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World Health Assembly Cites Need to 'Restrict Personal Liberties' and Expand WHO's Emergency Powers

The World Health Organization this week concluded its 76th World Health Assembly without ratifying a new pandemic treaty or the proposed amendments to the International Health Regulations, but members did issue new calls to "restrict personal liberties" during health emergencies.

By [Michael Nevradakis, Ph.D.](#)



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The World Health Organization (WHO) this week concluded its 76th [World Health Assembly](#) (WHA) without ratifying a new pandemic treaty or the proposed amendments to the International Health Regulations (IHR).

However, the meetings, held May 21-30 in Geneva, Switzerland, did include announcements about new WHO bodies created to respond to pandemic threats and new calls to "restrict personal liberties"

during health emergencies.

The meetings also included circulation of the new “[bureau's text](#)” of the pandemic treaty, dated May 22, but the WHA did not make available an updated document for the proposed IHR amendments.

WHO Director-General Tedros Adhanom Ghebreyesus urged member states to reach an agreement on both instruments by 2024.

Independent journalist [James Roguski](#), who has extensively tracked the pandemic treaty and IHR amendment negotiations, described this year's WHA as “a big theatrical production.”

“You can focus on a million details and forget that what they are doing is negotiating these documents,” Roguski told [The Defender](#). “It's a dog and pony show.”

Roguski said it was always the WHO's plan not to ratify the treaty and amendments during the WHA meetings, despite warnings to the contrary by some analysts whom he accused of “fearmongering.” It was “always their schedule ... they've been saying all along they're shooting for 2024,” he said.

New pandemic treaty 'dystopian in its scope and its cleverness'

The “[bureau's text](#)” of the pandemic treaty was revealed for the first time at the WHA. At 42 pages, it is shorter than previous drafts that exceeded 200 pages and appears to have consolidated many previous proposals submitted by the negotiating parties.

In a [recent video produced by Roguski](#), he described the new text as “good news, as it seems the WHO has finally revealed its true plan” — but also, “bad news, as it is absolutely dystopian in its scope and its cleverness.”

ANALYSIS OF THE BUREAU'S TEXT

[According to the Geneva Health Files](#), member states will discuss the bureau's text in early June and in mid-June will take up a drafting group process. It remains unclear if this will “form the basis of any negotiation.”

Speaking last week on CHD.TV's “[Friday Roundtable](#),” Dr. Meryl Nass, an internist, biological warfare epidemiologist and member of [Children's Health Defense](#) scientific advisory committee, said the WHO is now calling the pandemic treaty and IHR amendments “instruments,” perhaps “because treaty sounds like it has to be ratified by the Senate, and they're trying to find a way around that.”

On the same broadcast, Nass and Roguski said the new IHR amendments are “a completely new document.” [Writing on Substack](#), Roguski questioned why “an updated version of the 307 proposed amendments to the International Health Regulations” was not made available.

Roguski told The Defender:

“They really didn’t talk very much. I can’t find any version 2.0 of an edited version of the negotiations that have been going on. They have not published anything. And so, the amendments that were submitted in September were kept secret until mid-December, and that is still the only version that we have.”

In his [analysis of the bureau’s text](#), Roguski noted that article 33 appears to provide countries with “no way to opt out of adopted protocols,” even if they voted against a particular amendment.

He also cited Article 22, which calls for the formation of an “Implementation and Compliance Committee” to “review compliance with” the text. The Biden administration has shown support for the creation of this committee, while reaffirming support for the pandemic treaty and IHR amendments.

