from their recent meeting in September in New Delhi. "We need to make global governance more representative. And of course, we are very interested in the agenda 2030, which is the strategic development goals of the UN."

Dr. Meryl Nass: [01:19:21] As Reggie said, the UN proposed its own power grab. They want enhanced cooperation. Suddenly we're not able to deal with quote, unquote, "global shocks." We have to have the UN to do it. And they don't want to ask permission. They want to take permission. Claim that there's a global shock. They want standing authority, and they want to automatically operationalize an emergency plan form whenever the secretary general of the UN declares one of these emergencies. US government is, as I said, into the same thing. The Biden administration [01:20:00] asked for \$20 billion just for the HHS, just for one year, for biodefense and health security. The claim is we're going to save trillions. They wasted trillions. So now they tell you they're going to save trillions by doing this. But how are they going to do it? They don't even know how.

Dr. Meryl Nass: [01:20:19] There is no technology to detect a pandemic ahead of time, or even really to ameliorate. This is pie in the sky baloney. They admitted they have to

accelerate the development and deployment of new technologies, i.e. they don't exist yet. They want to steal our medical data and they want to share it internationally. And how are they going to estimate what's happening? They're going to do more and more modeling and analytics, which of course, garbage in, garbage out. The World Bank is in this also. This was published in 2018 before [01:21:00] Ecohealth Alliance was a bad word. And again, this is what they were going to: strengthen public health systems. And how are we going to do it? We're going to broaden the scope of health and its determinants. In other words, throw everything into the basket termed "health" and then we can manage it all. For the World Bank, this was last year, they are involved with the W.H.O. in creating a pandemic fund and doling out money for this purpose. The problem is, there have been many things the CDC and the W.H.O. have told countries to do to strengthen their ability to prevent, detect and ameliorate pandemics. And there have been four different what they call "tools" to measure how well countries are doing. Turned out the better you are doing with their tools, the higher your death [01:22:00] rate when the pandemic struck. All right, so those are their documents.

Dr. Meryl Nass: [01:22:06] This is my final slide. Why are they doing it? This is my opinion. Those were the facts. I think it's an excuse for nations to borrow billions of dollars and spend it on industries that are their friends. Bankers can earn huge commissions. And you can also indebt nations, states, even towns and individuals and call in the debt later. Um, the just it gives you a justification to conduct, via surveillance, to collect and decode not only the genomes of microorganisms, but also of people. It gives you a reason to acquire digital vaccine passports, which then leads to digital money and control. It gives you an excuse to interfere [01:23:00] with agricultural activities, as is happening in Holland and Ireland, they have to cull some huge number of cows, like 25 or 30% of the nation's cows, because they are belching methane, which is a greenhouse gas, or because of some other reason they're damaging biodiversity. And this may lead to food control. When there's not enough food for people, W.H.O. are in control of it. And these documents require nations— require them—to surveil your digital footprint and to censor you if you say anything. That is not in accord with the public health narratives. Again. Thank you.

Frank Gaffney: [01:24:08] I [01:24:00] neglected to mention, and I should have, that this idea of censorship is not, again, an abstraction. Dr. Nass is among the frontline

doctors who have been censored, or de-licensed, or otherwise punished for standing up and truthfully speaking with patients to manage Covid treatments. Thank you for that as well as your remarks.

Frank Gaffney: [01:24:40] We're going to hear from yet another medical doctor. Her name is Dr. Kat Lindley. She too has been on the front lines of the fight against mistreatment of those with Covid and the effort to compel us to mistreat [01:25:00] those with Covid. The approach is very much one of a family medical practitioner. I call her a foreign-born American patriot. Born in Croatia but loves this country and has been working within her profession as a leader especially in the native state of Texas, of organizations like the Texas Osteopathic Medical Association and Texas American Academy of Osteopathic Family Physicians, both of which she was the president of. She's also the president and founder of Global Health Project, which is a coalition of organizations not unlike this. And we're very appreciative of her insights especially with respect to that issue, that we touched on earlier, of your personal health freedom. Specifically, how is your personal relationship with your doctor going [01:26:00] to be circumscribed or otherwise impacted by people who are seeking and will, all other things being equal, acquire the kind of power that we've just been told about by Doctor of Medicine. Dr. Kat Lindley, over to you.

Dr. Kat Lindley: [01:26:28] I don't have slides because I always speak from the heart, and I'm going to speak as a physician, and I'm going to try to bring all of this home, all of these things that they talk about. How is this going to affect you, your family, your constituents, my kids? So as the pandemic developed, as frontline physicians, we tried to figure out what's going on, what can we do? How can we help? What can we treat? That's how the early treatment was developed, and it evolved [01:27:00] with time. Then the vaccines came along, and they started being mandated. And from my perspective, that was always a problem. I was told that a country like the United States, which is free, should never mandate a product to its citizens. So as things, you know, developed, we figured out what to do. And everyone did the best they could within their positions. The world collaborated and things like that. So why are we all concerned now with World Health Organization? At the time, during the pandemic, they were giving recommendations. You could take them or leave them, but, you know, you try to do the best you could.

Dr. Kat Lindley: [01:27:36] But why do we care about this now? Why are we worried about the pandemic treaty and these amendments to the charter? From one of the older versions of these international health regulation amendments, there's a current amendment to article 12 that says that the W.H.O. Director General, or a regional director, can declare a public health emergency of national [01:28:00] concern, or the potential for one, without meeting any specific criteria. This PHEIC, this public health emergency of international concern, could be declared without the agreement of states. The W.H.O. would then assume the management of these emergencies and issue a binding directive to its member states. Some of the things that Director-General could issue would be the measures, including quarantine, testing, new vaccines, lockdowns, border closures and coupled with vaccine passports. Why does this matter? So, if you have an issue and you cannot get the vaccine that they want you to get, how is it going to affect your relationship with your physician? All of a sudden, you're going to have a supranational agency dictate [01:29:00] how we manage the care one-on-one. And I think that has to be a concern for every person in this room.

Dr. Kat Lindley: [01:29:07] And for every family, because one of the most sacred things that was broken during the last three years was that personal relationship with your doctor. Many patients feel they were coerced into getting vaccines and they did not receive informed consent. And that's one of the fundamentals in medicine. That's our duty That's our sacred Hippocratic Oath. And I think it's very important and very concerning that you would have these agencies that have nothing to do with our country or nothing to do with our culture and nothing to do with our way of life dictate how some of the responses happen. And that's really all I wanted to mention today, because I think that's one of the most important. As physicians, our job [01:30:00] is to serve our patients and not serve the master in this case it would be the World Health Organization.

Frank Gaffney: [01:30:14] Next, we're going to hear from a woman who has both a distinguished pedigree in finance, as well as a record of service in the senior ranks of the United States government. She has been a managing partner of, and a member of the board of directors, of a Wall Street investment bank known as Dillon, Reed & Company. She's also served as an assistant secretary in the Department of Health, Housing and Urban Development, HUD, during the first Bush administration. She has founded and is currently the president of Solari [01:31:00] Inc, and we've asked her to

talk about the financial imperatives for defunding the World Health Organization and withdrawing from it. And then, as Catherine Austin Fitts we're delighted to have her with us. Over to you, Catherine.

Catherine Austin Fitts: [01:31:19] Thank you, very much, and I especially want to thank everybody from Washington and the congressional staff who've taken the time to come. And (tape glitch - skipped content).

Catherine Austin Fitts: [01:32:05] It [01:32:00] is an absolute financial imperative. Who here owns their own home? This could potentially have a major impact to compromise and destroy your property rights—your personal property rights. And that's why this is so important. Because the job when I served in government, part of my job as assistant secretary of Housing was to protect people's property rights. It was a very important issue for those who saw the mortgage credit programs. I want to talk about why I see it as a financial and economic imperative to this country, that it is essential that Congress defunded and exit the W.H.O.

