

# The Top 100 REASONS to Nix the WHO

## A Deep Dive into the Proposed Treaty & Amendments

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Find this PDF [here](#) and lots more Global Coup related material on my [Quasar website](#).

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This PDF is based on James Roguski's article, *THE TOP 100 REASONS TO #StopTheTreaty, #StopTheAmendments, and #ExitTheWHO*, published January 5, 2023, the original of which can be found online on [his Substack page here](#). Or download the PDF version which I made [here on my Quasar website](#). There is also an audio presentation (available on James' Substack page linked to above) and a video of it on his BitChute channel: [100 REASONS TO #ExitTheWHO](#)

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### Preface

James, in the text of Reasons 1- 50, references sections of WHO documents. This PDF will be made up those 50 Reasons - James' complete text for each, then a look at the Articles and Paragraphs mentioned in the referenced WHO document, so you can really get a look at the language in the new "treaty" they are drafting, and the language proposed to be added to or deleted from the existing International Health Regulations.

Go to his page or to my PDF for all 100 Reasons, plus more links and information.

In the documents one will encounter the language "*WHO CA+*". From a WHO INB page:

[In December 2021](#), WHO's Member States decided at a special session of the World Health Assembly to establish an intergovernmental negotiating body (INB), to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response (hereafter referred to as the WHO CA+).

### James Roguski's Overview of his Article

*The World Health Organization is attempting a GLOBAL POWER GRAB by seeking to have the 194 member nations of the World Health Assembly adopt amendments to the International Health Regulations as well as adopt*

*a completely new international agreement commonly referred to as the proposed “Pandemic Treaty.”*

*The proposed amendments would make the WHO’s proclamations legally-binding rather than just advisory recommendations. The changes would institute global digital health certificates, dramatically increase the billions of dollars available to the WHO and enable nations to implement the regulations **WITHOUT respect for the dignity, human rights and fundamental freedoms of people.***

*Agreement by a simple majority of the 194 member nations is all that is needed to adopt the amendments because, as amendments to an existing agreement, neither the advice and consent of the United States Senate, nor the signature of the President would be required.*

*These amendments are being negotiated in secret without any opportunity for comment by people from around the world.*

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## The Four Sources That Are Referred To in the 100 Reasons (+1)

[Click Here](#) to download the “Conceptual Zero Draft” of the proposed “Pandemic Treaty.”

[Click Here](#) to download the proposed amendments to the IHR (46 pages)

[Click Here](#) to download the proposed amendments (original nations’ submissions (197 pages)

[Click Here](#) to download the WHO’s existing 2005 International Health Regulations (84 pages)

[Click Here](#) to download the One Health Joint Plan of Action (2022-2026)

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## The 100 reasons are broken down into seven categories

(Note that only the first 3 categories (Reasons 1 - 50) reference items in the documents and will be covered in this document.)

**PART I:** Ten things that everyone needs to know about the World Health Organization’s proposed “Pandemic Treaty.” (1-10)

**PART II:** The proposed amendments would seek to remove 3 very important aspects of the existing regulations. (11-13)

**PART III:** The proposed amendments would implement a great number of changes that everyone should absolutely disagree with. (14-50)

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# Reasons 1 -50 and their Referenced WHO Language

Click to jump to the [#StopTheAmendments](#) section (11-50).

## [#StopTheTreaty](#)

PART I: Ten things everyone needs to know about the World Health Organization's proposed "Pandemic Treaty."

All excerpts in Part I, Reasons 1-10, are from the *Conceptual Zero Draft*.

In the Conceptual Zero Draft:

***Bold italics*** indicates the focus of a provision - small letters, such as (b)  
Underlined text indicates the focus of a measure - one i or more such as (ii)

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### 1. Dramatically Expand the Role of the WHO

The proposed "Pandemic Treaty" is the World Health Organization's attempt to convince the 194 member nations to agree to hand over their national sovereignty to the WHO via a legally binding framework convention that would hand over enormous additional, legally-binding authority to the WHO.

The WHO has published a 32 page document that they refer to as the "Conceptual Zero Draft" and on pages 10, 13 and 22 the WHO makes it very clear that the purpose of the document is to recognize the central role of the WHO in the prevention, preparedness, response and recovery from future pandemics. They want to be the directing and coordinating authority on global health and global governance over all health systems.

Clearly, the actions of the WHO point to the fact that they are not focused upon the health of people. Instead, they are focused on funneling billions of dollars into building health systems. Their true purpose is to help finance and build the Pharmaceutical, Hospital, Emergency Industrial Complex (PHEIC) by redirecting funds via crony capitalism to corporations that profit from the declarations of Public Health Emergencies of International Concern and the fear-mongering that naturally follows such emergency declarations.

- Page 10, paragraph 43 of the Preamble:

43. Recognizing the central role of WHO in pandemic prevention, preparedness, response and recovery of health systems as the directing and coordinating authority on international health work, and in convening and generating scientific evidence, and, more generally, fostering multilateral cooperation in global health governance;

- Page 13, Article 4, paragraphs 14 and 17:

Article 4. Principles

14. One Health – Multisectoral actions should recognize the importance of a coherent, integrated and unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems, including through, but not limited to, attention to the prevention of epidemics due to pathogens resistant to antimicrobial agents.

17. Central role of WHO – As the directing and coordinating authority in global health, and the leader of multilateral cooperation in global health governance, WHO is fundamental to strengthening pandemic prevention, preparedness, response and recovery of health systems.

- Page 22, Article 13, paragraphs 2a, and 2e:

Article 13. Coordination, collaboration and cooperation

2. Towards this end, each Party [shall]/[should]:

(a) Promote global, regional and national ***political commitment, coordination and leadership*** for pandemic prevention, preparedness, response and recovery of the health system, by means that include establishing appropriate governance arrangements/[good governance principles] rooted in the Constitution of the World Health Organization;

(e) Enhance ***WHO's central role as the directing and coordinating authority*** on international health work, mindful of the need for coordination with entities in the United Nations system and other intergovernmental organizations;

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## 2. Creating an Entirely New Bureaucracy (COP)

In order to facilitate the growth of the Pharmaceutical Hospital Emergency Industrial Complex (PHEIC), the WHO would create an entirely new bureaucracy as defined in Article 19 of the Conceptual Zero Draft of the proposed “Pandemic Treaty.” It would create a governing body that is made up of a Conference of the Parties (COP), much like the system that has governed the discussion over climate change. Only nations that sign and adopt the treaty would become members of the Conference of the Parties. They would be directed by the Officers of the Parties which would include two presidents and four vice-presidents. There would also be an Enlarged Conference of the Parties (E-COP) that would include “relevant stakeholders” such as the Bill and Melinda Gates Foundations and others, so long as they were approved by a 2/3 majority of the Conference of the Parties.

- Page 26, Article 19, paragraphs 1, 2, 4, and 5c:

Article 19. Governing body for the WHO CA+1

1. A governing body for the WHO CA+ is established to promote the effective implementation of the WHO CA+ (hereinafter, the “Governing Body”).

2. The Governing Body shall be composed of:

(a) The Conference of the Parties (COP), which shall be the supreme organ of the Governing Body;

(b) The Officers of the Parties (OP), which shall be the administrative organ of the Governing Body; and

(c) The Enlarged Conference of the Parties (E-COP), which will include relevant stakeholders and will provide broad input for the decision-making processes of the COP.

4. The Officers of the Parties, as the administrative organ of the Governing Body, shall:

(a) Be composed of two Presidents and four Vice-Presidents, serving in their individual capacity and elected by the COP, as well as two rapporteurs elected by the E-COP;

(b) Endeavour to make decisions by consensus; however, if efforts to reach consensus are deemed by the Presidents to be unavailing, decisions may be taken by voting by the President and Vice-Presidents.

5. The E-COP, as the polyilateral diplomacy venue for encouraging broad input for the decision-making processes of the COP, shall:

(c) Be further composed of representatives of any body or organization, whether national or international, governmental or non-governmental, private sector or public sector, which is qualified in matters covered by the WHO CA+, and which, upon nomination by any Party, is supported by a two thirds majority of the COP;

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### **3. The WHO Is Seeking Tens of Billions of Dollars**

This already enormous bureaucracy seeks to have a yearly budget that is many times as big as the current entire budget of the WHO. While the Conference of the Parties associated with the proposed “Pandemic Treaty” would be connected to the WHO, it would also act independently from it.

