

2 November 2023

Cabinet Social Wellbeing Committee
Department of the Prime Minister and Cabinet
Ministry of Foreign Affairs & Trade.
Ministry of Health
Ministry of Business, Innovation & Employment
Ministry of Defence
Maritime New Zealand
The Treasury
Members of Parliament

By email

To whom it may concern

OFFICIAL INFORMATION REQUEST AND OPEN LETTER TO PARLIAMENT REGARDING THE PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS 2005

1. I am writing to you to request:

- (a) members of parliament to `opt-out' of the amendments to the International Health Regulations 2005 ("IHR") by the World Health Organisation's ("WHO") deadline of 1 December 2023. It is important to note that the Cabinet Social Wellbeing Committee Minute of Decision dated 30 August 2023:

*"... that the amendments [the IHR] referred to above **will come into force in May 2024 by way of `tacit acceptance'** ie, for the state parties that **do not reject or reserve against the amendments before 1 December 2023¹**".*

- (b) information under the Official Information Act 1982 ("the Act"). As you are aware, there is a standard 20 working day response time to answer a request under the Act and further delays can be encountered when the request is transferred to a different ministry. Accordingly, I strongly urge members of parliament to urgently use parliamentary questions to obtain answers to the questions raised in this letter.

¹ https://www.health.govt.nz/system/files/documents/information-release/minor_amendments_to_the_international_health_regulations_2005_approval_for_binding_action_watermarked_for_pr.pdf

- (c) to engage Crown Law to provide a legal opinion on how the IHR will impact on New Zealand's sovereignty and our ability to manage any the public health response taking into account the circumstances in our country.
2. In a properly functioning democracy, citizens can expect their elected representatives to be transparent and accountable in carrying out their public duties. However, the previous Government passed legislation without conventional parliamentary scrutiny which is designed to protect against abuse of power. There has been no healthy debate let alone transparency.
 3. I and many other New Zealanders want honesty and transparency from the new Government.
 4. Members of Parliament have been elected to speak on behalf of the constituents and they have a responsibility to defend the freedoms and rights of New Zealanders. Accordingly, I strongly suggest that this letter is read in full and taken seriously given the potential impact on our sovereignty as a nation.

Background

5. The IHR is the primary framework for the international management of public health threats which is administered by WHO. The current IHR have been used in events such as influenza A H1N1 in 2009 and MERs, and more recently COVID-19 and Mpox (formerly referred to by WHO as Monkeypox until the recent name change).
6. WHO is the only institution in the world that can declare a pandemic or a public health emergency of international concern ("**PHEIC**").
7. In late January 2020, the WHO exercised its powers and declared that the COVID-19 outbreak constituted a pandemic under the current IHR. This declaration resulted in unelected bureaucrats with discretionary powers to enforce over two years of global lockdowns, border closures, and mandates. The proposed amendments to the IHR will allow them to enforce these extreme measures for any potential or actual public health emergency of international concern. As we have experienced over COVID-19 the response will be a blanket global response rather than a national response that adopts measures which respond more appropriately to the local circumstances. The majority of New Zealanders have questioned the Government's response to COVID-19.
8. The WHO initiated a two-stage process to "*revise and strengthen*" the IHR.

First Stage: Reduced Timeframe

9. The first stage of the WHO's process is the amendment to reduce the timeframe which future amendments will come into force from. This will be reduced from the current 24 months down to 12 months. These amendments were adopted by the Health Assembly in May 2022 and will come into force in May 2024.
10. Document 2 in the MOH Cabinet material and briefings: Minor Amendments to the International Health Regulations 2005: Approval for Binding Action 19 October 2023 ("**October Briefing**") states that:

“Noted that in May 2020, the 75th World Health Assembly adopted minor amendments to article 59 (and consequentially to the Articles) of the International Health Regulations ... that will reduce the timeframe, from 24 months to 12 months, within which future amendments will enter into force².”

11. Paragraph 20 of Document 2 of the October Briefing states:

“By neither rejecting nor lodging reservations to the administrative amendments, Aotearoa New Zealand would signal our continued support for enhancing internationally coordinated responses to public health threats.”

12. **OIA Request:** please provide copies of the documents that show that the name of New Zealand has been officially changed to “Aotearoa New Zealand”.

13. The October Briefing refers to the reduced timeframe to consider the substantive amendment as a minor amendment. However, I strongly disagree as that this amendment is minor and it:

- (a) will result in faster implementation of future amendments; and
- (b) less time for public consultation,

for the more substantive amendments to the IHR and the instrument for pandemic prevention preparedness and response.

14. Most New Zealanders are blissfully unaware of the amendments to the IHR. If adopted, the amendments will move political power from the New Zealand voters into the hands of an unelected and undemocratic organisation.

15. The government must act democratically and debate the adoption of the current amendments and the substantial amendments to the IHR in a public forum. New Zealanders must be given the opportunity to understand the full ramifications of amendments and vote on whether New Zealanders wish to adopt the amendments or not. It is for New Zealanders to decide whether they wish to give their sovereignty away by giving the WHO the right to control their lives during any event with “*a **potential** to impact public health*” rather than the Government of the day. If the substantive amendments are adopted, the WHO will have the right to impose lockdowns, mandate international health passports, mandate experimental vaccines and medicines and prevent certain medicines from being used.

