



Exclusive: WHO Proposals Could Strip Nations of Their Sovereignty, Create Worldwide Totalitarian State, Expert Warns

Description

In an interview with The Defender, Francis Boyle, J.D., Ph.D., bioweapons expert and professor of international law at the University of Illinois, said the World Health Organization's (WHO) latest proposals may violate international law. Boyle called for U.S. federal and state governments to exit the WHO immediately.

Secretive negotiations took place this week in Geneva, Switzerland, to discuss proposed amendments to the World Health Organization's (WHO) International Health Regulations (IHR), considered a binding instrument of international law.

Similar negotiations took place last month for drafting a new WHO pandemic treaty.

While the two are often conflated, the [proposed IHR amendments](#) and the proposed pandemic treaty represent two separate but related sets of proposals that would fundamentally alter the WHO's ability to respond to "public health emergencies" throughout the world — and, critics warn, significantly strip nations of their sovereignty.

According to author and researcher James Roguski, these two proposals would transform the WHO from an advisory organization to a global governing body whose policies would be legally binding.

They also would greatly expand the scope and reach of the IHR, institute a system of global health certificates and "passports" and allow the WHO to mandate medical examinations, quarantine and treatment.

Roguski said the proposed documents would give the WHO power over the means of production during a declared pandemic, call for the development of IHR infrastructure at "points of entry" (such as national borders), redirect billions of dollars to the "Pharmaceutical Hospital Emergency Industrial Complex" and remove mention of "respect for dignity, human rights and fundamental freedoms of people."

Francis Boyle, J.D., Ph.D., professor of international law at the University of Illinois, said the proposed documents may also contravene international law.

Boyle, author of several international law textbooks and a bioweapons expert who drafted the Biological Weapons Anti-Terrorism Act of 1989, recently spoke with The Defender about the dangers — and potential illegality — of these two proposed documents

Other prominent analysts also sounded the alarm.

Proposals would create ‘worldwide totalitarian medical and scientific police state’

Meeting in Geneva between Jan. 9-13, the [WHO’s IHR Review Committee](#) worked to develop “technical recommendations to the [WHO’s] Director-General on amendments proposed by State Parties to the IHR,” according to a WHO document.

The [IHR](#) was first enacted in 2005, in the aftermath of SARS-CoV-1, and took effect in 2007. They constitute one of only two legally binding treaties the WHO has achieved since its inception in 1948 — the other being the [Framework Convention on Tobacco Control](#).

As previously reported by The Defender, the IHR framework already [allows the WHO director-general](#) to declare a public health emergency in any country, without the consent of that country’s government, though the framework requires the two sides to first attempt to reach an agreement.

According to the same WHO document, the recommendations of the IHR Review Committee and the [member states’ Working Group on Amendments to the International Health Regulations \(2005\)](#) (WGIHR) will be reported to WHO Director-General Tedros Adhanom Ghebreyesus by mid-January, in the leadup to the WHO’s 76th World Health Assembly in late May.

Boyle said he questioned the legality of the above documents, citing for instance the fact that “the proposed WHO treaty violates the [Vienna Convention on the Law of Treaties](#),” which was ratified in 1969, and which Boyle described as “the international law of treaties for every state in the world.”

Boyle explained the difference between the latest pandemic treaty and IHR proposals. “The WHO treaty would set up a separate international organization, whereas the proposed regulations would work within the context of the WHO we have today.”

However, he said, “Having read through both of them, it’s a distinction without a difference.” He explained:

“Either one or both will set up a worldwide totalitarian medical and scientific police state under the control of Tedros and the WHO, which are basically a front organization for the Centers for Disease Control and Prevention (CDC), Tony Fauci, Bill Gates, Big Pharma, the biowarfare industry and the Chinese Communist government that pays a good chunk of their bills.

“Either they’ll get the regulations or they’ll get the treaty, but both are existentially dangerous. These are truly dangerous, existentially dangerous and insidious documents.”

Boyle, who has written extensively on international law and argued cases on behalf of Palestine and

Bosnia in the [International Court of Justice](#), told The Defender he has “never read treaties and draft international organizations that are so completely totalitarian as the IHR regulations and the WHO treaty,” adding:

“Either one or both will set up a totalitarian medical and scientific police state that will be beyond the control of national, state and local government authorities.