Article 18 of the Conceptual Zero Draft of the proposed “Pandemic Treaty” discusses the desire for sustainable and predictable financing. They seek collaboration between the health, finance and private sectors and they also want to establish new international mechanisms in order to ensure a stable source of financing on global, regional and national levels.

One of the things that is absolutely lacking in the proposed “Pandemic Treaty” is any discussion whatsoever of the means by which decisions would be made regarding how all of these billions of dollars would be spent. It would essentially set up an enormous candy store through which the bureaucrats of the WHO would control the means of production in the Pharmaceutical, Hospital Emergency Industrial Complex.

- Page 25, Article 18, paragraphs 1, 2a, 2b, and 2c:

Article 18. Sustainable and predictable financing

1. The Parties [shall]/[should] ensure, through existing and/or new mechanisms, sustainable and predictable financing, while enhancing transparency and accountability, to achieve the objective of the WHO CA+.

2. Towards this end, each Party [shall]/[should]:

(a) Strengthen and prioritize ***domestic financing*** for pandemic prevention, preparedness, response and health systems recovery, including through greater collaboration between the health, finance and private sectors, in support of primary health care and universal health coverage;

(b) Finance, through ***new or established international mechanisms***, regional and global capacity-building for pandemic prevention, preparedness, response and recovery of health systems;

(c) Measures to ensure/enhance ***sustainable, [equitable, fair,] and predictable financing*** of global, regional and national systems and tools and global public goods for pandemic prevention, preparedness, response and recovery of health systems, through existing or new mechanisms, while avoiding duplication and ensuring synergies, in order to guarantee equitable access to preparedness financing;

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#### 4. Expanding Censorship

Article 16 of the Conceptual Zero Draft would essentially set up a Ministry of Truth that would give the WHO the power to study the behavioural barriers and drivers of adherence to public health measures. The WHO would be empowered to analyze social media to identify misinformation and disinformation in order to counter it with their own propaganda. They want billions of dollars to enable them to clamp down on free speech, freedom of the press and freedom of expression because they know that their recommendations and guidelines cannot stand the true test of scientific inquiry and they do not want any of their dictates to be criticized by public comment.

- Page 24, Article 16, paragraphs 1 and 2:

Article 16. Strengthening pandemic and public health literacy

1. The Parties [shall]/[should] increase science, public health and pandemic literacy, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation.

2. Towards this end, each Party [shall]/[should]:

(a) **Inform the public, communicate risk and manage infodemics** through effective channels, including social media;

(b) Conduct regular social media analysis to identify and **understand misinformation, and design communications and messaging** to the public to counteract misinformation, disinformation and false news;

(c) Foster **health, science and media literacy, and promote communications on scientific, engineering and technological advances** relevant to the development and implementation of international rules and guidelines for pandemic prevention, preparedness, response and recovery of health systems;

(d) Promote and facilitate, at all appropriate levels, in accordance with national laws and regulations, **development and implementation of educational and public awareness programmes** on pandemics and their effects;

(e) Strengthen **public trust and counter misinformation and disinformation**, including through providing timely, simple, clear, coherent, accurate, transparent and effective global and national communications, based on science and evidence, promoting media literacy and ethical professional journalism, and strengthening research on misinformation and disinformation and its relationship to public trust in order to inform policies;

(f) Strengthen **research into the behavioural barriers and drivers** of adherence to public health measures, confidence and uptake of vaccines, use of therapeutics and trust in science and government institutions.

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## 5. Speeding Up the Approval for Drugs and Injections

In Article 7(2)(b) it is very clear that they want regulatory bodies in nations around the world to accelerate the speed at which new drugs and injectables are authorized and approved. As if the disaster caused by the rapid authorization of the COVID-19 injections was not bad enough, they seek to dramatically speed up the process by which products are authorized and brought to the market.

- Page 15, Article 7, paragraph 2b:

Article 7. Access to technology: promoting sustainable and equitably distributed production and transfer of technology and know-how

2. Towards this end, each Party [shall]/[should]:

(b) Bolster and strengthen national, and, where appropriate, regional ***regulatory authorities' capacities***, to prepare for and accelerate emergency licensing and approval procedures, grounded in evidence-based procedures and evaluation, to allow for the timely availability of essential pandemic response products, by means that include:

(i) measures to build and strengthen the capacity of regulatory authorities and increase the harmonization of regulatory requirements at the international and regional level, including through mutual recognition agreements

(ii) measures to build and strengthen country regulatory capacities for timely approval of products for pandemic prevention, preparedness, response and recovery of health systems

(iii) measures to accelerate the process of licensing and approving pandemic response products for emergency use in a timely manner, including the sharing of regulatory dossiers

(iv) measures to monitor and regulate against sub-standard and falsified pandemic response products, through existing Member State mechanisms.

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## 6. Support for Gain-Of-Function Research

Rather than outlaw what may very well be the greatest threat to the survival of mankind on planet Earth, Article 8 of the Conceptual Zero Draft actually seeks to ensure that none of the measures put forth would create any unnecessary administrative hurdles for gain-of-function research. We need to completely and totally ban gain-of-function research immediately, not protect it from “unnecessary administrative hurdles.”

- Page 16, Article 8, paragraphs 1, 2a(i), 2a(iii), and 2b(v):

Article 8. Increase research and development capacities

1. The Parties [shall]/[should] build and strengthen capacities and institutions for innovative research and development, particularly in developing countries, by means that include scientific and technical cooperation, collaboration and communication, consistent with national and international biosafety and biosecurity standards, guidelines and regulations. Publicly funded research and development for pandemic prevention, preparedness, and response [shall]/[should] include conditions on prices of products, allocation, data sharing and transfer of technology, as appropriate.

2. Towards this end, each Party [shall]/[should]:

(a) Promote and align international, regional and national ***scientific and technical cooperation*** and action in research and the development of technology, by means that include:

(i) measures to strengthen research and development processes and capacities for rapid and timely development and production, at national, regional and global levels, of pandemic response products, such as but not limited to, diagnostics, medicines and vaccines, particularly in developing countries

(iii) measures to encourage non-State actors, including the private sector, to participate in and accelerate innovative research and development for novel and resistant pathogens and emerging and re-emerging diseases with pandemic potential, as well as neglected tropical diseases

(b) measures to limit indemnity or confidentiality clauses in commercial pandemic response product contracts between countries and manufacturers, taking into account public financing in research and development

(v) measures to provide international standards for, and oversight of, as well as reporting on, laboratories and research facilities that carry out work to genetically alter organisms to increase their pathogenicity and transmissibility, in order to prevent accidental release of these pathogens, while ensuring that these measures do not create any unnecessary administrative hurdles for research

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## 7. More and More Tabletop Exercises (Simulations)

Article 12 of the Conceptual Zero Draft calls for an increase in funding for what are known as tabletop exercises or simulations, much like Agenda 201 or the more recent simulation that can be found on [CatastrophicContagion.com](https://www.catastrophiccontagion.com). The WHO wants nations around the world to spend billions of dollars on biological war games rather than spend that money in ways that would actually improve the health of the general population.

- Page 21, Article 12, paragraphs 1, 2a, and 2c:

Article 12. Preparedness monitoring, simulation exercises and peer reviews

1. The Parties [shall]/[should] develop and implement effective and efficient monitoring of pandemic prevention and preparedness, through regular simulation exercises and peer review.

2. Towards this end, each Party [shall]/[should]:

(a) Develop and implement ***comprehensive, inclusive, multisectoral national pandemic prevention, preparedness, response and health system recovery strategies***;

(c) Periodically ***drill the national action plans***, through global, regional and national simulation and tabletop exercises, which include risk and vulnerability mapping;

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## 8. Seeking to Implement the Concept of One-Health

Article 17 of the Conceptual Zero Draft would implement a complex system known as One-Health in which control over human health, pet health, domesticated animal, farm animal and wild animal health and agricultural plant health and the overall health of the natural environment would be strictly controlled. In short, they want to have control over every aspect of everyone's life.

- Page 24, Article 17, paragraphs 1, 2a(i), 2c(i), 2d, 2e, 2g, and 2h:

### Article 17. One Health

1. In the context of pandemic prevention, preparedness, response and recovery of health systems, the Parties [shall]/[should] promote and enhance synergies between multisectoral collaboration at national level and cooperation at the international level, in order to safeguard human health and detect and prevent health threats at the interface between animal, human and environment ecosystems, while recognizing their interdependence.