16. The vaccine passports are an example of politics, money, power, and social manipulation. There is no evidence that vaccine passports serve any purpose in preventing transmission of SARS-CoV-2 (i.e., the virus), let alone reduce the incidents of COVID-19 (i.e., the disease that may or may not develop from SARS-CoV-2). Dr Michael Baker was quoted in the Guardian newspaper as follows:

“...the traffic light system won’t help us very much because it was never designed to dampen down transmission, it was only designed to nudge people towards vaccination³”

² Ibid 1

³ <https://www.theguardian.com/world/2022/jan/10/new-zealand-not-prepared-for-omicron-outbreak-expected-in-matter-of-weeks-experts-warn>

17. **OIA Request:** please provide copies of any and all documents, if any, from WHO (and its related entities) to the Government concerning the implementation of the vaccine passport and the traffic light system.
18. It is also a concern that the WHO will be able to dictate what medicines and therapeutic products we can use in PHEIC. It would seem that New Zealand has increasing state control with the implementation of legislation such as the Therapeutic Products Act. The Health Select Committee considered the Bill, reviewing more than 16,500 submissions and hearing submissions from more than 300 organisations and individuals. Many raised concerns about the overreach of the Government on personal choice to take natural supplements such as vitamin C without layers of bureaucracy which will increase the prices of such items, as well as a shoe-in for “*and gene-based therapies*” (which are also referred to in the IHR amendments (see below)). The Ministry of Health’s (“**MOH**”) website states that the recent passing of the Therapeutic Products Act “...marks the most significant change to the regulation of medicines, medical devices and natural health products in nearly 40 years⁴.” A significant Act that many New Zealanders did not want.
19. **OIA Request:** please provide copies of the documents, if any, from WHO to the Government concerning the passing of the recent Therapeutic Products Act.
20. My fear that there will be little or no public consultation about the substantive amendments is strengthened by the statement in paragraph 18 of Document 2 in the October Briefing which states:

“While the current administrative amendments will reduce the time available for future treaty examination processes for the IHR, officials consider ten months will still allow sufficient time for treaty examination”.
21. Additionally, the Māori Health Authority has expressed concerns that the shorter timeframes could mean that future changes to the IHR may come into force without adequate recognition of the impact on Māori and without Māori consent or support.
22. Given this significant issue, why did the former Cabinet consider that this amendment is minor in nature? Why did the former Cabinet not want parliamentary or public debate on these important issues?
23. Most New Zealanders felt the significant social and economic impacts that lockdowns, mandates, and vaccine passports via the traffic light system. Accordingly, I am confident to say that the adoption of the IHR amendments threatens our sovereignty and has the potential to lead us into a biosecurity regime and social credit system with digital ID and international vaccine passports (will the vaccine passports only remain valid if you take the latest booster?) This idea is not as far-fetched as some may think, with the Digital Identity Services Trust

⁴ <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/therapeutic-products-regulatory-regime>

Framework Bill being passed in March this year⁵ and ID2020 launching its Good Health Pass Collaboratively for a digital health pass system for global travel and the global economy⁶.

24. In my open letter to Parliament dated 25 August 2021, I first raised the issue of vaccine passports, and I was called a 'conspiracy theorist'. However, on 5 October 2021, Jacinda Ardern stated that the Cabinet had agreed to the use of vaccine passports in New Zealand⁷. We were reassured that the experimental vaccine which was still in phase 1 of testing would not be compulsory, but as we all know it was later mandated which resulted in many New Zealanders losing employment and being restricted from everyday activities, such as using public facilities, café's, local council buildings and toilets, or entering government buildings including the Human Rights Commission. My own son, who has special needs was prevented from using a public toilet as I chose not to have him vaccinated with the COVID-19 vaccine (although he has had all the other vaccines on the childhood schedule) as he has a heart murmur and there was strong and emerging evidence that young males were at risk of myocarditis as an adverse event of the vaccine.
25. Blanket approaches to a problem do not lead to the "equitable outcomes" that the WHO and the Government claim.
26. On 27 February 2021, Ardern stated on national television that the data showed that there were "really good signs" that the vaccine stopped transmission⁸. Despite the claim of the vaccine being "safe and effective", the Government later admitted that the vaccine had not been tested to ascertain if it stopped transmission and it became quickly apparent during the discriminatory traffic light system that the breakouts were occurring in places where only those that held vaccine passports could enter. Pfizer's documents released under court order in 2022 show that there are over 1200 serious adverse effects of note. A link to my open letter to parliament in 2020 setting out the details are set out below:

Open Letter to Parliament dated 22.7.22 <https://docdro.id/CNarVMX>

Open Letter to Parliament dated 22.1.22 <https://docdro.id/KezuaiO>

Stage Two: Pandemic Treaty

27. The second stage of the process is the intergovernmental negotiations on more substantive amendments to the IHR with these to be adopted by the World Health Assembly in May 2024. In addition, to "strengthening the IHR", WHO has:

"...also begun a separate but closely related process to negotiate a new convention or other instrument for pandemic prevention preparedness and response. These

