

Should Australia reconsider its involvement with the WHO?

“It is hard to imagine a more stupid or more dangerous way of making decisions than by putting those decisions in the hands of people who pay no price for being wrong.”

Thomas Sowell

In the aftermath of World War II and its associated atrocities, several key developments occurred. These promised to uphold the rights and freedoms of the individual and ensure doctors safeguarded these patient rights. Among these developments were The Declaration of Geneva 1948¹, The Nuremberg Code² 1948 and the World Health Organization 1948. The W.H.O. was born espousing noble aims to improve healthcare for all individuals across the world. It promised to connect nations, partners and people to promote health, keep the world safe and serve the vulnerable - so everyone, everywhere can attain the highest level of health. This was all to be done while maintaining respect, dignity and the fundamental human rights of every individual. In the WHO's own words “Freedoms include the right to control one's health and body and to be free from interference (for example, free from torture and non-consensual medical treatment and experimentation).

Unfortunately the WHO appears to have been captured by corporate ideologues through the trojan horse of public/private partnerships. This trojan horse seems to be focused on instituting a global policy directive that maximises private profit and centralises control at the expense of public health.

The WHO is a supranational body, the health arm of the United Nations. This body has no oversight in the democratic sense: the WHO is run by unelected bureaucrats and funded by a combination of taxpayer funded contributions from the 194 Member States and, increasingly it seems, by private corporate donations in partnership with the WHO³. Employees pay no tax and have diplomatic immunity from the consequences of their global health policy directives.^{4 5 6 7} They are funded mostly by voluntary contributions from Sovereign nations, NGO's and individuals (e.g The Bill and Melinda Gates Foundation and numerous Pharmaceutical companies)^{8 9 10}. Pharmaceutical companies and various other organisations that help fund the WHO appear to have made huge profits from the WHO Covid-19 pandemic policy recommendations.

Voluntary contributions make up 75% of WHO's funding. Voluntary contributors include both member states and corporate interests), like any sponsorship deals, **comes with ties and a preference for**

¹<https://www.who.int/about/funding>

²<https://www.who.int/about/funding/contributors>

³<https://www.who.int/westernpacific/about/partnerships/donors>

⁴<https://www.who.int/about/funding/assessed-contributions>

⁵<https://www.un.org/en/ethics/assets/pdfs/Convention%20of%20Privileges-Immunities%20of%20the%20UN.pdf>

⁶<https://static1.squarespace.com/static/514a0127e4b04d7440e8045d/t/5bd8a25f575d1fa44bd3a544/1540923999315/Letter+to+Ms.+Paula+Donovan+and+Mr.+Stephen+Lewis+-+7+July+2017.pdf>

⁷ <https://dailyclout.io/who-funds-the-who-where-does-the-money-go/>

⁸<https://www.who.int/europe/news/item/26-01-2023-new-who-report-lays-out-concrete-actions-for-governments-to-optimize-public-private-partnerships-for-health>

⁹<https://www.masterspublichealth.net/faq/how-can-i-get-a-job-with-the-world-health-organization/>

¹⁰ <https://www.who.int/careers/staff-appointments>

programs the funding is inextricably linked to programs that benefit the contributors own profit margins.^{11 12}
^{13 14} This kind of involvement in global health policy is an obvious conflict of interest and raises serious questions about who is really benefiting from the WHO's interventions¹⁵ in the name of health. It appears that seventy-five percent of WHO

The salutary warning of the last three years should be that the WHO's non-binding health advice, followed by many governments across the world, was arguably disastrous. Resulting in catastrophic physical, mental, economic and social harm^{16 17}. The highly damaging recommendations, which included, lockdowns, social distancing, masking, border closures and the pushing of novel gene based vaccines¹⁸ has resulted in an enormous transfer of wealth from lower and middle income earners to the uber rich^{19 20}, the destruction of small business, and the rewinding of progress on poverty in the developing world. The WHO's public health policy recommendations have resulted in the greatest iatrogenic medical disaster and assault on democracy in human history.

Rather than stop to review, reflect an assess what in the last three years worked and what did not, the WHO is feverishly working behind closed doors to increase its influence and control through two main pathways: significant amendments to the International Health Regulations (IHR) 2005 ed, and the preparation of an entirely new pandemic treaty, called WHO CA+.

