Why is everyone concerned about the WHO?

by Meryl Nass, M.D.

This is a fairly comprehensive but reasonably short explanation of what is wrong with the WHO proposals. It is hard to dispute.
https://doortofreedom.org/world-health-organization/
Find translations of this article at the link above.

Over the past two years you've probably heard about the attempted WHO power grab. Here's everything you need to know to understand the status today:

Overview:

- The build-out of a massive and expensive global biosecurity system is underway, allegedly to improve our preparedness for future pandemics or biological terrorism. In aid of this agenda two documents are being prepared through the WHO: a broad series of amendments to the existing International Health Regulations (2005) (IHR) and a proposed, entirely new pandemic treaty.
- A Pandemic Fund a.k.a. financial intermediary fund to aid preparedness worldwide has been established by the World Bank and WHO.
- Multiple names have been used for the new treaty as new drafts are produced, such as: Pandemic Treaty, WHO CA+, Bureau Text, Pandemic Accord, and Pandemic Agreement.
- Negotiations for these documents are being held in secret. The latest available draft of the IHR amendments is from February 6th, 2023.
- The latest Pandemic Treaty draft is from October 30th, 2023.
- Both the amendments and treaty are on a deadline to be considered for adoption at the 77th annual World Health Assembly meeting in May 2024.
- WHO's principal attorney Steven Solomon has announced that he crafted a legal fig leaf to avoid making the draft amendments public by January 2024, as required by the WHO Constitution.

How would these drafts become international law?

- A treaty requires a two-third vote of the World Health Assembly's 194 member states to be adopted and is binding only for States that have ratified or accepted it (Article 19 and 20, WHO Constitution). However, it could be enacted into force in the US by a simple signature, without Senate ratification. [See CRS report, "US proposals to Amend the International Health Regulations."]
- The IHRs and any amendments thereto are adopted by simple majority, and become binding to **all** WHO Member States, unless a state has rejected or made reservations to them within predefined timeframes (Articles 21 and 22, WHO Constitution; Rule 72, Rules of procedures of the World Health Assembly).
- Last year, however, amendments to 5 articles of the IHRs were considered in opaque committee meetings during the 75th annual meeting, and then adopted by consensus without a formal vote. This process makes it harder to blame individual diplomats for their votes.
- The current draft of the IHR Amendments would allow the Director-General of WHO or Regional Directors to declare a Public Health Emergency of International Concern (PHEIC), or the potential for one, without meeting any specific criteria (Article 12). The WHO would then assume management of the PHEIC and issue binding directives to concerned States.
    - o PHEICS and potential PHEICs could be declared without the agreement of the concerned State or States.

o WHO’s unelected officials (Director-General, Regional Directors, technical staff) could dictate measures including quarantines, testing and vaccination requirements, lockdowns, border closures, etc.

- WHO officials would not be accountable for their decisions and have diplomatic immunity.

What are some specific problems with the WHO’s proposed amendments?

- Article 3 of the proposed IHR amendments removes protections for human rights:
    - Struck from the IHR is the crucial guarantee of human rights as a foundation of public health: *“The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons...~~”*
    - This has been replaced with the following legally meaningless phrase: *“based on the principles of equity, inclusivity, coherence…*”
- Proposed article 43.4 of the IHR notes that the WHO could ban the use of certain medications or other measures during a pandemic, since its ‘recommendations’ would be binding:
    - *“WHO shall make recommendations to the State Party concerned 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.”*
- States’ obligations in the proposed IHR Amendments would include:
    - Conducting extensive biological surveillance of microorganisms and people (Article 5);
    - Monitoring mainstream and social media and to censor “false and unreliable information” regarding WHO-designated public health threats (Article 44.1(h)(new));
    - Taking medical supplies from one State for use by other States as determined by the WHO (New Article 13A);
    - Giving up intellectual property for use by other States or third parties (New Article 13A);
    - Transferring genetic sequence data for “pathogens capable of causing pandemics and epidemics or other high-risk situations” to other Nations or third parties, despite the risks this entails (Article 44.1(f) (new)).

What are problems with the proposed pandemic treaty?