2. Towards this end, each Party [shall]/[should]:

(a) Promote and implement a ***One Health approach that is coherent, coordinated and collaborative*** among all relevant actors, existing instruments and initiatives, by means that include:

(i) measures to identify and integrate into relevant pandemic prevention and preparedness plans, drivers for the emergence of disease at the human-animal-environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance;

(c) Strengthen ***multisectoral, coordinated, interoperable, integrated One Health surveillance systems*** to minimize spill-over events and mutations and prevent small scale outbreaks in wildlife or domesticated livestock from becoming a pandemic, by means that include:

(i) measures to ensure that actions at national and community levels encompass whole-of-government and whole-of-society perspectives,

including engagement of communities in surveillance that identifies zoonotic outbreaks and antimicrobial resistance

(d) Develop and implement a ***national One Health Action Plan on antimicrobial resistance*** which improves antimicrobial stewardship in the human and animal sectors; optimizes consumption; increases investment in, and promotes equitable and affordable access to, new medicines, diagnostic tools, vaccines and other interventions; strengthens infection prevention and control in health care settings; and provides technical support to developing countries;

(e) Enhance the ***surveillance and reporting of antimicrobial resistance*** in human, livestock and aquaculture of pathogens which have pandemic potential, building on the existing global reporting systems;

(g) Strengthen ***synergies with other existing relevant instruments*** which address the drivers of pandemics, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the animal–human–environment interface due to human activities;

(h) Take the One Health approach into account at national, subnational and facility levels in order to produce science-based evidence, and support, facilitate and/or oversee the correct, ***evidence-based and risk-informed implementation of infection prevention and control***.

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## 9. Whole-Of-Government, Whole-Of-Society Approach

The whole-of-government and whole-of-society approach would give authority to every agency of government and every non-governmental organization to be involved in the control of every single aspect of everyone’s life. Their long term goal is complete totalitarian dictatorial control over every aspect of life on the planet.

- Page 25: see the excerpts for Reason 8.

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## 10. Global Review System to Oversee Health Systems

In Article 12 and in Article 20 of the Conceptual Zero Draft of the proposed “Pandemic Treaty” they call for a Global Review Mechanism whereby the WHO would actively stick its nose into the manner in which individual sovereign nations support and structure their public health care systems. The oversight mechanisms in Article 20 fail to clearly define the metrics and other criteria by which any compliance review would be based. These details would be left to be decided at the first meeting of the Conference of the Parties which would occur long after the proposed “Pandemic Treaty” had already been adopted, ratified and entered into force. This would include the ability to monitor the nation’s

progress in complying with the treaty and would require the submission of periodic reports and reviews to suggest remedies and actions as well as advice and assistance. While it does not specifically mention economic sanctions, it also does not rule them out.

- Page 21, Article 12, paragraphs 2d, 2e, and 2f:

Article 12. Preparedness monitoring, simulation exercises and peer reviews

(d) Establish, regularly update and broaden implementation of a ***global peer review mechanism*** to assess national, regional and global preparedness capacities and gaps, by bringing nations together to support a whole-of-government and whole-of-society approach to strengthening national capacities for pandemic prevention, preparedness, response and health systems recovery, through technical and financial cooperation, mindful of the need to integrate available data, and to engage national leadership at the highest level;

(e) Implement the ***recommendations generated from review mechanisms***, including prioritization of activities for immediate action;

(f) Provide ***regular reporting***, building on existing relevant reporting where possible, on pandemic prevention, preparedness, response and health systems recovery capacities.

- Page 27, Article 20, paragraphs 1 and 2:

Article 20. Oversight mechanisms for the WHO CA+1

1. The Governing Body, at its first meeting, shall consider and approve cooperative procedures and institutional mechanisms to promote compliance with the provisions of the WHO CA+ and, if deemed appropriate, to address cases of non-compliance.

2. These measures, procedures and mechanisms shall include monitoring provisions and accountability measures to systematically address preparedness for, response to, and the impact of pandemics, by means that include submission of periodic reports, reviews, remedies and actions, and to offer advice or assistance, where appropriate. These measures shall be separate from, and without prejudice to, the dispute settlement procedures and mechanisms under the WHO CA+.

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The above are just ten reasons why We, the People of the World, must #StopTheTreaty.

Now I will discuss the proposed amendments to the International Health Regulations. Although the proposed “Pandemic Treaty” is very concerning and very important to pay attention to, I honestly feel that the amendments to the International Health Regulations are a much more immediate and direct threat to the sovereignty of every nation and the rights and freedoms of every person on earth.

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## **#StopTheAmendments**

All excerpts in Part II and Part III, Reasons 11-50, are, unless otherwise noted, from the *Article-by-Article Compilation of Proposed Amendments to the International Health Regulations*, November, 2022. In the Proposed Amendments Document::

Strikethrough = proposal to delete existing

**Underlined and bold** = proposal to add text

(But in *this* document, for the Proposed Amendments, [proposal to add text is blue!](#))

PART II: The proposed amendments would seek to remove some very important aspects of the existing regulations.

### **11. Removing respect for dignity, human rights and fundamental freedoms.**

The most egregious, blatant and disgusting proposed amendment is to the first paragraph of Article 3 in the existing Regulations which describes the core principles of the International Health Regulations. The current version of the IHR does defend the unalienable rights of We the People. It currently states that the regulations must be implemented [~~with full respect for the dignity, human rights and fundamental freedoms of people~~], but the proposed amendment would cross out those 13 vitally important words. The proposal submitted by the delegation from India would replace those words with a focus on the transfer of wealth and would replace individual rights with inclusivity. This is a direct assault the rights and freedoms of every human being. This is a direct assault on humanity itself. (Page 3)

- Page 3, Article 3, paragraph 1:

#### Article 3 Principles

1. The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ [based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development.](#)

- Page 57 of the Proposed Amendments to the International Health Regulations - Submissions by Member States, India's Rationale:

Equity, inclusivity and coherence are principles central to the proposed Global Health Architecture.

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## 12. From “non-binding” to “legally binding.”

The proposed amendments would seek to remove the words “non-binding” from the definitions of temporary and standing recommendations that are made by the World Health Organization. When coupled with Article 42, (the Implementation of Health Measures) which says: “Health measures, including the recommendations made under Articles 15 and 16 shall be initiated and completed without delay by all States Parties.” That turns the WHO’s advisory role into a totalitarian dictatorship. The statements made by the WHO are currently recommendations, they are NOT commands upon the people of the earth. (Page 2)

- Page 2, Article 1, paragraph 1:

### Article 1 Definitions

1. For the purposes of the International Health Regulations (hereinafter “the IHR” or “Regulations”):

“standing recommendation” means ~~non-binding~~ advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary recommendation” means ~~non-binding~~ advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

- Page 28 from the International Health Regulations (2005), Article 42:

### Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner.

- Page 20, Article 42 has major additions in the proposed amendment:

### Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations, [including the recommendations made under Article 15 and 16](#), shall be initiated and completed without delay [by all State Parties](#), and applied in a transparent, [equitable](#) and non-discriminatory manner. [State Parties shall also take measures to ensure Non-State Actors operating in their respective territories comply with such measures.](#)

(Articles 15 & 16 are "Temporary Recommendations" and "Standing Recommendations")

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### **13. Nations Shall, Must, Are Obligated and Have a Duty to Collaborate With and Assist other Nations**

In a direct assault on national sovereignty, the proposed amendments to Article 43 state that "Recommendations made pursuant to... this Article shall be implemented... within two weeks from the date of [the] recommendation... and the decision made [by the Emergency Committee] on the request for [any] reconsideration shall be final.

Essentially, the WHO's Emergency Committee would be given the power to overrule actions taken by sovereign nations. (Pages 21-22)

- Page 21, Article 43, paragraphs 4 and 6:

Article 43 Additional health measures

4. After assessing information [and public health rationale](#) provided pursuant to paragraph 3, [3bis](#) and 5 of this Article and other relevant information [within two weeks](#), WHO may request that [shall make recommendations](#) to the State Party concerned reconsider to [modify or rescind](#) the application of the [additional health](#) measures [in case of finding such measures as disproportionate or excessive](#). [The Director General shall convene an Emergency Committee for the purposes of this paragraph.](#)

~~6. A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.~~ [Recommendations made pursuant to paragraph 4 of this Article shall be implemented by the State Party concerned within two weeks from the date of recommendation. State Party concerned may approach WHO, within 7 days from the date of recommendations made under paragraph 4 of this Article, to reconsider such recommendations. Emergency Committee shall dispose the request for reconsideration within 7 days and the decision made on the request for reconsideration shall be final. The State Party concerned shall report to the implementation](#)

committee established under Article 53A on the implementation of the decision.

