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## **CCH BRIEFING PAPER ON SB1869**

**DATE: 20 February 2023**

**TO: Hon. Senators, Republic of the Philippines**

**FROM: Nicanor Perlas, Covid Call to Humanity**

**RE: WHY SB1869 APPROVAL NEEDS TO BE STOPPED NOW AND THE BILL RADICALLY REVISED. SB1869 WILL NOT SECURE THE HEALTH AND SAFETY OF FILIPINOS. INSTEAD, IT WILL PLACE THE COUNTRY AND FILIPINOS UNDER THE CONTROL OF THE WORLD HEALTH ORGANIZATION AND USHER PERMANENT PRIVACY-VIOLATING SURVEILLANCE AND LOCKDOWNS PLUS SUPPRESS OTHER CONSTITUTIONALLY GUARANTEED RIGHTS AND FREEDOMS**

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### **EXECUTIVE SUMMARY**

The Senate introduced **SB1869** with the intention of overcoming the trauma of three years of COVID-19 health crisis. This is a **laudable intention** and should garner the gratitude of Filipinos. Finally, there is a possibility of a more scientific and rational approach to the pains of a pandemic crisis.

Unfortunately, a detailed analysis of the bill, as will be demonstrated below, shows that SB1869 will achieve the opposite effect. SB1869 will perpetuate all the massive and dangerous mistakes of the DOH, FDA, IATF, Office of the President, and other agencies -- mistakes that have destroyed the lives, the jobs, the livelihood and the mental health of millions of Filipinos.

SB1869 will not only institutionalize or make permanent all these costly mistakes. It will also subject the Filipinos to new kinds of punishments and ordeals and even new forms of death. Worst, SB1869 will destroy the country's democracy and help usher in a medical dictatorship under the control of the World Health Organization (WHO) with the blind support of the DOH and the to-be-established Philippine CDC.<sup>1</sup>

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<sup>1</sup> The Briefing Paper will elucidate this point below in great detail to demonstrate the dangers involved in placing the country under the control of WHO and its International Health Regulations.

This bill, as presently constituted, seems to have not received the thorough hearings necessary for a wide ranging and strategically important proposed law. This is the reason why most, if not, all Senators will be shocked by the kind of information they will read in this constructive critique.

Despite the good intentions of Senators, this is what the bill will do.

**SB1869 will normalize the following nightmares of Filipinos.**

- More lockdown – most likely **permanent lockdowns**.
- More **forced quarantines**, social distancing and facemasks.
- More **forced vaccinations** with rushed EUAs, now called Special Regulatory Authorizations.
- The Right to bodily autonomy and **Prior Informed Consent ignored**.
- **Continued prohibition to autopsy the dead** in order to hide vaccine deaths.
- **Total neglect and shutting awareness** of the **power of natural immunity** to deal with epidemics.

**SB1869 will introduce new hazards and perils.**

- Destruction of Philippine sovereignty by allowing the WHO to dictate pandemic responses
- Creation of a permanent surveillance state
- Establish digital IDs and digital prisons
- Converging SIM Card Registration Law with SB1869 therefore allowing the Telecommunications companies, PNP and NBI to track, trace and even arrest individuals

It is very disturbing that SB1869 uses vague, evasive or even manipulative language in many provisions of the bill. The result, whether intentional or not, is to hide these very disturbing and dangerous provisions from the Filipino people. With this kind of language manipulation, Senators are leading innocent people into the “slaughter house” of mandatory jabbing with dangerous unproven vaccines, suppression of safer alternatives to vaccines, slavery under a foreign power (WHO) and other tyrannical measures briefly outlined above and elaborated in detail below

It is understandable and even commendable why the Senate of the Republic of the Philippines would want to have better health preparedness for the country as a whole. After all, the recent Covid crisis revealed defects on many levels in the health care system of the country.

Unfortunately, and ironically, SB1869 does not do away with the mistaken and repressive measures rolled out during the Covid crisis of the past three years. This bill retains these oppressive measures and strengthens them to a much more potent form. It is really pathetic that sponsors of the bill aim to have better health preparedness but instead end up advancing the same disastrous DOH measures regarding COVID-19. They publicly claim that SB1869 is meant to learn from the past and remove all these errors which have so costly to our nation and the lives of Filipinos. Yet the bill will be doing the very opposite of this.

The reason for this is that SB1869 has made a Faustian Bargain with the Devil. The Senators believe that it is justifiable, in a health emergency, to violate the constitutionally granted freedoms and rights of Filipinos.

However, it is a recognized principle in the UN’s Universal Declaration of Bioethics and Human Rights that the **“interest and welfare of individuals should take priority over the sole interest of science and**



together with the defective **RT-PCR tests**<sup>5</sup> that **even the CDC criticized**<sup>6</sup>, was responsible for inflating a sense of a pandemic. In fact, the “pandemic” was basically created on the basis of faulty science. Because of the seeming daily high explosive numbers of RT-PCR test positives, mostly false positives, then the government declared lockdowns. SB1869 does not question the false science of asymptomatic carriers and RT-PCR tests.

Recommendation. The Senate should add a proviso in this section. This language can be: “Provided that people without disease symptoms should not be subjected to forced RT-PCR tests and/or quarantined. Provided further that more accurate tests be used in the process of identifying the truly infected.”

Section 4(l) allows a “response” to include “**contact tracing**”. Here we go again! As long as the false fear of asymptomatic carriers dominate, then contact tracing will be abused. Worst, contact tracing will become a corner stone of provisions in the bill for permanent surveillance. See details below on surveillance.

Recommendation. The bill could focus, instead, on public messaging for those who have symptoms of illness. They can be encouraged to stay home. The appropriate messages can also encourage others to consciously avoid people with symptoms of illness. That is a much more effective response.

The definition of response also includes the vague statement: “conduct of prevention activities”. This vagueness will most likely justify the kind of coercive activities that the previous administration undertook all in the name of a health emergency. It was like cutting butter with a chainsaw.

**Proportionality of response** is a principle that is absolutely absent in practically all sections of SB1869.

Recommendation. The Senate can include a provision here on the importance of observing proportionality of response. Conflicting interests should be balanced properly.

Section 11.5(h)(ii) specifies intervention strategies that would involve isolation, quarantine, inspections, “vector control”. Under this language, the use of **facemasks** will be enforced. This is exactly what was done with Covid. I thought we learned about the ineffectiveness of these approaches. **A vast number of studies<sup>7</sup> have already scientifically shown that facemasks do not work and can cause illness. Even the WHO, in 2019, already concluded that the quality of evidence for the usefulness of facemasks is low.**<sup>8</sup>

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<sup>5</sup> <https://covidcalltohumanity.org/2022/03/16/new-study-shows-one-in-three-who-are-forced-to-quarantine-were-never-contagious/>, <https://covidcalltohumanity.org/2021/07/06/w-h-o-no-evidence-to-support-widespread-asymptomatic-testing/>, <https://covidcalltohumanity.org/2021/05/03/austrian-court-pcr-test-not-suitable-for-diagnosis/>, <https://covidcalltohumanity.org/2021/01/09/who-finally-admits-the-problem-of-pcr-tests/>, <https://covidcalltohumanity.org/2021/06/22/new-study-proves-that-rt-pcr-positivity-should-not-be-used-as-a-measure-of-infectiousness/>, <https://covidcalltohumanity.org/2021/05/24/sweden-pcr-cannot-be-used-for-diagnosis/>, <https://covidcalltohumanity.org/2020/09/09/bbc-coronavirus-tests-could-be-picking-up-dead-virus/>, <https://covidcalltohumanity.org/2020/09/03/new-york-times-more-experts-questioning-rt-pcr-testing/>, <https://covidcalltohumanity.org/2020/07/05/rt-pcr-tests-are-scientifically-meaningless/>. Due to importance of submitting this Briefing Paper as soon as possible, CCH has cited its own articles. But the Senate must note that the source documents are cited in these articles. In addition, the original documents are available for download.

<sup>6</sup> <https://covidcalltohumanity.org/2021/07/26/cdc-revokes-eua-for-rt-pcr-test-kits/>

<sup>7</sup> <https://brownstone.org/articles/studies-and-articles-on-mask-ineffectiveness-and-harms/>

<sup>8</sup> <https://covidcalltohumanity.org/2021/03/27/will-the-real-who-please-stand-up/>

Why are we institutionalizing these mistakes. Given the WHO plan (see below on WHO section), this will result in permanent lockdowns and abuses of governmental authorities versus the people of the Republic of the Philippines.

Recommendation. This part of SB1869 should include language that requires the DOH/CDC to provide the public solid scientific evidence that their proposed interventions are effective. Furthermore, this purported scientific evidence should be subject to scientific debate with independent scientific bodies and other civil society groups not beholden in any way to the DOH/CDC.