“Both the IHR regulations and the WHO treaty, as far as I can tell from reading them, are specifically designed to circumvent national, state and local government authorities when it comes to pandemics, the treatment for pandemics and also including in there, vaccines.”

Talks for both the proposed pandemic treaty and the proposed IHR amendments appear to follow a similar timeline, in order to be submitted for consideration during the WHO’s World Health Assembly May 21-30.

“It’s clear to me they are preparing both the regulations and the treaty for adoption by the World Health Assembly in May of 2023,” Boyle said. “That’s where we stand right now as I see it.”

According to the WHO, the International Negotiating Body (INB) working on the Pandemic Treaty will present a “progress report” at the May meeting, with a view toward presenting its “final outcome” to the 77th World Health Assembly in May 2024.

Boyle: proposed legally-binding pandemic treaty violates international law

Commenting on the pandemic treaty, Tedros said, “The lessons of the pandemic must not go unlearned.” He described the current “conceptual zero draft” of the treaty as “a true reflection of the aspirations for a different paradigm for strengthening pandemic prevention, preparedness, response and recovery.”

Roguski, in his analysis of the “Pandemic Treaty,” warned that it will create a “legally binding framework convention that would hand over enormous additional, legally binding authority to the WHO.”

The WHO’s 194 member states would, in other words, “agree to hand over their national sovereignty to the WHO.” This would “dramatically expand the role of the WHO,” by including an “entirely new bureaucracy,” the “Conference of the Parties,” which would include not just member states but “relevant stakeholders.”

This new bureaucracy, according to Roguski, would “be empowered to analyze social media to identify misinformation and disinformation in order to counter it with their own propaganda.”

The WHO currently partners with numerous such organizations, such as “fact-checking” firm NewsGuard, for these purposes.

Roguski said the pandemic treaty also would speed up the approval process for drugs and injectables, provide support for gain-of-function research, develop a “Global Review Mechanism” to oversee national health systems, implement the concept of “One Health,” and increase funding for so-called “tabletop exercises” or “simulations.”

“One Health,” a brainchild of the WHO, is described as “an integrated, unifying approach to balance

and optimize the health of people, animals and the environment” that “mobilizes multiple sectors, disciplines and communities” and “is particularly important to prevent, predict, detect, and respond to global health threats such as the COVID-19 pandemic.”

In turn, “tabletop exercises” and “simulations” such as “Event 201,” were remarkably prescient in “predicting” the COVID-19 and monkeypox outbreaks before they actually occurred.

Roguski said the pandemic treaty would provide a structure to redirect massive amounts of money “via crony capitalism to corporations that profit from the declarations of Public Health Emergencies of International Concern” (‘pandemics’) and “the fear-mongering that naturally follows such emergency declarations.”

Boyle warned that the treaty and proposed IHR regulations go even further. “The WHO, which is a rotten, corrupt, criminal, despicable organization, will be able to issue orders going down the pike to your primary care physician on how you should be treated in the event they proclaim a pandemic.”

Moreover, Boyle said, the pandemic treaty would be unlike many other international agreements in that it would come into immediate effect. He told The Defender:

“If you read the WHO Treaty, at the very end, it says quite clearly that it will come into effect immediately upon signature.

“That violates the normal processes for ratification of treaties internationally under the Vienna Convention on the Law of Treaties, and also under the United States Constitution, requiring the United States Senate to give its advice and consent to the terms of the treaty by two-thirds vote.”

Indeed, [Article 32](#) of the proposed treaty regarding its “Provisional application” states:

“The [treaty] may be applied provisionally by a Party that consents to its provisional application by so notifying the Depository in writing at the time of signature or deposit of its instrument of ratification, acceptance, approval, formal confirmation or accession.

“Such provisional application shall become effective from the date of receipt of the notification by the Secretary-General of the United Nations.”

“Whoever drafted that knew exactly what they were doing to bring it into force immediately upon signature,” said Boyle. “Assuming the World Health Assembly adopts the treaty in May, Biden can just order Fauci or whoever his representative is there to sign the treaty, and it will immediately come into effect on a provisional basis,” he added.

“I don’t know, in any of my extensive studies of international treaties, let alone treaties setting up international organizations, of any that has a provision like that in it,” said Boyle. “It’s completely insidious.”

