

# Governments Must Reject New Amendments to the WHO's International Health Regulations



Remember when we were subjected to a surreal barrage of orders from our governments to stay home, not entertain more than X guests for dinner, not open bars and restaurants to unvaccinated customers, stay away from places of worship, wear pieces of cloth on our faces while walking to our seats in bars, etc. etc., purportedly with a view to crushing a respiratory virus that made a relatively marginal impact on average life expectancy?

And then we all took a big sigh of relief when governments finally lifted the restrictions? Well, don't get too comfortable, because the WHO, most likely with the complicity of your government, is pushing through a set of amendments to international pandemic laws that will put your livelihood and liberties at the mercy of a WHO-appointed "expert committee" whose advice during a pandemic or other "public health

emergency” will supersede that of your own government.

The [proposed amendments to International Health Regulations](#) do not require any new treaty, even though the WHO is attempting to get a separate pandemic accord ratified in addition to the IHR amendments. These amendments alone will revolutionize the international legal framework that governs responses to public health emergencies. The amendments are still being negotiated, and the WHO aims to see them finalized in May 2024. They will be considered fully ratified ten months later unless heads of State explicitly reject them in the meantime.

It is critical that heads of State explicitly reject these amendments before they come into effect because they cede a dangerous amount of power to the WHO during international public health emergencies, and the WHO can activate this emergency power by unilaterally declaring a public health emergency “of international concern.”

Here are nine reasons why governments must stop the IHR amendments in their tracks:

1. Proposed amendments to International Health Regulations (IHR) subordinate State authorities to the WHO as “the guidance and coordinating authority” during an international public health emergency. But the WHO is the very last organization we should be ceding power to over international health emergencies. This is an organization that has already shown its regressive, inhumane, and anti-scientific colors during and after the Covid pandemic, including failing to warn citizens about the incompleteness of safety data for mRNA vaccines, obstinately recommending community masking with very limited scientific evidence, warmly praising China’s cruel and draconian lockdowns, and enthusiastically supporting a global bio-surveillance regime modeled on the European Union’s digital Covid

certificate.

2. In the proposed amendments, an important clause requiring that the implementation of the regulations be “with full respect for the dignity, human rights & fundamental freedoms of persons” is to be replaced by a commitment to “equity” and inclusivity.” This is simply perverse. It is inconceivable that a responsible person would seek to remove the language of dignity, human rights, and fundamental freedoms from an international treaty.
3. Under these amendments, the Director-General of the WHO may designate an event as “having the potential to develop into a public health emergency of international concern.” The WHO has the ability to unilaterally set in motion its own emergency powers. Obviously, the WHO has a material interest in declaring a public health emergency that activates its power and influence over the international community, so we are heavily tilting the scales in favor of the activation of international emergency protocols.
4. The introduction of the concept of a “potential” public health emergency, along with the idea of “all risks with a potential to impact public health,” gives the WHO much wider leeway to set in motion emergency protocols and directives.
5. Under the proposed amendments, travelers may be required to produce “documents containing information...on a laboratory test for a pathogen and/or information on vaccination against a disease.” This legally enshrines a global bio-surveillance regime, similar to the discriminatory and coercive biosurveillance regime we saw in Europe.
6. The WHO would play a pivotal role in developing global “allocation plans for health products.” So an organisation financed by private donors with vested interests in Pharma products, like Bill Gates, will supervise the distribution of Pharma products. Go

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7. Both the WHO and States bound by IHR “shall collaborate” in “countering the dissemination of false & unreliable information about public health events, preventive and anti-epidemic measures, and activities in the media...” This would effectively enshrine a global censorship regime in international law. We’ve already lived under an international WHO-led censorship regime: views different from the WHO’s “official” take on lab origins, vaccine risks, masks, etc. were taken down from Google searches, YouTube, Twitter etc. We can expect even more of this under the revised IHR. This is the very antithesis of open and transparent scientific inquiry.
8. The revised International Health Regulations would make international public health responses slavishly dependent on WHO directives, discouraging dissenting responses such as that of Sweden during the Covid pandemic. Policy diversification/experimentation, essential to a robust healthcare system, would be crushed by a highly centralized response to health emergencies.
9. The WHO is already riddled with internal conflicts of interest, as it depends on private donors like the Gates Foundation with financial stakes in the success of specific Pharma products, including vaccines. These conflicts of interest disqualify the WHO as an eligible organization for impartially coordinating an international pandemic response. The more power we give to the WHO, the more we will exacerbate these conflicts of interest.

It is often pointed out that the amendments to the International Health Regulations would not technically remove the sovereignty of national governments. But that completely misses the main point of the IHR, which is to legally bind States to follow the advice of the World Health Organisation

during an international public health emergency as determined by the WHO, and to integrate national pandemic responses into an international health bureaucracy.

Though national States could, theoretically, renege on their legal undertakings under the IHR, taking a different path to that recommended by the WHO, this would be rather strange, given that they themselves would have both agreed to and financed the new IHR regime.

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