All the Pandemic Treaty drafts (as well as the proposed Amendments to the IHR) produced so far are based on a set of false assumptions. These include the following:

- *The WHO Constitution states that, "The WHO is the directing and coordinating authority on international health work."* Recently, to justify becoming the global director of health, the WHO disingenuously dropped the last word--and began claiming it ***already was*** "the directing and coordinating authority on international health." **But it is not and never has been.** The WHO has always been an advisory body, responding to requests for help from member states. It has never previously been a directing or governing body with authority to govern member states. Here is the relevant part of its Constitution, on page 2:

2 BASIC DOCUMENTS

CHAPTER I – OBJECTIVE

Article 1

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

CHAPTER II – FUNCTIONS

Article 2

In order to achieve its objective, the functions of the Organization shall be:

(*a*) to act as the directing and co-ordinating authority on international health work;

(*b*)to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;

(*c*) to assist Governments, upon request, in strengthening health services;

(*d*) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments;

(*e*) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;

- *The WHO claims that "international spread of disease demands the widest international cooperation,"* which ignores the fact that international spread may be quite limited and able to be managed by local or national authorities; ignores that the most appropriate responses will be determined by the specific circumstances, and not by a WHO algorithm; and ignores that the WHO has limited infectious disease expertise relative to large nation states.
- The claim made by WHO is that nations will be able to retain national sovereignty through their ability to pass and enforce health laws, while they will simultaneously be bound and accountable to obey the directives from the WHO on health. This is contradictory and designed to confuse: if the

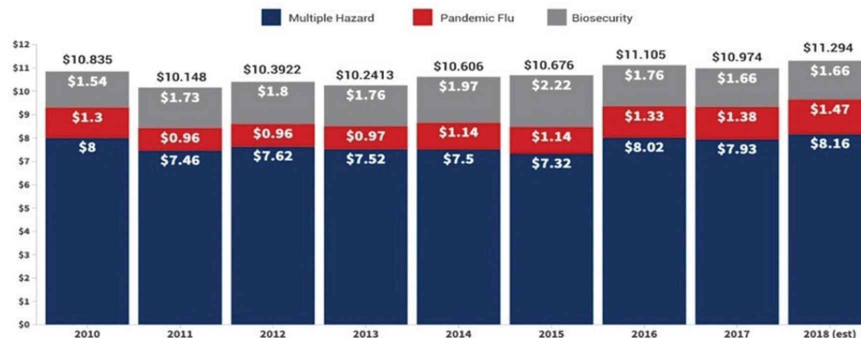
WHO can impose its public health decisions on member states, it and not the states will have sovereignty over health.

- The tremendous cost and suffering from COVID are being blamed on lack of preparedness. However, the US was spending about $10 Billion yearly on pandemic preparedness *before* the pandemic. Yet we had few masks, gloves, gowns, drugs, etc. when the pandemic struck. Why would we expect a central WHO authority, which relies on vested interests for 85% of its funding, to do any better?

Federal Funding for Health Security in FY2019

Crystal Watson, Matthew Watson, Daniel Gastfriend, and Tara Kirk Sell

Published Online: 17 Oct 2018 https://doi.org/10.1089/hs.2018.0077



A breakdown of federal government spending aimed at preparing for health crises. (Data: "Federal Funding for Health Security in FY2019," Health Security)

- The claim is that lack of equity led to failure to share drugs, vaccines, and personal protective equipment (PPE)–ignoring the fact that no nation had sufficient PPE or tests early in the pandemic, and that it was nations withholding generic drugs from their populations that caused important treatment shortages. Furthermore, now that we know the COVID vaccines result in negative efficacy several months post-vaccination (making recipients more susceptible to developing COVID), it is apparent that nations that were last in line for COVID vaccines and whose populations are mostly unvaccinated have fared better overall than those who received vaccines for their populations. The so-called lack of equity was fortuitous for them!
- The claim is that pandemics invariably arise at the animal-human interface and that they are natural in origin. Neither is true for COVID or monkeypox, the last two declared public health emergencies of international concern, which came from laboratories.
- The claim is that the vaguely defined "One Health approach" can prevent or detect pandemics and ameliorate them. Yet it remains unclear what this strategy is, and there is no evidence to support the claim that One Health offers any public health advantages whatsoever.
- The claim is that increasing the capture and study of "potential pandemic pathogens" will be accomplished safely and yield useful pandemic products, when neither is true. The CDC's Select Agent Program receives 200 reports yearly of accidents, losses or thefts of potential pandemic pathogens from high containment labs within the United States: 4 reports (and 4 potential pandemics) per week! And this is only within the US.

