**Open Letter and Public Interest Information Request to Members of Parliament and Other Public Figures**

Dear .......................

I, the undersigned ..................................................................................................... (name, address), address the following public interest notice to you:

The World Health Organization (WHO), under strong US pressure, wants to amend the [International Health Regulations (2005) (IHR)](https://www.who.int/publications-detail-redirect/9789241580496) [[1]](#footnote-1) and wants to create a Pandemic Treaty.

The IHR amendments were rejected by several states in May 2022, and since then the WHO apparatus has been trying to get the amendments passed by shutting out the public. In essence, the WHO Director-General should have the authority to decide single-handedly what event or circumstance should lead to the declaration of a regional or global health emergency and what mandatory measures countries should undertake during these periods. This would end the independence of today's nation states, including that of Hungary. The WHO's proposals are due to be agreed upon by member states in May 2024.

These ideas are completely contrary to what is written in the Hungarian Fundamental Law about the country's independence and human rights and are therefore unacceptable.

The WHO was previously funded by the Member States and was responsible for health-related advice (collecting and analyzing information and making recommendations). Under the proposals, the WHO would act as a public authority and could impose the interests of those who currently significantly fund it (the pharmaceutical industry and private organizations). It is no wonder that efforts to amend the IHR are largely secretive, unclear and ambiguous. To add to the confusion, several draft documents and proposals are being worked on in parallel, both within the WHO and the United Nations (UN). In this opaque situation, the only **sure way for Hungary to guarantee its state sovereignty and individual freedoms is to withdraw from the WHO**. In the meantime, Hungarian interests must be defended at the forthcoming WHO General Assembly in May 2024.

In view of the above, I urge you to take the following cordial measures in accordance with Section 1(3) of Act CLXV of 2013 on Complaints and Notifications of Public Interest.

**Personal responsibility concerning national sovereignty**

This letter is **a personal liability notice addressed to you**. Once you have received this letter, you cannot say that you were unaware that the **WHO** and the **UN** are negotiating amendments to the **IHR** (2005) and draft documents for a new Pandemic Treaty that are **part of a preparation for an international takeover**. All those who do not oppose this takeover, and those who do not defend the national sovereignty of each Member State, are personally responsible under their own national constitutions and laws. The issue is being addressed in the legislatures of several countries, including the UK, Australia and the US.

You, as a public figure, are responsible for the well-being and security of society and for the protection of individual and collective freedoms, above all the freedom of expression and citizens’ bodily autonomy

**The ongoing negotiations within the WHO and the secrecy surrounding them raise the following important questions about the Hungarian government's conduct:**

1. **When and how** does **the Hungarian government intend to inform citizens** about the changes being negotiated within the WHO’s sphere, and when will these proposals be subject to a broad public debate?

2. The proposals for the IHR and the Pandemic Treaty contain provisions that could lead to **'mandatory multilateral cooperation**'. Under the Constitution and the laws protecting Hungary's sovereignty, such decisions require legislative approval as they **involve a transfer of sovereignty to the WHO**. When does the Hungarian Government intend to **make these proposals public and submit them to the legislature**?

3. **Did the Hungarian delegation participate - and if so, how did it vote** - **during the voting on the amendments to Article 59 of the IHR (2005) at the WHO**'s World Health Assembly (WHA) in May 2022, which shortens the time periods for withdrawal from certain resolutions?

4. Has the Hungarian government **authorized** the Hungarian delegation to vote in favor of shortening the objection and entry into force periods of Article 59 of the WHO IHR (2005) at the WHO WHA in May 2022? **Who signed the authorization** for this decision? Has it been published in the Hungarian Official Gazette?

5. **Has the Hungarian government proposed** an amendment to the IHR and a draft text for the new WHO Pandemic Treaty?

6. Have the Hungarian **public and Parliament** been involved in the **decision-making process** on the above-mentioned treaties?

7. Does the Hungarian **government accept** the amendment of Article 59 of the IHR (2005), thereby **shortening the period of time that may be necessary for Hungary to make sovereign decisions**? Is this in line with the recently [adopted law](https://net.jogtar.hu/jogszabaly?docid=a2300088.tv) [[2]](#footnote-2) which aims to strengthen Hungary's sovereignty?