Catherine Austin Fitts: [01:32:54] In 2019, the central bankers of the G7 got together in Jackson Hole, Wyoming, which they do every [01:33:00] year, and they voted for something called the "Going Direct Reset." Many people have heard the World Economic Forum talk about the "Great Reset." This is sort of the central banking financial equivalent. And one of the things they proceeded to do... I should say this. When they voted for the "Going Direct Reset," at that point, there had been massive violations of the US financial management law starting in fiscal 1998. And clearly, the economics of both the federal government and the way the US economy was being run were not sustainable and had to change. And so, what happened next after voting for the "Going Direct Reset?" This is a sort of a view of the money supply. The fed went into the repo market and started injecting massive amounts of money. And as you see, injected massive amounts of money during the pandemic. Interestingly enough, it took many years for that to turn into the kind of inflation we're experiencing now. [01:34:00] And one of the reasons is the pandemic was used to shut down Main Street. And of course, that created demand destruction. I always refer to Fauci as a "deflation creation machine."

[01:34:11] Okay, so everyone here saw the video of Ornstein Parsons, head of the BIS, which is the central bank of central banks. Sixty-three of the largest central banks in the world are members of the BIS. So, Reggie showed the video of Parsons saying, "you know, we can set the rules centrally and we can enforce those rules." But I want to show you two more, which I think will help you understand. We're talking about creating financial systems, and it's not just central bank digital currency or CBDC. These things can be done with FAST payment systems. They can be done with credit cards. They can. At any time, we can change the system, the financial system, to 100% digital, it can be done in many different ways. So don't focus just on central bank digital currency.

Catherine Austin Fitts: [01:34:59] What we're talking [01:35:00] about is "financial transaction freedom." We want, in this country, the ability to transact freely without anyone in Switzerland, in New York and, sorry, Washington, being able to see citizens have financial transaction freedom, and that's what we want our government representatives to support. This is Foley, who is a deputy director of the IMF, recently talking about the advantages of central bank digital currency and this kind of digital money.

VIDEO - IMF, Mr. Foley: [01:35:27] And finally, the third way we think CBT can improve financial inclusion is through what we call "programmability." That is, CBDC can allow government agencies and private sector players to program to create smart contracts, to allow targeted policy functions, for example, welfare payment, for [01:36:00] example, consumption coupon, for example food stamp. By programming CBDC, those money can be precisely targeted for one kind of people [who] can own and one kind of [people who can] use. This money can be utilized, for example, for food. This potential programmability can help government agencies to precisely target their support to those people who need support, so that we can also improve financial inclusion.

Catherine Austin Fitts: [01:36:38] So this is about the integration of health care rules and regulations with financial transaction controls. It can be implemented in a very granular specific way using AI and software. If somebody at One Health decides you shouldn't eat pizza, guess what? Your money will not [01:37:00] work to purchase pizza.

Catherine Austin Fitts: [01:37:01] Okay, now one of the things I love, I love showing you what the central bank says. And it's very hard for people who can bless the way we

have to live in a world full of liberty to understand that anybody would want to move away from it. So, when I tell people how dangerous financial transaction control exercised centrally is, they say, you can't really do that. That really can't be that bad. So this is one of my favorite videos. As most of you know, the Federal Reserve System has 12 Federal Reserve banks. Neel Kashkari who was at the Treasury during the financial crisis, knows a great deal about the financial system. He was at Goldman Sachs before then and is now president of one of those four banks, the Minneapolis Fed. Okay. So here in one minute is the president of one of the 12 fed banks telling you how dangerous financial transaction control and CBDC is. This is Neal Kashkari. [01:38:00] It was this year at Columbia University.

VIDEO - Neal Kashkari: [01:38:05] I keep asking anybody, anybody at the fed or outside the fed to explain to me what problem this is solving. I can send anybody in this room \$5 with Venmo right now. Right now. Seriously. What is it that a CBDC could do that Venmo can't do? And all I get is a bunch of hand waving. I get a bunch of, "Well, maybe it's better for financial inclusion. Maybe it's better for cross-border remittances?" Maybe. Is there any evidence that it is? And, you know, they said, well, what about China? China is doing it. But I can see why China would do it. If they want to monitor every one of your transactions, you could do that with a central bank digital currency. You can't do that with Venmo. If you want to impose negative interest rates. You could do that with a central bank digital currency. You can't do that with Venmo. And if you want to direct the tax customer accounts, you could do that with a central bank digital currency. You can't do that with Venmo. But I get why China would be interested. Why would the American people be for that?

Catherine Austin Fitts: [01:38:59] Okay, [01:39:00] there you have it. From the president of the Minneapolis Fed. This country was formed on the idea of "no taxation without representation." Two years ago, the Biden administration proposed a candidate for comptroller of the currency who just had published before her nomination an article in the Vanderbilt Law Review saying, the great thing about CBDC is, if we have a problem with inflation, you can just freeze everybody's bank accounts. But what you can certainly do is you can raise taxes and take it directly from their account. If you go to my website at Solari.com, S O L A R I.com, we have a panel that says "video shorts" and a "financial transaction video shorts." All of these videos are up there, including this person's video. And I would encourage—I [strongly] encourage you—to spread them far

and wide because in one minute or less, you know, the folks who run the system are telling you how dangerous this is.

Catherine Austin Fitts: [01:39:55] Okay, so very quickly, I want to talk about wealth destruction, what [01:40:00] we're talking about when we talk about One Health and the W.H.O., and then financial transaction control, is a machinery that can work together. And frankly, it's the most "elephant machine" I have ever seen to assert political and economic control of places including real estate and confiscation of real estate. You ought to see what happens to the price of real estate when you do declare a pandemic in a place and quarantine everybody and make them move out of the place.

Catherine Austin Fitts: [01:40:28] So think about the combination of the machinery with this kind of financial transaction control. At the same time, we know the central bankers are moving to consolidate banking and securities. There's a book that's being published that's been published by a friend of many of ours, David Webb, a former very successful hedge fund manager, called "The Great Taking," about the ability and the mechanisms being created to seize control and ownership of securities. We're looking at machinery [01:41:00] being put into place that can assert complete central control of the economy, essentially of the banking system, of financial transactions. And then, using health rules and regulations to assert control and jurisdiction of places. The power of the surveillance machine is not to be underestimated as part of this.

Catherine Austin Fitts: [01:41:23] Okay, so what can I do? We were asked by a group I work a lot with the Tennessee State Legislature, and we were asked by some of the government officials to prepare a memo called "Financial Transaction Freedom: What is it? What Threatens it, and What Secures it?" And I would just say, it's up on our website, and you're to take a look at it.

Catherine Austin Fitts: [01:41:44] What I would say to everyone here, from the Congress and Washington, is we have an obligation. A sovereign nation has an obligation to protect the sovereignty of its individual citizens. There's [01:42:00] governmental sovereignty, but there's also individual sovereignty. Part of that sovereignty is health freedom. Part of that sovereignty is financial transaction freedom. My concern is that financial transaction control will give the Central Powers the train tracks, to dictate to you what your health policies are, whether or not you're going to eat

real food or lab grown meat. That's another frightening topic. I would recommend that you think about these things together and go back to your office and say, what can I do to assert and make sure the American citizens have financial transaction freedom as part of the train tracks of all of these freedoms? And I just want to finally say, I've watched what many of you have been doing to stop, and defund, and exit the W.H.O. And I just want to say on behalf of of myself and my colleagues, I can't thank you enough. I know how hard the work is. Senator Johnson described how hard it is. But we want to thank you very much. So, ladies and gentlemen, thank you. Tons of material at Solari.com, [01:43:00] if it can be helpful.

Frank Gaffney: [01:43:11] And Catherine, I can't thank you as well enough for allowing us to see these people cop to what we're warning about. We're not making this up. I look forward to plumbing your treasure trove of TikTok-ready insights into the monster that's being born here.

Frank Gaffney: [01:43:44] We're going to hear next from Kris Ullman. She runs an absolutely stupendously important organization founded by the great, late Phyllis Schlafly called Eagle Forum. She brings [01:44:00] to that job, though, and for us, very valuable experience in this institution, the United States Senate. She worked as a legislative director for John Ashcroft, who went on to become, of course, the attorney general, and she worked for him at the Justice Department as a deputy associate attorney general in the Office of Legal Policy. She's an attorney by training and a champion of freedom, and we've asked her to talk a bit about what do we do about this? Is it too late? And if not, how can you help?

