Submission to the Amendments to the International Health Regulations (2005) Inquiry

14/11/2024

As an introduction to the information contained in this submission Australia does not need or want any non-elected overseas bureaucrats, especially those with vested interests and that are not accountable under any laws to dictate any responses, for health or otherwise, to Australians, circumventing democratic processes.

To back up this statement I quote Dr David Bell, Senior Scholar at Brownstone Institute, currently a public health physician and biotech consultant in global health. Formerly a medical officer and scientist at the WHO:

Why Does the WHO Make False Claims Regarding Proposals to Seize States' Sovereignty?

> "A rational examination of the texts in question shows that:
> - The documents propose a transfer of decision-making power to the WHO regarding basic aspects of societal function, which countries undertake to enact.
> - The WHO DG will have sole authority to decide when and where they are applied.
> - The proposals are intended to be binding under international law.
>
> **Continued claims that sovereignty is not lost, echoed by politicians and media, therefore raise important questions concerning motivations, competence, and ethics."**

The WHO will have the power to order Member States to enforce:

- lock-downs
- travel restrictions
- forced medical examinations
- mandatory vaccinations
- isolation and quarantine

Following in this submission, I have used *italics* when quoting directly from the National Interest Analysis (NIA) provided with reference to this inquiry. Some text is underlined for emphasis.

NATURE AND TIMING OF PROPOSED TREATY ACTION
1. The proposed treaty action is the entry into force, by deemed acceptance, of the amendments to the International Health Regulations 2005 (IHR) (together, Amended IHR) adopted unanimously, at the 77th meeting of the World Health Assembly (WHA) in Geneva on 1 June 2024. Australia was present at this meeting and supported the resolution (WHA77.17).
2. Australia is one of 196 States Parties that is legally bound by the IHR and has been a strong advocate of targeted revisions.

Comment: Why would they state that Australia was "present at this meeting and supported the resolution" if it was unanimous? How could it be unanimous otherwise? Because it wasn't!

The resolution was supported by only 37 countries out of 194 member nations or 19%. The IHR 2005 amendments adoption process at WHA 77 was unlawful, including the Article 55 (2) violation and the lack of vote on Saturday 1 June 2024.

More information:
World Council for Health Issues Notices of Invalidity, Dispute and Objection on the WHO and the UN - "We call on all governments to reject the WHO's abuse of law and sovereignty."

Dr Robert Malone – International Health Regulations - "In blatant disregard for established protocol and procedures, sweeping IHR amendments were prepared behind closed doors, and then both submitted for consideration and accepted by the World Health Assembly quite literally in the last moments of a meeting which stretched late into Saturday night, the last day of the meeting schedule. Although the "Article 55" rules and regulations for amending the IHR explicitly require that "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".

15. The Amended IHR provides Australia with access to WHO assistance and mechanisms that could prove invaluable in formulating and implementing Australia's domestic public health response. Australia can also contribute to the formulation and implementation of a coordinated and integrated international response to PHEICs including pandemic emergencies to the benefit of our region. Australia benefits from the access to information, technical expertise and WHO mechanisms that the Amended IHR facilitate.

Comment: There has not been any explanation or accountability for why Australia followed flawed WHO Guidelines during Covid-19 and ignored the prophetic Australian Health Management Plan for Pandemic Influenza (2019) which explained in full why the measures that were taken including lock-downs and mask mandates would not work and how they would negatively affect the health of the nation and the Australian economy.

After the failure of following WHO advice for Covid-19, instead of our own well constructed plan, why would Australia wish to be further influenced by WHO directives?

World Council for Health: "Following WHO's Covid-19 declaration, it was the WHO's Covid-19 policies and recommendations that led to the social, economic, trade and travel disruption, not the illness, which could have been largely prevented with the appropriate steps. It was also these policies that has led to immeasurable harm to the life of people and nations. Thus, the most significant public health emergency (PHEIC) of our times is an iatrogenic emergency caused by WHO policies and recommendations."

*16. **The unanimous adoption of the amendments at the 77th WHA** suggests that the Amended IHR will be broadly supported by other States Parties to the IHR. Entry into force of the Amended IHR by States Parties to the current IHR, including by Australia, would be a favourable outcome reinforcing the importance of the multilateral system in supporting practical and cooperation frameworks. The strengthening of international standards and laws provides for a more predictable environment in which Australia and other countries can thrive and build resilience to public health threats.*

This is simply not true and it is hard to understand why a document at this level is not correct, unless the document is intended to mislead.

37 of 194 Member Nations or 19% supported the adoption; less than a third of nations were present and the Amendments were not passed "unanimously" or with even a majority vote.

Costa Rica cut ties with the IHR; Slovakia rejects; Iran rejects or reserves; Russia rejects or reserves; Argentina laments disregard for sovereignty; UK delays decision are among the known objections / non-adoptions of the IHR Amendments.