As the section below on media illustrates, a great degree of the Covid response was due to controlled media and scientific outlets. Vetting proposed intervention strategies in public with independent analysts is one way to really have a “whole-of-society” approach that SB1869 purports to follow as one of its principles in creating the Philippine CDC.

The notion of a permanent forced locked down can also be found in Section 13(g)(5). This section is a powerful section because it gives the DOH powers to not only to enforce both permanent lockdowns. The language, as we shall see below, also authorizes the DOH and the CDC to roll out, protected from any legal challenge, the dreaded mandatory vaccinations that so alienated the Filipino people from government authority.

#### **Mandatory Vaccinations. Full Speed Ahead. No More Exemptions.**

Section 13(g). All the provisions contained therein are problematic. SB1869 hides the draconian powers of the DOH Secretary in page 21 of this bill where they could not be easily seen even from detailed overview of the bill.

Section 13(g)(5) This section is so disturbing that CCH will quote the whole provision in this sub-section.

“Promote treatment, vaccination, or immunization against a contagious disease, **compelling the isolation or quarantine of persons [lockdowns and forced quarantines] who are unable or unwilling, for reasons of health, religion, or conscience, to undergo immunization [forced vaccinations]** or treatment: Provided, That the guidelines for the exercise of such power shall be formulated with the Department of Justice”. [Emphasis and bracketed words supplied.]

In simple language, the Senate now wants to **legalize Forced Lockdowns and FORCED VACCINATIONS**, the nightmare of the Filipino nation for the past three years. In violation of constitutional rights, there is no exemption from this forced procedure. This is a totally tyrannical provision in SB1869.

The Department of Justice cannot even question this procedure. It is there to provide “the guidelines for the exercise of such a power”. The DOJ, with this bill, will now become a simple accomplice in a criminal act prohibited by the Constitution. In any event, even if it had real powers to intervene, the record of the DOJ speaks for itself. It allowed for the full and rapid rollout of mandatory vaccinations under the regime of past President Rodrigo Duterte. This is in violation of Philippines laws and the very Constitution of the country.

Can we easily forget the lying assurances of the DOH that the vaccines are safe and effective when, in fact, these vaccines have already **killed around 20 million people worldwide**<sup>9</sup> and, in addition, harmed tens of millions of people. Even *The Economist* estimates that **excess deaths in 2022 were around 20 million people worldwide**.<sup>10</sup>

Dear Senators, we live in a world of regulatory breakdown. The present version of your law does not take these into consideration. It lives in the illusion that the mainstream world of health is full of honest regulators, scientists, doctors, health workers, pharma manufacturers, media, and so on. **In reality, many of these institutions have now become rogue and fraudulent institutions taking advantage of people all over the world.**<sup>11</sup>

Section 14. The intent of your proposed law is very clear. It states: **“Notwithstanding any law to the contrary, the Secretary of Health, ... shall allow ... health... professionals ... or authorized representatives, to administer, dispense, and provide commodities as vital for public health emergencies....”** [Emphasis supplied.]

**This is clearly about forced vaccinations.** SB1869 wants to become the Supreme Law of the land as far as health issues are concerned. Its hubris stinks so pervasively as it asserts, tacitly, that **SB1869 is even higher than our commitments under International Law.** The UN Universal Convention on Bioethics and Human Rights explicitly states: that the **“interest and welfare of individuals should take priority over the sole interest of science and society.”**<sup>12</sup>

This is a blatant grab of power and a clear theft of people’s rights under the Constitution. **This portion of SB1869 violates the Bill of Rights under the Constitution.** Here is a definite nail in the coffin of bodily autonomy that SB1869. Obviously, this is a section that authorizes the **tyrannical rollout of mandatory vaccination.**

Recommendation. This terrible provision needs to be stricken out from the language of SB1869. In addition, SB1869 should instruct DOH/CDC to call for a public debate regarding this drastic measure they want to impose on the Filipino people. This debate should include considerations of other alternative approaches to forced vaccination including the strengthening of the immune system and the use of safe disease-prevention medicines like Ivermectin that the DOH largely suppressed during the so-called Covid pandemic. After this public debate, DOH/CDC should then encourage Filipinos to make their own free decision whether to get vaccinated or not.

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<sup>9</sup> <https://forbiddenknowledgetv.net/analyst-estimates-at-least-20-million-people-have-already-been-killed-by-the-covid-vaccine/>

<sup>10</sup> <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>

<sup>11</sup> <https://www.projectveritas.com/news/pfizer-executive-mutate-covid-via-directed-evolution-for-company-to-continue/>, <https://covidcalltohumanity.org/2022/07/10/dr-paul-offit-on-fda-panel-approval-to-reformulate-covid-shots-it-felt-like-the-fix-was-in/>, <https://reclaimthenet.org/dr-birx-covid-vax-censorship>, <https://childrenshealthdefense.org/defender/pfizer-fda-documents-contradict-covid-vaccine-safety-narrative/>, <https://childrenshealthdefense.org/defender/lies-secrecy-cdc-fda-covid-vaccines-cola/>

<sup>12</sup> UN Declaration on Bioethics and Human Rights. Article 3, No. 2 of the Declaration.

<https://www.unesco.org/en/legal-affairs/universal-declaration-bioethics-and-human-rights>

## Prior Informed Consent Flushed Down the Toilet

SB1869 should then defend the right of Filipinos to **Prior Informed Consent (PIC)**. But, in a stunning legal turnaround, SB1869 does not contain any provision on PIC. It is totally absent in SB1869.

We characterize this absence of PIC as stunning because **PIC is currently a standard legal procedure within the country's FDA**<sup>13</sup>. SB1869, in effect, overturns this very important legal requirement. This clearly reveals the DOH wants to legalize vaccine terrorism and the Senators agree with these criminal procedure.

FDA's current practice is also aligned with the **country's commitments to international law**. Here is Article 6 of the UN's Universal Declaration on Bioethics and Human Rights. Article 6 clearly spells out the importance of **informed consent**.

**"1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.** The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. [Emphases supplied.]

**"2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned.** The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent."<sup>14</sup> [Emphases supplied.]

SB1869 has repealing clause in Section 32 which states:"All laws, decrees, orders, rules and regulations, other issuances, or parts thereof, inconsistent with any provision of this Act, are hereby repealed or modified accordingly."

This is pure treachery and treason. The Senators have just removed a very important right of every Filipino to Prior Informed Consent. In effect, given that SB1869 is nothing but a turbo-charged COVID-19 scamdemic.

Senators are liable to be charged for crimes against humanity as per the Nuremberg Code. No one can be forced to take an experimental vaccine against one's will. The Senators are making sure that the failure of DOH to give PIC during the periods of mandatory vaccination will never again result in any kind of liability for DOH and its partners in crime.

Filipinos have the right to say no to a vaccine especially if the latter is not a vaccine but a gene alteration procedure<sup>15</sup> with known deleterious consequences. This is especially the case when, like Covid "vaccines", the shots are basically failed mRNA procedures and they do not work. The technology is dangerous in its very design. In addition, these have not been thoroughly tested.

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<sup>13</sup> <https://www.fda.gov/ph/wp-content/uploads/2022/06/3.-Pfizer-BioNTech-and-Comirnaty-Purple-Vial-Product-Information-for-vaccine-ipients-EN-ver-7.0.pdf>. Here is one example for Pfizer's EUA. They had to issue a PIC for their users. Other pharma companies were also required by FDA to do this.

<sup>14</sup> <https://www.unesco.org/en/legal-affairs/universal-declaration-bioethics-and-human-rights>

<sup>15</sup> See more details on this below.

Recommendation. SB1869 should add a provision here allowing the continued practice of Prior Informed Consent.

### **From EUAs to SRAs. The Same Rotten Banana, with a New Name to Feign Regulatory Compliance**

Connected with all these is Section 15 on Special Regulatory Authorizations. There are three conditions specified in this section which allows the issuance of Special Regulatory Authorizations. (SRAs). These products are adequately tested scientifically; the potential benefits of the product outweigh the potential risks; and there are no other alternative treatments available.

These conditions are the same requirements for the granting by FDA of Emergency Use Authorizations (EUAs) for the Covid vaccines. DOH abused these EUAs during the Covid lockdowns and mandatory vaccinations.

**The Covid vaccines were not adequately tested scientifically.**<sup>16</sup> They were rushed.

The costs far outweigh the benefits. The world experienced around 20 million excess deaths that are strongly associated with the rollout of mandatory vaccinations.<sup>17</sup> **In 2021 alone, the Philippines experienced over 290,000 excess deaths.**<sup>18</sup>

**Finally, from US Department of Defense data, Ivermectin was characterized as an antidote for COVID-19.**<sup>19</sup> Yet, regulators all over the world, including DOH, prohibited or heavily restricted the use of Ivermectin.<sup>20</sup> As a result, tens of thousands of people were condemned to die unnecessarily.