⁵ <https://www.beehive.govt.nz/release/govt-helps-protect-new-zealanders-digital-identities-0>

⁶ [laws/document/BILL_116015/digital-identity-services-trust-framework-bill](https://laws.parliament.nz/document/BILL_116015/digital-identity-services-trust-framework-bill) and

<https://www.newsroom.co.nz/government-to-introduce-vaccine-passports>

⁸ <https://id2020.org/> and <https://www.goodhealthpass.org/>

⁷ <https://www.rnz.co.nz/news/national/452941/pm-announces-covid-19-vaccine-certificate>

⁸ https://www.facebook.com/NewshubNationNZ/videos/jacinda-ardern-newshub-nation-full-interview/3801740056569750/?so=permalink&rv=related_videos

negotiations are at an early stage and are also expected to conclude with decisions at the Health Assembly in May 2024⁹”.

28. The instrument was previously referred to as the Pandemic Treaty. However, for some unknown reason, the name has been changed to ‘Zero Draft’. The Zero draft of the *WHO CA+ for the consideration of the Intergovernmental Negotiating Body* at its fourth meeting on 1 February 2023 can be accessed by clicking on the link below:

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

29. Both the IHRs and Zero Draft will be considered at the World Health Assembly in May 2024.

30. On October 30, 2023, the Intergovernmental Negotiating Body (“INB”) published the latest ‘*Proposal for Negotiating Text of the Pandemic Agreement*’. The full text can be found at:

https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

31. This draft text is to be considered by the seventh meeting of the INB for conversion into a formal negotiating text at the WHO Headquarters, Geneva from 6-10 November.

32. Multiple governments have committed to signing a pandemic treaty, which will result in what Boris Johnston describes as a:

““One Health” approach that connects the health of humans, animals, and our planet.”¹⁰

33. Document 2 of the October Briefing also states that:

“[i]n addition to strengthening the WHO’s role at the centre of the global health architecture via sustainable financing and governance reforms.”

34. Given the significant social and economic impacts that the lockdowns, mask and vaccine mandates and traffic light system have had on all New Zealanders over the last three years, I believe New Zealand have a right to question the blanket decisions of the WHO which did not consider our local situation. Following WHO’s advice has resulted in billions on the national debt which has caused inflation, a crumbling health system with huge waiting lists due to diseases not being diagnosed early during the lockdowns and mandates, mental health issues and the damage to our children’s education and development.

35. For example, do you wonder what triggered the change of the narrative in the early days of 2020 from “*wash your hands*” and “*masks do not work*” to a national lockdown with few cases in New Zealand? Sue Grey, a lawyer, obtained a copy of Dr Tedros Adhanom Ghebreyesus Tedros’s (“**Tedros**”) letter to Ms Ardern dated 23 March 2020 under the Official Information Act 1982. Tedros is the Director-General of WHO. Please note that he is not a medical doctor.

36. The extracts of the letter from Tedros to Ardern are set out below:

⁹ Ibid 1

¹⁰ <https://www.gov.uk/government/speeches/no-government-can-address-the-threat-of-pandemics-alone-we-must-come-together>

Your political leadership is indispensable, and can be leveraged through a coordinated, capacitated and operationalized response strategy, including:

- activating relevant emergency protocols and shoring up emergency response financing to ensure readiness and strong coordination among response entities;
- establishing a national COVID-19 emergency management office linked to provincial/state mechanisms, in order to facilitate national and international response management;
- enabling whole-of-government coordination mechanisms – including health, transport, travel, trade, finance, security and other relevant sectors – in order to leverage existing assets and re-orient resources, roles and responsibilities in step with the evolution of the outbreak;
- stopping public gatherings, both to reduce the risk of COVID-19 spread and, just as importantly, to facilitate the response;
- repurposing key government assets and ministries to implement the national strategy of testing, isolation and quarantine verification;
- putting in place a national contingency plan to guide provinces/states in adapting their operations in an orderly manner, if and when the situation they are handling moves from sporadic cases to clusters of cases, and then on to community-wide transmission; and
- equipping local public health authorities and first-line responders with adequate resources and ensuring their ability to scale the response as the situation evolves – such resources include requisite diagnostic capacity, medical supplies such as personal protective equipment (PPE), and adequate surge capacity for patient care.

Prime Minister, your personal engagement is needed to mobilize communities and catalyze a societal movement to combat COVID-19. Amplifying your voice and presence through prominent multimedia channels, and equipping your citizenry with evidence-based guidance and a clear understanding of the action needed by means of regular addresses to the nation, will prove invaluable. You may also wish to consider:

- engaging all segments of society – including leaders from subnational authorities, religious groups, societal organizations, professional bodies, the media, schools, universities and beyond, and figures from the worlds of sport and entertainment – and encouraging national, subnational and local administrations to engage with all these stakeholders in ways that leave no-one behind;
- making crystal clear the severity of this disease for your population, as this is fundamental to their full engagement: the threat is at least of greater magnitude than that posed by seasonal flu and the disease can strike all age groups;

.../3

- ensuring that your population understands that the success of COVID-19 control is totally dependent on speed, and that the population itself must be the country's rapid surveillance system for fever and dry cough;
- helping the citizenry to appreciate the importance of hand hygiene, cough etiquette and social distancing, and enabling them to understand why society-wide measures – such as reducing gatherings or curtailing movement – sometimes have to be introduced;
- eliminating all financial and other barriers that can impede the isolation and swift testing of all suspect cases; and
- establishing contingency plans and providing economic relief for those sub-populations disproportionately affected by the outbreak (e.g. the elderly, gig economy workers and low-income earners) to ensure that response efforts are not hindered by a disenfranchised citizenry.

