

What the WHO?

STAND FOR
HEALTH FREEDOM

[STANDFORHEALTHFREEDOM.COM](https://standforhealthfreedom.com)



STAND FOR
HEALTH FREEDOM

Who is Stand for Health Freedom?

STANDFORHEALTHFREEDOM.COM

- Created in 2019.
- National grassroots advocacy organization with a single-issue focus on health freedom through informed consent, parental rights, religious freedom, privacy, and free speech.
- Nationwide: 650,000 advocate voting bloc.

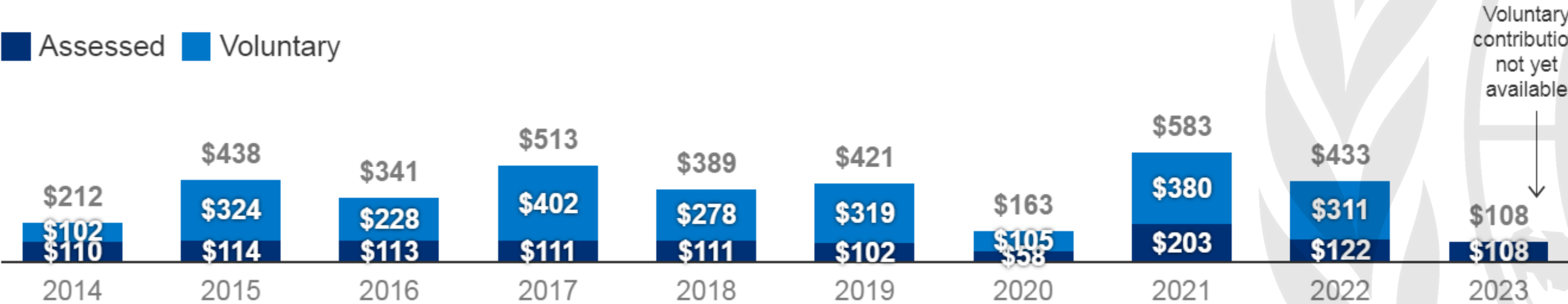
What is the WHO?

- Public health arm of the United Nations
- Formed in 1946 with post-WWII global reorganizations
- LNHO was its predecessor.
- U.S. joined by joint resolution in 1948, reserving the right to withdraw.
- Initially the WHO was limited to only 6 illnesses, now any potential pandemic pathogen.
- 194 member states. The only countries that are not part of the WHO are Taiwan and Lichtenstein.
Divided into 6 regional bureaus
- Funding is about 80% from private entities.
- U.S. assessment is average \$116M annually, and we traditionally voluntarily give an additional 2X+.

Taxpayer dollars given to the WHO

Figure 2


U.S. Contributions to the World Health Organization (WHO), by Type of Contribution, FY 2014-FY 2023 (in millions)



Note: This does not include payments to the World Bank (Pandemic Fund), CDC, USAID, DOD, USDA, and more that fund global health.

Member states voted on 20% increase in assessment fees in 2023.

NOTE: *FY 2022 and FY 2023 are estimates. 2021 assessed contributions include approximately \$80 million in funding provided toward outstanding arrears. 2022 voluntary contribution total may not capture the full U.S. voluntary contribution during this FY. * indicates 2023 voluntary contribution total is not yet available publicly from the U.S. government. WHO reports that the 2022-2023 biennium voluntary contribution from the U.S. totals \$974 million as of April 2023 (see <http://open.who.int/2022-23/contributors/contributor?name=United%20States%20of%20America>). Does not include contributions to the Pan American Health Organization (PAHO).

SOURCE: KFF analysis of data from State Department Reports to Congress on U.S. Contributions to International Organizations, State Department budget materials, WHO Budget Sources on Voluntary and Assessed Contributions <https://www.who.int/about/funding> and <http://open.who.int/2022-23/contributors/contributor>, www.foreignassistance.gov, and KFF communication with OMB and HHS officials. 