- Drafts of the treaty and amendments assume that pharmaceutical manufacturers will agree to give up certain intellectual property rights. In fact, neither developing nations nor pharmaceutical manufacturers are happy with the recent treaty proposal on intellectual property.[1]
- The claim is that the UN adopted a Declaration on pandemic preparedness supporting the WHO plan on September 20, 2023. In fact, 11 countries rejected the Declaration procedure and it was only signed by the UN General Assembly president, representing himself and not the UN General Assembly.
- The claim is that the WHO has the legal right to require nations to censor "infodemics" and only allow the WHO's public health narratives to be shared, yet this violates our First Amendment's freedom of speech.
- The claim is that health "coverage" (insurance) will automatically provide the world's citizens access to a broad range of health care, while the primary reason for lack of access to healthcare is the lack of practitioners and facilities, not lack of "coverage."

Here are some specific examples of what is wrong with the Treaty:

Article 3, #2. Sovereignty

"States have, in accordance with the charter of the United Nations and the general principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies."

This language fails to address the issue of the WHO assuming sovereignty for health matters over states through this treaty. It is a disingenuous attempt to grab sovereignty while claiming otherwise.

Article 3, #3. Equity

"Equity includes the **unhindered**, fair, equitable and timely **access to** safe, effective, quality and affordable pandemic – related products and services, **information**, pandemic – related technologies and social protection."

However, Article 9, #2 (d) states that parties shall promote "infodemic management," and infodemic is defined in Article 1(c) as false or misleading information. Article 18, #1 instructs the Parties to "combat false, misleading, misinformation or disinformation…" In earlier drafts the WHO spelled out that only the WHO's public health narrative would be allowed to spread.

Article 4, #3. Pandemic prevention and public health surveillance

"The Parties shall cooperate with the support of the WHO Secretariat to strengthen and maintain public health laboratory and diagnostic capacities, especially with respect to the capacity to perform genetic sequencing, data science to assess the risk of detected pathogens and to safely handle samples containing pathogens and the use of related digital tools."

While this section omits incentivizing Gain-of-Function laboratory research (which was included in the earlier Bureau draft) it does direct nations to perform genetic sequencing of potential pandemic patho-

gens (i.e., biological warfare agents) they find and to safely handle them, which requires high containment (BSL3/4) laboratories. Also in Article 4 is the need to "develop, strengthen and maintain the capacity to (i) detect, identify and characterize pathogens presenting significant risks…" ***indicating the directive for nations to perform surveillance to seek out such pathogens and study them.***

Article 6, #4. Preparedness, Readiness and Resilience

"The Parties shall establish, building on existing arrangements as appropriate, genomics, risk assessment, and laboratory networks in order to conduct surveillance and sharing of emerging pathogens with pandemic potential, with such sharing pursuant to the terms and modalities established in Article 12." *Article 1 (h) defined* ' "pathogen with pandemic potential" as any pathogen that has been identified to infect humans and that is potentially highly transmissible and capable of wide, uncontrollable spread in human populations and highly virulent, making it likely to cause significant morbidity and/or mortality in humans."

Why does the WHO require nations to go out and find potential pandemic pathogens (a.k.a. biological warfare agents) and supply both biologic samples and pathogens' genetic sequences to the WHO, where they will be shared with pharmaceutical companies, research centers and academic institutions, as well as possible others? They are also to share the genetic sequences online, where hackers could obtain the sequences and produce biological warfare agents. Yet this behavior is prohibited by Security Council Resolution 1540.

Article 8, #3. Preparedness monitoring and functional reviews

"The parties shall, building on existing tools, develop and implement an inclusive, transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation system."

Yet 4 different monitoring systems ("tools"--see graphic below) have been used to gauge nations' readiness for pandemics and all 4 failed to predict how well they would do when COVID appeared. There is no acknowledgement of the failures of our assessment tools, nor discussion of whether there exist any useful assessment tools.[2] [3] And this begs the question why, if our means of assessing progress against pandemics failed, do we think that similar efforts are likely to be successful in future?

The Independent Panel FOR PANDEMIC PREPAREDNESS & RESPONSE

"What all these measures have in common was that their ranking of countries did not predict the relative performance of countries in the COVID-19 response."

https://recommendations.theindependentpanel.org/main-report/04-what-happened-what-we've-learned-and-what-needs-to-change/

Figure 1: Death rates in this figure shows the cumulative, reported, age-standardized to COVID-19 deaths per hundred thousand people in the 50 days following the date of the first death in that country

Source and adapted from: Sawyer Crosby et al, IHME, Think Global Health

Joint External Evaluation Scores vs. COVID-19 Death Rates

Article 10, #1 (d). Sustainable production

"The Parties encourage entities, including manufacturers within their respective jurisdictions, in particular those that receive significant public financing, to grant, subject to any existing licensing restrictions, on mutually agreed terms, non-exclusive royalty-free licenses to any manufacturers, particularly from developing countries, to use their intellectual property and other protected substances, products, technology, know-how, information and knowledge used in the process of pandemic – related product development and production, in particular for pre- pandemic and pandemic diagnostics, vaccines and therapeutics for use in agreed developing countries."