8. **Has the Hungarian Government authorized the European Commission to represent Hungary regarding health issues**, despite the fact **that health care is in the competence of a Member States Has the government informed Parliament and the public about this**?

9. Do **private "interest groups", in addition to Member States and WHO executives**, also make proposals for amendments to the IHR and for the draft of the new Pandemic Treaty?

10. How does the Hungarian government guarantee to Hungarian citizens that the WHO's financial support provided by private sources **does not create a basis for possible corruption** when private "interest groups" are involved **in the WHO’s decision-making,** and that private interest groups do **not compromise the WHO's influence-free decision** to declare a pandemic?

11. **How will the Hungarian government guarantee** that Hungarian citizens will be protected from potential harm in the event of establishing the WHO's new laboratory network called the Pathogen Access and Benefit-Sharing (PABS). How will Hungary comply with the [16 December 1971](https://legal.un.org/avl/ha/cpdpsbbtwd/cpdpsbbtwd.html) Convention on Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction [[3]](#footnote-3) and ensure that these laboratories are not used for the development of biological weapons anywhere?

12. Is the Hungarian Government **aware** that **12 Members of the European Parliament (MEP)** have asked the WHO Director-General to prove that the vote on the amendment to Article 59 of the IHR (2005) at the May 2022 WHA meeting was conducted according to the rules and asked the **WHO** to **show them the video recording of the procedurally correct voting**? In the absence of a reply from the WHO Director-General, they consider the amendments to be invalid.

**Please insist that the Hungarian government and its delegation** at the WHO negotiations and in all other relevant venues**:**

1. call for an **immediate ban on** **all** research aiming at the gain of function of various pathogens (making them more infectious);
2. point out that it was **against WHO rules** for the **WHO Director-General** to **declare** **monkeypox** a Public Health **Emergency** of International Concern (PHEIC) on 23 July 2022, and **call on the WHO Director-General to refrain from similar fraudulent activity**;
3. **consider the amendments to the IHR made in May 2022 null and void**, in particular as regards to the deadlines in the IHR as above mentioned by 12 MEPs in their demand;
4. demand **postponing all decisions** on the IHR amendments and the Pandemic Treaty at the next **WHA** **meeting in May 2024**, **as** the necessary proposals were not submitted by the **WHO** four months before the WHA **in violation of WHO rules**;
5. demand that the **WHO Director-General be called** upon to ensure **full transparency** to the public on all negotiations and proposals for the IHR amendments and the Pandemic Treaty;
6. demand that the **WHO Director-General be called upon to investigate the global excess mortality and low birth rate of recent years**, taking into account all their components, including the premature Covid-19 vaccination program;
7. **demand** that **Hungary**, preferably in alliance with other WHO Member States (or subdivisions thereof, such as any state of the USA), **launch an investigation** into the activities of the WHO and its Director-General to determine the extent to which the WHO and its Director-General are **responsible** for:
   1. the **suppression** of information about the **origin** of the SARS-CoV-2 virus;
   2. the WHO's **unscientific** and inhumane **recommendations** to respond to the pandemic;
   3. the **steep decline in the birth rate** in the years 2021-2022-2023;
   4. the **premature deaths of millions of people** worldwide in 2020-2023;
8. demand that the results of the studies under (f) and (g) be **taken into account** **before further negotiations** on amendments to the IHR;
9. demand that the **financial support to the WHO be limited** to the membership fees paid by Member States at the pre-Covid epidemic level (FY 2018 level) and that any financial support from private 'stakeholders' be closely monitored and made transparent;
10. **insist on the restoration of unrestricted freedom of speech on medical issues**;
11. demand that it **be announced that Hungary will consider withdrawing from the WHO** if the organization’s rules are not consistently respected.

**I ask that you, as a public figure, take a courageous stand for yourself, your children, your grandchildren and future generations, as well as for the rest of society who placed trust in you. Please reject all attempts to restrict freedom of speech, to fraudulently amend the International Health Regulations (2005)**, **to create a Pandemic Treaty for the benefit of private interests**, and insist that financial **support for the WHO** be restricted.