Kris Ullman: [01:44:40] First, thank you.

Kris Ullman: [01:44:50] So, is it too late? I would argue. That it's not. And for those of you in the room who are congressional staffers, the [01:45:00] coalition has kind of put together some excellent suggestions, things that Congress can do to at least put the brakes on this for the next couple of years. And Dr. Nass has an excellent handout on the table if you haven't picked it up.

Kris Ullman: [01:45:14] But first of all, and most importantly, the House, in H.R. 4665, which is the state and foreign ops bill, has defunded the W.H.O. And they've also said

that none of these international agreements dealing with this World Health Assembly or UN on health can go without...that any of these documents, the CA+ Plus—the pandemic treaty—or the IHR, need to have Senate approval. So that is already in the bill. It already passed the House of Representatives, and it has the strong backing of the subcommittee chairman, Mario Diaz-Balart from Florida. We have the subcommittee [01:46:00] chairman. We have the House. It's there. Those of you in the Senate, just keep it in there.

Kris Ullman: [01:46:08] And the question is, do we really need to vote on this pandemic treaty? Right. A lot of people say, no, you don't. But the wording of the treaty itself in article 36 says that the W.H.O. CA+ shall be subject to ratification, acceptance, approval or ascension by the Member States. In the document itself, it calls for ratification. Any senators that are saying they don't need to ratify, it is simply not true. It's in there whether Congress goes with a CR, whether they go with an Omnibus spending bill, we need to maintain the language that has already passed the House of Representatives.

Kris Ullman: [01:46:53] Now, the other issue is whether or not the International Health Regulations require Senate ratification. [01:47:00] And others have talked earlier today about why that might be the case. They have been adopted by executive agreement. But according to the Congressional Research Service, an executive agreement is a type of treaty from an international law perspective. And yet it doesn't require ratification. But it could require ratification, according again to the Congressional Research Service from just last year on this very topic of the IHR. [The CRS] says that the executive branch retains the authority to introduce IHR amendments without congressional consent. But if Congress wishes to exert greater control over US proposals, they can require the administration to notify and consult with Congress over such proposals. There you go. There you have it. Congress can do it. And they should [01:48:00] do it. Because, you know, we look at everything that has happened and the global health security, which is a big movement inside our federal government and which was started long before the Covid pandemic and was asking for millions upon millions of dollars, we know that. They were in place before Covid. And look at the response. Look at the abject failure that we have been talking about.

Kris Ullman: [01:48:31] So why do we want to give them unfettered access—unfettered ability—to do things without any oversight? We don't. And luckily, Congress has the

right to demand the oversight. And when you think about oversight, do not forget about the International Pandemic Preparedness Act that Dr. Nass talked about that was slipped into that NDAA of last year. And I just want to ask if anyone knows [01:49:00] who John Nicholson is? He is the newly appointed Ambassador-at-large for Global Health Security in the United States. He's also the White House Global Aids Coordinator. But he has this new job, and this new job was created by that International Pandemic Preparedness Act that was in the NDAA. And it requires a lot of things that could trigger oversight. The president needs to notify the Health Committee and the House Energy and Commerce Committee about their plans, their strategic plans on global health security. They need to outline their policy goals within six months of passage, which would have been this summer. They need to submit the strategy to Congress. Where is that plan [01:50:00] and where are the hearings on that plan? Where is the annual report on what they've done to implement this? These are all things that Congress can do, even if we don't have the White House, even if we don't have the votes to repeal this part of the NDAA, we can still demand oversight on that. And that is vitally important.

Kris Ullman: [01:50:21] We want to make sure that there are things Congress can do without having a majority in both houses. Some of the other things that Dr. Nass has suggested are revoking the PREP Act, which allows experimental products to be used on the entire population. Take a look at the legislation that passed right after the anthrax scares of 2001. And also, one of the things that came up this summer was the Model State Emergency Health Powers Act. And this was pushed by a [01:51:00] group of state law policy people who said this will be a great thing to do to make sure that we synchronize all the powers of all the governors when it comes to pandemics. Now, we don't want to do that because as we saw during Covid, the situations in different states are very different. Plus, we have something in this country called federalism, and we want to make sure that our governors are responsive to the people in their states and the conditions in their states. If you're here and you have any interest in looking at your state laws, look at that Model State Emergency Health Powers Act and make sure that that's not something that is moved in your state. There are just a couple things, actions we can take now, to help slow down this train until we can educate enough people, until enough people are [01:52:00] learn about this and demand a change. But there are things that members of Congress and their staff can do in the meantime. And we hope that you all will join us in this effort. Thank you.

Frank Gaffney: [01:52:15] Thank you. We've run a little longer than we had intended to, and I appreciate those of you who are still with us sticking around. We're going to conclude this part of the program. We hope to be able to do Q&A and interact with you more informally afterwards by going back to what we began, which is with some remarks by Michelle Bachmann. I've introduced her already, so I won't belabor the point, other than to say, she has been a driving force behind the effort to raise awareness about what's afoot here, and I think that speaks volumes about both her own personal leadership qualities, of course, but also her acumen in understanding the sorts [01:53:00] of things that imperil this Republic. And the rest of us must take note of them. And do what we just talked about to prevent it. Congresswoman. Welcome back. Thank you.

Michele Bachmann: [01:53:15] I want to personally thank every presenter that we've heard from today. This was the most first-class arrangement of stories and pieces of this puzzle that put together. I'm so thankful that this is being videotaped because this needs to go to a lot of people. I want to thank all of you who came today to hear these remarks as well. And I hope perhaps if you benefited from this, and you have, that you would take this videotape and share this as widely as you possibly can on social media, but with other ledge staff as. Let me give a couple of notes of context.

Michele Bachmann: [01:53:55] We need to never forget where we've started from. [01:54:00] We're a remarkable, unique nation, the United States of America. What made us remarkable as a nation is that the Founders decided that our government would be divided because they understood the evil nature of mankind, the self-seeking ways of mankind. And so government was divided vertically between federal, state and local. But also it was divided horizontally and it was decided with divided with the executive branch, the judicial branch and the legislative branch. We're in a room full of today. The hallmark of our government is limitations on government. We can't forget that. We all need to remember that that is the hallmark. That government was meant to be limited and contained. Within article one, article two, article three of the Constitution there are the very [01:55:00] specific limitations on the President of the United States and the administration. He can go this far and no more. The same is true for the legislative body. Very particularly, these are the enumerated powers of the legislative [branch]. And you can go no more. The same with the Supreme Court across from this building.

This is your jurisdictional limitation. And by the way, the legislature has the right to limit the courts and the subject matter jurisdiction of the courts. All of this delicate balance works together.

Michele Bachmann: [01:55:36] What we've heard today is a complete annihilation of the American system of government based upon limitations. Why was government limited? So that the individual's personal freedom—personal autonomy—could be maximized. And then, we have criminal laws and civil laws where [01:56:00] individuals get out of hand and act beyond their own individual jurisdiction. It is a genius form of government.

Michele Bachmann: [01:56:08] And to think that the government that has brought about the greatest lifestyle and advancements for the good for mankind over a period of about 250 years, to think that form of government is about to be scuttled. Are we seriously going to sit on our hands and allow something like this to happen?

Michele Bachmann: [01:56:32] And that's where I'm so grateful for the presentations that we heard today. A lot of work went by, a lot of very smart people to dig into this, to figure out how bad this really is. We had Reggie Littlejohn that talked about One Health. One health is a decision-making tree for people who would take power from us. As we see on our chart, this is a loss [01:57:00] of national sovereignty. It's a loss of state sovereignty. It is a loss of local sovereignty, but it's a loss of individual sovereignty. That's what America is all about, individual autonomy in decision making. And we're going to stand by, and they lose it all in this grid under One Health. You saw that on that chart. And it's very important. It has humans. It has animals including bugs. And then it has the environment, dirt.