[Do you want to mention the UN's PPPR Manifesto that outlines the US\$30B per year and outlines the requirement of the WHO to prepare the IHRs and WHO Pandemic Treaty. Int he intro it describes the worldwide response as catastro phic...

<https://www.un.org/pga/77/wp-content/uploads/sites/105/2023/06/Zero-draft-PPPR-Political-Declaration-5-June.pdf>

Also consider quoting Dr Andrew Bell, an Australian clinical and public health physician with a PhD in population health and former WHO scientific and medical officer:
<https://appgpandemic.org/news/who-pandemic-treaty>

IHR Amendments

The IHR (International Health Regulations^{21 22 23 24 25}) is an instrument of international law that is legally-binding on the 194 Member States. The IHRs were first created in 1969 for the purpose of helping coordinate Member states in the event of life-threatening infectious disease epidemics that could cross international borders. Initially they only encompassed three diseases, cholera, the plague and yellow fever. In 2005 the IHR were substantially amended, and expanded the range of infectious diseases and public health emergencies that crossed international borders following the SARS pandemic. The IHRs confer rights and obligations on Member States, which includes the requirement to report public health events. The IHRs are

¹¹<https://www.who.int/europe/news/item/26-01-2023-new-who-report-lays-out-concrete-actions-for-governments-to-optimize-public-private-partnerships-for-health>

¹²<https://apps.who.int/iris/bitstream/handle/10665/268107/PMC2560730.pdf?sequence=1&isAllowed=y>

¹³ The People's Guide to the Proposed Amendments to the International Health Regulations by James Roguski 2023

¹⁴<https://jamesroguski.substack.com/p/what-is-the-pandemic-treaty-really>

¹⁵ <https://www.theguardian.com/society/2007/feb/16/health.healthandwellbeing1>

¹⁶ <https://sites.krieger.jhu.edu/iae/files/2022/06/A-Systematic-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-of-COVID-19-Mortality-II.pdf>

¹⁷ <https://clinmedjournals.org/articles/jide/journal-of-infectious-diseases-and-epidemiology-jide-6-130.php?jid=jide>

¹⁸ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

¹⁹ <https://foreignpolicy.com/2020/05/27/who-health-china-coronavirus-tedros/>

²⁰ <https://www.oxfam.org/en/press-releases/ten-richest-men-double-their-fortunes-pandemic-while-incomes-99-percent-humanity>

²¹The final report of the International Health regulations Review Committee proposed Amendments to the International Health Regulations by James Roguski 2023

²²The International Health Regulations (1969)

²³The International Health Regulations (1981)

²⁴The International Health Regulations (2005) Original Editions(pages 27-81)

²⁵The International Health Regulations (2005) 2nd edition

also non-binding and while recommendations, Member States invariably comply.

Since the Covid pandemic, there have been one set of IHR amendments adopted by the World Health Assembly that significantly shorten the timeframe for a Member State to consider and reject the proposed IHRs (reduces from 18 to 10 months) and then implement them (reduces from 24 to 12 months). These IHRs were adopted by the WHA in May 2022 meaning we have to actively and expressly reject these amendments by end of November 2023 otherwise, silence is acceptance. Australia's Joint Standing Committee on Treaties (JSCT) received the adopted IHRs that significantly reduce timeframes from the Department of Health on 13 June 2023, and on 3 August 2023²⁶ concluded "*as a minor treaty action and that binding treaty action be taken*" that "*the amendments are expected to have negligible legal, financial, or practical impact on Australia*".

While these changes appear minor in number, their effect on any future amendments to the IHRs are not. The issue with JSCT's determination is that it has been done in a silo, without any consideration for the 307 substantial amendments to the IHR or the WHO CA+.

a Separately, a WHO Working Group of unelected bureaucrats) have been drafting substantial changes to the IHRs, which will completely change the nature of how the WHO interacts with Member States, including the sovereignty the Member States have to make their own health decisions. At present these substantial changes tally 307 proposed amendments and they effectively transfer the governance of Australia, and all other Member States, into the hands of unelected WHO bureaucrats.

These amendments, as currently drafted empower the WHO to declare, control and direct the global response to an actual or perceived international public health emergency into the Director General of the WHO²⁷. If fifty percent of the nations who make up the World Health Assembly agree to the amendments, they will become international law.