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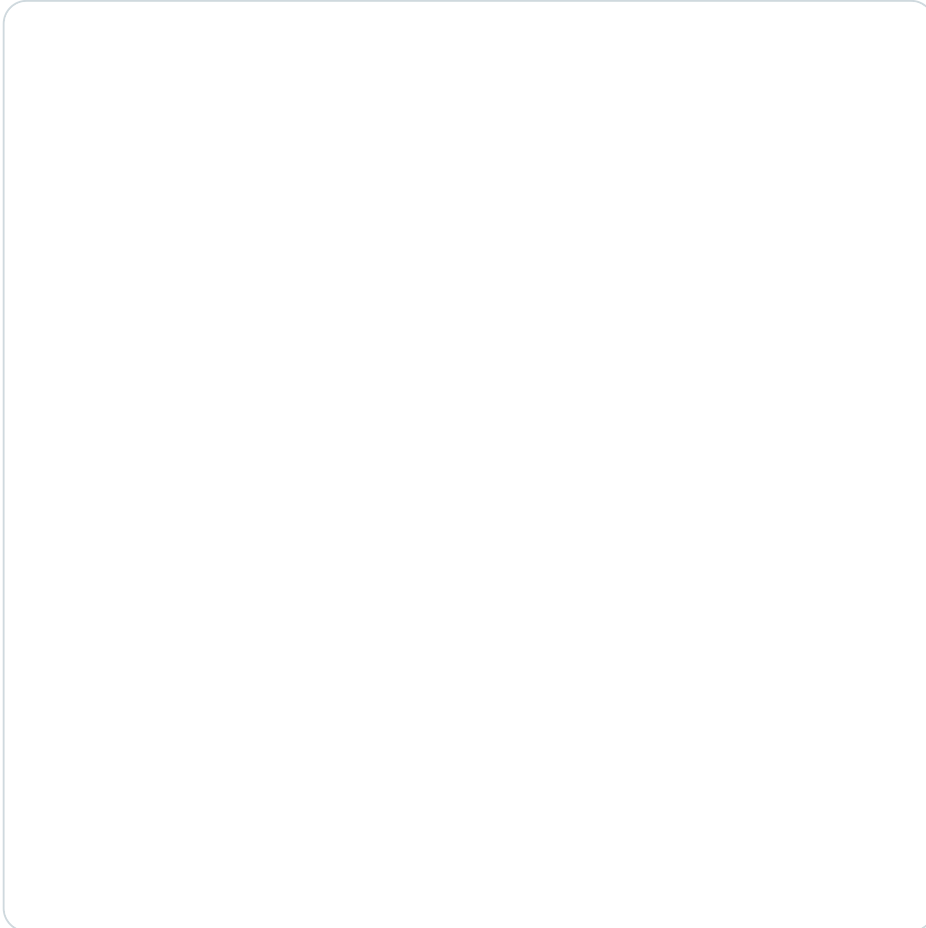
In January, the Lancet published a brief on the necessity of a monitoring system to ensure state compliance with the "Pandemic Accord".

"A non-negotiable provision"

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Not to worry, it is included in the WHO CA+ (Article 22):

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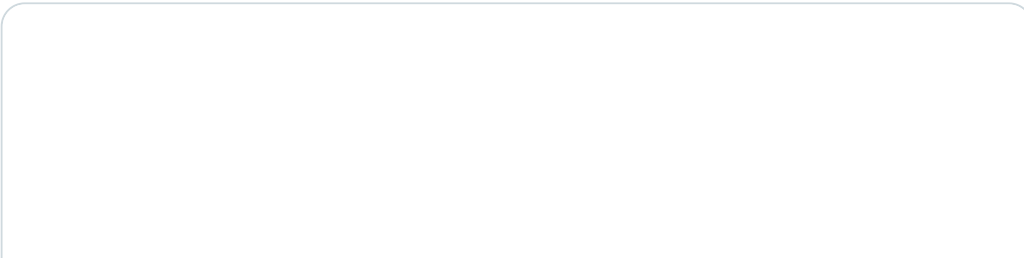