**It is important that you speak up, and act to ensure that our country’s sovereignty enshrined in the Constitution and the personal freedom of all its citizens in matters of health care are upheld.**

My present application is pursuant to **Section 1 (3) of Act CLXV of 2013** on Complaints and Notifications of **Public Interest** and I request that you kindly consider it within the time limit set out in Section 2 (1) of Act CLXV of 2013.

In the annex to this public interest notice, I list several facts in support of my position.

Dated: ..........................................

Yours faithfully:

(name) ...........................................

(address)........................................

(e-mail address)....................................

(tel.) ............................................

(signature)........................................

**Annex to document "Open Letter and Public Interest Information Request to Members of Parliament and Other Public Figures"**

**Where is the intention to take over? What is "One Health"?**

The WHO wants to introduce the concept of "**One Health" which is part of the UN 2030 Agenda**. This concept would place humans, animals, plants and ecosystems, their interactions, including climate change, in the vaguely defined basket of 'One Health' and this would **give the WHO Director-General the power** to **single-handedly** **declare** an international health **emergency**, **binding on** virtually **anyone** at any time, simply on the basis of a threat or risk from any existing or potential natural phenomenon. **This is unreasonable and unacceptable**.

**How can epidemics be eradicated at local and global level?**

What does history teach us about epidemics? The answer is very simple: **ALL deadly** [**epidemics ceased**](https://www.nature.com/articles/s41598-021-85146-0) [[4]](#footnote-4) when clean drinking water, reliable sanitation, adequate food and uncensored medical care became universally available.

If anyone wants to prevent future epidemics, local or otherwise, they must ensure these four components of a healthy life and also **ensure that no biological weapons are developed, released or leaked, as happened** with the SARS-CoV-2 virus.

It is [well known](file:///C:\Users\eszab\Desktop\ESZTER\VOLUNTEER%20WORK\János%20etal\%20https:\theconversation.com\why-gain-of-function-research-matters-162493) [[5]](#footnote-5) that infectious viruses have been developed and are being developed in laboratories in many countries, including the USA, China, Ukraine, to name but a few, and that this virus in particular has been developed at the People's Liberation Army’s Wuhan Institute of Virology (China) and the Pentagon-affiliated laboratory in Chapel Hill in North Carolina (USA). Dr Anthony Fauci, former Director of the US National Institute of Allergy and Infectious Diseases (NIAID), in his recent testimony before the US Congress no longer denied the possibility that SARS-CoV-2 was leaked from the Wuhan laboratory after NIAID had funded research to create it.

**What is the link between climate change and health?**

Today, global warming is being touted by many as the near and greatest threat to humanity's existence. And carbon dioxide (CO2) emissions are said to be its main culprit. It is often said that the leading emitter of greenhouse gases (GHGs), including CO2, is agriculture and that the situation will only get worse as the Earth's population grows. It is also said that in a warmer environment, where there is more contact between animals and humans, epidemics will be more frequent, hence the need for the aforementioned 'One Health' concept.

Let's look at these claims, which have several counterarguments. The whole doctrine of global climate change and the way in which they seek to address it are questionable. This can be read in the scientific research of several world-renowned climate scientists, such as the Hungarian [Ferenc Miskolczi](https://friendsofscience.org/assets/documents/The-Saturated-Greenhouse-Effect-Theory-of-Ferenc-Miskolczi.pdf) [[6]](#footnote-6), who worked at NASA, or the American [Richard Lindzen](https://dspace.mit.edu/bitstream/handle/1721.1/115153/12129_2017_9669_ReferencePDF.pdf) (MIT) [[7]](#footnote-7) and [John R. Christy](https://www.youtube.com/watch?v=ttNg1F7T0Y0) [[8]](#footnote-8). See here also [Clintel: There is no climate emergency](https://clintel.org/world-climate-declaration/) [[9]](#footnote-9)

The following can be said about the problems of f**ood production**. Today, production exceeds human needs. It is therefore not a problem of quantity or production, but of fair distribution and reasonable consumption:

*„A.1.4 Data available since 1961 shows the per capita supply of vegetable oils and meat has more than doubled and the supply of food calories per capita has increased by about one third (high confidence). Currently,* ***25–30% of total food produced is lost or wasted*** *(medium confidence). These factors are associated with additional GHG emissions (high confidence). Changes in consumption patterns have contributed to* ***about two billion adults now being overweight or obese*** *(high confidence).* ***An estimated 821 million people are still undernourished*** *(high confidence). (Figure SPM.1) {1.1, 1.3, 5.1, 5.5}”. [[10]](#footnote-10) (Emphasis added)*

*IPCC, 2019:* [*Summary for Policymakers*](https://www.ipcc.ch/site/assets/uploads/2019/11/02_Summary-for-Policymakers_SPM.pdf)*. In: Climate Change and Land: an IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems (The Intergovernmental Panel on Climate Change (IPCC) is an intergovernmental body of the United Nations.)*

We see an **outrageous amount of food being wasted**. If around 25% of humanity has become overweight in a few decades (while 10% are still starving), this means we are eating more food than we need and making ourselves sick. So, with better distribution, a healthy diet and less waste, we can save a lot of food and return significant areas to wild nature.

Another [important factor](https://zachbushmd.com/knowledge-farming/):

*“…in 1945 Americans grew 45% of their food in their backyard gardens. Now we grow 0.1% of our food in our backyards.****We created this era of chemical mega farms that has led to the destruction of our soils, water systems, oceans, and human health****. By the same reality, we can transform this planet to the most verdant and regenerative ecosystem that has been in many millennia.   
By learning to work in a co-creative process with mother nature and her extraordinary variety of species, farmers and consumers will participate to witness richer soils and more abundance of life and health than has been seen in human history.” [[11]](#footnote-11) (Emphasis added)*

**By eliminating GMOs** and **reducing the use of chemicals in agriculture, food production can be increased and the quality of food significantly improved**. Anyone who says otherwise is either ignorant or lying. In addition, **organic foods improve immune function** in both humans and animals. Less chemicals in the fields leads to a better composition of the soil microbiome, which means better [CO2 sequestration](https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.3002207) at no additional cost. [[12]](#footnote-12) Compared to large farms, family farms provide income for more people, less transport is needed (which means fuel savings), less waste is produced, so more land can be returned to nature, which improves water balance, moderates temperatures and generally makes life on the planet more enjoyable. Bottom line: less chemical-intensive agriculture means better health and less risk of disease, as people in good overall health are less susceptible to any illness, including infectious diseases.

**The above options are not even mentioned by the WHO. Its lack of information obviously stems from the fact that it is not an agricultural, manufacturing, meteorological or commercial organisation** and there is no need for it to deal with issues that are not its mandate, for which it has no expertise and for which other organisations exist. It is therefore **unacceptable to base the Pandemic Treaty and any IHR provisions on the new, vaguely defined** concept of **'One Health**' and to **give the WHO Director-General any power under the pretext of 'One Health'**.

**Can we trust the mainstream publications of life science or climate science?**

Richard Horton, editor of The Lancet (a leading medical journal) [wrote](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60696-1/fulltext) in 2015 :

*“The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness”.* [[13]](#footnote-13)

A prime example of the WHO's general attitude of not looking at the consequences is its strong push for vaccination. Their attitude is based on the belief that vaccines have eliminated epidemics. They ignore studies such as the one in which Danish doctors checked the results of vaccination in Guinea-Bissau. The doctors found the following:

“*Children who were just over 3 months old at the time of the tri-monthly weighing sessions were vaccinated at that age; those who were just below 3 months old would only be vaccinated for the first time at almost 6 months of age. In this “natural experiment,” DTP-****vaccinated children had fivefold higher mortality*** *between 3 and 6 months of age than children not yet vaccinated with DTP.* [*Volume 6 - 2018*](https://doi.org/10.3389/fpubh.2018.00079) *Evidence of Increase in Mortality After the Introduction of Diphtheria–Tetanus–Pertussis Vaccine to Children Aged 6–35 Months in Guinea-Bissau: A Time for Reflection?”* [[14]](#footnote-14) *(Emphasis added)*

The [following statement](https://vaccinechoicecanada.com/in-the-news/the-real-risk-of-childhood-vaccines/) is also thought-provoking:

*“….the first few months of the Covid pandemic seems to confirm this link;* ***the death rate for American children dropped during lockdowns when many parents were unable to take their children for their scheduled vaccinations****. During this period* ***childhood deaths dropped by 30%*** *going from an average of seven hundred deaths per week to fewer than five hundred during the months of April and May 2020.” [[15]](#footnote-15) (Emphasis added)*

The WHO, despite the above, is unreservedly pushing for more widespread use of vaccines.