Michele Bachmann: [01:57:31] So what does that mean? That means that humankind is no more valuable than animals or a cockroach. And a cockroach is no more valuable than a piece of dirt.

Michele Bachmann: [01:57:44] So the decision makers at the international level may decide, we really want to keep this, this area of land barren. We don't care if it's going to bring death and destruction to humans or to animals. [01:58:00] We're going to prefer dirt. So that's the decision-making grid. Whereas today mankind is seen in the image of

God, a God, there's value because we exist. That methodology of decision-making changes completely.

Michele Bachmann: [01:58:22] This is extremely key to see, and it's all contained in the documents. These aren't wild rantings from people who've looked at these documents. They have investigated. It's all there in black and white. The 307 amendments that were referred to? They're all there in black and white. The global pandemic treaty? It's all there in black and white. But this is what we need to understand.

Michele Bachmann: [01:58:47] We are about to see the loss of not just the sovereignty the United States, but the loss of 193 nations on Earth who are members of the United Nations [01:59:00] and members of the World Health Organization. This is the whole game. The game is to induce all 193 nations, whether they understand it or not, to yield up their national sovereignty to the World Health Organization. It's not written like that, but that's what the effect is, because what's health? Health is climate change. Climate change equals health. What else is health? Racism. Racism is called health. How about abortion? How about income inequality? How about LGBTQ rights? Quite literally, any subject matter now comes under the umbrella of jurisdiction of the W.H.O. That's why we say this is the creation of a platform of global governance, which we have never seen before in the history of man. [02:00:00] This is significant. This isn't a small thing. This is everything.

Michele Bachmann: [02:00:05] When you lose national sovereignty in your nation, when you lose individual sovereignty and the protection of your constitutional, inalienable rights. Where do you go to get them back? And so, when decisions are made now by the World Health Organization that impact everyone in this room—and they will very quickly. Do we go and knock on the door of our representative here in Congress too late? They've already yielded that sovereignty. You're going to have to go to the World Health Organization and the United Nations and ask them for permission to deal with your problem. We see how well that deals in education, because the federal government is controlling education now, not the local community. Once you yield sovereignty, it is everything.

Michele Bachmann: [02:00:54] And that brings me to my final point, which is urgency. Urgency. [02:01:00] We've been told to play a long game here, but we don't have time for a long game because the way that the protocol works at the United Nations, this is already on the agenda for May of 2024, in Geneva, Switzerland, when the annual World Health Assembly meets. And so, if there are no objections by nations, this is automatically adopted as protocol. There has to be objections. As of right now, the United States of America is the lead dog pushing this effort. And so, we end up usually bribing other nations to do what we want. This is significant. That's why the urgency of the hour is prevalent. We're going to need a miracle here because we've got about six months. Think of this. We've got about six months. And so, for anyone who has heard this story today, you're crucial. And we need to widen [02:02:00] this net and we need to do it soon. I agree with Kris. It is possible. We never give up hope or lose hope. That's why we're in this room. We would have just lived our lives otherwise. But we're here because we're hopeful people. America is one example of one miracle after another, and we're not giving up. And we need you to come in and help us to ensure that we never, ever, ever abandon the greatest level of freedom that's ever been known to mankind. I won't, and I don't think you will either. Thank you. Thank you.

Frank Gaffney: [02:02:47] Well, I won't try to top that. I just want to make a couple of points in conclusion to highlight, I think, what we've been told. We are at the cusp of losing our [02:03:00] country. The time is urgent and limited and will get away from us before we know it. We are now being represented by people who want this done, to some extent, here in the Congress, if only because people who don't want this done are not engaged, are not knowledgeable about this, are not pushing back. And the rest of them, more or less, are in favor of it.

Frank Gaffney: [02:03:37] So this is moving inexorably forward, but most especially because the Biden administration is all in and as was mentioned earlier, they got \$20 billion. And I think that's only a fraction of actually what's all available here when you add in various other programs. [02:04:00] The deck is stacked. The question is, can we mount an effective, you know, assault on what seems to be an impregnable progress towards the imposition of a post-constitutional arrangement. And our answer here—our Sovereignty Coalition team—is, "absolutely no." We cannot allow that to happen. Then, it is still possible to ensure that it doesn't happen. But I wanted particularly to pick up on a point that Catherine brought to our attention. Neal Kashkari asked the question, "Why

would Americans want this?" Is there anything about this that is actually better than our present health [02:05:00] policy situation, imperfect as it may be? Better than the current relationship with our government with all of those difficulties. Better than the kind of freedoms that we take for granted, too many of us. And this is one of the reasons why I'm so grateful for Kat Lindley, who I don't see at the moment, and her foreign-born American patriotism. She understands, having grown up in a communist country, what it was like not to have these freedoms. And too few of us have any sense of that.

Frank Gaffney: [02:05:44] We are at a moment where there is currently no plan for a heightened level of public engagement on any of this. No plan to even inform the [02:06:00] American people that something they almost certainly won't want is hurtling down the tracks at them. There is no plan for any kind of popular referendum to establish that they actually do want this stuff. There is no basis upon which at the moment, as Senator Johnson said at the outset, his colleagues would even know what their constituents favor. What I'm confident of, personally, is that the more the American people are aware of it, the more certain it is their representatives will know they do not want any part of this. Our mission, just to pick up where Michelle left off, is to do everything we can to counter this. And raise awareness about what is coming. To expose it. [02:07:00] To make clear what's involved. Let me just add one other item to the list of things that are going to be treated, you can bet, as health emergencies by the all-powerful World Health Organization, which will be able to declare it a health emergency and dictate what must be done about it. And that is gun violence. Anybody here that favors the Second Amendment of the Bill of Rights, to say nothing of the others. That one will go away when the World Health Organization is able to mandate that guns must be taken away from the American people in the name of public health. It's just one example of what's afoot here. And we just want to leave you with this thought, especially those of you who work in this body and who are serving elected officials. You are now equipped with guilty [02:08:00] knowledge. You have a duty to make sure that your members know what you know. They then will have a duty to ensure that their constituents know what they then know. And if all of that has happened before, well before hopefully in May of next year, please God, we will preserve our Constitutional Republic. And we will not fall prey to global governance, which I'm going to wrap up where I began, which serves first and foremost, I believe, the interests of the Chinese Communist Party. This model, they are already successful in imposing around the world. So with that, we propose to be available [02:09:00] to those of you. If you

have questions, we'd like to address them to any of our speakers. But if we could do it here so we can if our cameraman is willing to continue rolling, we can do it on the microphone. Otherwise, we can do it just in informal conversation.

Frank Gaffney: [02:09:32] So what's everybody's preference? Would you do you have questions or comments for this group? Would you like to call for questions?

(AUDIENCE): [02:09:40] Call for questions.

Frank Gaffney: [02:09:42] All right. That's leadership again. Are there any questions for our team.

Reggie Littlejohn: [02:09:51] I have a question.

Frank Gaffney: [02:09:51] I have a bunch of myself. Go ahead.

Reggie Littlejohn: [02:09:53] I have a question for Catherine Austin Fitts.

Catherine Austin Fitts: [02:10:43] So I served as assistant secretary of housing in the first Bush administration and then in the Clinton administration. My company served as the lead advisor to HUD. And I got an extraordinary education in how to use government regulations and government programs [02:11:00] to own, control, manipulate, and steal real estate.

Catherine Austin Fitts: [02:10:43] (The audio in this section was not captured well.) For the W.H.O., the machinery and its use, combined with financial transaction control. Interdiction within a place. As a way of asserting. If you go to Solari.com and you put a lot of code in, you get it. It's a public interview, but it goes into the detail. If you if you go through. [02:12:00]

Catherine Austin Fitts: [02:12:00] James Roguski, who with Meryl was one of the real leaders in understanding and tracking the amendments, James sent me, he was kind enough to send me about a thousand pages and said, "look, you've got to read this because this really is a..." You know, the nice word is a gentrification machinery. And so I went through the 1000 pages and I called it back and I said, oh my God, James, this is

amazing. This is incredible. So part of it is you can you can do complete surveillance within any neighborhood, essentially in the world. Was my interpretation of it right? Meryl? That surveillance is very powerful, particularly when you combine it with the other databases and information that One Health and these kinds of organizations will have.