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While the proposed amendments to the International Health Regulations seek to remove some very important rights and freedoms, the vast majority of the document seeks to add in new language, giving new authority to the WHO.

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PART III: The proposed amendments a would implement a great number of changes that everyone should absolutely disagree with.

So now, let's turn to the many, many things that these proposed amendments would add to the International Health Regulations.

#### **14. Drugs and Jabs = Health**

In Article 1, the definition of "health products" fails to include the very things that were shown to be effective in double blind, placebo controlled, clinical studies that have been ignored by the world.

The definitions do not include vitamins, minerals, herbs and other beneficial nutrients that proved themselves to be supremely beneficial and truly safe. In lieu of using products that are truly safe and effective, the WHO seeks to redirect billions of dollars toward the Pharmaceutical Hospital, Emergency Industrial Complex for drugs and injections that are not proven to be safe and are only effective in increasing the risk of being diagnosed with the very dis-eases that these products are purported to protect people against. (Page 2)

- Page 2, Article 1, paragraph 1:

##### Article 1 Definitions

1. For the purposes of the International Health Regulations (hereinafter "the IHR" or "Regulations"):

"health products" include therapeutics, vaccines, medical devices, personal protective equipment, diagnostics, assistive products, cell- and gene-based therapies, and their components, materials, or parts."

"health products" include medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies, and other health technologies, but not limited to this course

"health technologies and know-how" includes organized set or combination of knowledge, skills, health products, procedures, databases and systems developed to solve a health problem and improve quality of life, including those relating to development or manufacture of health

products or their combination, its application or usage. “Health technologies” are interchangeably used as “health care technologies”.

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## 15. Expanded Scope

The proposed amendments to Article 2 would dramatically expand the scope of the International Health Regulations from dealing with actual risks to dealing with anything that had the potential to be a risk to public health. This amendment would open up the doors wide to massive abuse beyond anything we have seen over the past 3 years. (Page 3)

- Page 3, Article 2:

### Article 2 Scope and purpose

The purpose and scope of these Regulations are to prevent, protect against, [prepare](#), control and provide a public health response to the international spread of diseases [including through health systems readiness and resilience](#) in ways that are commensurate with and restricted to ~~public-health-risk~~ [all risks with a potential to impact public health](#), and which avoid unnecessary interference with international traffic and trade, [livelihoods, human rights, and equitable access to health products and health care technologies and know how](#).

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## 16. Protecting Health Care Systems Instead of People

In the proposed amendment to the new second paragraph (bis) of Article 3, the focus of the WHO is subtly shifted away from the health of real people and would be guided to place primary preference upon the resilience of health care systems. We don't need to focus upon the health of our health care systems so much as we need to focus upon the health of PEOPLE. Our health care facilities are no longer a place where people who are suffering from dis-ease go in order to regain their health. Our health care facilities have become killing fields to be feared. (Page 3)

- Page 3, Article 3, 2 bis:

### Article 3 Principles

[2 bis. The States Parties shall develop and maintain capacities to implement the Regulations in accordance with their Common But Differentiate Responsibilities and Respective Capabilities \(CBDR-RC\), availability of international financial assistance and shared technological resources, and in this regard, primary preference shall be given to the](#)

establishment of functioning public health systems resilient to public health emergencies.

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## 17. Common But Differentiated Responsibilities and Respective Capabilities

In the proposed amendments to Parts 1 and 2 of Article 3, the repeated use of the phrase “common but differentiated responsibilities and respective capabilities” is used to mask what is inherently discriminatory, racist, sexist and unequal treatment of people around the world under the guise of “equity and inclusivity.” Please note that the phrase “common but differentiated responsibilities and respective capabilities” is NOT defined in Article 1. (Page 3)

- Page 3: see the excerpt for Reason 16 for the phrase, “Common But Differentiated Responsibilities And Respective Capabilities”. Article 1 is long list of definitions and can be found on pages 6 -10 of the International Health Regulations (2005)
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## 18. All Powerful National Competent Authority

The proposed amendments to Article 4, would seek to establish a National Competent Authority who would be given great power to implement the obligations under these regulations, while having absolutely no accountability for any of the harm caused by any of their official actions. This without precedent. (Pages 4-5)

Pages 3, Article 4, paragraphs 1 and 4:

Article 4 Responsible authorities

1. Each State Party shall designate or establish [an entity with the role of National IHR Focal Point](#) and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations. [WHO shall provide technical assistance and collaborate with States Parties in capacity building of the National IHR focal points and authorities upon request of the States Parties.](#)

[1bis. In addition, each State Party should inform WHO about the establishment of its National Competent Authority responsible for overall implementation of the IHR that will be recognized and held accountable for the NFP’s functionality and the delivery of other IHR obligations.](#)

[NEW \(1bis\) States Parties shall / ALT may enact or adapt legislation to provide National IHR Focal Points with the authority and resources to perform their functions, clearly defining the tasks and function of then entity with a role of National IHR Focal Point in implementing the obligations under these Regulations.](#)

4. States Parties shall provide WHO with contact details of their National IHR Focal Point and [National IHR Competent Authority](#) and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.”

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## 19. Developed Nations’ Obligation to Provide Assistance to Developing Nations

While the existing document fails to clarify which countries are considered to be on which list, in both Article 5 and in Annex 1, the proposed amendments would clearly obligate “developed nations” to assist “developing nations” to build their ability to detect, assess and notify the WHO regarding pathogenic, infectious outbreaks. (Pages 4 and 31)

- Page 4, Article 5, paragraph 1:

### Article 5 Surveillance

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1. [Developed State Parties and WHO shall offer assistance to developing State Parties depending on the availability of finance, technology and know-how for the full implementation of this article, in pursuance of the Article 44. This capacity will be periodically reviewed through the Universal Health Periodic Review mechanism, in replacement of the Joint External Evaluation that began in 2016. Such review shall / ALT Should such review identify resource constraints and other challenges in attaining these capacities, WHO and its Regional Offices shall, upon the request of a State Party, provide or facilitate technical support and assist in mobilization of financial resources to develop, strengthen and maintain such capacities.](#)

- Page 31, Annex 1, A1 and New 1bis:

### Annex 1

A. Core Capacity Requirements For [Disease Detection](#), Surveillance And [Health Emergency](#) Response

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations [to identify public health risks, in accordance with principle 2bis](#) including with regard to:

(a) their surveillance, reporting, notification, verification, response and collaboration activities; and

(b) their activities concerning designated airports, ports and ground crossings.

New 1 bis. Developed Countries States parties shall provide financial and technological assistance to the Developing Countries States Parties in order to ensure state-of-the-art facilities in developing countries States Parties, including through international financial mechanism as envisaged in Article 44.

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## 20. Loss of Sovereignty

IF the proposed amendments to Articles 9, 10 and 12 were to be adopted, the WHO will no longer need to consult any sovereign nation in which an event may, or may not be occurring within that nation before declaring that there is a Public Health Emergency of International Concern (PHEIC) within the borders of that nation. (Pages 6-10)

- Page 6, Article 9, paragraph 1:

### Article 9: Other Reports

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. ~~Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.~~

- Page 7, Article 10, paragraphs 1 and 2:

### Article 10 Verification

1. ~~Within 24 hours of receiving the information,~~ WHO shall request, in accordance with Article 9 ~~as soon as possible or within a specific time~~ verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's

territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.

2. Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO, shall verify and provide:

(a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;

(b) within 24 hours, available public health information on the status of events referred to in WHO's request; and

(c) information to WHO in the context of an assessment under Article 6, including relevant information as described in paragraphs 1 and 2 of that Article.

- Page 9, Article 12, paragraph 2: see Reason 21
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## 21. Intermediate Public Health Alert

The proposed amendments to Article 12 would also enable the Director General of the WHO to declare a Intermediate Public Health Alert. (Pages 8-10)

- Page 9, Article 12, paragraphs 1, and 2:

Article 12 Determination of a public health emergency of international concern [public health emergency of regional concern, or intermediate health alert](#)

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a [potential or actual](#) public health emergency of international concern is occurring, the Director-General shall [notify all States Parties and seek to](#) consult with the State Party in whose territory the event arises regarding this preliminary determination and [may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 \(hereinafter the "Emergency Committee"\)](#). If the Director-General [determines that the event constitutes a public health emergency of international concern](#), and the State Party are in agreement regarding this determination, the Director-General shall [notify all the States Parties](#), in accordance with the procedure set forth in Article 49,

seek the views of the ~~Committee established under Article 48~~ (hereinafter the “Emergency Committee”) on appropriate temporary recommendations.