This and related sections are probably what make the pharma organization so upset with the current Treaty draft.

Article 12, #4 (a) i (2) Access and benefit-sharing

"**upload** the genetic sequence of such WHO PABS (Pathogen Access and Benefits System) material to one or more **publicly accessible databases** of its choice, provided that the database has put in place an appropriate arrangement with respect to WHO PABS material."

*The treaty requires the sharing of pathogens and the need to identify and upload their genetic sequences online, where they will be accessible. This could also be called proliferation of biological weapons agents, which is generally considered a crime. In the US, "Select Agents" are those designated to have pandemic potential, and the select agent program[4] is managed by CDC and USDA. For safety, CDC must give permission to transfer select agents. Yet the select agent rules are ignored in this WHO Treaty, which demands transfer of agents that could cause a worldwide pandemic. And in an apparent effort to handwave over existing rules, the draft states in **Article 12, #8**,*

"The Parties shall ensure that such a system is consistent with, supportive of, and does not run counter to, the objectives of the Convention on Biological Diversity and the Nagoya Protocol thereto. **The WHO PABS system will provide certainty and legal clarity** to the providers and users of WHO PABS materials."

Article 13, #3 (e). Global Supply Chain and Logistics (SCL)

"The terms of the WHO SCL Network shall include: facilitating the negotiation and agreement of advance purchase commitments and procurement contracts for pandemic-related products."

Advance purchase commitments are contracts that obligate nations to buy products for pandemics in advance, sight unseen. Neither the manufacturer nor the state party knows what is coming, but once WHO issues a pandemic declaration, the contracts are activated and the US government will have to buy what the manufacturer produces. The 2009 swine flu pandemic provides a useful example. Advance purchase commitments led to tens of $ billions in vaccine purchases in North America and Europe for a flu that was less severe than normal. The GSK Pandemrix brand of vaccine led to over 1300 cases of severe narcolepsy, primarily in adolescents.[5] Rapid production of vaccines for which profits are guaranteed and liability is waived has never once been a win for the consumer.

Article 14. Regulatory Strengthening

Nations are to harmonize their regulatory requirements, expedite approvals and authorizations and ensure that legal frameworks are in place to support emergency approvals. This incentivizes a race to the bottom for drug and vaccine approval standards, particularly during emergencies.

Further Reading:

The WHO's Proposed Treaty Will Increase Man-Made Pandemics, by Meryl Nass M.D.

What Can Countries Do Right Now to Slow Down the WHO? (PDF Download)

Collected IHR Amendment Drafts

Collected Pandemic Treaty Drafts

Footnotes

[1] https://www.ifpma.org/news/innovative-pharmaceutical-industry-statement-on-draft-who-pandemic-treaty-we-need-to-preserve-what-went-well-and-address-what-went-wrong/ **"As the body representing the global innovative pharmaceutical industry in official relations with the United Nations, IFPMA has issued the following statement in response**. IFPMA Director General, Thomas Cueni said on October 17, 2023:
"It would be better to have no pandemic treaty than a bad pandemic treaty, which the draft circulated to member states clearly represents."

and https://twn.my/title2/health.info/2023/hi231006.htm **"WHO: INB Bureau proposes unbalanced draft negotiating text; no concrete deliverables on equity"**

[2] WHO Report: Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

Interim report on WHO's response to COVID-19 January-April 2020.

"The IOAC sees no clear relation between JEE scores and country preparedness and response to COVID-19, suggesting that existing metrics for public health preparedness and health care capacity do not reflect the full range of variables that affect a country's response during a severe pandemic on a massive scale. The majority of countries appeared ill-prepared and struggled to implement public health measures in response to COVID-19. In the light of this pandemic, the IOAC recommends that Member States and the WHO Secretariat 6 review the IHR core capacities and existing tools and framework for national and international preparedness and consider whether they need to be updated."

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9111134/

[4] https://www.selectagents.gov/

[5] https://www.science.org/content/article/why-pandemic-flu-shot-caused-narcolepsy