Proposed amendments to IHR described as a WHO ‘power grab’

According to Roguski, who said the WHO is “attempting a power grab,” the proposed amendments to the IHR may be even more concerning than the pandemic treaty.

Roguski wrote that while he believes the pandemic treaty is “an important issue,” he also thinks it is “functioning as a decoy that is designed to distract people from the much larger and more immediate threat to our rights and freedoms, which are the proposed amendments to the International Health Regulations.”

The IHR Review Committee working on the proposed amendments “began its work on 6 October 2022,” according to a WHO document, and has convened five times since then, including this week’s meetings in Geneva. Access to the meetings was prohibited for the unvaccinated.

The final proposals of the IHR Review Committee and the WGIHR will be presented to Tedros in mid-January and to the World Health Assembly in May. According to Roguski, “If the proposed amendments are presented to the 76th World Health Assembly, they could be adopted by a simple majority of the 194 member nations.”

As a result, Roguski said, compared to the proposed pandemic treaty, “The amendments to the International Health Regulations are a much more immediate and direct threat to the sovereignty of every nation and the rights and freedoms of every person on earth.”

According to Roguski, “The proposed amendments would seek to remove 3 very important aspects of the existing regulations,” including “removing respect for dignity, human rights and fundamental freedoms” from the text of the IHR, changing the IHR from “non-binding” to “legally binding” and obligating nations to “assist” other nations.

“Essentially, the WHO’s Emergency Committee would be given the power to overrule actions taken by sovereign nations,” Roguski said.

According to Boyle, similarly to the pandemic treaty, “again, Biden can instruct his representative in May, assuming they adopt the regulations, to sign the regulations. And then, the Biden administration will treat that as a binding international agreement, just like they did with the 2005 regulations,” referring to the original IHR ratified that year.

He added:

“Those [the 2005 IHR] were signed and the U.S. State Department at that time considered them to be a legally binding international executive agreement that they list in the official State Department publication, [‘Treaties in Force.’](#)

“In other words, they treat the 2005 regulations as if they were a treaty that never received the advice and consent of the United States Senate, and therefore the supreme law of the land under Article 6 of the United States Constitution that would be binding upon all state and local governments here in the United States, even if they are resisting, the IHR regulations or the WHO treaty.”

According to Roguski, “The proposed amendments would implement a great number of changes that everyone should absolutely disagree with.”

These changes include “dramatically expand[ing] the scope of the International Health Regulations from dealing with actual risks to dealing with anything that had the potential to be a risk to public health,” which Roguski said “would open up the doors wide to massive abuse beyond anything we

have seen over the past three years.”

The proposed amendments also would shift the WHO’s focus “away from the health of real people” to “place primary preference upon the resilience of health care systems,” and would establish a “National Competent Authority” that “would be given great power to implement the obligations under these regulations,” Roguski said.

If the amendments come to pass, Roguski said, “The WHO will no longer need to consult any sovereign nation in which an event may or may not be occurring within that nation before declaring that there is a Public Health Emergency of International Concern within the borders of that nation.”

“Intermediate Public Health Alert[s],” “Public Health Emergenc[ies] of Regional Concern” and “World Alert and Response Notice[s]” could also be declared by the WHO’s director general, while the WHO would be recognized “as the guidance and coordinating authority during international emergencies.”

During such real or “potential” emergencies, the amendments would empower the WHO to mandate a variety of policies globally, which would be legally binding on member nations.

These policies could include requiring medical examinations or proof of such exams, requiring proof of vaccination, refusing travel, implementing quarantine and contact tracing or requiring travelers to furnish health declarations, to fill out passenger locator forms and to carry digital global health certificates.

“Competent health authorities” would also be empowered to commandeer aircraft and ships, while surveillance networks to “quickly detect public health events” within member nations would also be set up, as per the proposed amendments.

The WHO would also be empowered to be involved in the drafting of national health legislation.

The proposed amendments would give the WHO the power to develop an “Allocation Plan,” allowing it to commandeer the means of production of pharmaceuticals and other items during an “emergency,” and would oblige developed nations to provide “assistance” to developing nations.

“The proposed amendments ... would facilitate digital access to everyone’s private health records,” Roguski said, and similar to the proposals in the pandemic treaty, would “also facilitate the censorship of any differing opinions under the guise of mis-information or dis-information.”