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## 22. World Alert and Response Notice

The proposed amendments to Article 12 would also enable the Director General of the WHO to declare a World Alert and Response Notice. (Page 10)

- Pages 9, Article 12, New paragraph 6:

Article 12 Determination of a public health emergency of international concern ~~public health emergency of regional concern, or intermediate health alert~~

New para 6: Where an event has not been determined to meet the criteria for a public health emergency of international concern, but the Director-General has determined it requires heightened international awareness and a potential international public health response, the Director-General, on the basis of information received, may determine at any time to issue an intermediate public health alert to States Parties and may consult the Emergency Committee in a manner consistent with the procedure set out in Article 49.

New para 6: Where an event has not been determined to meet the criteria for a public health emergency of international concern, but the Director-General has determined it requires heightened international awareness and preparedness activity, the Director-General, on the basis of information received, may determine at any time to issue a World Alert and Response Notice to States Parties and may seek advice from the Emergency Committee in a manner consistent with the procedure set out in Article 49.

NEW (6) The Director-General, if the event is not designated as a public health emergency of international concern, based on the opinion/advice of the Emergency Committee, may designate the event as having the potential to develop into a public health emergency of international concern, communicate this and the recommended measures to States parties in accordance with procedures set out in Article 49

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## 23. Public Health Emergency of Regional Concern (PHERC)

Also, the proposed amendments to Article 12 would also enable the Regional Directors of the WHO to declare a Public Health Emergency of Regional Concern (PHERC). (Pages 8-10)

- Page 10, Article 12, paragraph New7:

Article 12 Determination of a public health emergency of international concern [public health emergency of regional concern, or intermediate health alert](#)

[New 7. A Regional Director may determine that an event constitutes a public health emergency of regional concern and provide related guidance to States Parties in the region either before or after notification of an event that may constitute a public health emergency of international concern is made to the Director-General, who shall inform all States Parties.](#)

- Note that the language "Regional Director" is not defined in the Amendments document and is not to be found at all in the International Health Regulations (2005).

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## **24. The WHO Would Be Placed in a Position of Global Authority**

The proposed amendments seek to create a new Article 13A which would have the world community recognize the World Health Organization as the guidance and coordinating authority during international emergencies. (Pages 12-14)

- Page 12, Article 13, New Article 13A, paragraph 1:

Article 13 Public health response

[NEW Article 13A WHO Led International Public Health Response](#)

[1. States Parties recognize WHO as the guidance and coordinating authority of international public health response during public health Emergency of International Concern and undertake to follow WHO's recommendations in their international public health response.](#)

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## **25. WHO Allocation Plan**

The proposed new Article 13A would also empower the WHO to craft an "Allocation Plan" to mandate the manufacturing, donation and distribution of various pandemic response products. If these amendments were to be adopted, the WHO would effectively be placed in control of the means of production of any and all nations of the world. Upon the dictate of the WHO, formerly sovereign nations would be obligated to ensure that the manufacturers within their borders gear up production and donate their products as directed by the WHO. (Pages 12-15 and page 21)

- Page 12, Article 13, New Article 13A, paragraphs 2-6:

Article 13 Public health response

[NEW Article 13A WHO Led International Public Health Response](#)

2. WHO shall carry out an assessment of the availability and affordability of the health products such as diagnostics, therapeutics, vaccines, personal and protective equipment and other tools required for responding to public health emergencies of international concern, including the potential increase in supply resulting from the surge and diversification of production and in cases of expected shortage of supply, WHO shall develop and allocation plan for health products so as to ensure equitable access to people of all States Parties.

3. WHO shall, in its allocation plan for health products, inter alia identify and prioritize the recipients of health products, including health workers, frontline workers and vulnerable populations, and determine the required quantity of health care products for effective distribution to the recipients across States Parties.

4. Upon request of WHO, States Parties with the production capacities shall undertake measures to scale up production of health products, including through diversification of production, technology transfer and capacity building especially in the developing countries.

5. Upon request of WHO, States Parties shall ensure the manufacturers within their territory supply the requested quantity of the health products to WHO or other States Parties as directed by WHO in a timely manner in order to ensure effective implementation of the allocation plan.

6. WHO shall develop and maintain a database containing details of the ingredients, components, design, know-how, manufacturing process, or any other information required to facilitate manufacturing of health products required for responding to the potential public health emergencies of international concern. Within two years of the entry into force of this provision, WHO shall develop this database for all PHEICs declared so far, including for the diseases identified in the IHR 1969.

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## 26. Events That Are Only Potentially Dangerous Can Be Declared Emergencies

The proposed amendments to Article 15 would empower the WHO to declare emergencies and make legally-binding recommendations or commands based on situations that merely had the potential to cause Public Health Emergencies of International Concern. (Page 14)

- Page 14, Article 15, paragraph 2:

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, [or the event has a](#)

potential to become PHEIC, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

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## **27. The WHO Could be Empowered to Mandate Policy During Emergencies**

The existing Article 18 lists a number of “recommendations” that the WHO could make but, if the proposed amendments are adopted, these non-binding recommendations would no longer merely be suggestions, but would be legally-binding upon the member nations.  
(Page 16)

1. Review travel history in affected areas;
- 2. Review proof of medical examination and any laboratory analysis;**
- 3. Require medical examinations;**
4. Review proof of vaccination or other prophylaxis;
- 5. Require vaccination or other prophylaxis;**
- 6. Place suspect persons under public health observation;**
- 7. Implement quarantine or other health measures for suspect persons;**
- 8. Implement isolation and treatment where necessary of affected persons;**
- 9. Implement tracing of contacts of suspect or affected persons;**
- 10. Refuse entry of suspect and affected persons;**
- 11. Refuse entry of unaffected persons to affected areas; and**
12. Implement exit screening and/or restrictions on persons from affected areas.
13. Review manifest and routing;
14. Implement inspections;
15. Review proof of measures taken on departure or in transit to eliminate infection or contamination;
16. Implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;

17. The use of specific health measures to ensure the safe handling and transport of human remains;
  18. Implement isolation or quarantine;
  19. Seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and
  20. **Refuse departure or entry.**
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## 28. Traveler's Health Declaration

The proposed amendments to Article 18 also seek to create mechanisms to develop and apply a "Traveler's Health Declaration" that would require personal information about one's travel itinerary, possible symptoms and any prevention measures that had been complied with in order to facilitate contact tracing. (Page 16)

- Page 16, Article 18, paragraph 2:

(Note that in the *International Health Regulations (2005)*, it already contains the list shown in Reason 27. The item in blue below is the one amendment to paragraph 2.)

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:

- ensure mechanisms to develop and apply a traveller's health declaration in international public health emergency of international concern (PHEIC) to provide better information about travel itinerary, possible symptoms that could be manifested or any prevention measures that have been complied with such as facilitation of contact tracing, if necessary

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## 29. Foreign "Health Care Workers"

The proposed amendments to Article 18 also appear to make it mandatory for nations to allow foreign "health care workers" to enter their country. (Pages 16-17)

- Page 16, Article 18, paragraphs New 3 and NEW (3):

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

New 3. In Issuing such recommendation: The WHO should consult with other relevant international organization such as ICAO, IMO, WTO to avoid unnecessary interference with international travel and trade, such as the movement of essential health care workers and medical products and supplies.

NEW (3) Where States parties impose travel and/or goods and cargo restrictions, WHO may recommend that these measures not apply to movement of health personnel travelling to the State Party(ies) for a public health response and to the transport of medical immunobiological products needed for a public health response.

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### 30. Digital Global Health Certificates

The proposed amendments to Articles 18, 23, 24, 27, 28, 31, 35, 36 and 44 as well as proposed amendments to Annexes 6, 7 and 8 would institute a global digital health certificate with a paper backup which would require people to show a QR code in order to continue to live their life as a human being on planet Earth, to travel, to shop, to do whatever it is that this may be used to prevent. It would set up an interoperable, world-wide digital health database system that would potentially enable bureaucrats from around the world to set requirements for prophylaxis, medications, treatment, injections and God only knows what else. This could potentially require people to undergo health treatments that are against their free will, in violation of their deeply held religious beliefs and their right of informed dissent just to enable them to participate in society. (Multiple pages)

- Page 42, Annex 6 (Note that the existing Annex 6 in the 2005 IHR has 10 paragraphs, most of them just 2 or 3 lines, the longest being 6 lines. Below are just some of the proposed changes.):

Annex 6, Vaccination, Prophylaxis And Related Certificates

When a public health emergency of international concern has been declared, for the purposes of entry and exit of international travellers in a scenario of voluntary vaccination using products still at the research phase or subject to very limited availability, vaccination certificates should be considered approved in accordance with the normative framework of the country of origin, including with reference to the model/format of certification and the vaccination schedule (type of vaccine and schedule).

