

KEY MESSAGES to the Media and the Politicians re: The WHO International Health Regulations amendments to the 2005 agreement (IHR) and the new Pandemic Treaty.

The 2 WHO documents to be voted on in May 2024

International Health Regulation (IHR) Amendments

- Needs over a **50% vote** to pass
- **Every member** of the WHO and IHR (196 countries) **must obey** it if passed, unless the nation issues a formal revocation or reservation
- Goes into effect 12 months from a vote or a 'consensus' (if WHO avoids a vote)
- **Nations have 10 months to revoke or reserve after it passes.** No option exists to get out of the new IHR after that.
- This is an **OPT-OUT** process
- In force during a declared pandemic or potential pandemic

Pandemic Treaty, also called Accord, Agreement, Instrument, etc.

- Needs at least **2/3 vote** to pass
- If passed, nations must then formally sign or ratify to become a party
- Goes into effect for all signatories one month after the 40th signature
- Nations may not ask to withdraw from the treaty until two years after it enters into force, and then it will take an additional 12 months to get out
- This is an **OPT-IN** process, with an unusually short time-frame before entering into force
- The treaty will always be in force

Source: Dr. Meryl Nass (US bioweapons expert) in her April 19 presentation to a conference organized by the Commission Medico Scientifica Independente. www.youtube.com/watch?v=WYv-WSrPm04.

1. Canadians do NOT support signing on to terms of a deal they have **only been given 5 weeks to analyze**. Neither should our government. The voting draft of the IHR document was released on April 17, instead of the required four full months in advance of the upcoming 77th gathering of the World Health Assembly (WHA77). Canada's government should insist that the agenda item of passing amendments to the IHR in particular cannot legitimately be tabled this year at the WHA77. Doing so would jeopardize procedural justice, as well as democratic legitimacy, and equitable outcomes for all.
2. The amount of Canada's contributions to the WHO will **not be revealed until December 2026**. We can't sign on before knowing the full cost. (And Canada has been proportionately overpaying for years.)
3. Giving **ONE SINGLE human being** (the Director General of the WHO) the **sole authority to UNILATERALLY declare** 'Early Action Alerts', 'Pandemic Emergencies' and 'Public

Health Emergencies of International Concern' **WITHOUT OVERSIGHT and WITHOUT CHECKS AND BALANCES** on his/her power is UNACCEPTABLE.

4. Experts in the prevention or containment of bioweapon production were NOT included as contributors to the terms of the Pandemic Agreement. As it currently stands, the **WHO Pandemic Treaty violates international law**. In particular, it violates the 1972 Biological Weapons Convention, the 2004 Security Council Resolution 1540 and 'customary international law.' The Treaty needs to be seriously reworked to ensure safety and LEGALITY!!
5. Internationally renowned biowarfare experts, including US Dr. Meryl Nass, have pointed out how the plans by the WHO to develop a global network of "BioHubs" for **the digital sharing of genetic codes will lead to an increased number of pandemics**. As shared codes are inevitably hacked, the potential of "rogue" developers who can **apply gain of function research tactics** to increase the lethality of naturally occurring pathogens will ensure that what rolled out with COVID-19 will become a regular occurrence.
6. While it is true that **nothing in the WHO Pandemic Agreement/Treaty** shall be interpreted as providing the WHO secretariat, including the WHO director general, any authority to direct, order, alter or otherwise prescribe the domestic laws or policies of any party ... it is also true that **authority is outlined in the proposed amendments to the 2005 International Health Regulations (IHR) instead**. For example, recent prior drafts of Articles 13A, 14, 18, 41 and 43 contain language around states recognizing the WHO as "the guidance and coordinating authority of international public health response during public health Emergency of International Concern and undertake to follow WHO's recommendations in their international health response". That nations should continue allowing for the regulatory approval of pandemic products (vaccines or drugs) without proper review. And that the WHO may "require medical examination", "require vaccination or other prophylaxis", "implement quarantine" and "isolation and treatment" of member states, among other recommendations. And that measures "shall be initiated and completed without delay by all state parties." And furthermore, that "additional health measures" (such as off-patent antiviral drugs) shall be restricted under the excuse that they are "disproportionate or excessive." This latter point will lead to continued persecution of physicians and patients who seek natural health products, vitamin therapies or proven antiviral therapeutics for the prevention or treatment of illness.
7. When pandemic-related emergencies are declared, any country that signs on to these agreements, will need to comply with the WHO's mitigation techniques. This will mean that Canadians travelling to these countries AND all staff facilitating this travel **can once again face vaccine and masking mandates, the use of tracking technology, such as digital ID and vaccine passes, as well as quarantines**. The WHO had an abysmal track record when it came to these measures the first time. There are no indications that the WHO will deviate from these harmful procedures with any subsequent pathogen. **Current estimates of deaths related specifically to the injections of COVID-19 vaccine products have reached 17 million world wide**. Canadians expect their government to learn from mistakes made, not repeat them. The fewer nations that sign on to these measures, the better.