Recommendation. The Senate should add a limitation clause. They should include a proviso that the processes included in the decision to issue SRAs should be publicly and clearly be made available to the public; that the public should be allowed to make comments and/or provide scientific evidence regarding a product being registered; that FDA should make public the scientific evidence that they relied on to make their SRA decisions; and the time allocated for this process should not be rushed, but should at least allow 3 months for public comments and submissions.

In addition, FDA should public allow the timetable for their process and publicly disclose the names of the people involved in deciding and issuing an SRA, including a statement regarding potential conflict of interest. For example, an FDA advisory panel member should disclose whether he/she has had financial or working relations with a pharmaceutical company. The requirement of a statement of conflict of interest is standard in the submission of scientific papers. The public must be assured that the FDA is

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<sup>16</sup> <https://brownstone.org/articles/the-ins-and-outs-of-covid-vaccine-safety/>

<sup>17</sup> <https://forbiddenknowledge.net/analyst-estimates-at-least-20-million-people-have-already-been-killed-by-the-covid-vaccine/>

<sup>18</sup> <https://covidcalltohumanity.org/2022/04/30/2021-records-290125-excess-deaths/>

<sup>19</sup> <https://www.ronjohnson.senate.gov/2022/1/senator-johnson-demands-answers-from-dod-on-disclosure-about-covid-19-origins-and-early-treatment>. See also, [https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG\\_Docs\\_pt1\\_Og\\_WATERMARK\\_OVER\\_Redacted.pdf](https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf)

<sup>20</sup> <https://covidcalltohumanity.org/2021/08/19/indias-uttar-pradesh-moving-towards-being-covid-free-ivermectin-central-to-virus-control/>. This is a counter example where a lot of lives were saved by the massive use of Ivermectin.



using authentic data and that the scientific evidence is totally impeccable because it is not a product of interested parties biased towards the promotion of that specific product.

Furthermore, the bill should contain a provision on stopping warp speed procedures in the development of the vaccines. Relatedly, it should not allow the importation of warp speed vaccines that have been so deadly in the case of Covid vaccines. These latter “vaccines” are dangerous because they never underwent the kind of rigorous safety trials, which usually last an average of nine years.

**The bill should also disallow that adaption of US CDC’s “future framework” approach to vaccine approval. The US CDC essentially allowed Pfizer vaccines to be approved in less than a week.<sup>21</sup>** This is a totally corrupted procedure and is clearly fraudulent. How can the US CDC approve a vaccine, which previous version has already killed millions of people worldwide.

### **Immunity from Liability: Encouraging Massive Abuse All Over**

Section 20 of SB1869 provides a wide-ranging “Immunity from Liability” for DOH/CDC in the event there are problems arising from their health emergency interventions including the mandatory use of vaccinations.

This provision is exactly the legal clause that encouraged and allowed pharmaceutical companies and the medical establishment, including the DOH, to issue products, services and policies that are half-baked, dangerous and harmful to the public.

Why indeed should these institutions be careful and thorough in their products, policies, and interventions if the justice system will allow their mistakes to go unpunished, even if such mistakes permanently harm the life of individuals and even kill them. During a health emergency, instead of downgrading their excellence, health implementers should step up their care and competence because they truly care for people’s health and lives despite being under the time pressure of an emergency. Health care professionals should step up, not step down and do sloppy work.

Recommendation. SB1869 Section 20, “Immunity from Liability”, should be entirely stricken off from SB1896.

It is in the entire context of the discussion that we should view this related section of SB1869.

Section 7(b)(vi) The Philippine Research Institute for Medicine will only develop “vaccines and biologicals” which latter is not defined. Further parts of this section clearly show a bias towards vaccine development and is silent against the development of mRNA vaccines which have proven to be so dangerous.

The latter are not vaccines but are genetic engineering procedures that changes the human genome of the recipient.<sup>22</sup> The mRNA approach is an immature gene alternating technology with a lot of hype on the promises, but with deadly real-world experience.

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<sup>21</sup> <https://covidcalltohumanity.org/2022/09/26/dr-paul-offit-cautions-against-new-bivalent-covid-shots-fda-approved-it-without-clinical-trials-reason-to-doubt-it-beats-original-vaccine/>, <https://brownstone.org/articles/the-fdas-future-framework-for-covid-vaccines-is-reckless-plan>

<sup>22</sup> <https://tomrenz.substack.com/p/mrna-its-a-gene-therapy-and-they>

Recommendation. There should be a limitation cause, which could be as follows. “Provided, that PRIM focus mainly on traditional vaccine research, ensure their safety, and manufacture them. PRIM should altogether avoid experimenting with mRNA vaccines.

### **Autopsies Will Continue to Be Disallowed to Hide Criminal Policies of DOH**

Here is another outrageous double speak language which does not really mean what it seems to say.

Section 13(g)8 “Require any health or funeral facility authorized by law to perform such services as are reasonable and necessary to respond to a public health emergency.”

A doublespeak expert must have written this Sub-section. When one reads with a critical mind or a background knowledge of what happened in the past, one could interpret this to mean as follows. A funeral facility can perform autopsies as this would provide better and deeper information about the cause(s) of death. Surely this would help deal with a public health emergency.

But this is not what this sub-section is saying. This provision can also mean that DOH/CDC can prohibit, by law, normally reasonable and necessary services including autopsies. Instead “such services” means, on the basis of Covid experience, the immediate cremation of bodies of the dead and not autopsies.

DOH gave the lame excuse that such autopsy procedures may spread the so-called disease. Therefore, the dead bodies had to be cremated immediately. Such orders may have legal basis from the perspective of DOH. But they are obviously and totally unethical and manipulative. They also verge on being crimes against humanity.

Obviously, the intent behind those instructions was to prevent examining whether the vaccines caused the death of the person or not. In many instances where such autopsies were performed in other countries, the evidence is clear. **The vaccines are causing the deaths of many people and their autopsies show it.**<sup>23</sup> DOH obviously did not want to have any countervailing proof that the Covid vaccines are “safe and effective”, that useless, lying mantra.

The Senate has chosen to put its weight behind such an outrageous practice. With this bill, it is condoning the outrageous directives of DOH that prevented funeral houses from conducting autopsies of those who have died after vaccinations. The funeral houses were given strict instructions, both unreasonable and unnecessary, NOT to do autopsies of those who have died despite the emotional pleas of the family members of the deceased.

By the way, such knowledge will result in the better management of real epidemics, not the past Covid “pandemic”, a huge part of which was orchestrated.

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<sup>23</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8052499/>. See also, <https://www.aerzteblatt.de/nachrichten/126061/Heidelberger-Pathologe-pocht-auf-mehr-Obduktionen-von-Geimpften>. For a graphic presentation of various autopsies, see the documentary, “Died Suddenly”. <https://rumble.com/v1wac7i-world-premier-died-suddenly.html>

**Recommendation.** Either this entire Section is deleted or it has to have this added language: “Provided that, where families or rightful “owners” of the cadavers, have the right to have autopsies performed on their deceased love ones to determine the cause of death.”

### **Continued Intentional Neglect of Natural Immunity Against Diseases**

One of the biggest and most profound mistakes in the entire Covid response of the DOH was the massive intentional neglect of the importance and power of the immune system to protect the human organism from diseases.<sup>24</sup> Instead a misguided total vaccine mentality drove the entire Covid response.

SB1896 is now promoting the same failed approach. Section 21, on enabling local vaccine manufacturing, shows the limited medical competence that advised the Senators in drafting this bill. In its original conception, vaccination was meant to enhance the performance of the immune system of humans. During Covid, this emphasis disappeared and everything just focused on forcing vaccine uptake.

The science here is clear and powerful. **The human immune system is 2,700 percent more protective from COVID-19 as compared with the artificial immunity supposedly being triggered by the Covid vaccines. In addition, natural immunity does not have all the dangerous side effects of the Covid vaccines.**<sup>25</sup>

**No less than Bill Gates recently admitted that vaccines have their limitations.**<sup>26</sup> They do not stop infections and transmission. They are not long-lasting. In addition, the vaccines cannot cope up with all the variants that are appearing as a result.

**In contrast, natural immunity is more effective, broader in scope of protection, more durable, and more competent in fighting against variants than the Covid vaccines.**<sup>27</sup> So why is there no provision in this bill on research into and policy support for the pursuit of enhancing the immune system of Filipinos? Why potentially subject Filipinos to more vaccine products that have failed so miserably during the so-called Covid pandemic?

The bias of SB1869 against natural immunity is clearly found in Section 4, “Definition of Terms”. This important section totally neglects commodities or approaches that can strengthen natural immunity from its definition of “Commodities for public health emergencies”. This is so patently biased and a disservice to the health of our citizens.

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<sup>24</sup> This will be further elaborated in more detail immediately below.