Roguski said the proposals are being made despite a “lack of input from the general public” by “unknown and unaccountable delegates” using vague and “undefined terminology” and vague criteria “by which to measure preparedness.”

He said the proposals would “trample our rights and restrict our freedoms,” including the right to privacy, to choose or refuse treatment, to express one’s opinions, to protect one’s children, to be with family and friends and to be free from discrimination, including discrimination on the basis of one’s vaccination status.

“The finality of decisions made by the Emergency Committee” foreseen by the amendments “would be a direct attack on national sovereignty,” Roguski said.

How did we get here?

[According to the WHO](#), the members of the INB — during a meeting in Geneva July 18-21, 2022 — reached a “consensus,” agreeing that any new “convention, agreement or other international instrument on pandemic prevention, preparedness and response” would be “legally binding” on member states.

For Boyle, this is the WHO’s response to the “enormous opposition” to the COVID-19-related restrictions of the past three years. He told The Defender:

“As far as I can figure out what happened here was this: As you know, there has been enormous opposition here in the United States [against] these totalitarian edicts coming out, and this was under both Trump and Biden.

“These totalitarian edicts coming out of the federal government, the White House, the CDC, everyone else on this pandemic and also the vaccine mandates, there’s enormous grassroots opposition. And so, as far as I can tell what happened, this culminated in Trump pulling us out of the WHO, which I think was a correct decision.

“So you know, I’m a political independent. I’m just looking at this subjectively. Now, what happened was then, when Biden came to power, his top scientific advisor was Tony Fauci. So Biden put us back into the WHO and then appointed Fauci as the U.S. representative on the Executive Committee of the WHO.

“That’s where both the IHR regulations and the WHO treaty come from: to circumvent the enormous grassroots opposition to the handling of the edicts coming out of the federal government with respect to the pandemic and the vaccine mandates.”

Boyle explained what “legally binding” would mean in this context, if either set of proposals comes to pass:

“What will happen is the WHO will come up with an order, this new organization will come up with an order that they will then send to Washington, D.C., whereupon the Biden administration will enforce it as a binding international obligation of the United States of America under Article 6 of the United States Constitution, and it will usurp the state and local health authorities, who generally have constitutional authority to deal with public health under the 10th Amendment to the United States Constitution.

“The Biden administration will then argue that either the regulations or the treaty will usurp the 10th Amendment to the United States Constitution and state and local health authorities, governors, attorney generals, public health authorities will have to obey [any] order coming out of the WHO.”

Referring to his remarks about the illegality of the two proposals under the [Vienna Convention on the Law of Treaties](#), Boyle clarified that under Article 18 of the convention, “a treaty does not come into force when signed. When the state has signed the treaty, it is only obligated to act in a manner that does not defeat the object and purpose of the treaty.”

Article 18 states:

“A State is obliged to refrain from acts which would defeat the object and purpose of a treaty when: (a) it has signed the treaty or has exchanged instruments constituting the treaty subject to ratification, acceptance or approval, until it shall have made its intention clear not to become a party to the treaty.”

According to Boyle a state’s signature “does not provisionally bring the treaty into force.”

Boyle also described the proposals as “a massive power grab by Fauci, the CDC, the WHO, Bill Gates, Big Pharma, the biowarfare industry and Tedros.”

He added:

“I’ve never seen anything like this in any of my research, writing, teaching, litigating international organizations going back to the [First Hague Peace Conference of 1899](#), up until today.”

Roguski and Boyle argued that the U.S. — and other countries — should [exit the WHO](#). Boyle told The Defender:

“I’m not a supporter of President Trump, but I think we have to go back to pulling out of the WHO right away. In the last session of Congress, there was [legislation introduced pulling us out of the WHO](#). We need that legislation reintroduced immediately, in this new session of Congress.

“I think the House of Representatives has to make it clear that they object, that there’s no way they are going to go along with any orders coming out of the WHO, the World Health Assembly [WHA] or this new international pandemic organization, and that they have the power of the purse and that they will defund anything related to the WHO.”

However, for Boyle, this is not just a matter for federal lawmakers. “We need, certainly, the state governments here in the United States to take the position that they will not comply with any decisions coming out of the WHO, the WHA or this new international pandemic organization,” adding that he recently made such [recommendations to Florida Gov. Ron DeSantis](#).