Catherine Austin Fitts: [02:12:44] But then you can assert that there's an invisible pathogen. And with that assertion, you can literally quarantine or intercede in the economy of that place and very, very powerful ways, including quarantine [02:13:00] and telling people to leave. We saw during the pandemic, if you look at what happened to businesses and the economy was in places, it was extraordinary. You know, again, both the surveillance and shutting down Main Street, which had the result of moving fantastic amounts of local market share out of the local businesses and into publicly traded corporations. And you heard, you know, this is why there's so much focus on how many new billionaires were created and how many publicly traded corporations picked up massive amounts of market share at very cheap. If you want to get into the details, I would encourage you to listen to that interview with I did want to James Roguski and one of the Sasha [Latypova].

Catherine Austin Fitts: [02:13:46] But you are literally looking, I believe, at an extraordinary intervention that can affect property rights. Not to mention, again, when you combine it with financial transaction freedom, because the important thing to understand about these, [02:14:00] these are not happening in isolation. The W.H.O. Treaty and controls will come down at the same time. Transaction control will come down. If we had financial transaction control at the beginning of the pandemic and they had said, we want to mandate lockdowns, we want to mandate masks, we don't want you leaving your home. Your money would not work if you left your home. You could not buy gas if you left your home. Your money would not work. We're talking about those kinds of combined controls between health and finance. And if you look at the intersection of those two controls, we're basically saying that you have no property rights. If that machinery goes into effect. And that's what Congresswoman was talking about when she said the loss of individual sovereignty.

Catherine Austin Fitts: [02:14:53] If you don't have financial transaction freedom and you don't have health freedom, you do not have individual sovereignty. And that, of

course, [02:15:00] is the global coup. And that's why we call it a coup. And that is why it is so essential to defund and exit this part of the machinery, the W.H.O.

Frank Gaffney: [02:15:11] Yes. And this is not my area of expertise. I may be wrong about this, but my understanding is that in the wake of the pandemic, Blackrock, among other mega firms on Wall Street, have been investing in real estate. Buying up neighborhoods, buying up housing, single family housing, in some cases converting it into multiple family housing. At the same time. And you've made this point and several points, I think very well. There are other agendas at work, including 15-minute cities, apparently. That are designed to try to fundamentally transform the country. Are you suggesting that this [02:16:00] health machinery and apparatus, and the ability to dictate emergencies, could be an engine for that further, you know, removing from the private individual homeownership, property? Is that part of this far more, well, ambitious transformation?

Catherine Austin Fitts: [02:16:27] So what I will tell you is the pandemic was the single most profitable exercise in disaster capitalism in the history of Western civilization. It was highly successful. It worked.

Frank Gaffney: [02:16:41] Would you define that term? "Disaster Capital."

Catherine Austin Fitts: [02:16:42] "Disaster Capitalism" is making money and profiting from inducing natural or legal or financial disasters. You can reduce a disaster in a way that helps you pick up fantastic amounts of assets and market share.

Frank Gaffney: [02:16:58] Never let a crisis go to waste.

Catherine Austin Fitts: [02:17:00] It's [02:17:00] a form of economic crisis. It will profit from it. Right. So, you know, so the pandemic was clearly an exercise in that. If you look at the effort to consolidate ownership and control of real estate. You know, when we came out of the financial crisis, if you looked at the 100 top landowners in this country, and then you look, say, 5 or 6 years later during that period, they doubled their ownership of land. What we've got is a rush. You know, the German finance minister stood up in 2018 in Shanghai at a meeting of the G20, and he said the debt growth model is over. There are no reforms that are not real reforms. And what we're looking at

is a rush to control the real assets on the planet. We've created lots and lots of paper. There's more paper than there are real assets. Now, when the G7 central bankers went into the room in 2019 to vote on the "Growing Great Reset," they [02:18:00] approved a plan. A plan to re-engineer the global economy and how the economics worked. It included rolling home ownership in this country. That plan was designed by a group of retired central bankers working through the Blackrock Investment Institute. Blackrock led the effort with retired central bankers to design the plan that we are currently in—the economic reengineering that we're in. And the Federal Reserve and the New York Fed then hired Blackrock to help implement. And yes, Blackrock is picking up all that real estate. Those things are not a coincidence.

Frank Gaffney: [02:18:41] No accident, comrade.

Catherine Austin Fitts: [02:18:42] No accident. The pandemic, I would say, was highly successful for the purpose it was created for.

Frank Gaffney: [02:18:48] Thank you. All right. Thank you.

Frank Gaffney: [02:18:51] David Bell, you said something that really caught my attention, and especially by virtue of the fact that you used to work in the place, [02:19:00] I think it's worth drilling down a little bit on. Most of this enterprise, this transformation of international public health, does come down to a say so by a single individual. That would be at the moment, Tedros Ghebreyesus, the Director-General of the World Health Organization. Having been inside the beast, could you talk a little bit about, well, his qualifications, among other things, to play that kind of role as well as the likelihood that this will work out well to have the kind of power we're talking about actually concentrated in a completely unaccountable, unelected international bureaucrat.

Dr. David Bell: [02:19:53] Thanks. I mean, obviously it won't turn out well. And that's why this country has a constitution. It [02:20:00] was insane how that works. So, you know, if it's Tedros, if it's someone else. Anyway, it doesn't matter. It's a single person. And this is ceding the power, not even to the W.H.O., but to that single person. It's an emergency committee. We saw in monkeypox. He can completely ignore that.

Dr. David Bell: [02:20:19] So Tedros declared monkeypox an international health emergency of international concern. Public health emergency of international concern with five—a total of five—people dead in the whole world. And it went on for about 100. With that power, what he could do if this passes all the things that are there. At the moment there's a list in the International Health regulations of border closures, quarantine and confinement. incarceration of people, mandated medical [02:21:00] examinations— mandated Etcetera. Et cetera. At the moment, they are recommendations. What the IHR amendments will do is make those countries who undertake it to follow that, so they become requirements not recommendations. And it doesn't need to be a demonstrated harm, just a threat. And there will be mortal threats because we're putting in place a surveillance mechanism that will find viral variants. So it's we're surveilling for nature, we're finding nature. And then we're using that. A single person can use that to declare an emergency and then appropriate this power. And then the same person has the sole power to decide when it's over. So essentially, I mean, it is obviously taking away sovereignty. It's so when I say it's not taking away sovereignty. He's he's playing with words. He's making it up. He's not being truthful. It's taken away sovereignty. And that [02:22:00] same person will decide if and when you get a little extra. So it's I mean, this is why there was a revolution in this country that this is a lot more egregious, I would suggest, than what that revolution was for in the end.

Frank Gaffney: [02:22:20] Well, at the very least, it's infinitely more insidious because it's being done, as I said earlier, entirely by stealth.

Frank Gaffney: [02:22:28] Valerie, you talked about the International Health Regulations, and I wanted you to just expand on one aspect of this. Kris mentioned that it's pretty obvious that it should be considered as a treaty. But would you just drill up a little bit further to the point that if you don't treat it as a treaty, if you just let it go into effect, you are essentially amending existing regulations in a way that completely alter [02:23:00] the previous arrangement. I mean, it is truly, you know, a fundamental transformation. And I can't honestly conceive of how that could be considered anything other than something that requires a new and formal consideration, especially when the direction it's going is so problematic.

Valerie Borek: [02:23:30] Yes. Thank you for the opportunity to speak.