KFF

The World Health Organization (WHO) Contribution

Net Contribution Payable by Member States & Associate Members

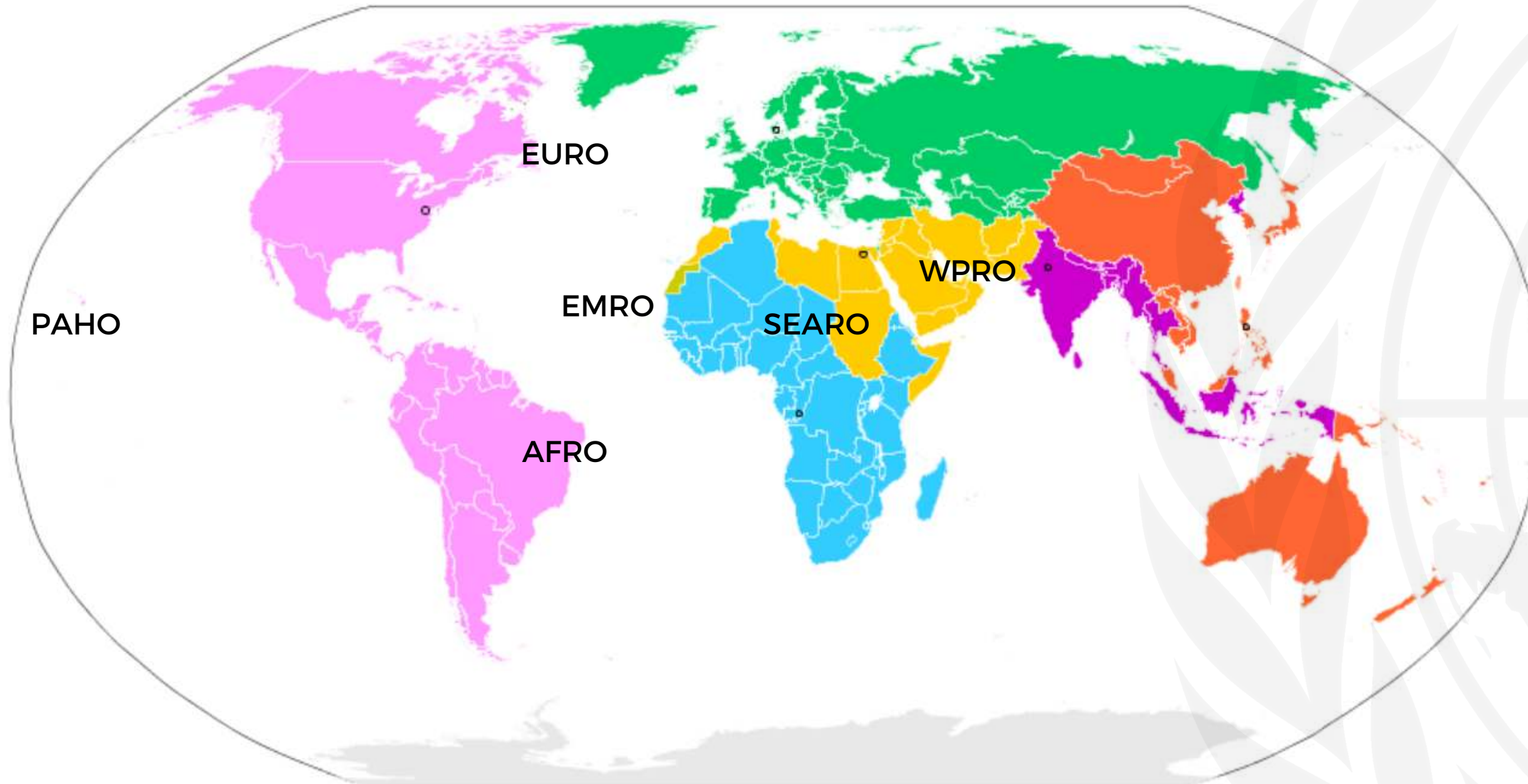


Note: This visualization shows the countries with the net contribution of \$100K or higher.

How to read this map: Size and color of the countries correspond to the value of net contribution payable for the year 2020. Countries appear bigger and darker as the value of net contribution is higher. E.g. United States.

Article & Sources:
<https://howmuch.net/articles/who-contribution>
 World Health Organization - <https://www.who.int/>

WHO regional offices



- Blue = Regional Office for Africa (AFRO), with headquarters in Brazzaville, Republic of Congo.
- Green = Regional Office for Europe (EURO), with headquarters in Copenhagen, Denmark.
- Purple = Regional Office for South East Asia (SEARO), with headquarters in New Delhi, India. North Korea is served by SEARO.
- Yellow = Regional Office for the Eastern Mediterranean (EMRO), with headquarters in Cairo, Egypt.
- Orange = Regional Office for Western Pacific (WPRO), with headquarters in Manila, Philippines.
- Pink = Regional Office for the Americas (AMRO), with headquarters in Washington, DC, United States of America. It is better known as the Pan American Health Organization, or PAHO.

What's been going on in global health?

- **2020 COVID.**
- **2021 European Council announced plans for pandemic treaty.**
- **2022 World Health Assembly (voting body of the WHO) created Intergovernmental Negotiating Body (INB) to draft the treaty.**
- **2022 U.S. proposed 13 amendments to existing IHR, creating a confusing situation where TWO documents are being negotiated simultaneously.**
 - **Most proposals were tabled.**
 - **One change was “adopted,” speeding up the timeline for future changes.**
- **2023 U.N. adopted High Level Agreement on PPPR, to give “political will” to the WHO activities.**