Conditions for digital documents:

Paper certificates must be assigned by the clinician indicating the administration of the vaccine or other prophylaxis, or by another duly authorized health professional. Digital certificates must incorporate a means to verify authenticity from an official web site, for example a QR code. <sup>5</sup>

2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the “certificate”) in the digital or paper form specified in this Annex or in any digital format as being used in the country. International certificates may be issued in digital or paper form in accordance with Article 35 and with the specifications and requirements approved and reviewed periodically by the Health Assembly. Such specifications and requirements should enable flexibility in terms of their validation and acceptance taking into account applicable national and regional rules and the need for rapid modifications due to changing epidemiological contexts. In order to enhance transparency specifications and requirements should be based on open standards and implemented as open source. The paper certificates shall be issued in the form specified in this Annex. No departure shall be made in the paper certificates from the model of the certificate specified in this Annex.

3. Certificates under this Annex or any digital format are valid only if the vaccine or prophylaxis used has been approved by WHO or/and by State Parties.

<sup>5</sup> Vaccination certificates for entry to and exit from national territory:

Two scenarios for the data to be included on certificates:

Minimum scenario:

Presentation of certificate/proof in paper format.

Irrespective of the format, the following data should be present:

1. First name(s) and family name
2. No. of national identity document/passport
3. Type of vaccine: for example yellow fever, poliomyelitis, measles
4. Vaccine batch no. (optional, if available)
5. Date of administration
6. Place of administration (vaccinator)
7. Official stamp (or of the health professional or institution)

Maximum scenario:

Certification of vaccination history via QR code

1. Vaccination history is accredited in digital or paper format, via QR code

2. QR code directs to the official site of the country of origin to retrieve the vaccination information.
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### 31. Passenger Locator Form

The proposed amendments to Article 23 would set up a Passenger Locator Form that would require people to provide their travel itinerary and planned locations in order to facilitate contact tracing. (Page 18)

- Page 17, Article 23, paragraph 1a and New paragraph 6:

Article 23 Health measures on arrival and departure

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, [whether in paper based or digital format](#), on arrival or departure:

(a) with regard to travellers:

(i) information concerning the traveller's destination so that the traveller may be contacted;

(ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations [including documents containing information for a lab test in digital or physical format including documents containing information on a laboratory test for a pathogen and/or information on vaccination against a disease, including those provided at the request of the State Party in digital /electronic form](#); and/or

(iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;

[New 6. Documents containing information concerning traveller's destination \(hereinafter Passenger Locator Forms, PLFs\) should preferably be produced in digital form, with paper form as a residual option. Such information should not duplicate the information the traveller already submitted in relation to the same journey, provided the competence authority can have access to it for the purpose of contact tracing. The Health Assembly may adopt, in cooperation with the International Civil Aviation Organization \(ICAO\) and other relevant organisations, the requirements that documents in digital or paper form shall fulfil with regard to interoperability of information technology platforms, technical requirements of health documents, as well as safeguards to reduce the risk of abuse and falsification and to ensure the protection and security of](#)

personal data contained in such documents. Documents meeting such requirements shall be recognized and accepted by all Parties. Specifications and requirements for PLFs in digital or paper form shall take into account existing widely used systems established at the regional or international level for the issuance and verification of documents. Parties which are low and lower middle-income countries shall receive assistance in accordance with Article 44 for the implementation of this provision.

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## 32. Competent Authorities Given Command Over Ships and Aircraft

The proposed amendments to Articles 27 and 28 would enable so-called “competent authorities” to actually command the captains of ships and aircraft to follow their orders. (Pages 18-19)

- Page 18, Article 27:

### Article 27 Affected conveyances

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

(a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and

(b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation of the conveyances, [and demand the conveyance operators, the pilot in command of the aircraft or the officer in command of the ship to take practicable measures on the conveyances](#) as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

- Page 19, Article 28, paragraph 4:

### Article 28 Ships and aircraft at points of entry

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of

illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority. [The competent authority for the port or airport which received information pursuant to this paragraph may notify the health measures applicable to a ship or an aircraft as necessary.](#)

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### **33. Multiple Health Documents**

The proposed amendments to Articles 35 and 36 would dramatically expand the required health documents to require testing certificates, vaccine certificates, prophylaxis certificates and recovery certificates. (Page 20)

Page 20, Article 35, one line added to the original, and a new paragraph 2:

#### Article 35 General rule

No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers, provided that they meet the requirements set out in Article 23. [Digital health documents must incorporate means to verify their authenticity via retrieval from an official web site, such as a QR code.](#)

[2. Health documents may be produced in digital or paper form, subject to the approval by the Health Assembly of the requirements that documents in digital form have to fulfil with regard to interoperability of information technology platforms, technical requirements of health documents, as well as safeguards to reduce the risk of abuse and falsification and to ensure the protection and security of personal data contained in the health documents. Health documents meeting the conditions approved by the Health Assembly shall be recognized and accepted by all Parties. Specifications and requirements for certificates in digital form shall take into account existing widely used systems established at the international level for the issuance and verification of digital](#)

certificates. Parties which are low and lower middle-income countries shall receive assistance in accordance with article 44 for the implementation of this provision.

- Page 20, Article 36, paragraph 3:

Article 36 Certificates of vaccination or other prophylaxis

3. Other types of proofs and certificates may be used by Parties to attest the holder's status as having a decreased risk of being the disease carrier, particularly where a vaccine or prophylaxis has not yet been made available for a disease in respect of which a public health emergency of international concern has been declared. Such proofs may include test certificates and recovery certificates. These certificates may be designed and approved by the Health Assembly according to the provisions set out for digital vaccination or prophylaxis certificates, and should be deemed as substitutes for, or be complementary to, the digital or paper certificates of vaccination or prophylaxis.

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### **34. Legally Binding “Recommendations”**

The proposed amendments to Article 42, as mentioned earlier, would require nations to implement the “recommendations” of the Dictator General of the World Hypocrisy Organization as though they were legally-binding orders, not just recommendations. (Page 20)

- Page 20, Article 42:

Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations, [including the recommendations made under Article 15 and 16](#), shall be initiated and completed without delay [by all State Parties](#), and applied in a transparent, [equitable](#) and non-discriminatory manner. [State Parties shall also take measures to ensure Non-State Actors operating in their respective territories comply with such measures.](#)

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### **35. Attain The Highest Achievable Level of Health Protection**

The proposed amendments to Article 43 seem to allow and encourage nations to go to the absolute extreme in responding to any so-called “emergency” by striving to “attain the “highest achievable level of health protection.” This appears to encourage and give support to actions that were implemented by some nations which employed extremely severe lockdowns, travel restrictions and ZERO COVID policies. (Page 21)

- Page 21, Article 43, paragraph 1:

Article 43 Additional health measures

1. These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:

- (a) achieve the same or greater level of health protection than WHO recommendations; or
- (b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1(c) of Article 31 and Article 33, provided such measures are otherwise consistent with these Regulations.

Such measures shall be based on regular risk assessments, provide a proportionate response to the specific public health risks, be reviewed on a regular basis and shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve attain the appropriate highest achievable level of health protection.

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### **36. The Finality of Decisions Made by the Emergency Committee Would Be a Direct Attack on National Sovereignty**

The proposed amendments to Article 43 would make the decisions of the Emergency Committee legally-binding and final. They would seek to negate decisions made by sovereign member nations and limit the freedom of sovereign nations to enact legislation or regulations as they determine to be appropriate, as stated in Article 3, Section 4. (Pages 21-22)

(Note the existing right granted sovereign States, then the language of the proposal.)

- Page 10, Article 3, paragraph 4 (International Health Regulations (2005)):

Article 3 Principles

4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

- Page 21, Article 43, paragraph 6 (Proposed Amendments):

Article 43 Additional health measures

~~6. A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of~~

~~this Article.~~ Recommendations made pursuant to paragraph 4 of this Article shall be implemented by the State Party concerned within two weeks from the date of recommendation. State Party concerned may approach WHO, within 7 days from the date of recommendations made under paragraph 4 of this Article, to reconsider such recommendations. Emergency Committee shall dispose the request for reconsideration within 7 days and the decision made on the request for reconsideration shall be final. The State Party concerned shall report to the implementation committee established under Article 53A on the implementation of the decision.

