

# How the WHO is Trying to Take Control of the World



In Geneva in late May at the 75<sup>th</sup> meeting of the WHO's decision-making body, the World Health Assembly (WHA), amendments to its International Health Regulations (IHRs) were debated and voted upon. If passed, they would grant the WHO the right to exert unconscionable pressure on countries to accept the WHO's authority and health policy actions if the WHO decides that there is a public health threat that might spread beyond a country's borders.

As Ramesh Thakur, the second man at the UN for years [noted](#), the amendments would mean "the rise of an international bureaucracy whose defining purpose, existence, powers and budgets will depend on outbreaks of pandemics, the more the better."

This is the first clear instance of a globalist coup attempt. It would subvert national sovereignty worldwide by putting real power into the hands of an international group of bureaucrats. It has long been suspected that the authoritarian

elites arisen during covid times would try to strengthen their positions by undermining nation-states, and this 75<sup>th</sup> jamboree is the first solid evidence of this being true.

What an opportunity then to see who is in the conspiring club. Who drafted the amendments? What was in them? Which individuals supported them or spoke out against them?

## **WHO were the conspirators?**

The [amendments](#) on the table at the May WHA meeting had been transmitted to the WHO by the US Department of Health and Human Services on January 18, circulated by the WHO to its member states ('States Parties') on January 20 and formally introduced to the WHA on April 12.

The proposals, according to an announcement on January 26, were co-sponsored by [19 countries plus the European Union](#). Even if some co-sponsors had little direct involvement in drafting them, they all would have approved in principle the overarching goal of tightening up the WHO's authority over member states in the face of a public health event.

Loyce Pace, the HHS's Assistant Secretary for Global Affairs – the leading US official nominally responsible for the proposed amendments – arrived at the Biden administration fresh from a stint as executive director of an advocacy organization called the Global Health Council.

That council receives funding from the Bill & Melinda Gates Foundation and its members include Eli Lilly, Merck, Pfizer, Abbott Labs, and Johnson & Johnson. You get the idea. Via one of the foxes-turned-chicken-guard, it appears the HHS 'worked closely' on these amendments with large pharmaceutical companies, who will be chomping at the bit for a more proactive (read: profitable) response to any public health emergency, real or imagined.

So the conspiring club consists primarily of the US government and its Western allies in lockstep with Big Pharma, and they are looking to undermine both the sovereignty of their own governments and that of other countries, presumably with the idea that the Western elites would do the running.

## **What was in them? A blizzard of acronyms and euphemisms**

To understand what the US proposed at the WHA, we need first to understand how things have worked in the WHO to this point.

The IHRs in their current form have been in force as international law since June 2007. Among other things, they impose requirements on countries to detect, report and respond to 'public health events of international concern,' or PHEICs. The WHO Director-General consults with the state where a possible public health event has occurred, and within 48 hours they are meant to come to a mutual agreement on whether or not it actually is a PHEIC, whether or not it needs to be announced to the world as such, and what countermeasures, if any, should be taken. It's essentially an early-warning system on major health crises. This is a good thing if it's run by people you can trust and if it has checks and balances to rein in expansionary tendencies.

The proposed amendments would greatly strengthen the power of the WHO relative to this baseline, in a number of ways.

First, they lower the threshold for the WHO to declare a public health emergency by empowering its Regional Directors to declare a 'public health event of *regional* concern' (PHERC, italics ours) and for the WHO to put out a new thing called an 'intermediate public health alert.'

Second, they permit the WHO to consider allegations about a public health event from non-official sources, meaning sources

other than the government of the state concerned, and allow that government only 24 hours to confirm the allegations and a further 24 hours to accept the WHO's offer of 'collaboration.'

Collaboration is essentially a euphemism for on-site assessment by teams of WHO investigators, and concomitant pressure at the whim of WHO personnel to enact potentially far-reaching measures such as lockdowns, movement restrictions, school closures, consumption of medicines, administration of vaccines and any or all of the other social, economic, and health paraphernalia that we have come to associate with the covid circus.

Should the state's government acceptance of the WHO's 'offer' not be forthcoming, the WHO is empowered to disclose the information it has to the other 194 WHO countries, while continuing to pressure the state to yield to the WHO's invitation to 'collaborate.' A non-collaborating country would risk becoming a pariah.

Third, the proposal includes a new Chapter IV, which would establish a 'Compliance Committee' consisting of six government-appointed experts from each WHO region tasked with permanently nosing around to ensure the member states are complying with IHR regulations.

There are more crossings-out of the existing IHR language and new language added in, but the flavour of what the US-led alliance is shooting for is a WHO that can unilaterally decide whether there is a problem and what to do about it and can isolate countries that disagree.