HOW WE GOT HERE

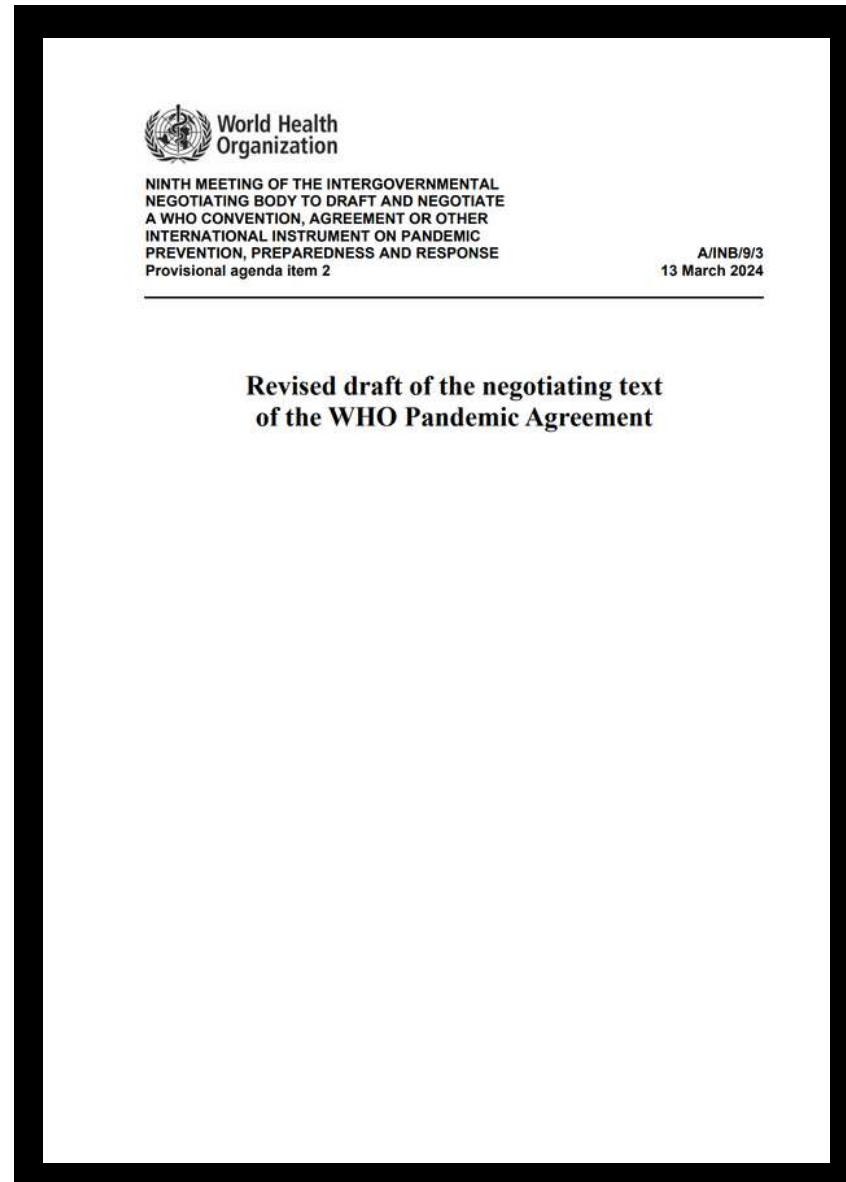
UPDATED OCTOBER 2023

- 1948 - Joint Resolution of Congress authorizing the U.S. to join the WHO (This is the authorizing statute upon which presidents with HHS have authority to make executive agreements that don't require the advice and consent of the Senate.)
- 1969 - IHR created, covers only 6 diseases.
- 2005 - IHR amended to include any disease that could be a concern, create the PHEIC, and require each country have a Focal Point person as direct contact with WHO.
- 2007 - U.S. accepts the IHR amendments with the reservation that the U.S. will comply if the regulations do not interfere with the independent health decisions of states in the U.S.
- 2020 January - U.S. Declaration of Public Health Emergency by the HHS Secretary, under the Public Health Service Act, for COVID
- 2020 January - WHO Declaration of Public Health Emergency of International Concern (PHEIC)
- 2020 March - U.S. Declaration of Emergency by the President, triggering FEMA authority under the Stafford Act
- 2020 March - WHO Declaration of global pandemic
- 2020 April - President Trump initiates process to remove the U.S. from the WHO.
- 2021 January - President Biden reinstates U.S. participation in the WHO.
- 2021 January - President Biden reinstates U.S. participation in the WHO.
- 2021 December - WHO Special WHA (second in the history of the WHO) convenes to create the Intergovernmental Negotiating Body (INB) tasked with drafting the Pandemic Treaty.
- 2022 January - U.S. submits proposed IHR Amendments to the WHO
- 2022 March - European Council announces negotiations will start on Pandemic Treaty.
- 2022 May - IHR Amendment to shorten timeline for future amendments adopted at World Health Assembly, Working Group created to collect and compile more amendments for 2024 vote.
- 2023 May - President Biden ends U.S. emergency declaration for COVID
- 2023 May - World Health Assembly 76.
- 2023 October - UN adopts Political Declaration on Pandemic Prevention, Preparedness, and Response, to give "political will" to WHO's expansion of power.
- 2023 October - IHR Working Group announces it won't meet its deadline, told the IHR doesn't apply to them and to submit the unseen compilation of 300 amendments at the next WHA.

PDF on SHF website

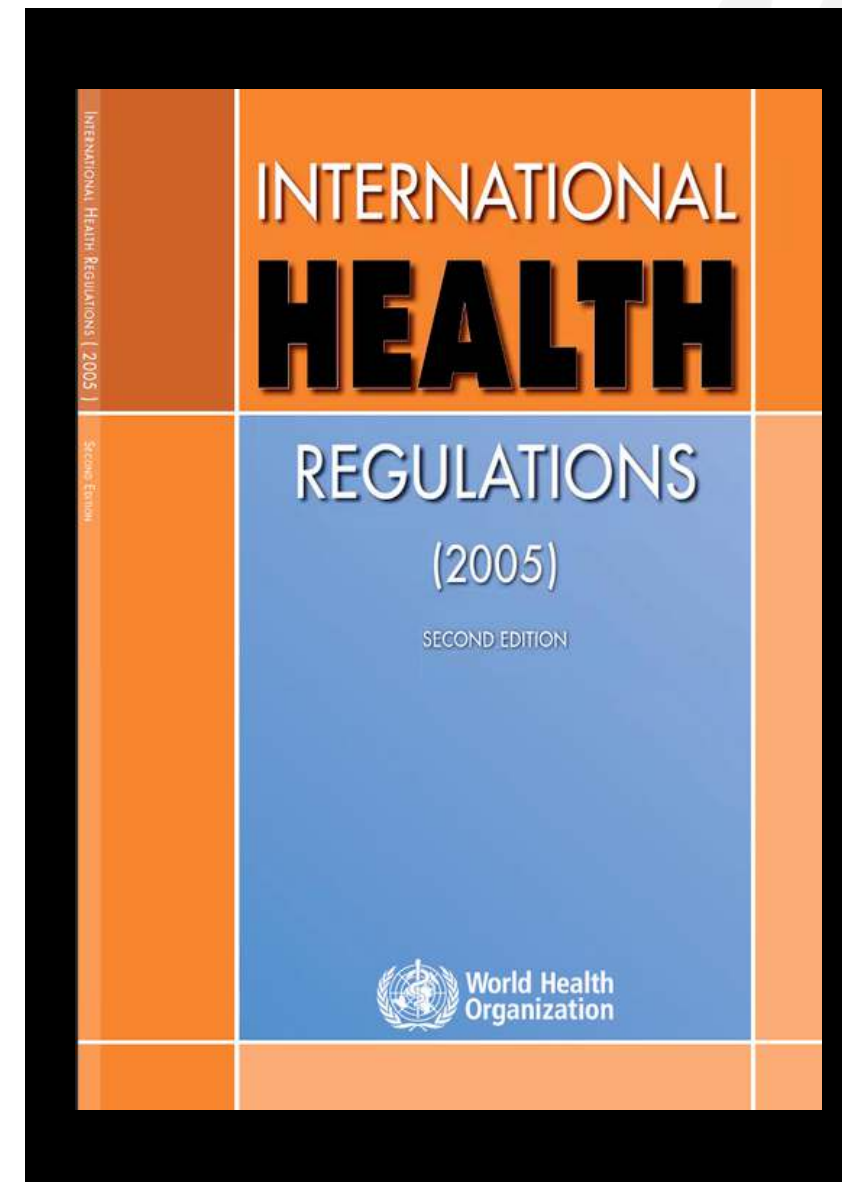
<https://standforhealthfreedom.com/wp-content/uploads/2023/12/How-we-got-here-2.pdf>