<sup>25</sup> <https://brownstone.org/articles/natural-immunity-and-covid-19-twenty-nine-scientific-studies-to-share-with-employers-health-officials-and-politicians>, <https://brownstone.org/articles/natural-immunity-wins-again/>

<sup>26</sup> <https://www.infowars.com/posts/must-watch-bill-gates-admits-covid-vaccines-dont-work/>

<sup>27</sup> <https://covidcalltohumanity.org/2022/04/18/new-study-natural-immunity-from-prior-covid-infection-among-unvaccinated-individuals-lasting-for-at-least-650-days>, <https://covidcalltohumanity.org/2021/12/11/new-study-shows-natural-immunity-more-protective-over-time-than-covid-vaccination/>, <https://covidcalltohumanity.org/2021/11/30/qatar-study-shows-naturally-immune-people-at-little-risk-of-reinfection/>, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02465-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02465-5/fulltext)

In addition, Section 7(b)(vi) is another clear bias against the power of the natural immunity to deal with diseases. This provision basically cancels one-half of the scientific reality with regard to disease prevention and cure.

**Recommendations.** To balance this bias, this section of SB1869 needs to be enhanced as follows. Mandate the DOH/CDC to do state-of-the-art research on human natural immunity and how it can be enhanced to protect Filipinos from a wide spectrum of diseases.

Furthermore, roll out, nationwide, in partnership with other relevant government agencies and LGUs, civil society organizations and businesses, a comprehensive information campaign on natural immunity all the way down to the level of the barangay.

Finally, provide the necessary budget to make this policy a reality. This educational effort should marshal the latest evidence on the protective power of natural immunity against various forms of diseases.

### **More Media Censorship**

SB1869 is concerned about “strategic risk communication” for the DOH. But totally absent is any provision for the need for timely and truthful communication to the public about the real, unvarnished truth about epidemics.

The Senators do not recognize that **a huge part of the problem with the Covid response of DOH and other countries around the world is and continues to be the weaponization of mainstream and social media against truth and the scientists, doctors and other truth tellers.**<sup>28</sup> **Media of all kinds, including some prestigious scientific publications like Lancet, faked scientific results and news coverage to support the mainstream narrative, which was highly problematic.**<sup>29</sup> As a result, the public believed in all kinds of fake news regarding the Covid challenge. This enabled corrupt government officials to dish out distorted, ineffective and dangerous policies which resulted in harming millions of people around the world.

It is from this disaster that the need for a pervasive practice of “strategic risk communication” has arisen and become a necessity for DOH. It will also be a problem for the future CDC that is being created by this bill. DOH/CDC will now have to deal with the turbulent waters of massive distrust of the medical profession in general, especially of health regulators, because the public has awakened to the rigged nature of most of Covid communications in the past three years.

Take the example of communications regarding Infection Fatality Rate. DOH had zero communications regarding the true IFR of COVID-19. The public was thus left with the mistaken belief that COVID-19 was extremely dangerous. The public became fearful and panicked. They become “sheep”, totally compliant

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<sup>28</sup> <https://covidcalltohumanity.org/2021/08/18/trusted-news-initiative-or-corrupted-news-initiative-mission-systematic-censorship-of-the-worlds-top-public-health-experts/>, <https://reclaimthenet.org/facebook-updates-vaccine-censorship-policies-kids>, <https://brownstone.org/articles/the-silencing-of-the-scientists/>, <https://childrenshealthdefense.org/defender/covid-narrative-big-tech-media-censorship-doctors/>

<sup>29</sup> <https://covidcalltohumanity.org/2020/06/13/scientific-fraud-at-top-medical-journals-affect-world-covid-19-policy/>, <https://brownstone.org/articles/more-flaws-in-the-vaccine-model-claiming-20-million-lives-saved/>

with the outrageous false and unscientific policies that health agencies all over the world, including DOH, forced upon them.<sup>30</sup>

The reality however is this. **Dr. John Ioannidis**, the world's top expert on the IFR of Covid, released a massive worldwide study<sup>31</sup> clearly showing that **the survival rate of young people, ages 19 and below, was around 99.997%**. In addition, the survival rate of people between 20 to 60 was around 99.99%. The age group beyond this, the most vulnerable age group of senior citizens, still had a survival rate of around 94%.

In short, the science showed that the risk of death from Covid was extremely low for the vast majority of people and still low even for the elderly especially if the latter were given proper attention and care. Yet the media failed to differentiate the vastly different and generally low rate of mortality risks due to COVID-19.

This Senate is total ignorant of the power plays that were behind the Covid challenge. Scientifically, as seen above, Covid was not that deadly. The media, fueled by the CDC, WHO and other corrupted interests, fueled the myth of the deadliness of COVID-19.

Ironically, the Senate wants to prevent the repeat of a traumatic episode with a purported pandemic. Yet, SB1869 does not display any hard lessons learned regarding the massive suppression and censorship of alternative truthful perspectives from medical doctors, scientists, and competent lay researchers. Unless this loophole of a corrupted media is plugged, the good intentions of SB1869 will not be achieved. The Bill will only worsen the situation.

The media and government agencies both have a de facto tendency to just rely on so-called experts without checking the vested interests that lie behind these experts. This highly technocratic approach that has failed miserably during the Covid crisis. **The "experts" are humans; they can be tempted and bribed. They can be corrupted.**<sup>32</sup> Their opinions can be bought. This is what happened during the Covid crisis.

Recommendations. Include a provision mandating the media to allow and print different perspectives on the nature and treatment of diseases. Balance the bias for establishment experts by requiring other qualified researchers to be part of the process. Include the perspective of civil society groups, not only for their independent perspective but also to help give a feedback on the effects of the policies on ordinary people;

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<sup>30</sup> I will not even touch upon the military grade psyops that were imposed upon the public all over the world. Even government officials, not knowing that there was a psychological operation taking place, became unwitting agents for these military psyops, once confined to dealing with foreign terrorists.

<https://covidcalltohumanity.org/2022/02/24/maajid-nawaz-covid-is-a-military-grade-psychological-operation-launched-by-countries-on-their-citizens/>

<sup>31</sup> <https://covidcalltohumanity.org/2021/07/20/stanfords-dr-john-ioannidis-destroys-the-covid-lockdown-narrative/>

<sup>32</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9372614/>, <https://ethics.harvard.edu/pharmaceutical-industry-institutional-corruption-and-public-health>, <https://medium.com/@bexstrong/big-pharma-corruption-and-lawsuits-amidst-covid-vaccine-c734a494b776>, <https://pubmed.ncbi.nlm.nih.gov/24088149/>, <https://www.independent.co.uk/news/world/politics/big-pharma-and-governments-are-turning-a-blind-eye-to-corruption-report-claims-a7059871.html>, <https://www.usatoday.com/story/news/health/2023/02/13/fda-approval-drugs-missed-goals/11247727002/>

Also include a provision that government will not collude with social media to ban those questioning the mainstream narrative. The Twitter exposures<sup>33</sup> revealed the brutal nature of this reality. Independent voices in society have to be empowered in a real public forum of debate.

Finally, another provision should be included where mainstream media should make it a point to feature different sides in their story. This is the foundation of true journalism. It has to be open to conflicting perspectives. In this way, the real Truth can surface. This is how it should truly function in a real democracy. There will be punitive violations if this is not implemented.

### **Crisis Communication or DOH Disinformation?**

SB1869 still has other provisions connected with “crisis communication”. In Section 9, under the innocuous title of “Transfer of Agencies”, we find the following alarming provisions. Section 9 (v) of SB1689 governs the task of the Communications Office of the DOH. This Office now shares communication responsibilities with the FDA, CDC and the Philippine Research Institute of Medicine.

Under Section 9(v)(3), the bill writes: “Manage and activate crisis communication protocol for health risks and hazards, and institutional reputational risks”.

In plain language, this means that this unit should be protecting the reputation of DOH. We need to recall that this office did such a bad job of managing objective information. Now they are being tasked to handle “institutional reputation risks”. The only way for this unit to do this job is to ensure objective, timely, and honest data coming out from the DOH. SB1869 now wants the wolf to protect the hen house!

CCH’s prediction is that, if there are no check and balance provisions in this part of the bill, handling DOH’s reputation risks would result in massive disinformation as has been the case of the different CDCs around the world. Many of them have stopped reporting data that were showing the massive harmful effects of the Covid vaccine.

Recommendation. We suggest adding this additional provision in this subsection of SB1869.

“Provided, that this management of institutional reputation risks results in the production genuine information even if such information is damaging to the reputation of the institution. [Such an honesty can only increase trust and confidence in the DOH.] Provided further, that Freedom of Information requests are handled in a professional manner, and that the DOH does not collude with social media platforms and mainstream media to suppress information coming from independent sources of analysis and information.