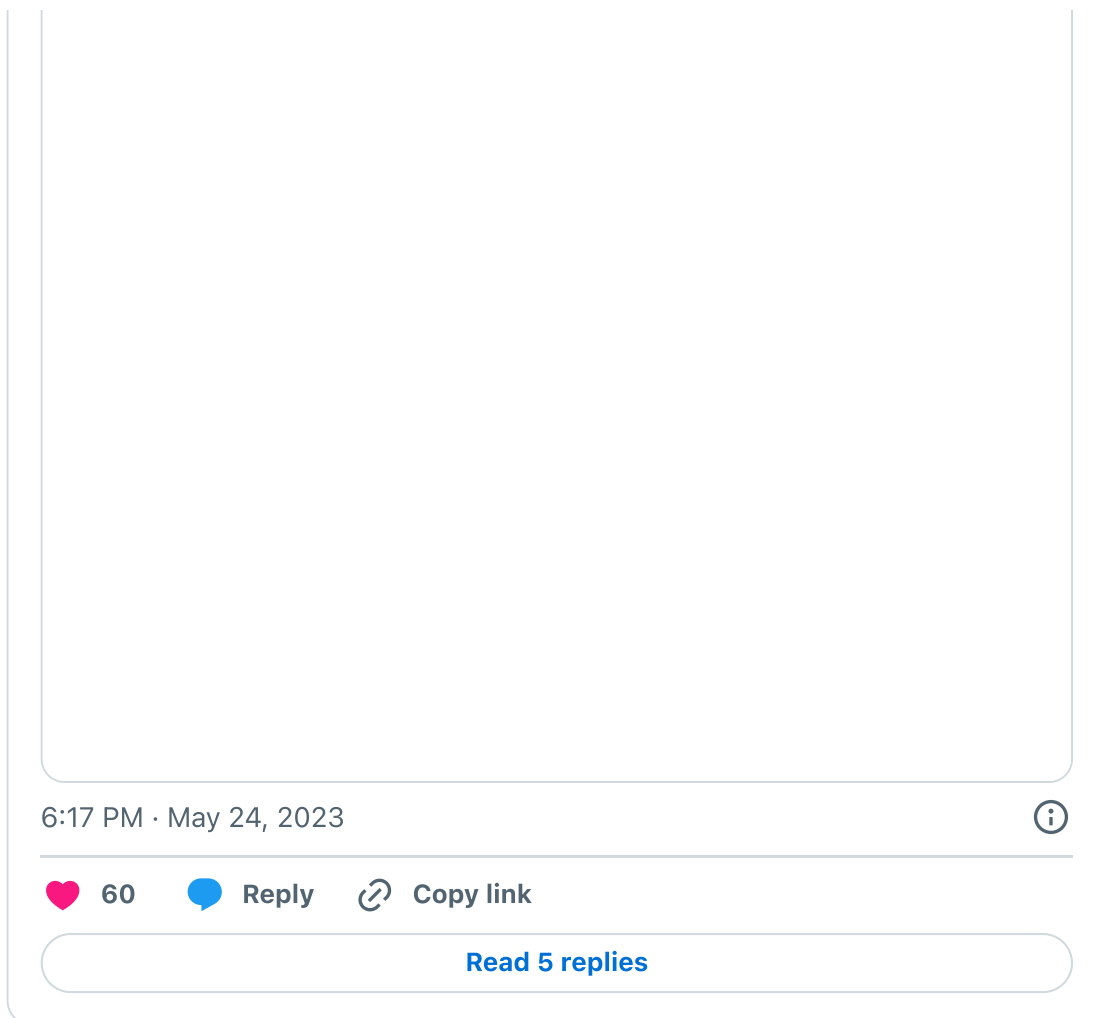
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The provision for a monitoring system of member-state compliance is even stricter in the amendments to the IHR — proposed by the Biden Regime.

Its ratification would establish a "Compliance Committee" in charge of the following:





In January, [The Lancet](#) called for a similar monitoring system.

Roguski pointed out that the bureau's text also contains proposals for the recognition of the [One Health](#) approach (Article 5), removing conditions on public funding of [Big Pharma](#) research and development (Article 9), and a variety of definitions for concepts that include "pathogen with pandemic potential" and "[infodemic](#)" (Article 1).

The text also proposes the creation of a new and separate "[Conference of the Parties](#)" (COP) that, according to Roguski, "would be empowered to adopt 'protocols' in the future without Congressional oversight."

In his video, Roguski said:

"This bureaucratic conference of the parties would also include representatives of the United Nations and their specialized and related agencies, as well as representatives of any body or organization, governmental or non-governmental, private sector or public sector that could apply to be a member of the conference of parties.

"The work of the conference of parties would be carried out by three committees and a panel of experts [Articles 23-25] to provide scientific advice and would be empowered to add protocols to the agreement far away from the prying eyes of the public with no ability whatsoever to reject them.

"The agreement would set up a universal health preparedness review. It calls for the scheduling of [tabletop simulation exercises](#), and it would trigger a massive expansion of the pharmaceutical hospital emergency industrial complex."

Speaking on CHD.TV, Roguski compared the WHO's proposed texts with its 2003 [Framework Convention for Tobacco Control](#), one of only two legally binding treaties the WHO has ratified since its inception in 1948, referring to the bureau's text as a "cookie-cutter copy" of the framework.

On his [Substack](#), Roguski wrote that this framework "seeks to enable the member nations to agree to a relatively vague document now, that would empower and authorize unknown bureaucrats to make legally-binding decisions at some point in the future, when those decisions can be well-hidden from the view of the general public."

In his [opening address to the WHA](#), Tedros praised the 2003 framework.

Noting that many articles in the bureau's text contain various "options" that could be chosen or rejected, [Roguski wrote](#) that this "seems to indicate that the member nations are very far from agreement."

Separately, Roguski told The Defender that some delegates at the WHA expressed "displeasure" at not having received updated versions of either the bureau's text or the IHR amendments.

"Quite frankly, they're a mess," Roguski added. "They're arguing amongst themselves and as far as I know, there has been no type of vote on anything."