PANDEMIC TREATY



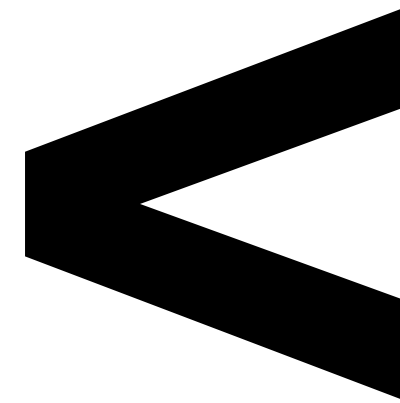
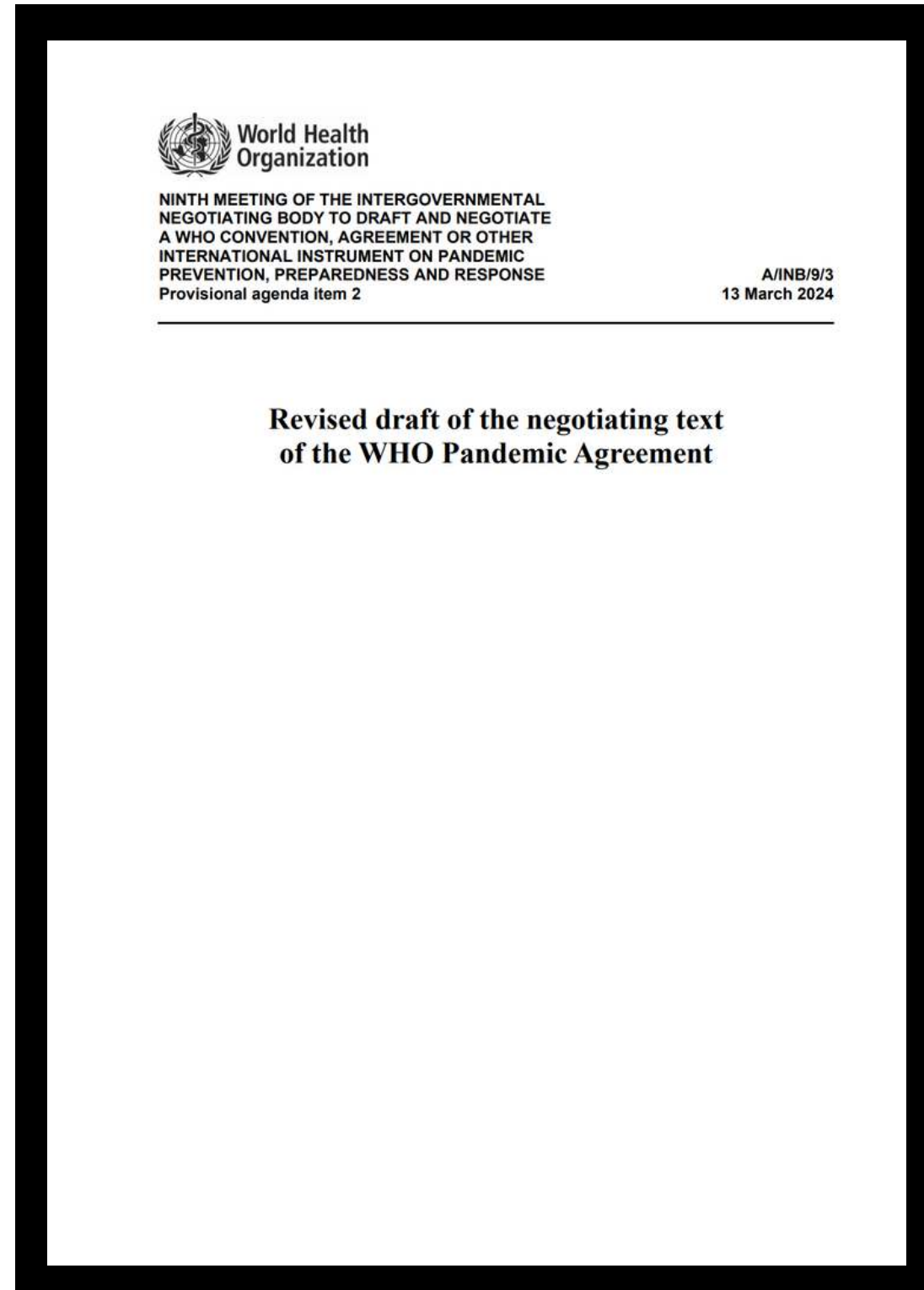
- Does not exist yet.
- Requires 2/3 majority of WHA to pass.
- U.S. Senate 2/3 approval.
- Can address “all matters within the competence of WHO”.
(Constitution Art. 2)

IHR REGULATIONS

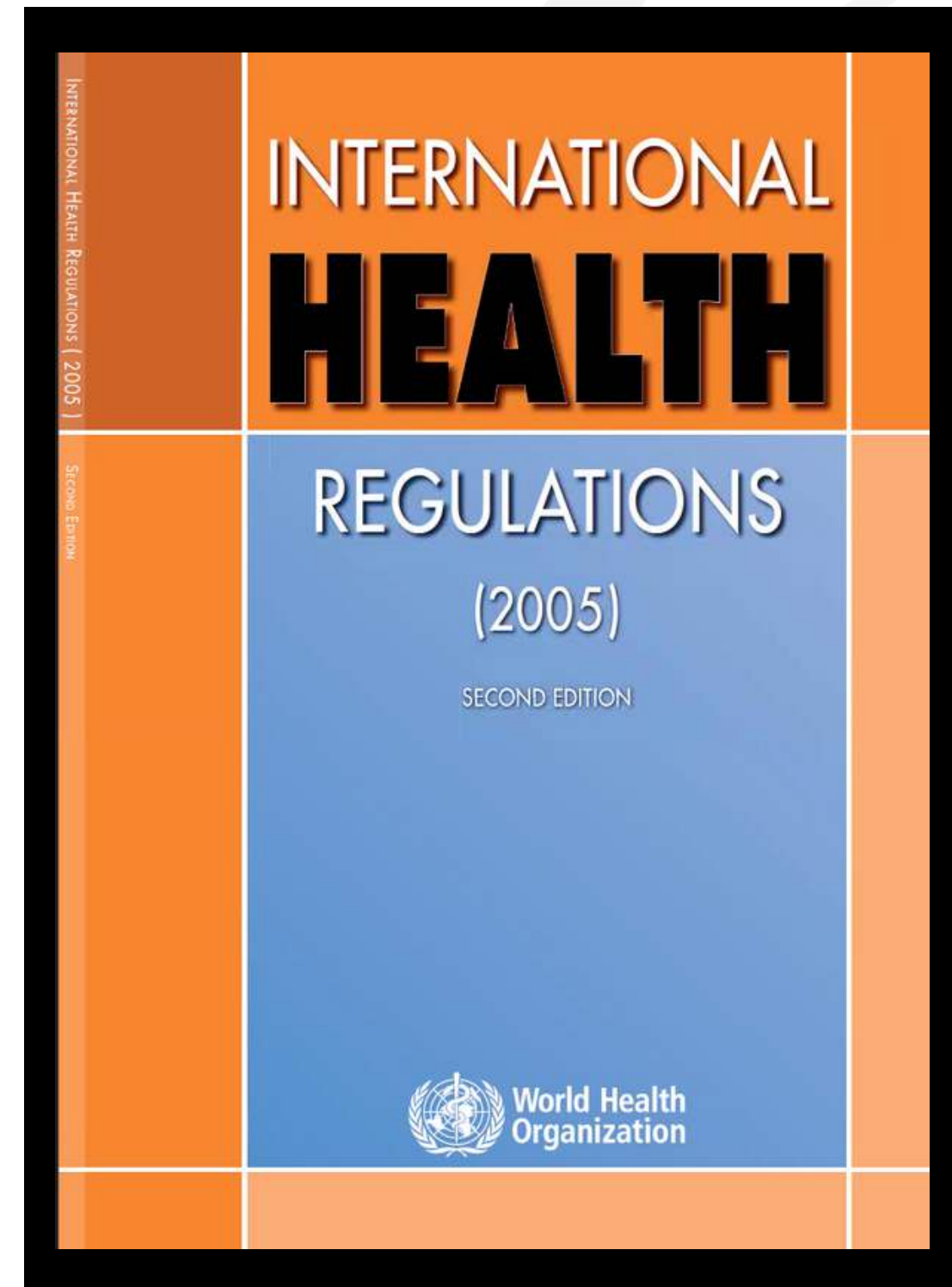


- Already exists.
- U.S. precedent of adoption and amendment without senate advice & consent.
- Requires simple majority of WHA to pass.
- Five enumerated categories:
quarantine/sanitary regs;
nomenclatures; diagnostic standards; standards for safety/purity/potency of pharma products in international commerce; advertising & labeling.
(Constitution Art. 21)

PANDEMIC TREATY



IHR REGULATIONS



Top 11 most troubling provisions of both documents

1. Pathogen sharing
2. Global 1986 Act / PREP Act
3. More PHEICs - intermediate & regional
4. Lower threshold for unilateral PHEIC declaration
5. New Conference of the Parties (COP)
6. Calls for censorship of mis- and disinformation
7. “One Health” brings everything under the umbrella of public health
8. “Equity” is another way to say transfer of wealth
9. Calls for increased health and personal information sharing
10. A blank check for enforcement
11. Calls on members to change domestic law.