Compare these articles with the [words](https://www.ted.com/talks/bill_gates_innovating_to_zero/transcript%204) of **Bill Gates** (one of the WHO's biggest supporters and a notorious vaccine advocate) at a TEDX talk in 2010:

*“The world today has 6.8 billion people. That's headed up to about nine billion. Now, if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by, perhaps, 10 or 15 percent.” [[16]](#footnote-16)*

**Shall we trust the WHO?**

*“Cases of novel coronavirus (nCoV) were first detected in China in December 2019, with the virus spreading rapidly to other countries across the world. This led WHO* [*to declare*](https://www.who.int/europe/emergencies/situations/covid-19) *a Public Health Emergency of International Concern (****PHEIC****) on 30 January 2020 and to characterize the outbreak as a pandemic on 11 March 2020.” [[17]](#footnote-17) (Emphasis added)*

*“There are now more than 118,000 cases in 114 countries, and 4,291 people have* [*lost their lives*](https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020)*.” [[18]](#footnote-18)*

**Please note**: the **WHO Director-General** has **declared** a PHEIC **after**, as they write, "**4,291 people have lost their lives" allegedly due to SARS-CoV-2 in about 3 months**.

Now please [visit this website](https://ourworldindata.org/grapher/births-and-deaths-projected-to-2100), or see the following graph based on UN data [[19]](#footnote-19), where you can see, that our estimate for **excess deaths** will be about **5 million** in 2020 and **about 6 million per year in 2021 and 2022** compared to the baseline. This means that the **total excess deaths over these three years is 17 million** people, which is the equivalent of the population of a medium-sized country!



The **excess deaths in these years cannot be explained by the Covid virus**! Data from a [study](https://www.bmj.com/content/371/bmj.m3883/rr) published in the British Medical Journal on 6 October 2020 suggest that the virus was less dangerous than the seasonal flu. [[20]](#footnote-20) It is therefore possible to say that the excess deaths in 2020 are due to inadequate health measures (lockdowns, hospital admission bans, very harmful medical protocols in many places, constant fear mongering, etc.) It is known that the danger of the virus has decreased over time compared to 2020, so the excess deaths are most likely due to other causes in later years.

The excess mortality (the second big jump on the lower red line) can only be compared to the first major jump on the red line caused by the Great Chinese Famine of 1959-1960. On the other hand, the number of births (green line) also declines in these three years 2020-2022. To date, the WHO owes a scientifically substantiated explanation for these phenomena.

The graph clearly shows that after 1950 there were no pandemics due to natural causes, or that the significant excess deaths were the result of human activity: in 1959-60, it was the economic policy decisions affecting Chinese agriculture, and in the early 2020s, the dangerous, gain of function bioweapons development program and the mishandling of laboratory virus leakage event that caused the excess deaths.

**The WHO Director-General has declared a public health emergency after 4,291 people are reported to have died from the SARS-CoV-2 virus**. Why is **he not providing an in-depth analysis to explain the cause of the 5 million extra deaths** in 2020, and why is he **not paying** special **attention to the 12 million people** who died **prematurely in 2021 and 2022**? The WHO also ignores the unusually high numbers of people who become ill in 2023 and 2024 and the new diseases observed in countries where large parts of the population have been subjected to experimental mRNA injections, which are supposed to be effective in stopping the virus and are said to be extremely safe.

These facts are in stark contrast with the WHO propaganda that vaccines against Covid-19 have saved lives.

**Accountability**

Before the WHO and its staff, especially the Director-General, are given new powers to prevent and manage potential pandemics, we need a rational, evidence-based explanation for the followings:

a) what was the overall burden on society as a result of the WHO's proposed way to deal with the Covid-19 pandemic?

b) what was the WHO's role in the 'countermeasures'?

c) what is happening in the heavily "vaccinated" countries (excess deaths, declining birth rate, excess morbidity)?