The World Health Organization (WHO) stands ready to support you and your Government should you face any difficulties in advancing these key response priorities. Please do not hesitate to let me know what WHO can do to support your Government.

Finally, Prime Minister, your role in fostering solidarity between nations is critical to the success of national and international responses. As the virus is not constrained by geographies or politics, decisions in any one country have the potential to impact response efforts across the globe. Thus, the politicization of the outbreak, or complacency in a nation's response, can constitute insurmountable impediments to overcoming this virus – both nationally and globally.

The sharing of capacities, lessons learned, good practices, information, tools, science and data will be essential in tackling this outbreak, to the same degree as the compassion shown by global leaders in viewing and treating humanity inclusively. In the face of this scourge, the international community must stand together and must mount a unified counter-attack. Concrete actions you may wish to consider towards this common objective include:

- rapidly sharing information on cases and major control measures with WHO in order to inform the international risk management and knowledge-sharing effort;
- minimizing international restrictions on travel and trade in order to facilitate the global response and minimize economic impact;
- generating the best possible tools by participating in prioritized, standardized WHO-coordinated multi-country trials for therapeutics and vaccines; and
- maintaining a commitment to reduce COVID-19 transmission nationally, recognizing that in our interconnected world and economies, the actions against COVID-19 in each country affect all others.

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37. Ardern implemented the first national lockdown two days after receiving Tedros's letter despite fewer than 100 probable cases of COVID-19.
38. It should be noted that it has been reported that Tedros was indicted before the International Criminal Court for war crimes committed against his fellow citizens in Ethiopia¹¹. In addition, Tedros has strong links to the Chinese Communist Party¹²- many believe that he was put in his current position of Director-General of WHO as a direct consequence of that relationship.
39. In 2016 Tedros's candidacy for the Director-General position at WHO was vigorously opposed by several Ethiopian parties based on his political connection and career with the Tigray's Peoples Liberation Front, a Marxist terror group. Tedros is the first non-physician to hold the position¹³. After achieving a Bachelor of Science in Biology in 1986, he joined the Ministry of Health of the Derg (Communist government then ruling Ethiopia) as a Junior Health Expert. When Tedros was Ethiopia's minister of Foreign Affairs between 2012 and 2016 and was part of the governing party's and coalition's leadership committees, the country was accused of human rights violations, including the killing of protesters and political targeting of opponents and journalists¹⁴.
40. In 2020, the BBC reported that there were allegations from Ethiopia's army chief that he helped procure weapons for the Tigray People's Liberation Front¹⁵.
41. The Times reported later that same year that an American economist nominated for the Nobel Peace Prize had called for the head of the World Health Organisation to be prosecuted for genocide over his alleged involvement in directing Ethiopia's security forces¹⁶.

¹¹ <https://www.thetimes.co.uk/article/who-chief-tedros-adhanom-ghebreyesus-may-face-genocide-charges-2fbfz7ssf> and <https://www.dailymail.co.uk/news/article-9052247/WHO-chief-Tedros-Ghebreyesus-accused-aiding-genocide-Ethiopia-nobel-peace-prize-nominee.html>

¹² <https://www.nationalreview.com/news/liz-cheney-calls-whos-tedros-a-puppet-of-the-chinese-communist-party/> and <https://www.dailymail.co.uk/news/article-8199719/Dr-Tedros-Ghebreyesus-career-politician-running-China-centric-WHO.html> and [Who is WHO's Tedros Adhanom? \(williamengdahl.com\)](http://www.williamengdahl.com)

¹³ [Tedros Adhanom Ghebreyesus \(1965- \) • \(blackpast.org\)](https://www.blackpast.org/african-american-history/tedros-adhanom-ghebreyesus-1965-)

¹⁴ <https://www.christianpost.com/news/who-is-tedros-adhanom-ghebreyesus-3-things-you-need-to-know.html>

¹⁵ [WHO boss Dr Tedros denies supporting Tigray leaders - BBC News](https://www.bbc.com/news/health-55484444)

¹⁶ [Tedros Adhanom: WHO chief may face genocide charges | World | The Times \(archive.ph\)](https://www.thetimes.co.uk/article/who-chief-tedros-adhanom-ghebreyesus-may-face-genocide-charges-2fbfz7ssf)

42. Some may argue that an authoritarian regime is necessary for global pandemic management. New Zealanders should question the merits of stripping decisions from our democratically elected government and transferring such powers to a centralised authority. With 193 member states, the WHO would have power over 99.44% of the world's population.
43. The Bill of Rights Act 1990 is one of the most important pieces of legislation in New Zealand to protect and promote human rights and fundamental freedoms. However, human rights and fundamental freedoms have collapsed under immense political pressure since late March 2020. What will happen to human rights if we pass our sovereignty to an unelected and undemocratic global organisation?
44. Regardless of your views on the IHRs, how can the New Zealand Government agree to comply with future amendments without public consultation, a referral to a select committee or a National Interest Analysis?
45. [OIA Request: I request copies of all public consultation documents concerning the amendments to the IHR, and the Pandemic Proposal \(including the Pandemic Treaty and the Zero Draft\).](#)