According to the [Geneva Health Files](#), "Countries also indicated that they wanted greater coordination between the negotiating processes of the amendments to the IHR and Pandemic Accord."

According to [Stand for Health Freedom](#), the co-chair of the working group drafting the proposed IHR amendments "expressed a handful of times that the IHR already has all it needs to address a pandemic; the only issue was compliance," leading to a possible interpretation that the IHR amendments may be considered unnecessary.

[Dr. David Bell](#), a public health physician and biotech consultant and former director of global health technologies at Intellectual Ventures Global Good Fund, described this lack of consensus as a positive.

"The upside is that the entire narrative is built on obvious gross falsehoods," Bell said, as "real pandemics are not common," adding that "houses built on sand don't last that well when things get stormy."

David Bell 

@bell00david · [Follow](#)



As WHO notes*, 'pandemics' come ~once per generation, and kill far less than endemic diseases.

People who got very rich off Covid are telling us they are increasingly frequent and severe.

This is untrue, and the reasons for this false messaging should be obvious to anyone.

9:56 PM · May 25, 2023



478



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Members call for 'prioritizing actions that may restrict individual liberties'

One of the most chilling aspects of the new bureau's text is Article 18, on "Communication and public awareness," [according to Roguski](#), who said the article "would empower the World Health Organization to tackle false, misleading, misinformation or disinformation."

The text of Article 18 states:

"The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects and drivers, combat the infodemic, and tackle false, misleading, misinformation or disinformation, and including through promotion of international cooperation."

Article 18 calls for "regular community outreach, [social listening](#), and periodic analysis and consultations with civil society organizations and media outlets," "effective measures to increase digital health literacy among the public and within the health sector" and "research ... on factors that hinder adherence to public health and social measures in a pandemic."

[According to Nass](#), Article 18 shows that "The WHO is integrated into the [censorship propaganda industrial complex](#)."

However, new restrictions stemming from the pandemic treaty and/or the IHR amendments may not be restricted just to speech. [Dr. Abdulla Assiri](#), co-chair of the WHO's Working Group on Amendments to the International Health Regulations and Saudi Arabia's deputy assistant minister for preventative health, said at the WHA:

"Implementing the amended IHR shall enable member states to detect, prevent, and respond to public health emergencies and reduce the chance of pandemics.

"The world, however, requires different level of legal mandates, such as the Pandemic Treaty, to navigate through a particular pandemic, should one occur, and it will, prioritizing actions that may restrict individual liberties, mandating and sharing of information, knowledge, and resources."

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!! WHO -Meetings re. seizing your right to medical freedom & imposing lockdowns at will, continue

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Remarking on this on CHD.tv, Roguski suggested that Assiri “should be removed from his position as the co-chair because he’s exhibiting a lack of respect for dignity, human rights, fundamental freedoms.” Roguski told The Defender, “Maybe that’s how it is in Saudi Arabia ... but that is just completely untenable.”

Bell, also remarking on Assiri’s statement, told The Defender:

“Human rights and democracy are no longer even given lip service, so those running this agenda are clearly very confident in their mastery of the media and the narrative generally.

“The co-chair of the Working Group on the IHR can talk publicly about the need to take away the basic freedom of individuals globally, when a group of people in Geneva, sponsored by Pharma and Pharma investors, and heavily influenced by a number of totalitarian regimes and military dictatorships, would like to.”

WHA members adopted a “[resolution on behavioural sciences for better health](#),” sponsored by Malaysia, which urges member states to “acknowledge the role of behavioural science in achieving better health outcomes” and “to identify opportunities for increased use.”

According to the WHO, the passage of this resolution reflects “broad consensus towards the need for integrating systematically behavioural science theory, methods and approaches across health topics and public health functions.”

A tenet of behavioral science theory is the concept of “[nudging](#),” described as a [technocratic solution](#) for tricky policy issues involving a perceived need to encourage, in a “voluntary manner,” policies or measures that would otherwise be unpopular, and which was widely employed to [increase compliance to COVID-19 countermeasures](#).

WHO, UN could gain new 'emergency' powers

[Addressing the WHA](#) May 22, Tedros noted several new and recent WHO initiatives.

These include the [Pandemic Fund launched with the World Bank](#), the Universal Health and Preparedness Review for “enhanced accountability,” the WHO Hub for Pandemic and Epidemic Intelligence and International Pathogen Surveillance Network for “enhanced surveillance,” the Global Preparedness Monitoring Board for “enhanced monitoring” and the Global Health Emergency Corps” for “an enhanced emergency response workforce.”