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.

April	11	2024	Office of Global Affairs Listening Session on Treaty and IHR
April	18	2024	HHs Office of Global Affairs Listening Session on G20 Health Track
April	22-26	2024	8th Meeting Working Group for International Health Regulations (WGIHR)
April - May	29-10	2024	10th Meeting for Intergovernmental Negotiating Body (INB) discussing treaty
May	2	2024	HHS Office of Global Affairs Listening Session on World Health Assembly
May	27-31	2024	WHA 77, planned vote on pandemic treaty and IHR amendments
June	9	2024	German parliamentary elections
September	22-23	2024	U.N. Summit of the Future
November	5	2024	US presidential (and other) elections
January		2025	UK Elections
March		2025	Last day for rejection of, or reservation to, potentially adopted IHR amendments and/or treaty, if 2022 amendment was legally adopted, shortening timeline to 10 months.
October	25	2025	Canadian elections
November		2025	Last day to for rejection of, or reservation to potentially adopted IHR amendments and/or treaty, if amendment from 2022 is not adopted shortening timeline to 10 months.

Timeline To Treaties

What could happen at WHA 77?

1. Everything passes
2. Placeholder treaty
3. IHR amendments adopted, treaty paused
4. IHR amendments incorporate treaty
5. One or both delayed
6. Nothing passes

The IHR is a treaty too

We need our lawmakers to understand that the IHR needs advice and consent of the Senate.

- 1. Over 300 proposed amendments.**
- 2. Would modify over 50% of the document.**
- 3. Would change our relationship with, and obligations to, other countries.**
- 4. Amendments change many “mays” to “shalls” making options obligations**
- 5. Calls for changes to domestic laws.**

White House announces global partnership to prevent future pandemics

By Ernie Mundell, HealthDay News



As part of the initiative, the United States will offer support and expertise to nations, largely in Africa and Asia, aimed at boosting the preparedness, detection and response to emerging outbreaks. Photo by Adobe Stock/HealthDay News

The Biden Administration announced Tuesday that it will work with [50 nations](#) worldwide to try to prevent global pandemics such as [COVID-19](#), which brought the world to a standstill four years ago.

"Today, I am proud to announce that my Administration is releasing a new Global Health Security Strategy -- outlining actions the United States will take over the next five years to prevent, detect and effectively respond to biological threats, wherever they emerge," President [Joe Biden](#) said in a [statement](#) posted by the White House.

The process is falling apart

1. Developing countries and socialist countries want more "equity".
2. U.N. giving "political will" through it's Declaration on PPPR.
3. U.S. released update to its Global Health Security Strategy after last INB meeting.
4. Major news outlets are starting to report on disharmony among members.
5. Arguments that both the 2022 and 2024 votes are invalid.
6. Rejections and reservations from various countries or leaders.
7. Japan protest April 13, 2024.

The 2022 AND 2024 votes are illegal

2022 Amendments: Improper vote

Passed by consensus in plenary session,
no evidence of WHA vote.

2024 Amendments & Treaty: Late

Neither submitted 4 months before the
WHA that starts May 27, 2024.

2024 votes are illegal

Article 55 Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.
2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.

What does that mean for states?

State lawmakers think this isn't a state issue, and instead it belongs to the Biden administration.

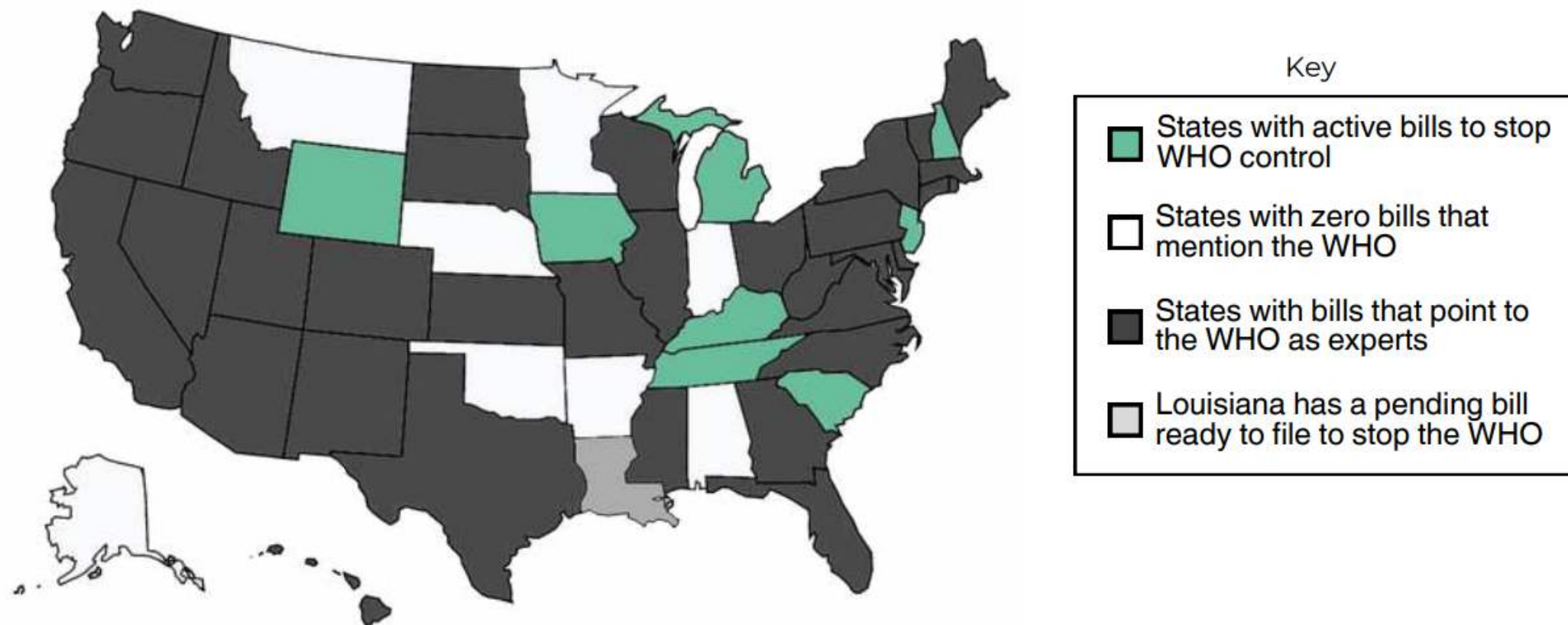
This is a total abdication of States' rights and the health and welfare power reserved by the Constitution.