Concerns

46. In January 2023, 16 Member States submitted more than 300 proposed amendments. The link to the amendments is set out below:
https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf
47. The IHR are very detailed regulations and hard to understand. By way of summary, a few of my concerns about the proposed amendments are set out below:
 - (a) **Definitions Section:** the references to *“non-binding”* in reference to *“standing recommendation”* and *“temporary recommendations”* have been removed which would imply that the IHR are binding. The definition *“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”*.
 - (b) **Article 2 Scope and Purpose:** removed the words *“public health risk”* and replaced them with *“all risks with a **potential** to impact public health”*.
 - (c) **Article 3 Principles** – regarding the implementation of the regulations they have removed the words *“with full respect for the dignity, human rights and fundamental freedoms of persons”* and replaced them with *“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.”*
 - (d) **Article 10 Verification:** removed the words *“taking into account the views of the State Party concerned.”*
 - (e) **Information sharing:** added the following *“For this purpose, WHO shall facilitate the exchange of information between States Parties and ensure that the **Event Information Site** For National IHR Focal Points offers a secure and **reliable platform** for information*

exchange among the WHO and States Parties and allows for interoperability with relevant data information systems.”

- (f) **Article 12 Determination of a public health emergency of international concern public health emergency of regional concern, or intermediate health alert risk assessment:** added the words *“potential or actual public health emergency of international concern”* for action to be taken (e.g. lockdowns, mandates etc). *determination of a Public Health Emergency of International Concern and intermediate level of alert, including temporary recommendations and the convening and functioning of the Emergency Committee”*
- (g) **Article 13 Public health response:** removed the words *“At the request of a State Party”* and replaced them with *“WHO shall clearly define assistance to a State Party offer assistance to a State Party in the response to public health risks and other events by providing technical guidance, health products, technologies, know-how, deployment of civil medical personals”. The state has 48 hours to respond.”*
- (h) **NEW Article 13A WHO Led International Public Health Response:** *“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”** and “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”.*
- (i) **New Article 13A: Access to Health Products, Technologies, and Know-How for Public Health Response:** *“States Parties shall co-operate with each other and WHO to comply with such recommendations pursuant to paragraph 1 and shall take measures to ensure timely availability and affordability of required health products such as diagnostics, therapeutics, vaccines, and other medical devices required for the effective response to a public health emergency of international concern.”* WHO wants to coordinate international Intellectual Property Law and *“establish a repository for cell-lines to accelerate the production and regulatory of similar biotherapeutics products and vaccines”?*
- (j) **Article 35 General rule:** added *“Digital health documents must incorporate means to verify their authenticity via retrieval from an official web site, such as a QR code”* and *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.”*
- (k) **Article 36 Certificates of vaccination or other prophylaxis:** *“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."

48. While some may claim my concerns are conspiratorial, I contend that they are not given that if New Zealand does not actively opt-out within the short consultation time of 12 months the amendments could result in the following:

- (a) The proposed amendments to the IHR will galvanise WHO as the singular controlling authority and architect of global health.
- (b) Individual nations will surrender their sovereignty to unelected bureaucrats with discretionary powers to lockdown their citizens and economy for any potential or actual public health emergency of international concern. This takes away local decision-making and replaces a one-size-fits-all approach. How does this benefit public health in New Zealand?
- (c) The proposed amendments to the IHR will change the relationship between citizens and the state by moving away from a Parliamentary democracy to an autocratic dictatorship run by unelected and unaccountable members of the WHO;
- (d) The references to "non-binding" have been removed which would imply that the IHR are binding.

49. It should be noted that in May 2020, the 'Independent Panel for Pandemic Preparedness and Response' ("IPPPR") was quietly set up by the WHO. Helen Clark and former Liberian President Ellen Johnson Sirleaf were selected to head the panel. In December 2021, the IPPPR released a report with its "*recommendations for strategic action to end the pandemic and ensure that future infectious disease outbreak does not become a catastrophic pandemic*". The IPPPR's recommendations included:

*"WHO to establish a new global system for surveillance, based on full transparency by all parties, using state-of-the-art digital tools to connect information centres around the world and including **animal and environmental health surveillance**, with **appropriate protection of people's rights**... [The Treaty should possess] An adaptable incentive regime, [including] sanctions such as public reprimands, economic sanctions, or denial of benefits."¹⁷*

50. Will environmental health surveillance result in lockdowns similar to those COVID-19 lockdowns that we suffered through? I noted Tedros's post a few days ago on 29 October 2023¹⁸ where he claimed that climate change was a health crisis and air pollution, and extreme temperatures were causing diseases and premature deaths. However, this is questionable given those deaths from air pollution are in decline- since 1990 death rates have nearly halved- from 156 deaths per 100,000 down to 5.6 deaths per 100,000 in 2019¹⁹.