8. The current text continues to include coercing non-governmental entities (such as employers, charities, etc.) to comply with government dictates. We have seen enough evidence of how **lockdowns WERE NOT SUCCESSFUL** in "flattening the curve" and how they **imposed great harm** upon the elderly, the vulnerable, the children, the business community and society at large. We have seen enough evidence of how actual COVID-19 **prevention and treatment protocols were suppressed**, how deaths were falsely reported as COVID-19 related and how **much sway pharmaceutical companies had** over media and government messengers. **Canadians do NOT wish a repeat performance of this horror show, not now, now ever.**
9. The current text to be voted on includes provisions for the **public disclosure of private data and for ongoing surveillance of citizens**. Current advances in technology and current legislation in various countries now make the surveillance of citizens more of a reality than was the case in 2020. Canadians do NOT consent to binding legislation that violates essential rights to privacy of information and freedom of thought, expression and association.
10. The current text to be voted on includes provision for **continued censorship of what is falsely defined as "misinformation"**. Canadians have been greatly harmed by the lack of balance in news reporting and online sharing of information. **Information Suppression and Omission have replaced Information Integrity**. Government funded and corporate aligned media outlets have clearly violated their own ethical guidelines when it comes to ensuring that a true diversity of voices and opposing viewpoints is broadcast into the public sphere. Canadians demand a return to true Information Integrity and cannot consent to our government willingly submitting to demands for censorship by unelected bureaucrats in outside agencies.
11. While it is laudable to want to prepare for future pandemics, to do so under the auspices of the WHO is counter productive. **More efforts should be made to secure the safe, effective and inexpensive (off patent) medications and therapeutics** that enabled developing countries to weather the COVID storm with less loss of life and fewer residual vaccine injuries than those countries who adhered to the WHO COVID-19 guidelines.
12. The current text to be voted on does NOT included the amendments suggested by the African Nations as represented by the Pan-African Epidemic and Pandemic Working Group. Developing countries wanted assurances when they report new pathogens to the WHO and when those pathogens are then sequenced for the production of new vaccines, that the financial benefits would be shared with the countries. In other words, the **current text undermines equity by signing over all potential profits to Western pharmaceutical companies** without ensuring that such profits remain in the country of origin. Canadians recognize the situation as one of continued colonialism. Just as today's developing nations were robbed of their natural resources by Western corporate interests in the past, so too now, developing nations are being "mined" not for gold but for the "gold" that local pathogens and their genetic sequences can bring to Western corporate interests. Governments that support EQUITY cannot in good conscience support the direction currently outlined in the Pandemic Treaty. **Canada needs to PULL OUT if it is to stand as a beacon for EQUITY.**