The specific amendments²⁸ that are cause for major concern and should immediately raise alarm bells are:

1. Australia will **lose its sovereignty** in respect to health emergencies. This is proposed in the deletion of the words "non-binding" when describing advice given by the WHO. This changes any advice from the WHO from recommendations or advice to binding requirements (Article 1) . This when combined with the amendment at Article 42 "recommendations shall be implemented without delay" ensures Member States must comply with WHO directives and the WHO Emergency committee will be given final decision. Article 1 (page 2/197), Article 42 (page 99/197) and viewed in light of the already long list of recommendations the WHO can make in Article 18 (page 17/197), which have also been expanded.
2. **The power to declare a potential health emergency Article 2:** Increases the scope of the WHO's power to declare an actual health emergency of international significance to one with the potential. (page 57/197) And removes the right of sovereign nations to oppose the declaration of a health emergency within their own jurisdiction by the WHO Article 12 (page 189/197).

²⁶

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Treaties/SOFATimor-Leste/Report_210/Chapter_4_-_Minor_treaty_actions

²⁷ 307 proposed IHRs, Article 2.

²⁸ The International Health Regulations (2005) 3rd edition

3. **Individual rights, gone. Article 3:** Removes of the line “with full respect for the dignity, rights and fundamental freedoms of persons” to be replaced by a vague statement on equity, inclusivity and coherence. (page 58/197)

Article 4: “State parties shall / may enact or adapt legislation to provide IHR focal points with the authority and resources to perform their functions” this statement is providing the means by which the sovereign nations enact legislation to restrict their peoples own rights and freedoms (page 165/197)

4. **Vaccine passports** - Requires a Global digital health certificates to move across national borders Articles 18 (page 16/197), 35, 36(Page 30/ 197) and Annexure 6 (Page 42/97).
5. **WHO will be able to declare what Member States do with their health products. Article 13: A & Annexe 1** “Upon request of WHO, State parties shall ensure the manufacturer's within their territory supply the requested quantity of health products to the WHO or other State parties as directed by the WHO” Sovereign nations will be forced to fund infrastructure in developing nations (poorly defined) to manage poorly defined problems which has immense financial implications for that sovereign state. (page 13/197) (page 15/197)

The above amendments²⁹ are profoundly concerning and need to be urgently addressed by our elected representatives. It is incumbent upon our parliamentary servants that they know about, read and understand what is being proposed for the citizens of Australia. They are being worked on at present an it is anticipated they will be adopted at the Seventy-seventh World Health Assembly in May 2027. They should not be ignored until then.

In addition, as outlined by James Roguski in his well referenced subtrack article *Top Ten Reasons To Exit The WHO*³⁰, the WHO has shown disturbing signs of collusion and corruption. The following concerns should raise deep questions about Australia’s ongoing involvement with the WHO. It is perhaps time Australia exited the WHO.

1. **Conflicts of interest and corruption**³¹: The WHO has been infiltrated by Big Pharma, Big Money and Big Foundations. It has been further corrupted by financial donations from non governmental organisations which then exert undue influence over programs which ultimately benefit the stakeholders bottom line, not the needs or desires of “we the people.”
2. **Vaccine Fanaticism**^{32 33}. Misguided focus on vaccines and not improving health by other means. Because the WHO is heavily influenced by vaccine manufacturers or organisations that make big profits from vaccines it has lost sight of its core purpose of promoting health.

²⁹ <https://www.wma.net/wp-content/uploads/2016/11/Decl-of-Geneva-v2006.pdf>

³⁰ https://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/Resources/nuremburg_code.pdf

³¹ <https://brownstone.org/articles/the-who-the-un-and-the-reality-of-human-greed/>

³² <https://apnews.com/article/1cf4791dc5c14b9299e0f532c75f63b2>

³³

https://www.researchgate.net/publication/281876323_Why_the_Corruption_of_the_World_Health_Organization_WHO_is_the_Biggest_Threat_to_the_World%27s_Public_Health_of_Our_Time