51. Tedros's post is set out below:

¹⁷ https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf

¹⁸ <https://twitter.com/DrTedros/status/1718263548827025534>

¹⁹ <https://ourworldindata.org/air-pollution>



Tedros Adhanom Ghebreyesus ✓
@DrTedros



The climate crisis is a health crisis. Air pollution and extreme temperatures are causing an increase in diseases like diabetes, cancer, cardiovascular and respiratory. People are dying prematurely, and the most vulnerable are being hit the hardest. We must prioritize healing our planet and building resilient healthcare systems to provide care for everyone, regardless of where they live. It's crucial for the well-being of future generations.

👍 Last edited 2:48 AM · Oct 29, 2023 · 196.1K Views

52. Will WHO lock us down again in New Zealand because of climate change, which Tedros states is a health risk?
53. [OIA Request: I request copies of all correspondence between WHO and the IPPPR and the Government regarding the new global system for surveillance and “environmental health”.](#)
54. An overreaching government has already done significant damage to the democratic process in New Zealand. Legislation is being passed without conventional parliamentary scrutiny and designed to protect against abuse of power. Two examples include the government changing legislation in defiance of a High Court ruling and refusing to consult with the public concerning Three Waters. Now the government is set to adopt the IHR regulations and give away our sovereignty with no discussion – let alone transparency.

Politicians Speaking Out

55. Not all politicians support the Treaty. For example, Christine Anderson, a Member of the European Parliament, has warned that the Treaty:

"aims to give the WHO de facto governing power over its member states in the event of a pandemic, without involvement or consultation with national governments or national parliaments."²⁰

56. On 24 October 2023, UK Member of Parliament, Andrew Bridgen stated during the Sovereignty Referendum Bill:

"The World Health Organization would like to paint the picture of their 'Pandemic Treaty' & IHR Amendments being all about nation states working together in harmony to fight deadly pathogens, when in fact it's a huge power grab by an unelected, unaccountable elite."²¹

²⁰ <https://www.youtube.com/watch?v=nZyXgoZkGvw>

²¹ https://www.youtube.com/watch?v=nhrv9_KGlzs

57. Australian Politician, Craig Kelly, recently stated:

“To cede our nation’s sovereignty to an unelected & unaccountable global centralised bureaucracy at the WHO would be an act of treason.

It has been the WHO and their WEF globalist lackeys that have been the source of unrelenting misinformation on Covid. They’ve gotten just about everything wrong - and they want more power?

The best way to handle any health crisis is with diversified & localised decision making (by those accountable legally & politically for their decisions) devoid of groupthink & Big Pharma influence - with rapid feedback and the ability to quickly change policies if needed.

It would be a catastrophic mistake to hand decision making to a cumbersome and slow-moving giant bureaucracy, run by unelected officials with zero accountability and easily influenced & corrupted by Big Pharma²².”

58. Croatian MEP, Mislav Kolakušić stated that:

“It would be healthier and safer for humanity to sign an agreement with the Colombian drug cartel [than to sign an agreement with the World Health Organisation].²³”

New Zealand’s Approach

59. Document 1 in the October Briefing states that:

“As the current amendments are use a ‘tacit acceptance’ process and are minor and administrative in nature, the development of a National Interest Analysis and Parliamentary treaty examination is not needed. MFAT is fully supportive of this approach. In preparing attached paper, consideration was given to the criteria used for a National Interest Analysis. This information is not included in the Cabinet paper is available if you wish to see it ²⁴.”

60. The October Briefing also states that information has been redacted under section S 9(2)(g)(i) of the Act to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty. Ministers of the Crown have a duty to the people.

61. **OIA Request:** I request:

(a) a copy of the attached paper referred to in the above quote;

²² <https://twitter.com/CKellyUAP/status/1717954262347780366>

²³ https://twitter.com/wideawake_media/status/1718240606986612795

²⁴ https://www.health.govt.nz/system/files/documents/information-release/minor_amendments_to_the_international_health_regulations_2005_approval_for_binding_action_watermarked_foia_pr.pdf

(b) the full copy of the October Briefing without redaction and in particular paragraphs 10 and 11 of Document 1 which set out the “Next steps”.

62. On 30 June 2023, the MOH confirmed in an OIA response that:

“We are committed to supporting its [WHO] work and see its role in the global health system as critically important²⁵.”

63. The Ministry of Health has confirmed in an OIA response dated 21 June 2023 that:

“It is in New Zealand’s interests to ensure these regulations enable us to prevent and respond to future pandemics²⁶.”

64. You will note that this OIA response states that it will retain full sovereignty under any amendments to health regulations. This seems at odds with the amendments that have been made to the IHR as set out above. Accordingly, I request the following information under the Act:

65. **OIA Request:** I request copies of all correspondence between Crown Law and:

- (a) the Cabinet Social Wellbeing Committee;
- (a) the Department of the Prime Minister and Cabinet;
- (b) the Ministry of Health; and
- (c) the Ministry of Foreign Affairs & Trade.

from 1 January 2019 to date regarding the IHR and in particular:

- (a) the impact of the IHR on New Zealand’s sovereignty;
- (b) the impact of the IHR on any treaty obligations.

Who is WHO?