For the latter body, Tedros specifically thanked German Federal Minister of Health [Karl Lauterbach](#) and [Chris Elias](#), president of global development for the Bill & Melinda Gates Foundation.

Surveillance figures prominently in many of these institutions, just as it does in the [proposed pandemic treaty and IHR amendments](#). For instance, Tedros praised the completion of the beta version of the World Health Data Hub and mentioned the forthcoming launch of its public portal, DataDot.

On May 20, the WHO announced the launch of the [International Pathogen Surveillance Network](#), with a goal of “detect[ing] and respond[ing] to disease threats before they become epidemics and pandemics, and to optimize routine disease surveillance.”

It will work with the WHO Hub for Pandemic and Epidemic Intelligence, launched in 2021 “in response to the COVID-19 pandemic, which demonstrated weaknesses around the world in how countries detect, monitor and manage public health threats” in order to “gather and analyse data for early warning surveillance.”

On May 19, [Tedros issued a report](#) suggesting that nations establish a “global architecture for health emergency preparedness, prevention, response, and resilience (HEPR),” in response to what he described as a lack, on the part of individual countries, of a “global architecture” to respond to “health emergencies,” as well as hunger, poverty, climate change, ecological degradation and economic and social inequalities.

In his May 22 remarks, Tedros also addressed the forthcoming High-Level Meeting on [Pandemic Preparedness, Prevention and Response](#) (PPPR), to take place in September, following a [resolution adopted by the UN General Assembly](#) last year.

Roguski told The Defender that PPPR may “empower the UN Secretary-General to step into a position of authority if there’s some kind of an emergency.” A roadmap for the adoption of a [political declaration for PPPR](#) by September has been set forth by the UN.

As [reported by The Geneva Health Files](#), “the High-Level Meeting in September will ... be the first ever UN General Assembly high-level meeting on PPR at heads of states and governmental level.” Some [analysts](#), however, state that establishing PPR would not be possible without revising the WHO constitution.

The details of this proposal were included in a March [UN document](#), “Strengthening the International Response to Complex Global Shocks — An Emergency Platform,” which stated that “Enhanced

international cooperation is the only way we can adequately respond to these shocks" and that "the United Nations is the only organization with the reach and legitimacy to convene at the highest level and galvanize global action."

The document calls on the UN General Assembly to grant the Secretary-General "[standing authority](#) to convene and operationalize automatically an Emergency Platform in the event of a future complex global shock of sufficient scale, severity and reach."

Nass, analyzing the document on CHD.tv's "Friday Roundtable" last week, said such "global shocks" may include areas such as climate, pandemics, biological warfare, supply chain disruption, cyberspace disruption, an "event in outer space" and an "unforeseen [black swan event](#)."

Nevertheless, proposals for the PPPR have been accompanied by recommendations from the [Independent Panel for Pandemic Preparedness and Response](#) for the creation of a [Global Health Threats Council](#), an independent coordination body between the WHO, UN, financial institutions and other "stakeholders."

[The Independent Panel released a report](#) in May titled "A Road Map for a World Protected from Pandemic Threats," stating that "new pandemic threats are inevitable, but pandemics are a political choice." It calls for the IHR amendments to be passed, an "independent, well-functioning and authoritative WHO" and "a high-level political council for pandemic threats."

Speaking on "Friday Roundtable," Nass observed that the PPPR and other recently proposed bodies would operate at the level of the UN instead of at the level of the WHO. She said that while the PPPR is intended to "work together" with the pandemic treaty and IHR amendments, "if one aspect of it fails, then they have all these fallbacks."

Notably, Bill Gates expressed support for such a UN mechanism as far back as 2015. Writing in the [New England Journal of Medicine](#), he suggested that, "Through the United Nations, some global institution could be empowered and funded to coordinate the system," based on "lessons from the Ebola epidemic."

The Geneva Health Files also reported that discussions on the formation of a new WHO medical countermeasures platform, the WHE (WHO World Health Emergencies) Intelligence and Surveillance Systems Division and the WHO Hub for Pandemic and Epidemic Intelligence, took place at this year's WHA.

In remarks shared with The Defender regarding these new bodies, Bell said that "Centralization through WHO is poor policy by incompetent people."

He added:

"Public health experience tells us that addressing such preventable or treatable diseases is the best way to lengthen lives and promote sustainable good health. They are most effectively addressed by people on the ground, with local knowledge of behavior, culture and disease epidemiology.

"This involves empowering communities to manage their own health."

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Michael Nevradakis, Ph.D., based in Athens, Greece, is a senior reporter for The Defender and part of the rotation of hosts for CHD.TV's "Good Morning CHD."

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