The invisible hand of the WHO in the States

January 2024

Stand for Health Freedom took a look at state bill proposals in the 2023 and 2024 sessions, using the search term “World Health Organization.” What we found was striking. Through 2023 and the first month of 2024, when most bills would be filed for the session, **we found lawmakers turning to the WHO as an authority in almost 300 bills.** States that looked to the WHO as experts most frequently were Florida, New York, New Jersey, and Hawaii. See the graph below for more.

WHO legislation in the US for 2023-2024 session

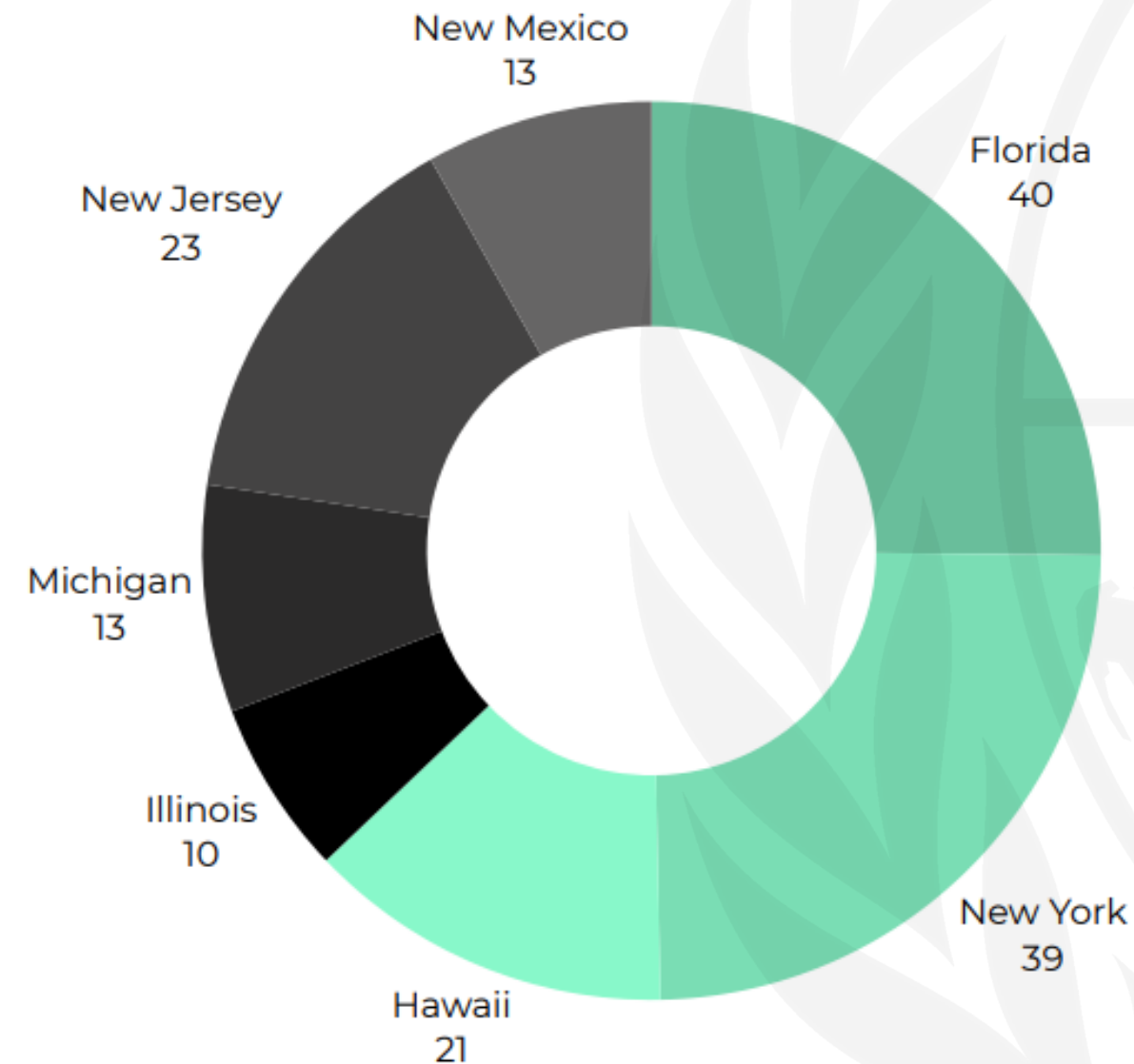


The invisible hand of the WHO in the States

These are not bills about the WHO, and not even all health-care related, but instead address anything from transportation to taxes to veterinary care to commemorative holidays to international trade agreements. See a small fraction of the list we compiled below:

- **workplace violence**
- **traffic enforcement**
- **electric bicycle rebates**
- **interstate mobility**
- **swimming lesson voucher program**
- **taxation**
- **local utilities**
- **liquor taxes**
- **airport noise**
- **metro township modifications**

States where the WHO hand is heaviest



The invisible hand of the WHO in the States

The WHO was sometimes referenced in bill text, but more often in a “whereas” clause or in documentation supporting a bill. State lawmakers are relying on recommendations, findings, declarations, and classifications, citing the WHO as an authority to justify passing a law.

Director General Tedros Adhanom Ghebreyesus recently blasted as “misinformation” the fact that the pandemic treaty and updates to the International Health Regulations (IHR) scheduled for vote in May 2024 would threaten U.S. sovereignty. With forked tongue, **he said, we know it won’t “because you are writing it.”**

What he didn’t say is that part of the process is directing countries to write new laws to support the WHO.

Today, lawmakers are referencing the WHO as an authority, tomorrow they could give WHO authority.

If you think that can’t happen, look no further than the CDC’s childhood vaccine schedule. Does your state take that guidance — which has no force of law — and turn it into law in your state?