**Until these issues are properly addressed, there is no reason to amend the IHR (2005), and no reason at all to launch a new Pandemic Treaty,** especially **if all research and production of gain of function (bioweapons) is not stopped in all countries**.

**Vaccine safety and efficacy**

In every proposal, the WHO and the forces behind it explicitly promote vaccines as a potential panacea for infectious disease control. This approach cannot be justified for several reasons:

1. Above all, the **WHO should promote** clean drinking water, good sanitation, adequate nutrition and uncensored medical care, promoting **the use of already available (mostly cheap) medicines that have shown to be safe and effective based on decades of experience**.

2. the WHO should first **compare the health status of vaccinated and unvaccinated populations** to show which populations have had fewer cases of cancer, heart attacks, strokes, autism, autoimmune diseases, total mortality by age group, etc. over the past 70 years, taking into account all vaccines, before calling for more vaccines.

3. Today vaccines can be approved under very loose rules. The WHO must require the **same regulatory standards** (i.e. multi-year, double-blind, placebo-controlled clinical trials) **to prove the safety and efficacy of vaccines as they do for other medicines.**

4. The **WHO should insist on the elimination of the use of toxic substances** in the manufacture of vaccines, such as aluminum, mercury (thimerosal), polysorbate 80, formaldehyde, aborted human or animal cells, etc.

5. The **WHO should protect the free discussion of issues related to medical procedures** and medicines (including vaccines), lifestyle and bodily autonomy in all forms of media;

6) The **WHO should insist** **that** vaccine manufacturers, licensing authorities and vaccination personnel **accept legal and financial responsibility** for all harm (including death) caused by hastily developed, fraudulently tested and uncontrolled products called "vaccines".

7) The WHO should support the introduction of an easy to administer and **fair compensation scheme** for **all vaccine victims at the expense of the manufacturers**.

8) **The WHO** should **take financial responsibility** for the recommendations it makes.

**During the Covid epidemic, the medical-industrial establishment distorted and censored information like never before.**

The difference between **science** and **scientism** can be seen by comparing facts with propaganda. The fact is that the SARS-CoV-2 virus does not originate in nature, the propaganda was published in 'The Lancet' which stated that the laboratory leak was a [conspiracy theory](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930418-9) and that this virus is a natural phenomenon. [[21]](#footnote-21) Dr Anthony Fauci knew for a fact that the virus originated in a laboratory, probably in the Wuhan Institute of Virology, which was partly funded by the US NIAID agency under his control. We know this from his own correspondence, which was [made public](https://theintercept.com/2023/07/21/covid-origin-nih-lab-leak/) through Freedom of Information requests. [[22]](#footnote-22)

The world **needs to analyze** the role of the **WHO** as an organization and **the people who run it**, whether their approach and the actions they promote serve private interests, industry interests or public health.

An important question of public interest is **why the WHO is withholding all information on the IHR amendments and the ongoing negotiations on the pandemic treaty**. How is it possible that, on the one hand, the WHO Director-General, Tedros Adhanom Ghebreyesus is withholding this information and, on the other hand, he is complaining about the hostile attitude towards his organization? Perhaps openness could reduce hostility if the intention is to serve the public rather than the pharmaceutical companies.

**How do the WEF and WHO know?**

At this year's **World Economic Forum** in Davos, the possibility of a new pandemic was discussed, by calling it an outbreak of **disease X**. **Unless these actors, including the WHO, know** that **pathogen X** is already being **produced** somewhere and **have agreed to release** it at an appropriate time, there is no way that such a thing could happen. The evolution of life on earth and the experience of the last 150 years show that, with the four conditions mentioned earlier (clean drinking water, good sanitation, proper nutrition, free medicine), infectious diseases virtually disappear and no otherwise healthy person dies from these diseases. Remember that there are no vaccines against a wide range of pathogens and people do not die from them, nor do they get sick from them!

Even the man-made SARS-CoV-2 pathogen has had a limited impact in places where there has been uncensored medical activity via using safe and cheap, historically known drugs. **Mortality was much higher in the US where medical freedom was restricted**, than in, say, Mexico, where doctors were allowed to treat as they saw fit.