Valerie Borek: [02:23:32] A little bit more on that. Yeah, absolutely. The document will be fundamentally changed. So when we look at what the document is to begin with, it came from the International Sanitary Conventions, which then were adopted by the World Health Organization. And at every step during the way, the United States Congress and the Senate specifically were kind of out of the loop. We gave our resolution to join the World Health Organization [02:24:00] in 1948. And basically, at that point, things have been very hands off in the Congress. And so, when we're talking about international law, especially what we have done for years and years and years, carries weight and gives it the legally binding aspects. As we move forward, we need to reclaim the the fact that at this point, we're making fundamental changes to documents that affect our lives, that affect our sovereignty, that affect our relationships to other countries, that affect our financial obligations. It will affect the way we can move around within our communities and on the globe. It will affect every aspect of our life, our data privacy, our education system, everything about the changes to this document, even when we go back to the idea that at this point, we have over 300 amendments that have been proposed, and that will affect over 50% of the text that's already [02:25:00] there. This text is being obliterated. Obliterated totally. And we're moving from something that is legally binding options to legally binding obligations. And we can't allow that to happen, because if we allow it to happen, then we have given that power away. At this point, we are at this precipice where we can stand up and say, no, you don't have that power. We have to speak to the limitations that were there. This is why this is so crucial for us as Americans, and really terrifying that our administration is leading the charge to do this, because this is obliterating all of the lines that our Constitution put in place that our Founding fathers put in place. At this point, we need to reclaim it.

Frank Gaffney: [02:25:47] Especially if that's true. I think because it appears that we're following the Pelosi rule on these amendments, which is you know, we'll know what's in them after we've passed them. And that's obviously [02:26:00] completely unacceptable. Meryl Nass, you talked a bit about this, but I want you to amplify on it as well because it's simply unbelievable really. There are provisions in these documents now being negotiated, as you've pointed out, that oblige that not only will engage in surveillance, as Dr. Bell talked about, but that oblige the sharing on the internet, no less of information about how to manufacture biological weapons and thereby, obviously, the real risk of proliferation of them. Having studied these so closely for so long, you have, I think even in the absence of the spectacular failure of the W.H.O. in the last pandemic,

to correctly identify [02:27:00] it as a biological weapon, that we were dealing from a biological weapon laboratory, no less funded in part by American dollars and enabled by American technology, no less. What could possibly go wrong if we wind up both having this entity with that track record, encouraging the further dissemination of information about how to create your own BW, quite possibly in a fairly rudimentary facility, like maybe the one we found in California, for example, that the Chinese were operating?

Dr. Meryl Nass: [02:27:39] Right. So. You know, obviously, this is completely crazy. The United States initiated a biological weapons convention in 1972 at the behest of President Nixon. Before that time, we had huge stockpiles of biological weapons that had been created since World War II. [02:28:00] But we ask the world to get rid of them and to put strong prohibitions in place so we would not have to worry about the biological weapon of mass destruction. However, by 20 years after Nixon initiated this treaty, the United States took it upon itself to block all the measures that were attempted to strengthen it. The treaty was done in a hurry and did not include provisions for inspections or punishments. It was acknowledged at the time that those needed to be added, and that there would be review conferences every five years to develop those provisions, and that over time we would keep strengthening this treaty. As technology developed, we would figure out the ways to continue to save ourselves from the specter of biological warfare. But [02:29:00] that didn't happen. And what seems to be occurring now is that, in fact, these documents, and I think it should be again, emphasized that the United States is really a prime mover for these changes to the world. Presumably globalist entities are behind the US, and we are the marionette in this case.

Dr. Meryl Nass: [02:29:25] So I have worked in the issue of biological warfare and biological arms control for 35 years. You have to ask whether one of the potential plans for the future is to lead us into a period of time where we really are experiencing one pandemic after the other, and that we can't even identify where they came from because we've shared these pathogens globally and everybody has them. And is this a way to reduce populations [02:30:00] or to, you know, gain more control through the mechanism of health care or pandemic care? You know that if people aren't frightened enough to behave themselves well, we can make sure that there is going to be one pandemic after another. So, you know, I don't know where this is heading, but it makes no sense. And the way it's been written into these documents, you have to actually understand something about the history of biological warfare to understand what it is

they are creating within these documents. And so, I felt an obligation to talk about it because of my background. And I would urge you to look at these documents carefully. If you don't have time, look at the sections that I've pointed out in my slides and you will see what I mean, that they are incentivizing the development of pandemic pathogens.

Frank Gaffney: [02:30:59] The question [02:31:00] from one of our Sovereignty Coalition colleagues, Faith McDonnell.

Faith McDonnell: [02:31:08] Thank you, Frank. I'm not sure if this is for Reggie or maybe for David, Dr. Bell. But, there have been reports that the Gates Foundation and President of Kenya are planning a digital ID for every baby born in Kenya now. And my question is basically, how this would be connected with the pandemics with the W.H.O. It's not that helpful. Babies are more likely, as you said, Dr. Bell, Africa was not as affected by the virus as other places, and babies are more likely to die from malaria than they are to die from something like a pandemic. And also the connection with China, because China is doing such a huge land grab [02:32:00] in Africa, and how that might impact what China is already doing in Africa, to have all these digitalized families and basically I want to know, because I will reach out to the Anglican Archbishop of Kenya and tell him he better talk to Ruto about this.

Dr. David Bell: [02:32:26] The issue is not, in a way is not digital ID, it is the way the digital ID is used. And so why is a private organization and an individual rich person in another country involved in the first place in developing digital policy for another country? There's something wrong in that. The concern here, as Catherine discussed as well, that if [02:33:00] digital ID is just used and it's owned by the person, and the person has total control over it, it's for owning your own health records. That's one thing. What we're talking about is digital ID now that is spreading across society or in all financial transactions, and social credit and health is being used as the lever to get this into place. The digital ID alone is not an evil thing. Many, like nuclear fusion, is not an evil thing, but it can be abused, and digital ID is being abused. And the problem here is that health is being used as a steppingstone to get this in place, so that it can be used much more quickly.

Reggie Littlejohn: [02:33:46] Well, I would agree that the digital ID in itself is not a bad thing unless it's abused, but the intent is to abuse it. I mean, that's the intent. We saw

that chart. I don't know if we can get that back out and how to get that. But according [02:34:00] to the World Economic Forum, you will not be able to transact business online. You will not be able to pay taxes. You will not be able to access health care. You will not be able to travel. Basically, you will not be able to do anything without a digital ID. And so, the idea of having these mandatory digital IDs for babies in Kenya, I don't think that that's alone. I think that the way that the World Health Organization and other globalist entities are characterizing this is that it's a human right to have a digital ID from birth. They just turn everything around, you know? So instead of taking away our human rights, they're saying it's a human right to have this digital ID and meanwhile, it's a way of them tracking us from the moment we are born until the moment that we die. And I just think that we need we need to oppose this.

Frank Gaffney: [02:34:55]

Catherine Austin Fitts: [02:35:02]

Reggie Littlejohn: [02:35:05] This whole thing about imposing digital IDs and what she's going to say is a part of this is a multi-billion dollar business. I mean, I saw an article a couple of years ago that something like 16 that they believed that that the, the imposition of digital IDs internationally is going to be something like a \$16 billion business. So there's a lot of people who are going to be making a lot of money out of, you know, creating slavery for us.

Catherine Austin Fitts: [02:35:37] I was just pointing out to Reggie that Microsoft stock is up 50% this year, which I don't think is a coincidence, but I would say there's a wonderful book, Frank, given what you said about China called "AI superpowers." And the AI superpower that wins—the countries that will have the most powerful and profitable AI—are the ones who have the most data. It's not your software developers that make [02:36:00] your AI great, it's your data. There is a rush to digitize everything and suck up that data. And as Reggie said, the market capitalization and the value of those markets are tremendous. You're watching economic imperatives by certain industries completely steamrolling sovereignty, you know, and there's money on the table. So that's why we have to ask when it comes to the loss of sovereignty, "cui bono," who benefits?

Frank Gaffney: [02:36:31] One of the things that is a potential wrench in the works is there are terms of these, I think both documents, if I'm not mistaken, but certainly the treaty about the sharing of intellectual property right from the big pharma operations. And we've been regaled with horror stories about the role that Big Pharma [02:37:00] has been playing in both the pandemic and the profiting from it and putting themselves in a position to profit still more through these new arrangements. Some of them, as I understand it, have begun awakening to the possibility that this actually might be a problem for their intellectual property and being obliged to share, you know, proprietary developments. Do you have any thoughts on that from a Wall Street?

