

THE PANDEMIC TREATY IS A DISTRACTION; KEEP YOUR EYES ON THE IHR.

OCTOBER 2023

The existing rules for the World Health Organization and its members, the International Health Regulations (IHR), are set to change this coming December. This change speeds up the timeline for everything. But it can still be stopped.

- In 2022, the Biden administration led about 40 countries in proposing amendments to the IHR. One was adopted.
- The adopted amendment shortens the timeline for countries to decide if they will accept future amendments from 18 months to 10 months. The WHO itself cannot meet deadlines so quickly, but it would force countries around the globe to do so.
 - After a year and five months of planning and negotiations, the WHO working group for the IHR said it could not meet its deadline for making further amendments. The WHO declared it does not need to abide by its own rules, despite working to make those same rules stricter on member states.
 - The chair of the WHO committee working on the treaty has also expressed disbelief that the treaty will be ready in time for the May 2024 meeting. The treaty was first announced in May 2021, and has been negotiated for two years and five months.
- The new timeline will take effect starting December 2023, unless countries reject it.
- Countries also have the option of taking a “reservation” to the amendment. The U.S. has done this before. In 2005, the U.S. government agreed to amendments up until the point the WHO’s authority bumped into constitutionally protected state rights to direct public health. Americans should expect this basic protection with every U.S.-WHO interaction.

The U.S. will have two opportunities to re-up this reservation to protect states’ rights: before December 2023; and again after the May 2024 World Health Assembly meeting, where votes on the 300 IHR aments, as well as the pandemic treaty, are expected.



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ACTIONS - THERE ARE A HANDFUL OF PSYCHOS, BUT BILLIONS OF US.

- 1. Talk.** The global health security architecture relies on censorship. Every document and discussion aims to “combat misinformation” in favor of “science” and global governance of our health decisions.
- 2. Watch out for School-based Health Centers.** The Biden administration has funneled hundreds of millions of tax dollars into these new “medical homes” for our children, where they will receive primary and specialty care, get mental health and behavioral counseling, and be prescribed pharmaceuticals - all on school time.
- 3. Tell your lawmakers to sign on to HR79, the WHO Withdrawal Act.** Defunding the WHO is not enough because most of the funding comes from private sources.
- 4. Build your local community.** Tyranny relies upon both community surveillance and self-policing. We must know our neighbors, educate our friends, and build relationships.
- 5. Reject digital identifications or health status verification apps and documents.** Health data is the keystone to controlling populations in the name of safety. Digitizing people’s choices, combined with their social services and access, is a recipe for discrimination and virtual restrictions.
- 6. Do not comply.** Our country is founded on the morals and principles of people who did their best to stand up for individual liberty in the face of tyranny. We have a duty to stand up to unjust laws. Peaceful noncompliance with unconstitutional directives parading as laws will lay the foundation for the world we are building.

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TOP FACTS ABOUT THE GLOBAL HEALTH SECURITY STATE DOCUMENTS

UN High-level Political Declaration on Pandemic Preparation, Preparedness, and Response

→ Adopted October 5, 2023

→ Meant to give “political will” to the WHO IHR and treaty

INTERNATIONAL HEALTH REGULATIONS (IHR)

- The IHR are the “rules” for the WHO.
- Danger zone: The IHR has already been amended without Senate oversight, setting the stage for it to be done again.
- In 2005, amendments following the 9/11 attacks greatly expanded the WHO’s power.
- Initially, the WHO could only respond to six diseases. After 2005, it was allowed to respond to any potential health threat.
- Created the “PHEIC” (pronounced “fake”), the Public Health Emergency of International Concern, a designation that triggers the WHO’s authority.
- New amendments would allow the WHO director general to declare regional and intermediate PHEICS.
- Amendments would lower the threshold needed to declare a PHEIC, and not require verification from the country at issue.
- Right now, the IHR is legally binding, but many provisions are optional. Proposed amendments will change that.