**NO TO CENSORSHIP!**

Various actors, such as **Ursula von der Leyen**, President of the European Commission, [stated](https://www.weforum.org/agenda/2024/01/ursula-von-der-leyen-full-speech-davos/) at the 2024 World Economic Forum in Davos that misinformation is the biggest threat in the next two years and that trust must be restored. [[23]](#footnote-23) Oddly enough, her proposal to "build trust" is to **censor dissent from "official" opinions** through the Digital Services Act (DSA). **This is unacceptable, and you, as a public figure, must prevent such attempts on the basis of our Constitution and the universally accepted human rights enshrined in UN and WHO documents.**

It is clear that there are **powerful interests behind the pandemic industry, not only** those of Big Pharma or Big Tech, but also of scientists whose careers depend on grants for gain of function research or on the development of related emergency medicines.

**The Director-General and Member States must also respect the rules**

If we look at the legal aspects of the WHO's recent actions, we see some very disturbing practices. The WHO Director-General is ignoring WHO rules. This is illustrated when he **fraudulently declared** **monkeypox** a **public health emergency** of international concern on 23 July 2022, as [documented](https://jamanetwork.com/journals/jama/article-abstract/2794922) in JAMA (Journal of the American Medical Association).

*”****On July 23, 2022****, World Health Organization* ***(WHO) Director-General Tedros Adhanom Ghebreyesus****, PhD,* ***declared*** *the current* ***monkeypox*** *outbreak a Public Health Emergency of International Concern (PHEIC),* ***overriding the WHO Emergency Committee****, which decided 6-9 against recommending a PHEIC.*[*1*](https://jamanetwork.com/journals/jama/fullarticle/2794922#jvp220075r1) *That decision was justified, with cases in more than 70 countries, most of which are nonendemic, many with no clear epidemiological links and milder nonspecific clinical presentation.”* [[24]](#footnote-24) *(Emphasis added)*

**This fraudulent approach** was also observed in May 2022, when the Director-General announced that WHO Member States had agreed to shorten the timeframes in which amendments to the IHR would enter into force. The details of this fraud were [well documented](https://twitter.com/Rob_Roos/status/1729563358485962784) by twelve Members of the European Parliament (MEPs) when they called on the WHO Director-General to prove that the relevant decision was taken in accordance with the WHO's internal rules. [[25]](#footnote-25) To date, the Director-General has not, to the best of my knowledge, replied a single word to the MEPs. This shows the boundless arrogance of the Director-General and raises the question of what his and his staff's real intentions are and how honest they are.

**The next scam is under way right now**. According to WHO regulations, the WHA must receive all proposed decisions four months before the meeting. The Director-General has chosen to ignore this rule and intends to submit important documents, possibly the new version of the IHR and the Pandemic Treaty, in the days before the WHA's May 2024 meeting, and push for their immediate approval. **This is an unacceptable process and I urge you to oppose it**.

**Legal and financial liability**

Today the WHO and its officials have no financial responsibility for any bad or even fraudulent proposals. Moreover, all WHO officials enjoy diplomatic immunity. Until this situation changes, the **WHO**'s financial support **should be limited and its role should be restricted to information gathering and dissemination, as it was in the past**.

1. [International Health Regulations (2005)](https://www.who.int/publications-detail-redirect/9789241580496)  [↑](#footnote-ref-1)
2. <https://net.jogtar.hu/jogszabaly?docid=a2300088.tv> (Act LXXXVIII of 2023 on the Protection of National Sovereignty) [↑](#footnote-ref-2)
3. <https://legal.un.org/avl/ha/cpdpsbbtwd/cpdpsbbtwd.html> [↑](#footnote-ref-3)
4. [https://www.nature.com/articles/s41598-021-85146-0](https://www.nature.com/articles/s41598-021-85146-0() [↑](#footnote-ref-4)
5. [https://theconversation.com/why-gain-of-function-research-matters-162493](file:///C:\Users\eszab\Desktop\ESZTER\VOLUNTEER%20WORK\János%20etal\%20https:\theconversation.com\why-gain-of-function-research-matters-162493) [↑](#footnote-ref-5)
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