### **Shutting Out Independent Civil Society Input**

The points above show the importance of meaningfully and substantively engaging independent civil society. This is especially the case with the problem of biased and misinformed media, whether

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<sup>33</sup> <https://rumble.com/v1zqzc3-elon-musk-drops-a-bombshell-twitter-files-part-2-exposes-massive-censorship.html>; just one of hundreds of articles and videos

mainstream or social media. Civil society can also balance the over-reliance on “experts” who are compromised or regulatory agencies experiencing regulatory capture.

Section 11.5(l), for example, could have driven home this point. But it neglected to champion the involvement of independent civil society which could have contributed a lot to the proper management of the Covid crisis.

SB1869 brags about the importance of whole-of-government and whole-of-society approach in creating a creative response to any epidemic. Yet, SB1869 is bereft of any such consideration. Section 7 for example misses the opportunity to engage independent civil society organizations is missed. To emphasize, independent civil society organizations can provide alternative perspectives to conventional academe and scientific associations.

Covid 19 has clearly demonstrated the lack of independent stance of most medical associations in the Philippines. This led to a one-sided understanding of the Covid crisis in a context where even main stream scientific journals and medical associations lost their objectivity for whatever reason. Part of this is clearly due to **Twitter and other social media censorship of highly qualified, scientific perspectives on the Covid crisis.**<sup>34</sup>

The Senate bill has a clear preference for the usual DOH partners. One can see this in Section 9(v)(8). It limits the partnership of DOH with external institutions that would normally be a docile partners. DOH does not need docile, “yes-partners”. They need constructive and well-intentioned sources of truthful information so that DOH can better achieve its health goals for the Philippines.

**Covid 19 has clearly demonstrated the lack of independent stance of most medical associations in the Philippines.**<sup>35</sup> **This led to a one-sided understanding of the Covid crisis in a context where even main stream scientific journals and medical associations lost their objectivity for whatever reason.**<sup>36</sup>

Recommendation. As an antidote to this important strategic neglect, SB1869 could add this language. Foster, maintain, and continuously build external partnership and Communication networks with public and private health institutions as well as other independent organizations and institutions who can meaningfully contribute to a “whole-of-society” perspective as aspired for in the Declaration of Policy of SB1689 as found in Section 2 of the bill.

### **Reliance on Fraudulent Foreign Regulatory Agencies**

Section 6 states: “The CDC shall coordinate with centers for disease control of other countries and act as the National Focal Point of the Philippines for International Health Regulations concerns”.

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<sup>34</sup> <https://public.substack.com/p/twitter-files-expose-the-authoritarian>

<sup>35</sup> <https://childrenshealthdefense.org/defender/elite-scientists-deaths-covid-newsweek/>,  
<https://brownstone.org/articles/plausibility-but-not-science-has-dominated-public-discussions-of-the-covid-pandemic/>

<sup>36</sup> <https://brownstone.org/articles/the-censorship-of-covid-science-three-examples/>,  
<https://www.pnas.org/doi/10.1073/pnas.2114279118>



Below we will discuss the problems of the IHR compliant nature of SB1869. Because this Section contains a “shall coordinate” language, the Philippine CDC now has no choice but to coordinate with other CDCs in other countries.

Under normal circumstances, this is a good idea. Important lessons can be learned from other regulatory agencies. **However, it is also possible that these CDCs may not be sources of best practices for national health emergencies.<sup>37</sup> They may be sources of for massive fraudulent practices which they try to hide from the public and can therefore be imported by the Philippines to the detriment of the latter.<sup>38</sup>** This has happened a lot with DOH, especially with regard to its close adherence to the policies and practices of the US CDC. the obligatory language of this provision does not protect the Philippines from getting infected with the institutional fraudulent malpractices of other CDCs.

Recommendation. The most commonsense solution to this is to allow the Philippine CDC to have the freedom whether or not to coordinate with a CDC. It is that simple. The country’s CDC should develop its own internal capacity to do independent research and regulatory work. Why tie the fortunes of the Philippine CDC to a potentially corrupt and incompetent CDC of another country? The Philippine CDC will simply inherit the bad practices of a fraudulent CDC from another country.

### **Overriding the Constitutional Autonomy of LGUs As Embodied in the Local Government Code**

SB1869 has Section 12 on the “Special Powers of the President”. In subsection (b), the LGUs are no longer free to chart an independent health emergency response. All such responses must be aligned with national policies.

This basically emasculates the very intent of the 1987 Constitution of the Philippines to ensure that martial law conditions never prevail again in the Philippines. This is the reason why the Philippine Constitution strengthened the powers of local governments vis a vis the national government. Yet, the Covid crisis is now being used to destroy the very autonomy and thus the intent of the 1987 Constitution.

This is very alarming. During the course of the Covid crisis, **Cebu Province decided to take a different course of action than the ones implemented by the national government.<sup>39</sup>** Developments have clearly shown that the Cebu Province action was much more scientific and informed as compared with national policies. Cebu leadership did their own scientific and health research and utilized their own health records to chart their independent Covid response. In comparison, national policies championed by the DOH were seriously hampered by a compromised media and pharma-infested DOH and its medical associations.

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<sup>37</sup> <https://www.nytimes.com/2021/08/04/opinion/cdc-covid-guidelines.html>

<sup>38</sup> <https://www.wsj.com/articles/fauci-cdc-trust-covid-masks-delta-11628112600>,  
[https://www.theepochtimes.com/cdc-gave-facebook-misinformation-about-covid-19-vaccines-emails-show\\_4711892.html](https://www.theepochtimes.com/cdc-gave-facebook-misinformation-about-covid-19-vaccines-emails-show_4711892.html),

<sup>39</sup> <https://covidcalltohumanity.org/2022/06/10/face-masks-outdoors-no-longer-required-in-cebu-province/>,  
<https://covidcalltohumanity.org/2022/02/25/cebu-city-lifts-major-covid-19-restrictions/>,  
<https://covidcalltohumanity.org/2021/07/18/cebu-governor-calls-on-national-health-authorities-to-go-beyond-authoritarian-draconian-policies-see-what-cebu-is-doing/>, <https://covidcalltohumanity.org/2021/04/13/cebu-province-leads-the-way-conquers-ecqs/>



In effect, this subsection, tucked right in the fine print of this bill, basically guts Section 105 of the Local Government Code.<sup>40</sup>

“SECTION 105. Direct National Supervision and Control by the Secretary of Health. – In cases of epidemics, pestilence, and other widespread public health dangers, the Secretary of Health may, upon the direction of the President and in consultation with the local government unit concerned, temporarily assume direct supervision and control over health operations in any local government unit for the **duration of the emergency, but in no case exceeding a cumulative period of six (6) months. With the concurrence of the local government unit concerned, the period for such direct national control and supervision may be further extended.**” [Emphases supplied.]

This is clearly an unconstitutional provision designed to straight-jacket independently competent LGUs to create a response that is more appropriate to the conditions of their area of influence.

Recommendation. The solution to this contradiction of the intent of the Constitution is straightforward. Just delete provisions in this sub-section that limit the power of local governments to chart their own course. DOH/CDC, especially in partnership with independent civil society organizations, can do intensive training and education to increase the capacity of LGUs to make scientific health decisions. But in the end, SB1869 should leave the final decision to the LGU even in cases of national health emergencies. The latter is an abstract fear projected on a reality that is much more complex and diverse than what any national planner can envision.

The nation is geographically, culturally, politically and economically diverse. A one-size-fits-all national policy will not do well under these conditions of enormous diversity. For example, one cannot impose the same policy on a rural area with sparse population density as compared with a dense urbanized area.

## **NEW TOTALITARIAN BURDENS ON TOP OF THE OLD REPRESSIVE COVID POLICIES**

SB189 not only resurrects and makes permanent all the disruptive and coercive practices of the DOH, the IATF and the previous administration. It introduces even more problematic provisions that would incite massive resistance among Filipinos if they truly know and understand what SB1869 is supporting.

### **Naïve Embrace of the WHO and the Surrender of Our Democracy and National Sovereignty**

One of the most alarming provisions in SB1869 is its naïve reliance on the authority of the WHO. Ordinarily, this would be understandable given the default perception that the WHO is both honest and competent. But the WHO, as will be shown immediately below, cannot be trusted to oversee the health of Filipinos, let alone the world.

One of the objectives of SB1869, as stated in Section 3 (b) of the bill is to “Develop policies, plans, and protocols to improve identified areas in the **International Health Regulations hazards**”. [Emphasis supplied.]

In the Definition of Terms found in Article II, Section 4, (e), **International Health Regulations** is defined as follows: “refers to an **international agreement managed by the World Health Organization (WHO)**”

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<sup>40</sup> <https://www.officialgazette.gov.ph/1991/10/10/republic-act-no-7160/>

and is focused on addressing serious public health threats that have the potential to spread beyond a country's borders to other parts of the world, and **defines the standards that countries must meet** to be able to prevent, detect, and respond to public health threats.” (Emphases supplied.)