Catherine Austin Fitts: [02:37:29] You're outside my lane. But I think the thing that's happening—because I perceive a real turn everywhere in the world—the important thing to understand about this sort of money machine is it's good at consolidating wealth, but the process is destroying it. So net, net, the wealth is shrinking as a result of this consolidation. And if there's one message I could give to everyone in Congress, I cannot tell you how expensive tyranny is [02:38:00] and how much wealth it destroys. And you see it in constituents, like if you know, Senator Johnson was talking about a vaccine injured family. When I see vaccine injury, I see family bankruptcies everywhere and bankruptcies of family enterprise. The good news is, if we can turn this around, the wealth potential is fantastic. And you have to forgive me. I'm an investment banker, so I think creating lots of wealth is a great thing.

Frank Gaffney: [02:38:26] As opposed to raking the deck.

Reggie Littlejohn: [02:38:28] I just want to briefly talk about the intellectual property sharing in the pandemic treaty. It's absolutely the case that the pandemic treaty would require Big Pharma, or anybody else who develops a vaccine to share that technology, and some people have held that out as kind of a hope of, oh, this will never happen because Big Pharma is going to oppose it. I don't hold out that hope. I think that Big Pharma is going to work out behind the scenes some kind of an amendment so that they don't have to share their intellectual property rights or their maybe it'll be voluntary or whatever else. And the [02:39:00] thing is going to go through. I think we need to prepare ourselves for the fact that this is going to go through. I don't see a way that this pandemic treaty is not going to pass, that the international health regulations are not going to pass. Because they're either, in the case of the regulations, it's just a majority

vote. In the case of the treaty, it's of two-thirds supermajority vote. The only solution for us is to defund and withdraw from the W.H.O., because we're not going to be able to stop the W.H.O. from doing its thing.

Catherine Austin Fitts: [02:39:32] Can I ask Reggie a question?

Reggie Littlejohn: [02:39:33] Oh, Reggie.

Catherine Austin Fitts: [02:39:35] So my understanding is that the powers under the Constitution, not delegated to the federal government by the states, are reserved to the states.

Reggie Littlejohn: [02:39:46] That's right.

Catherine Austin Fitts: [02:39:46] So I just came from a wonderful meaning from the Tennessee state legislators. And they believe that health care is a state power under the Constitution, and that the federal government does not have the power and the authority under [02:40:00] the Constitution to give these things away. And so, what happens if this does go forward, if you don't defunded? And so, what is the tension going to be with the states.

Reggie Littlejohn: [02:40:11] So that is an excellent point. And that is actually a major, major focus of hope. I agree that your health care is not an enumerated power, and that the federal government can't give away powers that it doesn't have. And so, the last bulwark of defense is going to be the states just saying we're not implementing this. You don't have the right to impose this on us. But then it becomes, number one, a legal power struggle. And this is the thing. It depends on what judge you end up in front of, how they're going to rule, unfortunately. And also, the legal process is really slow. I mean, things grind really slowly to the Supreme Court. And by the time that happens, this whole surveillance and censorship thing could [02:41:00] have snapped shut on us and we won't be able... See, this is the problem. If we do not mount an effective resistance immediately, and if this surveillance and censorship state enforced by either CBDCs or whatever else. I mean, they don't they don't need a CBDC to cut us off from our money. They've already done it in Canada. They just cut the Canadian truckers and people who had donated to them off from their credit cards and their bank accounts. We

know that this can be done. It has been done. And if this snaps shut, we're not going to be able to mount a defense anymore, because as soon as we open our mouths, we're just going to be canceled and cut off from our funds. And who knows what all else is happening. But yes, I agree with that legal analysis. The question is, can we mount the defense quickly enough?

Valerie Borek: [02:41:48] I just want to briefly also add the policies made through funding and grants as well. So we also have to encourage our states to look at where their grant money is coming from and what ties [02:42:00] are created by that. For example, you've got this explosion right now of school-based health centers, which are not school nurses. They are primary and specialty care that will take place on school grounds during school time. And it's really dangerous when you combine that with the ever-lowering age of consent—minor consent—to medical and mental health care and reproductive health care and whatnot. And I've mentioned gender. Yes, of course. And I mentioned this because this administration just recently decided to grant hundreds of millions of dollars. So these are things that we're going to see popping up all over the place. And this is also laying that infrastructure for our data transfer seamlessly to places we don't want it to go and privacy to be obliterated. So, it's in a lot of the grants.

Frank Gaffney: [02:42:48] That's so important, because one of the things that we've tumbled onto is this mention was made of this One Health initiative, and we desperately [02:43:00] need some people to follow the money on One Health, because I'm told it is billions of dollars. Much of it is now being, you know, passed around like walking around money to make sure that everybody gets with the program. Thank you for making that point because you were close at hand.

Reggie Littlejohn: [02:43:20] I wanted to make a comment about One Health. Look this up. I didn't believe this existed until I looked it up. That "One Health" (Put it in quotes.) There's something called, One Health. And that is okay. The thing with One Health is that they're trying to figure out the interface, doing research on the interface between human health and animal health to track zoonotic diseases. And so, they are trying to find all over the world where bats and humans are interfacing, because the whole idea is that the pandemic started from a bat, which it didn't. But I think that's part of the reason that they were pushing that narrative so hard. This [02:44:00] came from a bat because they're supporting this bat One Health. Why are they doing this? Talking about

land grabs. I believe what they're doing is they're trying to use the bat-human interface as a pretext for moving people out of the wilderness, moving people out of the rural areas and into the cities. So that's a land grab. Number one. And number two, it's a way of getting people into 15-minute cities, which is another instrument of totalitarian control.

Frank Gaffney: [02:44:33] Kat Lindley, I wanted to ask you a question. We talked a bit about you in particular, the Doctor patient. Relationship. One of the other instruments of enforcing censorship and restricting informed consent and [02:45:00] otherwise impeding. Medical practitioners like yourself, giving the best medical advice to patients. Even when the World Health Organization was just an advisory advice, was this idea that there was a a CDC and FDA kind of approved response to the advice that kind of a lot of doctors seem to take, as, you know, an edict. Another facet of it, though, was pharmacists also beginning to enforce what were supposed to be advisory opinions. Could you just flash forward to what this looks like in the event that it's not somebody interpreting advice as a diktat, it's an actual diktat that [02:46:00] has been formalized in some way or shape, if not by our government, certainly by.

Dr. Kat Lindley: [02:46:09] I think this really goes back to the whole censorship thing, right? Misinformation, disinformation. The problem is they created this idea that you cannot have an opinion as a physician. As a physician, you have to look at the person in front of you. You don't look at the whole room to make a decision. This person was best for their treatment, what they need and how they approach this. And now there is this whole initiative coming from W.H.O. from the United Nations, from UNESCO, to continue enforcing this idea that there is a spread of misinformation. And that kind of like started everywhere. You as a physician, you know, we decided that certain medications work, so we prescribe them and then you have a pharmacist refused them, and then you have an FDA say you're not a horse. [02:47:00] So what do you do with all that? And you start having these regulatory agencies making decisions that should not ever be made. And when it comes, in particular with W.H.O., it goes back to what I said, if director general can decide what type of medical treatment I can offer, what type of test I have to do, then what am I there for? You can have, you know, AI and a nurse. You don't really need a doctor because you take that human element out of the room. And that's something that we need to continue speaking about. Because this is not about One Health. The problem with One Health is that one size does not fit all. I have patients that might have same diagnoses, but I have to approach them completely

differently. And that's something that we need to remember. Medicine is an art. Medicine is also the relationship—this human connection. And having W.H.O. is ending it.

Frank Gaffney: [02:48:03] Michelle [02:48:00] Bachmann. You've touched on something that I don't think otherwise came up, but I really think it's vital that we address a little bit more fully. We've spoken about the exercise of influence on the W.H.O. by the people who pay their bills, notably, as we saw Bill Gates talking about how profitable all of this has been. One of his agendas, I think it's unmistakable, and he's not alone, is eugenics. And he mentioned de-population being one of the things that could emerge from all of this. Could you just talk a little bit further about how that's not a bug, that's a feature of what they're doing?