“We need that replicated all over the United States, on a state-by-state basis,” said Boyle, “and I think we need it right away because they’re trying to rush through these WHO regulations and the [pandemic] treaty for the WHO assembly in May.”

Close cooperation with Gates Foundation, others

According to the WHO, the [INB discussions](#) are taking place not just among all member states, but also with “relevant stakeholders” listed in document [A/INB/2/4](#).

Who are these stakeholders? One example is GAVI, The Vaccine Alliance, listed as an “Observer” alongside the Holy See (Vatican), Palestine and the Red Cross.

As previously reported by The Defender, [GAVI](#) proclaims a mission to “[save lives and protect people’s health](#),” and states it “helps vaccinate almost half the world’s children against deadly and debilitating infectious diseases.”

GAVI describes its core partnership with various international organizations, including names that are by now familiar: the WHO, UNICEF, the Bill & Melinda Gates Foundation and the World Bank, and with the [ID2020 Alliance](#), which supports the implementation of “vaccine passports.”

ID2020’s founding members include the Gates Foundation, Microsoft and the Rockefeller Foundation.

In turn, the Gates Foundation, alongside Bloomberg Philanthropies, the Clinton Health Access Initiative, the Rockefeller Foundation, the International Air Transport Association (IATA — think “vaccine passports”) and the Population Council — founded by John D. Rockefeller and known for its [“population control” initiatives](#) — are listed in the same WHO document under Annex C as [“non-state actors in official relations with WHO.”](#)

“Other stakeholders, as decided by the INB, invited to attend [and] speak at open sessions of meetings of the INB [and] provide inputs to the INB” include IATA, the International Civil Aviation Organization and the World Bank Group.

[“Open Philanthropy”](#) and George Soros’ Open Society Foundations, and “nonprofit consumer advocacy organization” Public Citizen, are among the groups listed in the WHO document as “other stakeholders” that can “provide inputs to the INB,” alongside two Russian state-affiliated health organizations.

Lead U.S. negotiator for the pandemic treaty, Pamela Hamamoto — previously an investment banker with Goldman Sachs and Merrill Lynch — “helped coordinate early responses to the Ebola outbreak in West Africa in 2015 ... and a strengthened WHO response.”

Hamamoto also was “instrumental in the 2014 launch of the Global Health Security Agenda” (GHSA), a “global effort ... focused on strengthening the world’s ability to prevent, detect, and respond to infectious disease threats,” spearheaded by the CDC and founded with the purpose of accelerating the IHR passed in 2005.

The World Bank, the Global Health Security Consortium, the Private Sector Roundtable and the WHO are part of the GHSA’s steering group. AstraZeneca and Johnson & Johnson, manufacturers of COVID-19 vaccines, are members of the Private Sector Roundtable.

Advising the GHSA is the “GHSA Consortium,” which includes within its steering committee the Johns Hopkins Bloomberg School of Public Health (which hosted Event 201) and the Nuclear Threat Initiative (NTI).

As previously reported by The Defender, the NTI organized a “tabletop exercise” that predicted a “fictional” May 2022 monkeypox outbreak with remarkable accuracy. “Open Philanthropy” funded the final report for this exercise.

General members of the GHSA Consortium include the Gates Foundation, Amazon Web Services (which maintained COVID-19 immunization databases for the CDC), Boston University and the

institution's National Emerging Infectious Diseases Laboratories (NEIDL), and Emergent BioSolutions.

As previously reported by The Defender, NEIDL is where "a new strain of COVID-19 that killed 80% of the mice infected with the virus" was recently developed.

Emergent BioSolutions, which produced the Johnson & Johnson vaccine and attained infamy for losing a \$600 million federal contract after millions of vaccine doses were ruined, is connected to the 2001 Dark Winter anthrax simulation.

In June 2022, with the support of the U.S., Italy (current chair of the GHSA) and then-G20 president Indonesia, the World Bank announced the launch of a \$1 billion "pandemic fund."

In November 2022, Indonesian Minister of Health Budi Gunadi Sadikin, at the G20 meeting held in Bali, pushed for an international "digital health certificate acknowledged by the WHO" to enable the public to "move around." Indonesia is also a permanent member of the GHSA's steering group.

By Michael Nevradakis, Ph.D.

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