It is clear from these two sections that SB1896 commits to following the International Health Regulations (IHR) of the WHO. It is one of the key objectives of the proposed law. And the Senators agree that the IHR of the WHO **must** be adhered to. Section 4 above clearly states, countries including the Philippines “**must meet**” the standards of the IHR

There would be nothing wrong with this obligatory intent if the IHR of the WHO were truly designed to take care of the health and safety of humans around the world. As we shall see shortly below, this is not the case. On the contrary, the IHR of the WHO is clearly being amended to ensure control of the Department of Health (DOH) of countries around the world. Thus, SB1869 would usher in, right at the doorsteps of our country, a global medical martial law that has nothing to do with health but everything to do with control.

SB1869, in this regard, becomes a Trojan Horse for would-be global dictators to take away the sovereignty, freedoms, and democracy of our country. The Senators, despite their good intentions, but oblivious to and ignorant regarding the real geopolitics behind the WHO, would effectively betray their country. In effect, the Senators, when this bill becomes law, will be accessory to this illegitimate aspirations of the WHO for global power. As we have all seen in the recent Covid lockdowns for three years, fear for one’s health is a very powerful tool to subjugate the freedoms of our people.

In Article III, Section 6, on the functions of the Philippine CDC, SB1869 specifies as follows: “...The CDC shall coordinate with centers for disease control of other countries and **act as the National Focal Point of the Philippines for International Health Regulations** concerns. .... For purposes of this Act, the "National Focal Point" shall refer to a national office or center that is **accessible at all times for International Health Regulations related communications with the WHO** and relevant sectors within the country.” [Emphases supplied.]

In Section 7(b)(ii) of the same article on the CDC, the proposed law specifies the function of the subsidiary Center for Epidemiology and Surveillance as follows: “... **to lead in implementing international health surveillance and International Health Regulations processes**; and to expand its technical expertise to include other and **emerging branches and types of epidemiology and relevant epidemiologically related approaches**.” [Emphases supplied.]

Finally, in Section 28(b), the proposed law requires the CDC to submit “to Congress and the Office of the President an annual report containing the following: b) **Progress in International Health Regulation commitments**, as well as initiatives undertaken”.

All the provisions in these three sections cited above clearly show that the Senators would be allowing the total control by the WHO of the Philippine CDC and, through the latter institution, take over the health emergency management of the country. The Philippine CDC is obligated to be in close communication with WHO at all times, to lead in the implementation of health surveillance (which is another huge topic that I will elaborate on below), and give reports to Congress and the Office of the President as to well they have served their global master, the IHR of the WHO.

## WHY WE SHOULD NOT TRUST THE WHO!

These WHO related measures of SB1869 makes a fatal assumption: the WHO can be trusted. But can it be? Were Senators aware of the WHO-approved diagnostic code known as ICD-10?<sup>41</sup>

This is the code that the U.S. government used to secretly track the unvaccinated. The U.S. National Center for Health Statistics (NCHS), a division of the Centers for Disease Control and Prevention (CDC), designed this previously undisclosed surveillance program. The US CDC rolled out this secret surveillance program nationwide from April 2022 to January 2023.

The program instructed doctors at medical facilities to record the vaccination status of their patients. If unvaccinated, the doctors and medical personnel would ask individuals why they did not get the vaccines. The doctors and medical staff then added the data in electronic medical records with the diagnostic code, known as ICD-10 code. The medical facilities and the government then tracked these coded individuals outside and inside the medical system. ICD-10 code is a de facto vaccine passport and digital ID.

**The alarming part in all these is the role that the WHO played in this whole scheme. WHO designed the secret tracking program using the ICD-10 code!** It not only designed this illegal surveillance system. It approved its use by the US CDC. Because it is a WHO-designed and approved secret tracking program, it is plausible that this system may have been implemented in other countries, including the Philippines.

This is just one of the many illegal activities that the WHO has been involved in. For another example, the WHO also changed the definition of “pandemic”. Before this change, WHO can declare a global pandemic only if a disease is BOTH highly infectious and results in significant amounts of human deaths. **Then, in 2009, the WHO changed the definition of pandemic to refer to any disease that easily spreads.**<sup>42</sup>

The change in the definition of what constitutes a pandemic made it easier for WHO **to trigger secret agreements with pharmaceutical companies** to manufacture and distribute vaccines<sup>43</sup> to supposedly fight the “pandemic” disease. This is not surprising at all considering that **most of the budget of the WHO comes pharma-related financial interests.**<sup>44</sup>

WHO repeated this pattern of highly questionable actions during the so-called Covid pandemic. It promoted the use of face masks worldwide. Yet, its own 2019 document showed that the protection provided by face masks was of low quality. Further large-scale scientific studies confirmed that face masks basically did not adequately protect the user of said masks.<sup>45</sup> Instead, it encouraged the outbreak

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<sup>41</sup> <https://childrenshealthdefense.org/defender/government-tracking-unvaccinated-icd-codes-cola/>. All references of ICD-10 can be found here.

<sup>42</sup> [https://www.nytimes.com/2009/05/23/health/policy/23who.html?\\_r=1&hp](https://www.nytimes.com/2009/05/23/health/policy/23who.html?_r=1&hp),  
<https://academic.oup.com/ijid/article/200/7/1018/903237?login=false>

<sup>43</sup> <https://www.globalresearch.ca/swine-flu-they-organized-the-panic-inquiry-into-the-role-of-big-pharma-and-who-by-council-of-europe/16902>

<sup>44</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1801033/>,  
<https://twm.my/title2/health.info/2015/hi151201.htm>, <https://www.globalresearch.ca/politics-corruption-who/5702045>, <https://brownstone.org/articles/the-corruption-of-the-world-health-organization>,  
<https://www.transparency.org/en/blog/zambon-world-health-organization-whistleblower-covid-italy>

<sup>45</sup> Reference already cited above.

of facemask-induced diseases.<sup>46</sup> Yet, despite the scientific evidence, WHO continued to promote face masks.

If one thinks that the WHO would be involved in further illegal and totalitarian measures, they will not be disappointed. Just see how they have crafted the amendments to the International Health Regulations (IHR) of 2005 which they publicly released recently on February 6, 2023. To describe the IHR amendments as alarming would be an understatement.

### **The Global Control Measures Contained in the proposed amendments to WHO's IHR (2005)**

Recall that, as discussed above in detail, that SB1869 mandates strict adherence to WHO's IHRs. Would the Honorable Senators allow this to happen if they knew that the proposed IHR amendments, slated for approval in 2024, contained the tyrannical and human-rights violating provisions that would, among others, subject the Philippine government's health response to permanent control by the WHO and place all Filipinos into permanent surveillance?

To understand better what is at stake, we have to take a closer look at the process that the WHO has adapted to amend the IHR of 2005.<sup>47</sup>

The WHO has a Working Group on Amendments (hereinafter, "Working Group") to International Health Regulations (2005). This Working Group is made up of representatives from the different member nations of the WHO. They are tasked with drafting the Amendments to the 2005 IHR.

The WHO also has a Review Committee that analyzes the various amendments proposed by the Working Group. This Review Committee then analyzes and assesses the amendments proposed by the Working Committee. The Review Committee then makes technical recommendations to the Director-General of the WHO regarding these proposed amendments.

On February 6, 2023, the WHO Director-General submitted, to the Working Group, the Final Report of the Review Committee regarding said IHR amendments. The Working Group will be making the final decision on whether or not to accept the recommendations of the Review Committee.

Based on these recommendations, the Working Group then presents their final amendments to the 77<sup>th</sup> World Health Assembly (WHA) sometime in 2024. The WHA will make the ultimate decision whether or not to approved the amendments proposed by the Working Group.

With this background, we can view a listing of some of the dangerous and repressive issues in the most current version of amendments to the WHO IHR of 2005. We cluster these into two lists.

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<sup>46</sup> <https://covidcalltohumanity.org/2022/07/18/study-immunocompromised-people-should-avoid-repeated-masking/>; <https://covidcalltohumanity.org/2022/07/15/study-finds-carbon-dioxide-levels-rises-beyond-acceptable-safety-levels-in-masked-children/>; <https://covidcalltohumanity.org/2022/04/26/plastics-used-in-face-masks-found-in-patients-lungs/>; <https://covidcalltohumanity.org/2021/04/29/meta-study-shows-that-masks-are-dangerous/>; <https://covidcalltohumanity.org/2021/04/07/german-neurologist-oxygen-deprivation-due-to-face-masks-cause-permanent-neurological-damage/>

<sup>47</sup> All information that follows on the WHO IHR can be found in their document here. [https://apps.who.int/gb/wgihhr/pdf\\_files/wgihhr2/A\\_WGIHR2\\_5-en.pdf](https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_5-en.pdf)

The first contains amendments where both the Working Group and the Review Committee are in agreement. The second contains amendments where there is a divergence of opinion between the Working Group and the Review Committee.