Michele Bachmann: [02:48:55] As if all of this isn't wild enough. What we've been talking about today. You know, [02:49:00] you think about why anybody would want to do this. That's why I think I'm so grateful that you showed the the clip of Neal Kashkari from the Minneapolis Fed because he's saying who benefits in the United States. We've been a force for economic freedom and economic good. A lot of people come here to DC because they recognize the US Treasury is the world's largest ATM machine and they want access to it. There's a lot of billionaires out there who want to make sure that they get a piece of this ATM machine. Then you say to yourself, "Hey, you're the third... You're the third richest man in the world, second richest man in the world, first richest man in the world. Why do you need more money? Don't you have enough? Isn't there an end to acquiring money?" Money is a part of it. But it's much more than that.

Michele Bachmann: [02:49:54] Something happens to the egos of the people that are involved in this. And there is an agenda [02:50:00] afoot that is an agenda of death. And they're strange people. I mean, if you look at this Harari, who we heard from a little bit this earlier, these people are monsters. They're literally monsters. And they believe that it's their right to take away from us our property and our autonomy and our ability to make decisions about our health, about our freedom. Because when it comes down to it, they don't like us very much. Because they see us as we're a lower echelon. It's as though they view most of mankind as subhuman. They see themselves as very special, and they want to have the world that they can decide, and they can describe. And so, they've said this before, and I wish we had time. I didn't bring a clip. But you have Harari

calling for global de-population. This is [02:51:00] something that he's all for. And he's considered one of the smartest guys in the world, we're told. This real genius who wants to depopulate the world. In other words, involuntarily. This isn't our ability to say, yes, we want to live. We want to die. We don't want to be in conditions that will bring about a sudden demise in our lifetimes. But but he does.

Michele Bachmann: [02:51:25] But, the same thing is true of Bill Gates. There's videotape of Bill Gates talking about the rollout of a vaccine, and that with any luck, the vaccine will mean a 15% reduction in the population. You can't believe that people would have enough self-awareness to filter what comes out of their mouth. But they don't because they literally are so, in their mind, they're so far above the rest of us. Why? Because they've amassed all this money, they've [02:52:00] amassed great power and corporations, and so they see that they know better than you do about what's good for you. That was the genius of the United States. We created a government that provided political freedom, speech freedom. But also, the United States Constitution is one of the greatest documents to protect economic freedom so that people could fail, or people could succeed. Up to you. That's why we instituted the protection of copyrights in the United States. And so, when the W.H.O. undoes copyright protection laws that eviscerates our Constitution. Because they intend to own everything. Just like we were told that private property rights are going away, intellectual property rights are going away. And so, then what's the final calculus? The final calculus [02:53:00] is there's a very small group of elites who think when all is said and done, they're going to be around and they're going to call the final shots. What does that make the rest of us slaves? We're slaves.

Michele Bachmann: [02:53:15] When you lose access to your money, the financial freedom, the financial autonomy, when you lose the right to have decision making over your health care, when you lose your personal property, which is effectively the fruits of your labor, which is guaranteed to you again, by our Constitution, when all that is gone, it is the greatest move of slave masters to enslave not only just a nation, but a globe. We have never. That's why I freely call these people monsters. Because when you take to the final conclusion. What their plans are. It's monstrous. And we had Senator Johnson here earlier. You can't [02:54:00] talk about that at the beginning of a conversation, because our brains don't think like that. Normal people don't think like that. We don't have any desire to enslave anyone. We want other people to do better.

We want to do better ourselves. We want our kids to do better. We want to be free. That's not what this crowd wants, and that's what we have to get our head around. There literally are evil people. Yeah, we've seen it with Hamas. There are literally hateful, evil people. And we need to get out of our cotton candy bubble that we live in and recognize. We're a pretty nice room. We have food, we have electricity, and we have choices. We get to leave here and then go exercise economic and personal choices. That's not true if these people get in charge.

Michele Bachmann: [02:54:50] Because if I can't go and buy gas for my car, if I can't go and make those sorts of decisions, then I'm no longer free. The level of slavery is something [02:55:00] like we've never seen before. That's why urgency. Because we've got six months until this will either be automatically put into place in the World Health Assembly if there's no objections by nations, or if there are objections, there will be a vote. And right now, the vote will go in the side of passing this. Why? Most people have no clue what this is in this building. Most members of Congress have no clue what this is, and this isn't a slam on the members of Congress or the Senate, but this has been a conspiracy of silence just to roll this thing through. Because there's very few people who are going to benefit, very few people at the top who are going to make out on this deal. And all the rest of us then would be subject to it. I don't think these people ultimately are going to succeed. But the threat is so real and it's there. I don't want to roll the dice that that process even [02:56:00] has a chance of coming into effect. Thank you very much.

Frank Gaffney: [02:56:05] Just a clarification. I think what you were saying at the end there, in terms of voting, it's not going to matter what people in this body vote. What's going to matter is the nations in the World Health Assembly and whether they approve this thing over our objections.

Frank Gaffney: [02:56:20] Are there any other questions? I know we've gone awfully long. I did want to ask one of Kris Ullman myself, and I'll close with that unless anybody else has one.

Frank Gaffney: [02:56:29] Kris Ullman, going back to what Michelle was just talking about, Senator Johnson kicked this off with a pretty plaintive plea to change the attitudes of those Freedom Caucus colleagues and senators. What else is a preeminent practitioner of the business of getting members of Congress to pay attention to things

that they're not, in [02:57:00] your role as president of both Eagle Forum and your role more broadly in public policy activism, would you recommend we be putting into the mix or take away from this?

Kris Ullman: [02:57:22] Well. I think what's really important, one of the things that Senator Johnson said, was the utter disbelief that is going to rock people's world view when they're forced to acknowledge what has happened. And that is a very hard thing to do.

Kris Ullman: [02:57:43] One of the things we didn't talk about today, just because there's so much in these documents, was the whole campaign against mis-, dis- and mal-information that these documents actually require the World Health Organization and nations to crack down on. What they [02:58:00] consider mis-, dis- and mal-information, which means, as we all saw in the last three years, often truthful information. How do you get people to look at the truth? I would say that the people behind this, maybe the Bill Gates and the Klaus Schwab's, they have a mal- intent, but the people in this building, the other senators and the members of Congress whose eyes aren't open, they are not evil. We need to approach them very gently with what do you think about public health? Do you think public health is more trusted now than before? No, of course it's not. And then gradually get them to see what this international organization has been doing to undermine, with the help of our CDC, our NIH and everybody else, to undermine the beliefs, the trust we have in public health. And with people on the other side of the aisle, [02:59:00] you follow the money. As Michele said, as Reggie said. When do we ever allow this kind of conflict of interest for Big Pharma to be the ones that receive the money to create the vaccine that is not properly tested, that is sold back to the government?

Kris Ullman: [02:59:23] Do you know that governments around the world have purchased over ten doses per individual of these vaccines? And the money goes back to big Pharma? We need to investigate that. I am not suspicious of capitalism. I do not like fascism. And when government works together with big business, that concerns me. People on the other side are a little more concerned about this as well. And their eyes need to be opened. [03:00:00] This is so big that we can find, as Phyllis Schlafly used to say, I don't really care why your reason for voting with me on the issue. You can vote with me for the reason of your choice. We have so many reasons to convince people

that stopping this is the right thing to do, that we just need to tailor it to our particular audience.

Frank Gaffney: [03:00:26] Thank you very much, everyone for joining us. I hope this has not only been informative and hopefully edifying, but also a call to action. As Kris was just saying, for whatever reason, it moves you. We need your help. I want to thank all of our presenters that have done a fabulous job. I'm proud to work with them at the Sovereignty Coalition. You can find out more about it at SovereigntyCoalition.org. And please also check out the wonderful resources of all of the partnering organizations, both in this program and online. So [03:01:00] again, thank you. Thank you especially to Senator Johnson and his team for making this event possible. God bless you all.