State	2024 session (Active Bills)	2023 session	2022 session
Alabama	HJR113 , HB408		
Georgia	SR634		
Idaho	S1287		
Iowa	HF507 , HSB748		
Kentucky	HJR44 , SB314 , SR218	HB100	
Louisiana	SB133	HB372	HR116 (adopted)
Michigan	HB4859		
Missouri		HB1130	
New Hampshire	HB1156		
New Jersey	AR29	AR180	
Oklahoma	SB875		
South Carolina	S 0868 , HB4246		
Tennessee	HJR820 , HJR1359		
Utah	SB57		
Wyoming	HB91	HB143	

States with bills and resolutions against the WHO

2024 Session:
20 proposed actions
in 14 states
 (As of 4/18/24)

States with bills and resolutions against the WHO

Highlights as of 4/18/2024

- **Utah** passed the Utah Constitutional Sovereignty Act in January 2024.
- **Kentucky** saw their state Senate pass resolution SR218, opposing U.S. participation in the WHO
- **Louisiana's** bill to limit WHO jurisdiction in the state passed the Senate unanimously.
- **Tennessee's** resolution directing their state federal lawmakers & the White House to defund and exit the WHO passed the House.
- Even though sessions are nearing close, there are still bills and resolutions being filed, setting the stage for next year's sessions and growing the movement. (The last was TN 4/11/2024.)

Some observations from the filed bills

1. The **less-is-more** approach is powerful.
2. **Do not include the CDC.** Focus only on the WHO or global entities. The WHO is unelected, unaccountable, and outside America. Many bills are including sovereignty assertions against the CDC as well. While it is true that CDC doesn't have authority (unless a state explicitly gives it), a bill is more likely to meet resistance when an American agency is included.
3. **Don't rely on the 10th Amendment.** Some states are hooking the 10th Amendment of our U.S. Bill of Rights to their sovereignty assertions, but that doesn't go far enough. The 10th Amendment will protect a state's rights in public health against the federal government, but it doesn't prevent the state itself from adopting WHO policies with the force of law.
4. **Limiting the language in the bill to the treaty alone** does not incorporate the already existing International Health Regulations, which are already binding on the U.S., and amendments are being proposed to turn options into obligations. Some states have added a **private right to sue** if globalist mandates are imposed after the bill is passed.

State trend: licensure of “internationally trained physicians”

Legislature	Congress Or Session	Bill	Title
Maine	131st Legislature (2023-2024)	HP1458	An Act to Implement the Recommendations of the Commission Regarding Foreign-trained Physicians Living in Maine to Establish a Sponsorship Program for International Medical Graduates
Idaho	2nd Regular Session (2024)	H542	MEDICINE - Amends existing law to establish terms for a provisional license to practice medicine for graduates of medical schools located outside of the United States and Canada.
Wisconsin	2023-2024 Regular Session	AB954	An Act Relating to: provisional licenses to practice medicine and surgery for internationally trained physicians and physician assistants and granting rule-making authority. (FE)
Wisconsin	2023-2024 Regular Session	SB900	An Act Relating to: provisional licenses to practice medicine and surgery for internationally trained physicians and physician assistants and granting rule-making authority. (FE)
Virginia	2024 Regular Session	HB995	Board of Medicine; temporary licensure of physicians licensed in a foreign country. Permits the Board of Medicine to issue a provisional license to a physician licensed in a foreign country for no more than two years
Iowa	2023-2024 Regular Session	HF2564	An Act relating to the licensure of internationally trained physicians and including effective date provisions.
Iowa	2023-2024 Regular Session	SF477	An Act relating to the licensure of internationally trained physicians and including effective date provisions.
Iowa	2023-2024 Regular Session	SF439	An Act relating to the licensure of internationally trained physicians and including effective date provisions.
Massachusetts	193rd Legislature (2023-2024)	HB4459	An Act relative to strengthening Massachusetts' economic leadership
Massachusetts	193rd Legislature (2023-2024)	HB2224	An Act improving healthcare delivery for underserved residents of the Commonwealth
Massachusetts	193rd Legislature (2023-2024)	SB1402	An Act improving healthcare delivery for underserved residents of the commonwealth
Massachusetts	193rd Legislature (2023-2024)	SB217	An Act relative to foreign-trained medical professionals
North Carolina	2023-2024 Session	H125	NC Health & Human Services Workforce Act.
Florida	2018 Regular Session	HB657	CS/HB 657: Licensure of Internationally Trained Physicians
Florida	2018 Regular Session	HB485	HB 485: Licensure of Internationally Trained Physicians
Florida	2018 Regular Session	SB636	SB 636: Licensure of Internationally Trained Physicians
Florida	2017 Regular Session	HB1005	HB 1005: Licensure of Internationally Trained Doctors
Florida	2017 Regular Session	SB706	SB 706: Licensure of Internationally Trained Physicians
Minnesota	2013-2014 Regular Session	SF1550	University of Minnesota (U of M) academic health center foreign-trained health care professionals program and appropriation
Minnesota	2013-2014 Regular Session	SF1481	University of Minnesota (U of M) education and research funding distribution expansion
Minnesota	2013-2014 Regular Session	HF1605	University of Minnesota education and research funds directed.
Minnesota	2013-2014 Regular Session	HF1511	Medical education and research cost funding directed.
Minnesota	2013-2014 Regular Session	SF1013	Long-term homeless services appropriation
Minnesota	2011 First Special Session	HF25	Special Session Health and Human Services budget bill.
Minnesota	2011-2012 Regular Session	SF760	Omnibus health and human services finance bill
Minnesota	2010 First Special Session	HF1	Omnibus state budget bill.
Minnesota	2009-2010 Regular Session	HF3834	Omnibus budget balancing bill.
Minnesota	2009-2010 Regular Session	HF2614	Omnibus health and human services bill.

Other ways the agenda is already being implemented

- WHO BioHub system / PABS
- Pandemic Fund at World Bank
- WHO Hub for Pandemic and Epidemic Intelligence, Berlin Germany
- Global Initiative on Digital Health (GIDH - pronounced “guide”)
- International Pathogen Surveillance Network
- WHA resolution to adopt Resolution on strengthening diagnostics capacity
- Increased evaluation of country compliance with IHR

How I Learned to Love the New World Order

Imagine my surprise when a Wall Street Journal editorial appointed me dean of the Pat Buchanan school of neo-isolationism. My credentials? Believing that the Pentagon's new strategy — America as "Globocop" — could render the United States a hollow superpower.

All agree we need the military capacity to defend our vital interests — by ourselves when need be. The question is grand strategy. With the Journal's endorsement, the Pentagon has called for a Pax Americana: The U.S. should cast so large a military shadow that no rival dare emerge.

American hegemony might be a pleasant idea, but is it economically, political-

Counterpoint

By Joseph R. Biden Jr.

ly or even militarily wise? Bristling with weapons, we would continue our economic decline, while rising industrial and financial giants in Europe and Asia viewed our military pretensions with indifference or contempt.