PANDEMIC TREATY

- Effective all the time, not just in emergencies.
- Would create an international “1986 Act,” removing liability from vaccine manufacturers and providers, which incentivizes risky and experimental product production.
- Dictates domestic spending, including donations for “capacity building” to countries that cannot afford to “prepare” for pandemics according to WHO guidelines (under the name of “equity”).
- Would create a governing body in addition to and separate from the current WHO.
- Would create a framework for global governance, with details to be filled in after adoption. In other words, the treaty is a blank check for global public health tyranny.

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THE BIDEN ADMINISTRATION IS POISED TO CLAIM AUTHORITY TO DESTROY OUR CONSTITUTION

1. **NDAA.** The National Defense Authorization Act for 2023 includes provisions for congressional approval of the WHO, as well as a commitment to strengthening it and increasing funding.
2. **Tradition and Practice.** The U.S. Congress agreed to join the WHO in a joint resolution in 1948, but not one WHO action since then has been subject to congressional oversight.
3. Some **SCOTUS** cases hold that federal treaties can override state powers.
4. The **CDC** has a regulation tying their authority to WHO emergency declarations even in the absence of a federal declaration.

WHAT DOES THIS MEAN FOR AMERICANS?

1. **More laws.** Both the IHR and the treaty document call for governments to create more laws and give public health departments more authority.
2. **More money funnels.** All this safety is expensive! The WHO would have wealthy countries “help” countries with less cash flow to get in line with WHO mandates through funding, supply transfers, and donations.
3. **More censorship.** The WHO has medicalized and weaponized speech by calling it an “infodemic” when people question the narrative.
4. **School-based Health Centers** where the state and the medical establishment can have more access to your child than you do (if we let them).
5. **Pathogen finding and sharing**, which increases the possibility for more pandemics.
6. **Digital IDs** are being sold as a convenience and a human right. But we are in a data-driven power grab and digital identities through things like smart phones and QR codes are an all-access pass to your life.

The UN

Think of it as the umbrella organization

UN Political Declaration on Pandemic Prevention, Preparedness and Response

Adopted October 2023; meant to give “political will” to WHO’s expansion of power.



The WHO

Under the umbrella of the UN, but has been operating on its own behalf until now.

The WHO wants more operating power and authority, which means the UN has stepped in.

WHO International Health Regulations (IHR)

The IHR is already in place, last amended 2005 and 2022.

On December 1, 2023, the timeline to further change the amendments will shorten from 2 years to 1 year, unless countries reject it.

The WHO will consider more amendments at the World Health Assembly in May 2024.

Key proposed changes:

- Adds Public Health Emergency of Regional Concern (PHERC) and Intermediate Health Alert
- New Compliance Committee
- WHO Director General or Regional Directors could declare an emergency without input from that member nation.
- Greatly expands health surveillance and decreases the threshold for verifiability of data before the WHO acts.

The IHR will be treated as federal law without input from our elected representatives. Unless Congress decides it is a treaty and no longer an executive agreement, there’s no need for Congress to pass legislation for implementation.

It is self-executing.

WHO Pandemic Treaty

Negotiations are ongoing around the globe and the treaty is being drafted. It will be “[a]n opportunity to enhance, update, and strengthen the leading and coordinating role of the WHO and its function to act as the directing and coordinating authority on international health work in light of the 21st century global health landscape.”

We can likely expect to see provisions on:

- “Equity” to require a declared health emergency is treated by WHO rules, no matter the economy or concerns of a country. This will funnel funds and resources from countries like the U.S. to developing countries.
- Expanding the WHO’s “One Health” approach to include environment and animals in the health equation, expanding WHO’s reach into all areas of life in the name of public health.
- Sharing health data and information across many industries and across the globe.
- Money. The WHO needs “adequate and sustainable financing so that the WHO can play a leading and coordinating role in global health.”
- Sharing of pathogens, genetic information, biological samples, data, and technology, which will increase the chances of another pandemic.
- Global coordinated actions to suppress speech critical of, or questioning, health policy.
- Teeth to enforce compliance with WHO decisions, including possible sanctions or trade and travel restrictions.
- A new centralized, standing governance, even without emergency declarations.



The CDC

Powers will now come from the WHO instead of your President and his administration

2017 CDC Regulation Update:

Added a new definition of public health emergency to trigger CDC authority to include WHO declaration of emergency without a declaration in the U.S.

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