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### 37. Loss of Privacy Regarding Health Records

The proposed amendments to Article 44 would facilitate digital access to everyone's private health records. The loss of one's unalienable right to privacy regarding their health records is something that every human being on the planet must oppose. (Pages 22-24)

- Page 22, Article 44, paragraph 1, New c, new c, new e:

Article 44 Collaboration and assistance

1. States Parties shall ~~undertake to~~ collaborate with ~~and assist~~ each other, ~~in particular developing countries States Parties, upon request, to the extent possible, in:~~

(c) (New) building capacity to identify emerging public health threats, including through laboratory methods and genome sequencing;

(c) (new) strengthening capacity to identify health threats including through surveillance, research and development cooperation, technological and information sharing.

(e) (new) collaborating with each other, with WHO, the medical and scientific community, laboratory and surveillance networks, to facilitate timely, safe, transparent and rapid exchange of specimens and generic sequence data for pathogens with the potential to cause pandemics and epidemics or other high-risk situations, given the relevant national and international laws, regulations, commitments and principles, including, as appropriate, the Convention on Biological Diversity, the Pandemic Influenza Preparedness Framework, and the importance of rapidly securing access to human pathogens for public health preparedness and taking response measures

- Page 23, Article 44, paragraph 2, new c, new d, new 4:

Article 44 Collaboration and assistance

2. WHO shall collaborate with **and promptly assist** States Parties, **in particular developing countries** upon request, ~~to the extent possible~~, in:

(c) (New) implementation of the timely, secure and transparent exchange of samples and genetic sequence data of pathogens capable of causing pandemics and epidemics or other high-risk situations, taking into account relevant national and international legal provisions, rules, obligations and principles, including these Regulations, as appropriate, the Convention on Biological Diversity, and the importance of rapid access to information on human pathogens for public health preparedness and response;

(d) (New) application of digital technologies to improve and upgrading communications for health emergency preparedness and response, including through the development of an interoperability mechanism for secure global digital exchange of health information;

New 4. WHO shall develop an evaluation matrix for assessing the contributions of States Parties to the international coordination of public health preparedness and response to health emergencies and shall make the results of such assessments publicly available within five years of entry into force of the provision, and thereafter every three years

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### 38. Censorship

The proposed amendments to Article 44 would also facilitate the censorship of any differing opinions under the guise of mis-information or dis-information. (Page 23)

- Page 22, Article 44, paragraph 1, new h:

Article 44 Collaboration and assistance

1. States Parties shall ~~undertake to~~ collaborate with **and assist** each other, **in particular developing countries** States Parties, upon request, ~~to the extent possible~~, in:

(h) (new) **in countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information**

- Page 23, Article 44, paragraph 2, new e:

Article 44 Collaboration and assistance

2. WHO shall collaborate with **and promptly assist** States Parties, **in particular developing countries** upon request, ~~to the extent possible~~, in:

(e) (New) countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information;

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### 39. WHO Interference in the Crafting of Legislation

The proposed amendments to Article 44 would also involve the World Health Organization in actually writing the laws that would be enacted in various nations in order to implement these regulations. (Page 23)

(Note the WHO's existing International Health Regulations already suggest States collaborate with each other on legal matters. The new proposal would have the WHO also collaborating with States on legal matters.)

- Page 30, Article 44, paragraph 1d (International Health Regulations (2005)):

Article 44 Collaboration and assistance

1. States Parties shall undertake to collaborate with each other, to the extent possible, in:

(d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.

- Page 22, 23, Article 44, paragraph 2, New (d) (the 2nd new d) (Proposed Amendments):

Article 44 Collaboration and assistance

2. WHO shall collaborate with and promptly assist States Parties, in particular developing countries upon request, to the extent possible, in:

New (d) the formulation of laws and other legal and administrative provisions for the implementation of these Regulations;

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### 40. Unlimited Money for the PHEIC

The proposed amendments to Article 44A would organize massive financing on behalf of the Pharmaceutical Hospital Emergency Industrial Complex with absolutely no estimate or limit on the proposed costs. (Page 25)

- Page 25, New Article 44A, paragraph 1:

New Article 44A - Financial Mechanism for Equity in Health Emergency Preparedness and Response

1. A mechanism shall be established for providing the financial resources on a grant or concessional basis to developing countries. Such

financial mechanism shall provide the financial assistance to achieve the following purposes:

- (i) building, developing, strengthening, and maintaining of core capacities mentioned in Annex 1;
- (ii) strengthening of Health Systems including its functioning capacities and resilience;
- (iii) building, developing and maintaining research, development, adaptation, production and distribution capacities for health care products and technologies, in the local or regional levels as appropriate.
- (iv) addressing the health inequities existing both within and between States Parties such that health emergency preparedness and response is not compromised;

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#### **41. Financing Rules to Remain Undetermined for 24 Months**

The proposed amendments to Article 44A also state that the details of the financing mechanism would NOT be decided upon until 24 months after the adoption of the amendments to the International Health Regulations. (Page 25)

- Page 25, New Article 44A, paragraph 2:

2. The WHA shall make arrangements to implement the above-mentioned provisions, within 24 months of the adoption of this provision, reviewing and taking into existing availability of funds and WHO arrangements for health emergency preparedness and response and whether they shall be maintained. Every four years thereafter, the WHA shall review the financial mechanism and take appropriate measures to improve the functioning of the mechanism. WHA shall also ensure that the financial mechanism functions under the guidance of and be accountable to States Parties, which shall decide on its policies, programme priorities and eligibility criteria.

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#### **42. Loss of Privacy of Personal Health Data**

The proposed amendments to Article 45 would make it acceptable for private, personal health data to be shared. Again, this violation of our unalienable right to privacy in our personal health records must not be allowed to occur. (Page 25)

- Page 25, Article 45, paragraph 2, New paragraph 4:

Article 45 Treatment of personal data

2. Notwithstanding paragraph 1, States Parties may [disclose to only internal and relevant personnel](#) and process [and disclose](#) personal data where essential for the purposes of assessing and managing a public health risk. [In the case where disclosure of personal data is essential for such purposes, State Parties should obtain consent from the State Party which provided the information. When processing and/or disclosing personal data,](#) State Parties, in accordance with national law, and WHO must ensure that the personal data are:

- (a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;
- (b) adequate, relevant and not excessive in relation to that purpose;
- (c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and
- (d) not kept longer than necessary.

[New Para 4: WHO receiving personal data, and States Parties receiving personal data from other States Parties, shall process the data in a manner such that the data is not duplicated or stored without the permission of the provider States Party.](#)

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### **43. Lack of Transparency with the General Public**

The proposed amendments to Article 49 fail to stipulate that the reports of the Emergency Committee must be revealed to the general public. The reports of the Emergency Committee must be made publicly available, especially the dissenting voices that may disagree with the recommendations. The proposed amendment to Article 49 only requires the information to be shared with the member nations, who could then keep it secret from the general public. Personal experience has proven that the members of the delegations to the WHO are inaccessible and refuse to reveal such communications, even after numerous Freedom of Information Act Requests. (Pages 26-27)

- Page 26, Article 49, paragraphs 2, 3 ter, 6, and 8:

#### Article 49 Procedure

2. The Director-General shall provide the Emergency Committee with the [a detailed](#) agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance. [The agenda should include a recurrent set of standard items for consideration of the Emergency Committee aimed at ensuring specificity, completeness and coherence of the advice provided.](#)

3 ter The composition of the Emergency Committee and its complete reports shall be shared with Member States.

6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public including the reasons behind such recommendations.

8. After the declaration of a public health emergency of international concern, the Emergency Committee should present its recommendations to relevant WHO bodies dealing with health emergency prevention, preparedness and response, such as the Standing Committee on Health Emergency Prevention, Preparedness and Response.

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#### **44. Implementation Committee and More Bureaucracy**

The proposed amendments to Articles 53A and 54 bis would redundantly establish an Implementation Committee or place implementation of the proposed amendments into the hands of the World Health Assembly. This Implementation Committee would just add to the bureaucracy along with the Compliance Committee, the Emergency Committee, the Review Committee, the Special Committee and the Standing Committee on Health and Emergency Prevention, Preparedness, and Response. Spending money on bureaucracy does not improve the health of the general public. (Pages 26-27)

- Page 27, Article 53A, (just the introduction):

Article 53A - Establishment of an Implementation Committee

The State Parties shall establish an Implementation Committee, comprising of all States Parties meeting annually, that shall be responsible for:

- Page 29, Article 54 bis, paragraphs 1 and 3:

New Article 54 bis – Implementation

1. The Health Assembly shall be responsible to oversee and promote the effective implementation of these Regulations. For that purpose, Parties

shall meet every two years, in a dedicated segment during the regular annual session of the Health Assembly.