3. **Bureaucracy and Waste**³⁴. The vast majority of its personnel are not health professionals but bureaucrats, and a large amount of its budget is wasted on bloated salaries and travel expenses. This often leaves health related programs underfunded.
4. **Fear-mongering**³⁵. The WHO has spent vast amounts of money, time & effort by declaring fake public health emergencies of international concern. This now seems to extend to public health emergencies of regional concern and intermediate health alerts. It gives the appearance they are doing this to drum up business and relevance for themselves.
5. **Dangerous recommendations**³⁶. The WHO has a record of giving very poor recommendations that have resulted in millions of deaths, breaches of human rights and impoverishment of people around the world.
6. **False model of health**. The WHO seems focused on a big pharma model rather than on natural health products and public health measures that have worked well in the past (e.g sanitation, clean water unprocessed foods etc)
7. **Power grab**. The IHR amendments and Pandemic treaty / WHO CA+ is a clear attempt to increase their power and influence
8. **Mistakes**. The WHO has repeatedly demonstrated an unwillingness to review past mistakes and learn from them, this is most likely due to the corrupting influence of big pharma and big business.
9. **Out of touch**. Run by mostly unknown bureaucrats who are only concerned with process not outcomes, they have no accountability to the people they purportedly represent.
10. **Secrecy and non transparency**³⁷. These unelected, unaccountable and unknown bureaucrats do most of their business in secret.

WHO CA +(Pandemic treaty)

Separately a WHO Intergovernmental Negotiating Body is preparing a brand new treaty document commonly known as the pandemic treaty and also called WHO CA+³⁸, is being drafted for consideration and adoption by the World Health Assembly in May 2024.

The WHO CA+ is not a treaty, it is more akin to a framework convention or a trade agreement.

The WHO CA+ establishes broader commitments for the Member States and gives the WHO's 'partners supporting the pandemic' (such as those companies making 'pandemic related products' a place at the table.

The WHO CA+ has also had some push back, so many of what is intended is in settings of targets and a legally binding framework which supports an expansive bureaucratic apparatus. The finer details of the agreement will be decided by un-elected, unaccountable bureaucrats behind closed doors and without further consultation. If Australia as a sovereign nation is unhappy with any, to be revealed, working details, it will take three years to un-encumber itself from this agreement.

The draft document's goal, it would seem, is to set up a very expensive bureaucracy and infrastructure, which will allow the WHO to institute a world wide surveillance system, with the aim of

³⁴ <https://www.globalresearch.ca/hell-no-who-pandemic-treaty/5798100>

³⁵ <https://www.nationalreview.com/2017/06/world-health-organization-corrupt-wasteful/>

³⁶ <https://www.politico.eu/article/bill-gates-who-most-powerful-doctor/>

³⁷ <https://www.jpands.org/vol11no1/girard.pdf>

³⁸ <https://jamesroguski.substack.com/p/top-10-reasons-to-exitthewho>

detecting infectious diseases which they perceive could become a threat to the population. The WHO then has the power to declare that the outbreak constitutes a Public Health Emergency of International Concern. It is then that the bio-pharmaceutical industrial complex begins to develop, manufacture and mass distribution of new drugs and vaccines to counter these potential threats. This will go hand in hand with restrictive public health measures, severe censorship, fear mongering and propaganda campaigns, all measures designed to enforce submission and compliance with these expensive taxpayer funded interventions in order to return to the new normal. This is not a document about people's health, this is a venture capital prospectus for investors.

Conclusion

Whilst these proposals may appear on occasion to make contradictory statements, make no mistake, they are extremely dangerous international legislative documents which have the potential to arrest our freedoms and bodily autonomy, and place it in the hands of unelected corrupted bureaucrats. The WHO appears to be captured by corporate influence. These major conflicts of interest have corrupted policy recommendations so much it is difficult not to believe that profit and power are the driving forces. The WHO's primary objective is no longer focused on improving the health and well-being of humanity. We do not want the people controlling the WHO to be in control of our health choices or our personal freedoms. The bio-pharmaceutical industrial complex gives a clear picture of crony capitalism at its worst. Every nation on this earth needs to Exit the WHO ASAP.

Perhaps make the conclusion about the impact on you and me, on us as Aussies.

What you can do

1. Contact your politician, make them aware, speak to your friends, family, anybody who will listen regarding what this deeply troubling body is attempting to do.
2. Useful information packs about questions to ask them can be found on <https://australiaexitsthewho.com>
3. To learn more about what you can do or get more information:
<https://jamesroguski.substack.com/>
<https://brownstone.org/author/david-bell/>
<https://worldcouncilforhealth.org/?s=who>