13. Canadians who advocate for human rights cannot in good conscience support their government signing on to the IHR knowing that in earlier drafts of Articles 2 & 3 Human Rights have been deleted. What once read: "*the implementation of these regulations shall be with full respect for the **dignity, human rights and fundamental freedoms of 44persons***" now reads: "*the implementation of these regulations shall be based on the **principles of equity, inclusivity, coherence** and in accordance with their common but differentiated responsibilities.*" While the latter sounds lovely it is meaningless.
14. 80% of the WHO's funding is made up of "voluntary contributions" (i.e. **fees and donations from pharmaceutical companies and pro-vaccine organizations**) instead of from the contributions of member nations. Of those, 90% are "earmarked" for purposes determined by the donors. So even the WHO can't budget freely. Why should Canada sign on to that? Clearly, the control of the **entire funding model of the WHO** and its parent organization, the United Nations, **needs to be clawed back from corporate interests** and the interests of corporate-backed NGOs.
15. American legislators are **pushing their Senate to vote "NOT NOW!"** given the very short time-frame prior to the planned vote at the World Health Assembly in Geneva on May 27-29. Canadian lawmakers **have so far ignored** the 20,000 Canadians who petitioned that this topic be discussed in the House of Commons and the 90,000+ signatures on a further petition to direct Canada's representative to the WHO to initiate the process for Canada to WITHDRAW from the WHO (and ultimately from the United Nations).

ADDITIONAL LINKS for further reference

This interview on **Britain's TALK TV** featuring former lawyer and current child advocate Molly Kingsley and NHS GP and broadcaster Dr. Renee Hoederkamp is an excellent introduction to the matters at hand. The TV host makes some errors in his introduction which are then cleared up by his guests. Viewers learn that British parliamentarians are beginning to question the wisdom of proceeding with the vote on the documents given the short time frame. When the interview was recorded, the final draft was not yet available. www.youtube.com/watch?v=1bP07UNg5Pk.

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Members of the US **Sovereignty Coalition** recently held a press conference. Various US Congress and Senate representatives were in attendance. They are asking their colleagues to defer the votes on both the IHR and the Pandemic Treaty for many of the same reasons as those listed above. See <https://sovereignty.substack.com/p/on-now-rep-ralph-norman-hosts-a-press>. A summary of the press release will be posted on <https://www.canadaexitwho.org/>.

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WHO watcher, US journalist **James Rogulski** is posting daily updates on the progress of the various WHO Working Groups as new documentation or meeting notes become publicly available. See <https://jamesrogulski.substack.com/> regularly.

For example, on April 23, 2024 he reported:

The Intergovernmental Negotiating Body has clearly failed to get the 194 member nations to reach an agreement regarding the details of the following aspects of the negotiations: One Health (Articles 4-5); Pathogen Access and Benefits Sharing System (PABS) (Article 12); Financing (Article 20) and Conference of the Parties (Article 21)

However, rather than admit defeat, they are resorting to a form of negotiating blackmail. They are attempting to pressure the WHO member nations to adopt an incomplete agreement during the upcoming 77th World Health Assembly which they plan to make available to be signed that very same day (as soon as May 28, 2024).

The not-so-subtle threat is this: If nations do NOT obediently and immediately sign the unfinished document, then they will not be able to continue to participate in the subsequent negotiations to work out the details.

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Dr. Meryl Nass, whose slide is included at the top of this document, has posted her complete presentation slide show here: <https://merylnass.substack.com/p/my-2-talks-in-rome-yesterday-the>. In the second talk, she presents information on previous examples of biowarfare agents masquerading as pathogens in pandemics. She also regularly posts updates on WHO documentation on her substack.

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The Peoples' Health Movement is tracking WHO and other health related documents here: <https://who-track.phmovement.org/>

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Canadian Conservative MP, Dr. Leslyn Lewis, posted this explanation of the Pandemic Treaty and the IHR using information available in January 2024 here: <https://leslynlewismp.ca/2024/01/17/the-who-pandemic-treaty/>

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Former WHO medical officer and scientist, David Bell, has written frequently on the WHO Pandemic Treaty and IHR. Here he shared an open letter calling upon the WHO and Member States to extend the current deadlines. <https://brownstone.org/articles/the-who-proposals-an-open-letter/> (Search for David Bell on brownstone.org for more.)