66. By way of summary, the WHO was founded as an independent organisation in 1948. Over time the integrity of the WHO has been questioned due to allegations of corruption and the vested interests of private funders that assert their influence over the organisation.

67. There have been allegations of corruption of the WHO implementing policies and measures for the vested interests of various industries. By way of summary, there are a few recent examples set out below:

- (a) The WHO was instrumental in downplaying and suppressing the catastrophic health consequences that followed the Chernobyl disaster.

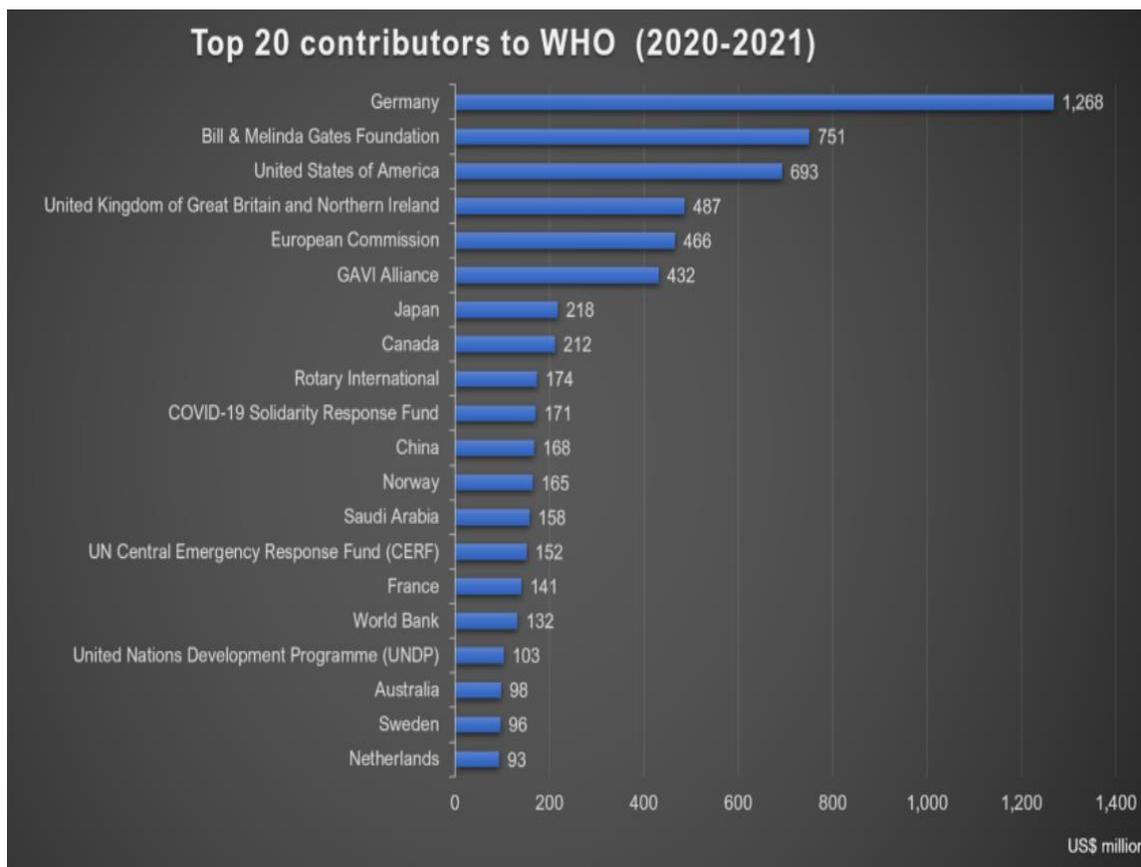
²⁵ https://www.health.govt.nz/system/files/documents/information-release/h2023026387_002_redacted.pdf

²⁶ https://www.health.govt.nz/system/files/documents/information-release/h2023026024_response_redacted.pdf

- (b) In 2009 the WHO was embroiled in controversy when they assigned the H1N1 "Swine Flu" outbreak pandemic status. This coincided with the roll-out of new vaccine manufacturing processes by big pharma. Their global marketing plans would only be viable in the event of a pandemic.
- (c) The WHO's collaboration with Purdue expanded opioid use and global addiction.
- (d) The WHO has been accused of mismanaging and covering up the spread and origin of COVID-19²⁷. The WHO has not even had a review of its recommendations to impose lockdowns, along with mandatory masks and vaccinations which have resulted in significant social and economic harm to New Zealand.

68. The WHO gets its funding from two main sources: assessed and voluntary contributions from the member states and other partners, as shown in Figure 1. The Bill and Melinda Gates Foundation is a generous supporter of the WHO and makes further donations through parallel organisations such as the Strategic Advisory Group of Experts (SAGE), UNICEF, Rotary International and the Global Alliance for Vaccines and Immunisation (GAVI).

Figure 1: ²⁸



Source: <https://www.who.int/about/funding/contributors>

²⁷ https://www.youtube.com/watch?v=nhrv9_KGlzs

²⁸ <https://www.who.int/about/funding/contributors>

69. The WHO reported on 28 September 2023:

“Germany deepened its longstanding engagement with WHO on Thursday with two new agreements: one to contribute a further €40 million to WHO’s work in health emergencies, and a second to host the Berlin-based WHO Hub for Pandemic and Epidemic Intelligence.