It is also important to include this second list because, ultimately, the decision of the Working Group will have more weight than that of the Review Committee. However, we will never know what the final amendments will be. As already mentioned, the World Health Assembly, not the Working Group, will make the final determination sometime in 2024.

#### List of Issues Where both Working Group and Review Committee Seem to be in Agreement

- Establish **mandatory medical treatments** including medical examination, prophylaxis, vaccinations, contact tracing and quarantine. Welcome the New Normal of Covid-19. We all know what this means.<sup>48</sup> (Article 18)
- Intensify WHO's power of  **censorship**. (Annex 1)<sup>49</sup>
- **Require full cooperation** with the WHO. (Annex 10)<sup>50</sup>. Note here the "must meet" language of SB1869 discussed above, which implies no deviation from the IHR of the WHO.

#### List of Issues Where the Working Group and the Review Committee are not Aligned<sup>51</sup>

- **Change the role of WHO from advisory to mandatory**. Then WHO proclamations will become legally binding. (Article 1) (Article 42)
- **WHO can declare emergencies on potential, not just actual health concerns**. (Article 2)
- **Remove "respect for dignity, human rights, and fundamental freedoms of people"** during cases of declared health emergencies. (Article 3)
- **Enforce global health certificates, include vaccine passports and digital IDs**. (Articles 18, 23, 24, 27, 28, 31, 35, 36, and 44. Also Annexes 6 and 8.)
- **Override the sovereignty of nations**. WHO's Emergency Committee will be the final decision makers regarding a nation's health measures. Goodbye DOH. Goodbye Senate. Goodbye House. Goodbye President. (Article 43)

WHO member nation states still need to finalize the IHR amendments drafted by the Working Group and analyzed by the Review Committee of the WHO. With significant issues at stake, as outlined above, it would be a prudent step for the Senate to stop their approval process of SB1869. This will ensure that the Senate does not inadvertently hand over control of Philippine sovereignty in health matters over to a foreign entity like the WHO.

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<sup>48</sup> The Review Committee did not make any particular comments on this proposed amendment by the Working Group.

<sup>49</sup> No opposition here either from the Review Committee except to say balancing between the right to share scientific fact and avoiding mis-information will be a continuing challenge.

<sup>50</sup> The Review Committee fully supports cooperation. However, it remarked that the implementation of this cooperation would be a difficult one.

<sup>51</sup> It is interesting to note in this regard that the Review Committee is more aligned towards moving away from mandatory provisions, respecting the sovereignty of nations, and defending the dignity, human rights and fundamental freedoms of people. Unfortunately, the higher power involved in these negotiations is the Working Group and, above that, the World Health Assembly (WHA). Thus, concerns about coercive measures will remain valid until the WHA in 2024 makes the final decisions.

In the alternative, the Senate can remove all language on IHR contained in SB1869. They can then wait to see what comes out of the 2024 World Health Assembly. The Senate can then introduce amendments to SB1869 regarding WHO IHRs depending on whether the latter are respectful of a country's sovereignty and freedoms or not.

### **Creation of a Permanent Draconian Surveillance State**

But this issue of the IHR in SB1869 is just one huge issue. There are still other explosive issues with SB1869. The big elephant in the room is surveillance and the potential for SB1869 to institutionalize a permanent surveillance state and destroy the democratic order in the Philippines, not to mention its wrenching impact on the lives of millions of Filipinos.

SB1869 has 42 provisions connected with surveillance. Allow CCH to cite the more problematic provisions.

“Section 4, (c). Disease surveillance - refers to the ongoing systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice in terms of epidemics, emergencies, and disasters. A disease surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.

Section 6. (b)(c) and (h). disease surveillance; data collection and analytics; build local capacity for surveillance.

See also Section 7(b)(i) with reference to the tasks of the Center for Health Statistics. Again, data analytics is an important part of the mandate of CDC. Here is the appropriate language:

“ . . . progressively develop and expand its methodological and analytical capacity; its use of informatics, digital tools, innovations, among others;”

Earlier sections of the bill clearly institutionalize the need for and importance of data analytics. While this is important, it is also significant to note that data analytics is just the beginning of a sequence of digital data manipulation that would, most likely lead, as it has in other countries, especially in China and the US, to predictive analytics and ultimately, behavior-modifying analytics.<sup>52</sup> The latter become more and more intrusive as time goes on and the appetite for control continues to escalate.

As the provisions of the bill get more and more specified, we start encountering really problematic aspects in the powers that SB1869 wants to grant the CDC and its sub-agencies.

We see this in Section 7(b)(ii) with reference to the Center for Epidemiology and Surveillance. This Center is expected to lead in the development of “epidemiological and surveillance capacities for all diseases and their causes”. Further, the Center is authorized to “expand its technical expertise to include other and emerging branches and types of epidemiology and relevant epidemiologically related approaches.”

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<sup>52</sup> <https://hbr.org/2018/05/how-people-analytics-can-help-you-change-process-culture-and-strategy>

## Trackers inside Your Skin

This may sound all so nice and important but we have to place this in the context of our detailed discussion on WHO's attempt to establish global medical martial law as explained above. **WHO is deeply intertwined with the powers behind the World Economic Forum (WEF)**<sup>53</sup>. Noah Yuval Harrari, the de facto prophet of the WEF, **makes no secret about the importance of implanting tracking devices for surveillance “under the skin”**. He wants these nano trackers placed, by vaccines or whatever means, inside the human body.<sup>54</sup>

The phrase, “expand its technical expertise to include other and emerging branches and types of epidemiology and relevant epidemiologically related approaches” would justify the embrace of DOH/CDC of implanting nano trackers inside the body. **There are now nano devices that can collect physiological signals from the human organism, signals** that can indicate the health, emotional and even mental status of a human being.<sup>55</sup> **Bill Gates has already developed, together with MIT, a quantum dot vaccine digital ID that is already a form of surveillance “under the skin”**.<sup>56</sup>

This is dangerous territory that members of the Senate may not necessarily have thought about when they created this bill. But clearly, the language in Section 7(b)(ii) can be used to pursue such nefarious tracking system that can surveil humans, 24/7.

As we go deeper into the provisions of SB1869, we encounter Section 11.5(d)(ii). This Section spells out the powers of the Director General of the CDC.

“Require all public and private hospitals, clinics, health facilities, and laboratories to submit health and health-related data, which shall include administrative, public health, medical, pharmaceutical, and financing data to CDC.”

This is a very intrusive provision and is totally unnecessary for maintaining a good response in a health emergency. Why would institutions have to submit financing data to CDC? Swab samples contain the genetic code of patients.<sup>57</sup> Why would want to search through the data base of such bioinformatic data when it is not essential and may not even be accurate? On the contrary, during the Covid crisis, such private genomic information has been mined illegally to develop other products.<sup>58</sup>

The powers of the CDC specified in Section 11.5(e)). is totally invasive. It allows the CDC to obtain any substance or matter in possession or in control of a person....for the purpose of health surveillance and “epidemiological investigations”.

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<sup>53</sup> <https://www.globalresearch.ca/wef-who-they-running-death-cult/5804177>

<sup>54</sup> <https://www.bbc.com/news/av/technology-52441339>

<sup>55</sup> [https://www.nature.com/articles/s41578-022-00427-y?error=cookies\\_not\\_supported&code=7e4a065d-6ca5-4df5-b8fb-87ebe1048044](https://www.nature.com/articles/s41578-022-00427-y?error=cookies_not_supported&code=7e4a065d-6ca5-4df5-b8fb-87ebe1048044), <https://onlinelibrary.wiley.com/doi/full/10.1002/admt.202200318>, <https://www.sciencedirect.com/science/article/pii/S2590137022000486>, <https://onlinelibrary.wiley.com/doi/10.1002/adma.201905767>

<sup>56</sup> <https://news.mit.edu/2019/storing-vaccine-history-skin-1218>, <https://www.science.org/doi/10.1126/scitranslmed.aay7162>

<sup>57</sup> <https://www.newsweek.com/cdc-says-10-covid-swabs-sent-genome-lab-raising-privacy-questions-1680038>; <https://www.reuters.com/article/us-china-genomics-military-exclusive-idUSKBN29Z0HA>

<sup>58</sup> <https://childrenshealthdefense.org/defender/health-data-valuable-commodity-exploit/>

**Recommendation.** Add a limitation clause like: “Provided the methods of data collection, analytics and capacity building for surveillance do not coerce people to provide data and do not violate the Data Protection Act; Provided further, that surveillance methods should maintain the constitutional rights of Filipinos and never sacrifice human rights”. We can also note here the concern above of WHO’s Review Committee regarding the importance of not sacrificing human rights, freedoms and dignity.

Now we really get into outrageous territory with Section 13 of SB1869.