Defense Secretary Dick Cheney outdid even the Journal, dipping deep into the well of Cold War argumentation to accuse Pax Americana critics of thinking "America's world presence is somehow immoral and dangerous."

Why doesn't the Journal stop the name-calling, get its schools sorted out, and court an honest debate over America's proper role in the new world order?

Pat Buchanan's "America First" preaches martyrdom; We've been suckered into fighting "other" people's battles and defending "other" people's interests. With our dismal economy, this siren song holds some appeal.

But most Americans, myself included, reject 1930s-style isolationism. They expect

to see the strong hand of American leadership in world affairs, and they know that economic retreat would yield nothing other than a lower standard of living. They understand further that many security threats — the spread of high-tech weapons, environmental degradation, overpopulation, narcotics trafficking, migration — require global solutions.

What about America as globocop? First, our 21st-century strategy has to be a shade more clever than Mao's axiom that power comes from the barrel of a gun. Power also emanates from a solid bank balance, the ability to dominate and penetrate markets, and the economic leverage to wield diplomatic clout.

Second, the plan is passive where it needs to be aggressive. The Journal endorses a global security system in which we destroy rogue-state threats as they arise. Fine, but let's prevent such problems early rather than curing them late. Having contained Soviet communism until it dissolved, we need a new strategy of "containment" — based, like NATO, on collective action, but directed against weapons proliferation.

The reality is that we can slow proliferation to a snail's pace if we stop irresponsible technology transfers. Fortunately, nearly all suppliers are finally showing restraint. The maverick is China, which persists in hawking sensitive weapons and technology to the likes of Syria, Iran, Libya, Algeria and Pakistan — even while pledging otherwise.

The Senate has tried to force China's leaders to choose between Third World arms sales (1991 profits of \$500 million) and open trade with the U.S. (a \$12.5 billion annual Chinese surplus). Even though we have convincing intelligence that China's leaders fear the use of this leverage, the president inexplicably refuses to challenge Beijing.

Weapons containment can't be foolproof; and against a nuclear-armed North Korea, I would support pre-emptive military action if necessary. But let's do our best — using supplier restraint and sanctions against outlaw sellers and buyers — to avoid having to round up the posse. Why not an anti-proliferation "czar" in the cabinet to give this objective the prominence it urgently needs?

Third, Pax Americana is a direct slap at two of our closest allies — Japan and Germany — and a repudiation of one of our

Rather than denigrating collective security, we should regularize the kind of multilateral response we assembled for the Gulf War. Why not breathe life into the U.N. Charter?

great postwar triumphs. For years, American leaders argued that building democracy in Europe and Asia would guarantee stability because democracies don't start wars. Now the Pentagon says we must keep our military large enough to persuade Japan and Germany "not to aspire to a greater role [even] to protect their legitimate interests."

How has our success suddenly become a threat? It hasn't, but the Pentagon plan could become a self-fulfilling prophecy. By insulting Tokyo and Berlin, and arrogating to ourselves military stewardship of the world, we may spark the revival no one wants.

Secretary Cheney says he wants the allies to share the burden on defense matters. But Pax Americana puts us on the wrong end of a paradox: Hegemony means

that even our allies can force ever greater U.S. defense spending the more they try to share the burden!

Fourth, collective security doesn't rule out unilateral action. The Journal says I'm among those who want "Americans . . . to trust their security to a global committee." But no one advocates that we repeal the "inherent" right of self-defense enshrined in Article 51 of the United Nations Charter.

Secretary Cheney says his plan wouldn't undermine support for the U.N. Who would know better than the U.N.'s usually understated secretary general? If implemented, says Boutros Boutros-Ghali, the Pentagon's strategy would spell "the end of the U.N."

Rather than denigrating collective security, we should regularize the kind of multilateral response we assembled for the Gulf War. Why not breathe life into the U.N. Charter? It envisages a permanent commitment of forces, for use by the Security Council. That means a presumption of collective action — but with a U.S. veto.

Rather than defending military extravagance, the Bush administration should be reallocating Pentagon funds to meet more urgent security needs: sustaining democracy in the former Soviet empire; supporting U.N. peacekeepers in Yugoslavia, Cambodia and El Salvador; and rebuilding a weakened and debt-burdened America.

If Pentagon strategists and their knee-jerk supporters could broaden their horizons, they would see how our superpower status is best assured. We must get lean militarily, revitalize American economic strength, and exercise a diplomatic leadership that puts new muscle into institutions of collective security.

Sen. Biden is chairman of the Senate Foreign Relations Committee's European Affairs Subcommittee.

By Joseph R. Biden Jr.

Action Steps

Shore up your personal sovereignty and prepare for the next round. We don't know what will happen at WHA 77, nor the upcoming elections.

- 1. Support HR 79: Who Withdraw Act.**
- 2. Be like Collier County, FL.**
- 3. Watch out for School-based Health Centers.**
- 4. Never stop talking about this.**
- 5. Do not comply.**

Another big way we can stop the WHO is by participating in the election process.

1. Only **30% of Americans vote in the primaries**. This is our secret weapon as it's an easier time to get good lawmakers in office.
2. We know many are disenfranchised with elections, but we have proof we can still make a difference at the state and local level if we show up this year:
 - a. **Louisiana held its elections in 2023 and we showed up BIG, we saw 48 health freedom candidates get into office**, along with a new freedom Governor.
 - b. **Their 2024 legislative session saw 23 good health freedom bills get filed, by over 12 different legislators** (thats unheard of numbers) and none of this would have been possible without the policymakers getting elected. Your vote still matters.

STANDFORHEALTHFREEDOM.COM

THIS ELECTION IS OUR

FINAL STAND  **2024**

FOR HEALTH, FOR FREEDOM, FOR CHILDREN, FOR AMERICA.

STAND FOR
HEALTH FREEDOM

What does noncompliance look like?



- **Say no to mandates.**
- **Opt out of facial recognition.**
- **Ditch your REAL ID.**
- **Become self sufficient.**
- **Build your community.**
- **Refuse to stay silent.**

HEALTH FREEDOM ADVOCACY CENTER

HEALTH FREEDOM IS

The only way out is through. Together, we're taking down barriers that stand in the way of enjoying our basic American rights. We're inspiring and empowering individuals to engage in the political process and making it undeniable to both citizens and lawmakers that America still stands for health freedom.

TAKE ACTION

WORLD HEALTH ORGANIZATION ALERT!

[For the latest action/info on stopping the World Health Organization \(WHO\), go here.](#)

For more info, go to standforhealthfreedom.com's home page and click here!

Thank you!

advocates@standforhealthfreedom.com

STAND FOR
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