Compliant WHO member states could act as a supporting cast in the isolation effort, through the distribution of their own health budgets and their 'health-related' policies, which would include travel and trade restrictions. The WHO would become a kind of command-and-control center for globalist

agendas, pushing the produce of (Western) Big Pharma.

## Why and how would this work?

We learned during covid times why it would make sense that the US and its allies are insisting on these amendments.

Lowering the bar for declaring a global (or regional) public health threat triggers a huge opportunity for Western pharmaceutical companies. As [legal experts have observed](#): “WHO emergency declarations can trigger the fast-track development and subsequent global distribution and administration of unlicensed investigational diagnostics, therapeutics and vaccines.

This is done via the WHO’s Emergency Use Listing Procedure (EULP). The introduction of an ‘intermediate public health alert’ in particular will also further incentivize the pharmaceutical industry’s move to activate domestic fast-track emergency trial protocols as well as for advance purchase, production and stockpile agreements with governments before the existence of a concrete health threat to the world’s population has been detected, as is already the case under WHO’s EULP via the procedures developed for a ‘pre-public health emergency phase’.”

You can bet that the WHO ‘expert teams’ sent in to make on-the-ground assessments, under the banner of ‘collaboration’ with the host country experiencing the health event, will be chock-a-block with operatives from the CDC and who knows what other Western agencies, all poking around potentially sensitive facilities that a host government might justifiably claim a sovereign right to keep to itself. Likewise with the ‘Compliance Committee’ proposed by the US under the new Chapter IV of the IHRs: its government-appointed members have an open-ended brief, enshrined in international law, to be busybodies.

In layman's terms, the WHO would be turned into an international thug, with its member states offered the role of backyard gang members.

As a bonus for Western elites, the proposals are a sneaky form of rewriting history. By cementing authority within an international organisation to determine the existence of public health crises and direct potentially draconian emergency responses, Western governments would get to enshrine and legitimize their own extreme responses to the covid outbreak, as we have pointed out [previously](#). Their backsides would thereby be given some protection from legal challenges.

## **The refuseniks: developing countries**

The proposals were pushed primarily by Western countries: the US was joined by Australia, the UK and the EU in arguing for passage. The resistance was led by developing countries who saw it as a colonialist ambush in which their ability to set policy and respond to health threats in a manner commensurate with their domestic situations would be overridden.

Brazil reportedly went so far as to threaten to withdraw from the WHO, and the African group of almost 50 countries, along with India, argued that the amendments were being rushed through without adequate consultation. Russia, China and Iran also objected.

Failure on the first try, but the U.S. and its allies in the West will get more shots to push it through.

How do we expect them to do this? Well, when a proposal gets bogged down inside a giant bureaucratic machine like the WHO, the inevitable response is to set up committees to work in the background and circle back with a new set of proposals to be presented at a future meeting. True to form, a 'working group'

and 'expert committee' are being assembled to accept member state proposals on IHR reform by the end of September this year. These will be 'sifted through' and reports will be prepared for review by the WHO's executive board in January next year. The objective is to have a fresh set of proposals on the table when the WHA convenes for the 77<sup>th</sup> time in 2024.

## Not all was lost

Salvaging something from the fact that the WHA failed to get a consensus around its biggest agenda item, the US and its allies got a small victory on the point of when they can try again – though in their desperation they needed to violate the IHRs' own rules to accomplish it. Article 55 of the IHRs states unambiguously that a four-month notice period is required for any amendments.

In this instance, [revised amendments](#) were presented on May 24, the same day that the first lot were rejected. These were discussed, [further amended on May 27](#) and then adopted on the same day. The approved amendments halve the two-year period for any (further) approved amendments to the IHRs to take effect. (The IHRs that came into force in 2007 were agreed to in 2005 – but under the new resolution, anything agreed to in 2024 would come into effect in 2025 rather than 2026.)

Yet, what was achieved in terms of fast-tracking the force of new amendments was lost in slow-tracking their implementation. Nations would have up to 12 months – double the previous suggestion of six months – to implement any IHR amendments that newly enter into force of law.

## State of play

Where is all this going?

If the WHO takes the reins on decisions about what constitutes

a health crisis, and can pressure every country into a one-size-fits-all set of responses that it, the WHO, also determines, that's bad enough. But what about if its invitation to 'collaborate' with countries is backed up with teeth, such as sanctions against those who demur? And what about if it then broadens the definition of 'public health' by, for example, declaring that climate change falls under that definition? Or racism? Or discrimination against LGBTQIA+ people? The possibilities thereby opened up for running the world are endless.

A global 'health' empire would bring huge harms to humanity, but a lot of power and money is pushing for it. Don't think it can't happen.

*Originally published on [Brownstone Institute](#).*