3. A Special Committee on the IHR is hereby established, as an expert committee. The Special Committee shall have (...) members, appointed in a manner to ensure equitable regional representation and gender balance. The Special Committee shall assist the Health Assembly in discharging the functions set out in this Article and report to the Assembly.

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## 45. Compliance Committee

The proposed amendments to Article 53 bis-quater would create yet another bureaucracy in the form of a Compliance Committee. This committee would consist of at least 36 people (6 bureaucrats from each of the 6 WHO regions). The Compliance Committee would be empowered to make recommendations to nations regarding how they may improve compliance with the core capacities required by the amendments to the International Health Regulations. This is yet another attack on the sovereignty of nations and the freedoms of people. (Pages 28-29)

- Page 28, Article 53 bis-quater:

NEW Chapter IV (Article 53 bis-quater): The Compliance Committee  
53 bis Terms of reference and composition

1. The State Parties shall establish a Compliance Committee that shall be responsible for:

(a) Considering information submitted to it by WHO and States Parties relating to compliance with obligations under these Regulations;

(b) Monitoring, advising on, and/or facilitating assistance on matters relating to compliance with a view to assisting States Parties to comply with obligations under these Regulations;

(c) Promoting compliance by addressing concerns raised by States Parties regarding implementation of, and compliance with, obligations under these Regulations; and

(d) Submitting an annual report to each Health Assembly describing:

(i) The work of the Compliance Committee during the reporting period;

(ii) The concerns regarding non-compliance during the reporting period;

and

(iii) Any conclusions and recommendations of the Committee.

2. The Compliance Committee shall be authorized to:

(a) Request further information on matters under its consideration;

(b) Undertake, with the consent of any State Party concerned, information gathering in the territory of that State Party;

- (c) Consider any relevant information submitted to it;
- (d) Seek the services of experts and advisers, including representatives of NGOs or members of the public, as appropriate; and
- (e) Make recommendations to a State Party concerned and/or WHO regarding how the State Party may improve compliance and any recommended technical assistance and financial support.

3. The Members of the Compliance Committee shall be appointed by States Parties from each Region, comprising six government experts from each Region. The Compliance Committee shall be appointed for four-year terms and meet three times per year.

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## 46. Core Capacities

**The proposed amendments to Annex 1 are absolutely massive.** They include seven (7) full pages of requirements that each and every member nation would be required to implement as changes to the “core capacities” of their nation’s public health system. These changes also seek to impose requirements on a local or community level, at an intermediate public health response level, at the national health governance level as well as at the global level. (Pages 31-37)

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## 47. Treatment Guidelines

The proposed amendments to Annex 1 would seek to enforce clinical guidance and treatment guidelines. The doctor-patient relationship would be absolutely destroyed. (Page 32)

- Page 31, Annex 1, paragraph 4b and Page 32, paragraph 5 (ii):

Annex 1

A. Core Capacity Requirements for [Disease Detection](#), Surveillance and [Health Emergency](#) Response

4. At the local community level and/or primary public health response level

The capacities:

(b) to report all available essential information immediately to the appropriate level of healthcare response. At the community level, reporting shall be to local community healthcare institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, [microbial](#),

epidemiological, clinical and genomic data, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and

5. At the intermediate public health response levels

The capacities:

(ii) clinical guidance and treatment guidelines;

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## 48. Propaganda

The proposed amendments to Annex 1 would also require the core capacity for “information dissemination” via “appropriate messages” and “communication management.” By any other name, this is propaganda that would be funded by billions of dollars allocated to the WHO. (Page 32)

• Page 32, Annex 1, paragraph 5 (v):

Annex 1

A. Core Capacity Requirements for Disease Detection, Surveillance and Health Emergency Response

5. At the intermediate public health response levels

The capacities:

(v) information dissemination through socio-culturally appropriate messages and risk communication management;

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## 49. Surveillance Networks

The proposed amendments to Annex 1 would set up surveillance networks within the territories of the member nations to “quickly detect public health events.” The definition of a “public health event” can be almost anything that they want it to be. (Page 32)

• Page 32, Annex 1, New 5a:

Annex 1

A. Core Capacity Requirements for Disease Detection, Surveillance and Health Emergency Response

New 5. Building capacities of the state parties (community level/ intermediate level) after consulting with concerned member state

(a) Collaborative surveillance networks to quickly detect public health events at human animal-environmental interface including zoonotic spills and Anti-Microbial resistance within the territory of the State Party;

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## 50. Obligations of Duty to Cooperate

The proposed amendments seek to create an entirely new Annex 10 which would create “Obligations of Duty to Cooperate” that would require nations to assist when asked to build infrastructure around the world. And most concerning, on the very last page of the proposed amendments is the requirement of “Developed States Parties” of which there is not yet a list of nations clarifying which nations are considered to be developed, to assist in the building and maintaining of facilities at points of entry and for the operations associated with the implementation of the International Health Regulations. (Page 46)

### What in the world could such facilities be planned to be used for?

- Page 45, New Annex 10, complete:

#### New Annex 10 OBLIGATIONS OF DUTY TO COOPERATE

1. States Parties may request collaboration or assistance from WHO or from other States Parties in any of the activities mentioned in paragraph 2 or any other activities in which collaboration or assistance with regard to health emergency preparedness and response become necessary. It shall be obligation of the WHO and States Parties, to whom such requests are addressed to respond to such request, promptly and to provide collaboration and assistance as requested. Any inability to provide such collaboration and assistance shall be communicated to the requesting States and WHO along with reasons.

2. WHO and States Parties collaborating and assisting with each other shall:

(a) with regard to surveillance capacities:

i. identify, assess and update the listing of technologies for the surveillance on a periodic basis;

ii. identify, assess and update the listing of best practices related to organization structure and surveillance network;

iii. train human resources to detect, assess and report events under these Regulations, as according to the lists developed and maintained under the above paragraphs;

iv. facilitate sharing of technologies and know-how with States Parties in need, especially those technologies obtained in the course of research, wholly or partially funded by public sources;

v. facilitate adaptation of the best-practices to the national and cultural contexts of the States Parties.

(b) With regard to response capacities:

i. develop various guidelines and protocols for prevention, control and treatment of the diseases, including standard treatment guidelines, vector control measures;

ii. assist in the development of infrastructure and capacity building for the successful implementation of protocols and guidelines and provide the same to the States Parties in need;

iii. provide logistical support for the procurement and supply of health products;

iv. develop and publish product development protocols for the materials and health products required for the implementation of above paragraphs, including all relevant details to enhance production and access to such products;

v. develop and publish technical specifications of the health products, including details of technologies and knowhow with a view to facilitate local production of diagnostics, therapeutics and vaccines, including cell-lines, raw-materials, reagents, design of devices etc.;

vi. develop and maintain an agile database of health product required for various health emergencies taking into account the past experiences and the needs of the future;

vii. train health workers to respond with health emergencies, including in adaptation of best practices and using of required technologies and equipment;

viii. establish multidisciplinary and multisectoral rapid response teams to respond to alerts and PHEIC, swiftly acting upon request from states parties;

ix. carry out research and building capabilities for implementing of the regulations including the product development;

x. facilitate sharing of technologies and know-how with States Parties in need, especially those technologies obtained in the course of research wholly or partially funded by public sources.

xi. building and maintaining IHR facilities in points of entry and its operations.

(c) With regard to legal assistance:

i. take into consideration the socio-economic conditions of the States Parties concerned;

ii. adopt legal and administrative arrangements to support public health response;

iii. train implementation of such legal instruments.

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## **100. The WHO has NO Authority Whatsoever Over We The People**

For the most part, the World Health Organization has been an advisory organization. Their attempt to expand the scope of their authority should be seen for what it is: a worldwide POWER GRAB designed to set up a one-world governing body that is unelected and unaccountable to the people.

We the People must never allow authority to be handed over to any organization without demanding accountability.

We must never allow organizations to spend billions of dollars without complete transparency.

We must insist that each and every nation on earth #ExitTheWHO in order to chart their own course.

We the People of the world must stand together and defend our rights, our freedoms and our dignity. We must...

[#StopTheTreaty](#)

[#StopTheAmendments](#)

and

[#ExitTheWHO](#)