With the new contribution, Germany has provided €53.5 million so far this year to support WHO’s response to more than 50 active health emergencies.

*“This is important because **climate disasters, conflicts, and the ongoing pandemic demand urgent action**,” said Susanne Baumann, State Secretary of the Federal Foreign Office for Germany (GFFO), whose delegation met with WHO Director-General Dr Tedros Adhanom Ghebreyesus. “Our support is flexible and vital for saving lives around the globe²⁹”*

70. According to the 2023 article in *Euronews.next* partners like the Bill & Melinda Gates Foundation. Member countries pay what are called “assessed contributions,” a percentage of a country’s GDP agreed upon every two years at the World Health Assembly. Usually, these sums cover less than 20 per cent of WHO’s total budget.

71. The Bill & Melinda Gates Foundation alone is responsible for over 88 per cent of the total amount donated by philanthropic foundations to the WHO. Other contributors include the Bloomberg Family Foundation (3.5 per cent), the Wellcome Trust (1.1 per cent) and the Rockefeller Foundation (0.8 per cent)³⁰. In January 2022, the Rockefeller Foundation was admitted as a non-state actor in official relations with WHO.

72. It is concerning that WHO is funded by commercial and private interests that have a conflict of interest. Several of the top contributors are heavily involved in pharmaceuticals and vaccines. In 2019, Bill Gates stated that investing in global health organisations aimed at increasing access to vaccines created a 20-to-1 return and boasted that it was his best investment as he had turned \$10 billion into 200 billion dollars’ worth of economic benefit³¹.

73. It is a concern that large donations made by vested interests may influence on global public health policy. As explained by Associate Professor Joo-Cheong Tham, political donations can:

“...create a conflict between private interests and public duty and, therefore, create the possibility that holders of public office will give undue weight to the interests of their financiers rather than deciding matters on their merits and in the public interest³².”

74. Such undue influence is arguably more insidious and damaging to the democratic process than explicit forms of corruption.

²⁹ <https://www.who.int/news/item/28-09-2023-top-donor-germany-signs-major-contribution-to-who-for-health-emergencies--signs-host-agreement-for-who-pandemic-hub>

³⁰ [https://www.euronews.com/next/2023/02/03/how-is-the-world-health-organization-funded-and-why-does-it-rely-so-much-on-bill-gates#:~:text=The%20Bill%20%26%20Melinda%20Gates%20Foundation%20alone%20is%20responsible%20for%20over,Foundation%20\(0.8%20per%20cent\).](https://www.euronews.com/next/2023/02/03/how-is-the-world-health-organization-funded-and-why-does-it-rely-so-much-on-bill-gates#:~:text=The%20Bill%20%26%20Melinda%20Gates%20Foundation%20alone%20is%20responsible%20for%20over,Foundation%20(0.8%20per%20cent).)

³¹ <https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html>

Ashley Bloomfield

75. From late 2010 to late 2011, based at the World Health Organization in Geneva, Ashley Bloomfield (“**Bloomfield**”) worked on non-communicable disease prevention and control with a global focus.
76. Bloomfield knew in July 2021³³ that myocarditis was a risk, and that other Governments were adding warnings (para 8 onwards), the NZ Government still implemented mandates and did not issue a public warning until 15 December 2021. Bloomfield demonstrated an inability to raise public concerns promptly despite his role and therefore has undermined the public’s trust in him.
77. The Working Group on Amendments to the International Health Regulations (2005) held its first meeting on 14–15 November 2022. The Working Group elected Dr Abdullah Asiri of Saudi Arabia and Bloomfield of New Zealand as Co-Chairs, with the following Vice-Chairs: Dr Sultani Matendehero of Kenya, Mr Colin McIff of the United States of America, Ambassador François Rivasseau of France, and Ambassador Grata Endah Werdaningtyas of Indonesia.
78. I attended the recent United Nations Association of New Zealand’s conference on ‘Advancing the 2030 Agenda Programme’. Bloomfield was the keynote speaker. The presenter of the conference asked Bloomfield what he would do differently if another pandemic occurred. Bloomfield responded that:

“The absolute, fundamental shift we need to make, and this is in the heart of our negotiations on updating the International Health Regulations is that equity needs to be front and centre.”

OIA Request: I request information in regard to:

- (a) All and any correspondence addressed or copied to Bloomfield from WHO (or any of its entities) in how to respond to the COVID-19 pandemic;
 - (b) All and any correspondence addressed or copied to Bloomfield raising concerns with the Pfizer COVID-19 vaccine; and
 - (c) Whether Bloomfield’s diplomatic immunity extends to any and all criminal or civil actions in regard to harm from the COVID-19 vaccine?
79. Please note that I am writing this letter in my private capacity as a concerned citizen of New Zealand.
80. I look forward to your prompt response.

Kind regards

Hirsten Marfitt

³³ <https://www.tewhatauora.govt.nz/assets/About-us/Who-we-are/Expert-groups/COVID-19-Vaccine-Technical-Advisory-Group-CV-TAG/Myocarditis-following-vaccination.pdf>