Section 13 has the title, “Response Cascade”. Sub-section (f) of Section 13 reads as follows:

“The National Telecommunications Commission and **any telecommunications entity** as defined under Republic Act No. 7925, or the Public Telecommunications Policy Act of the Philippines, **shall provide location information of patients or persons suspected of contracting a disease upon request of the CDC:** Provided, That the CDC shall ensure confidentiality of such information;”

There are four major problems with this part of Section 13. First, any Telecommunications company should have no business tracking where persons of a suspected disease are located. Second, CDC can conveniently use the excuse of a health emergency to ask a Telco to track a person. Third, the confidentiality assumed in this provision will not happen as other instrumentalities of the government, including intelligence agencies, will have access to this information. Remember Code ICD-10 Code above?

The other huge problem here is that, with this provision, SB1869 converges with the SIM Card Registration Act, both of which will effectively turn both laws into part of a digital ID of a person. As seen in the **nightmare experience of other countries, especially China, these digital IDs are the first crucial steps in creating digital prisons for the more-independently minded citizens of the country.**<sup>59</sup>

What most, if not all Senators, do not realize is that **the so-called pandemic of COVID-19 was a staged event.** It was a beta-test for all kinds of other agendas **connected with the establishment of a New World Order through the installation of a World Government.**<sup>60</sup>

**The New World Order has been articulated by many government leaders and the World Economic Forum. A Summit on World Government took place recently and world leaders, including the Director-General of WHO, gave speeches in support of a World Government.**<sup>61</sup> It is a sign of the enlightenment of some world leaders that the braver ones, like Elon Musk, **opposed the idea of a World Government.**<sup>62</sup>

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<sup>59</sup> <https://www.globalresearch.ca/biometric-id-bc-bcndp-government-implements-social-credit-system-bc-vaccine-passport/5755804>; <https://www.globalresearch.ca/diabolical-how-digital-id-will-control-your-life/5762124>; <https://www.forbes.com/sites/forbesdigitalcovers/2018/07/19/the-inside-story-of-papa-johns-toxic-culture/?sh=11d07ccd3019>; <https://www.eui.eu/research-hub?id=citizenship-governance-in-the-age-of-covid-19-the-case-of-social-credit>

<sup>60</sup> <https://en.unesco.org/courier/2020-3/yuval-noah-harari-every-crisis-also-opportunity>; <https://twitter.com/JamesMelville/status/1625853545231843331?s=20>

<sup>61</sup> <https://www.globalresearch.ca/megalomania-privilege-rich-powerful/5809132>

<sup>62</sup> <https://www.globalresearch.ca/musk-vs-schwab-world-government-summit-two-competing-visions-future/5809009>



Be that as it may, the relevance here is that Covid was a staged event. **The evidence is now very clear that the US Department of Defense initiated the research program on creating the Covid “virus” and, for whatever reason, partnered with the Wuhan BL4 Lab in China to weaponize the coronavirus or segments of it. Admissions to this effect are far and wide, including revealing hearings in the US Congress and the release, via Freedom of Information requests and Congressional hearings, of confidential documents from the US Department of Defense.**<sup>63</sup>

**Recommendation.** Given all these, Section 13 (f) needs to be totally removed from the present version of SB1869. Even in naïve or ignorant hands, it will easily morph into a digital prison nightmare that is currently destroying the fabric of nations around the world.

Similarly, this provision under Section 11.5 is totally outrageous.

“Request the assistance of the Philippine National Police or the National Bureau of Investigation to locate any patients or persons suspected of contracting a communicable disease;”

This section presumes that Filipinos are totally irresponsible and would expose other people to health dangers instead of staying at home when they have symptoms of the disease. Because of this, police powers are needed.

Recommendation. Moderate this provision as follows. Remove the word “suspected”. Instead, if a person is confirmed of having a communicable disease and does not voluntarily isolate himself, thereby constituting a danger to others (in the event of a real epidemic), then the police, with the proper legal authorization, may locate the person involved and warn him/her of the potential danger he/she is exposing his neighbors and family to. If these softer approaches remain unheeded, then, and only then, would the proper restriction of this person be allowed. Provided further, that the CDC conducts a massive scientific education campaign on the important steps people can undertake in the event of an epidemic and this education campaign (which can easily turn into a brainwashing effort) be developed in conjunction with independent civil society individuals or organizations.

## **FORGIVE THE STRONG LANGUAGE BUT YOUR ACTIONS SO FAR JUSTIFY IT**

In closing, dear Senators, allow us to end with a rant.

We have given you the facts and the analysis above. In first parts of this Briefing Paper, we have marshalled science and reason to convince you to change course.

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<sup>63</sup> Andrew Huff was the key scientist for Ecohealth Alliance that did research work with the Wuhan Lab in China. Ecohealth Alliance was funded by the DOD. Dr. Huff became a whistleblower. This is his explosive inside story. [https://www.amazon.com/Truth-about-Wuhan-Uncovered-Biggest/dp/1510773886/ref=sr\\_1\\_1?crid=NHTXOC7YHCXI&keywords=andrew+huff+the+truth+about+wuhan+book&qid=1676992542&srefix=andrew+huff%2Caps%2C566&sr=8-1](https://www.amazon.com/Truth-about-Wuhan-Uncovered-Biggest/dp/1510773886/ref=sr_1_1?crid=NHTXOC7YHCXI&keywords=andrew+huff+the+truth+about+wuhan+book&qid=1676992542&srefix=andrew+huff%2Caps%2C566&sr=8-1); In this book, *Is COVID-19 a Bioweapon?*, Dr. Richard Fleming has clearly shown the Covid virus was made in a lab and it is a bioweapon. [https://www.amazon.com/COVID-19-Bioweapon-Scientific-investigation-Childrens/dp/1510770194/ref=sr\\_1\\_1?crid=3097DZXHAQ463&keywords=is+covid+19+a+bioweapon+by+dr.+richard+fleming&qid=1676992647&srefix=Bioweapon%2Caps%2C1863&sr=8-1](https://www.amazon.com/COVID-19-Bioweapon-Scientific-investigation-Childrens/dp/1510770194/ref=sr_1_1?crid=3097DZXHAQ463&keywords=is+covid+19+a+bioweapon+by+dr.+richard+fleming&qid=1676992647&srefix=Bioweapon%2Caps%2C1863&sr=8-1)

If you do not, in this final part, we want you to feel our disappointment and anger. There is no personal attack on any of you. What follows is just the necessary expression of the objective consequences of snubbing well-intentioned attempts to inform you of the dangers of SB1869 to national security as well as the health and safety of Filipinos.

For more than two months, since December 14, 2022, Covid Call to Humanity has been trying to have a dialogue with any or all members of the Senate regarding this bill on the Philippine CDC. Two months later, and after three letters<sup>64</sup>, no Senator has favorably responded to the request for a briefing and conversation on SB1869.<sup>65</sup> Hence, CCH has no choice but to write this Briefing Paper in order to warn the Senators of the serious flaws of SB1869.

Dear Senators, you ignored these requests which could have really helped you craft a much better bill that would truly and safely serve the Filipino people. What you will now hear is a different voice of Filipinos who are deeply frustrated and angered by what you are doing to this country. For two months, concerned citizens wanted dialogue with you. But you ignored this requests. As you sow, now you shall reap!

CCH understands that the Senate has the power and the choice to ignore our constructive comments and suggestions. You have the power to make the laws. But you can rest assured, should you pass this law and it places this country into the bondage of foreign powers especially the WHO and it results in the wanton violation of human freedoms and rights, that Filipinos will never forget you deed of treachery. For you will have become traitors to your own nation and its people. For you will have blood on your hands. And the entire nation will cry out to the Heavens for Divine Justice. You will all ultimately be subjected to Divine Judgment.

For Christ has clearly stated: "What does it matter if a man owns the whole world, but in the end losses his immortal soul." All earthly power is temporary. It crumbles to nothing when you all cross the threshold of death and your bodies are eaten by worms and ultimately turned into dust. Worst, generations and generations of Filipinos will curse your name to the high heavens for destroying the beautiful destiny and future of the Filipino people. You will be anathema even to your own descendants for you have become the exemplar of betrayal and treason!

We sought common understanding. You displayed arrogance of power and utter abandon of your duty to serve the people. If you do not change your course, you will surely divide the nation. Your proposed law is very uninformed, ignorant, contradictory, outrageous and tyrannical. Filipinos will now have to choose whether to resist this law or forever surrender their freedoms and sovereignty. What a terrible burden you have placed on your and all our shoulders.

You have the sword. We have the Word. All tyranny, whether actual or eventually, will never overcome the Word. May God help us all!

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<sup>64</sup> We have copies of all three letters received by the authorized persons of all Senators. The Senators can easily find a copy of said letters. We have also posted these letters in our website with this link: <https://covidcalltohumanity.org/2023/02/15/we-have-to-stop-this/>. In particular, see three further links in the first paragraph. We wanted the public to have access to these letters.

<sup>65</sup> The dialogue would have initially been about HB6522 since the Senate had not yet formalized its own version of the bill now known as SB1869.