

DOOR TO FREEDOM

WHY IS EVERYONE CONCERNED ABOUT THE W.H.O.?

Meryl Nass, MD
November 7, 2023

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.
- **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). **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). However, amendments adopted in 2022 were never subjected to a formal vote and instead were passed 'by consensus' after back room negotiations.

WHAT ARE A FEW SPECIFIC PROBLEMS WITH THE WHO'S PROPOSED AMENDMENTS?

- Article 3 of the proposed IHR amendments **removes** protections for human rights.
- 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.
- States' **obligations** in the proposed IHR Amendments would include:
 - **Biological surveillance** of microorganisms and people (Article 5);
 - **Censorship of "false and unreliable information"** regarding WHO-designated public health threats (Article 44.1(h)(new));

- Transferring samples and **genetic sequence data for “pathogens capable of causing pandemics and epidemics or other high-risk situations”** to the WHO and 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 produced so far rely on a set of **incorrect 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.
- The claim 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: if the WHO is in charge of public health decisions, it and not the nation states will have sovereignty.**
- 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?
- The claim is that lack of equity led to failure to share drugs, vaccines, PPE--ignoring the fact that no nation had sufficient PPE or tests early in the pandemic, and that **it was nations following WHO advice to withhold generic drugs from their populations**, not lack of equity, that caused important treatment shortages.
- 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.
- 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 advantages whatsoever.
- The claim is that increasing the capture and study of “**potential pandemic pathogens**” can be done 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 per week! And this is only within the US.

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](#)