27. The new obligations under the amended Article 13 operate within the limits of States Parties' 'applicable law and available resources'. Within those parameters, States Parties have an obligation to collaborate and assist each other and support WHO-coordinated response activities. These activities include WHO efforts to facilitate timely and equitable access by States Parties to relevant health products during a PHEIC including pandemic emergency; assisting States Parties to strengthen, scale up and geographically diversify production of relevant health products; promoting research and development to strengthen local production of relevant health products, and; sharing product dossiers with WHO (with manufacturer consent). The activities are described in greater detail in paragraph 53.

Comment: relevant "health products" and their supply and production are mentioned 23 times in the NIA, indicating the direction of the WHO of supporting their main financiers, big pharma.

A new component of the Amended IHR is the Coordinating Financial Mechanism. This will function under the authority and guidance of the WHA and be accountable to States Parties. The Coordinating Financial Mechanism seeks to increase the availability of funding for States Parties to develop and maintain their core capacities including by:

i. working to promote the provision of timely, predictable, and sustainable financing to assist States Parties develop, strengthen, and maintain the IHR core capacities,
ii. maximising the availability of financing for this purpose, in particular for developing countries; and
iii. increasing the efficient utilisation of existing financing instruments.

*43. The Coordinating Financial Mechanism will work towards these objectives by conducting needs and gap analyses, promoting coordination of existing financing instruments, identifying financing sources available for implementation support and supporting States Parties in identifying and applying for financial supports, as well as leveraging voluntary monetary contributions for organisations and other entities supporting States Parties to develop, strengthen and maintain their core capacities. **The Coordinating Financial Mechanism does not create any new mandatory financial obligations on States Parties.***

Comment: How is it possible to “maximise the availability of financing” while not “creating new financial obligations”? Does this document deliberately mislead the Australian public on the costs of pandemic preparedness and is this expense proportionate to risk?

More information:
University of Leeds: The Cost of Pandemic Preparedness: Unclear and unaffordable? REPPARE policy brief - “Pandemic preparedness involves not only the potential for control of human movement and behaviour and mass vaccination, but the potential for managing expectations, fear and panic in such a way as to minimize harm. There were no major acute pandemics killing more than 1.1 million people in the century between the Spanish Flu and COVID-19. An increase in surveillance and detection is increasing the opportunity to detect potential pathogens. If this steady improvement in detection technologies translated into an increasingly costly and more frequent response, divorced from a comprehensive assessment of the actual impact and costs of this response, then we risk permanently hobbling economic growth and healthcare over a mirage. The WHO’s Pandemic Fund sets out that US$30 billion would be required outside current Official Development Assistance levels for financing effective national, regional and global health emergency preparedness.”

University of Leeds: The Cost of Pandemic Preparedness: An Examination of Costings and the Financial Requests in Support of the Pandemic Prevention, Preparedness and Response Agenda - “Unprecedented financial requests are being proposed to support being Pandemic Ready. The estimates range from US$31.1 billion a year to US$171 billion over five years with unspecified annual commitments or US$285-$430 billion over ten years with additional funds of US$10.3 to US$11.5 billion annually sought to implement One Health [a concept cited in drafts of the Pandemic Treaty].”

47. The Amended IHR requires the WHO Director-General, when determining that an event constitutes a PHEIC, to further determine whether the PHEIC constitutes a pandemic emergency. The WHO Director-General is required to do this with reference to various criteria listed in Article 12(4) of the existing IHR, including information provided by States Parties, the established decision instrument in Annex 2 of the IHR, the advice of the IHR Emergency Committee, scientific principles and available scientific evidence and information, and an assessment of the risk to human health, risk of international spread of disease and the risk of interference with international traffic.

Comment: The WHO Director-General, currently Tedros Adhanom Ghebreyesus has been a member of the terrorist declared Tigray People’s Liberation Front (TPLF). In January 2022, Ethiopia’s foreign ministry called on the WHO to investigate its leader for supporting rebellious forces fighting the Ethiopian government. Ghebreyesus has been accused of genocide. In October 2022 Ethiopia withheld its support and 28 other countries appointed Ghebreyesus for a second five-year term as WHO Director General.

Is the current Director-General a person whose sole decision to declare a PHEIC (pronounced fake), with no proof required, as he did with Monkey Pox against internal WHO advice, someone who should be followed without question by Australia? Is it wise for any person, no matter their character, to have the ability to solely declare a Pandemic Health Emergency of International Concern?

60. The Amended IHR provides clarity around the role of WHO in a global health emergency, which could assist to mitigate against some of the misinformation and disinformation that could be circulated during future pandemic emergencies. WHO, as lead institution in the multilateral system on health, plays a critical role in promoting international law between countries with respect to health. It is in Australia's interest that WHO remains a trusted authority to support global cooperation; protect against countries that challenge rules-based order and disrupt health security; and advise on global public health matters based on science, evidence and/or best available information.

Comment: As a major source of incorrect information on the Covid-19 pandemic the WHO has already lost trust worldwide. Its promotion of an incorrect narrative was deadly worldwide.

Instead of ensuring that the world response to Covid-19 would "first do no harm" the WHO negotiated zero-liability for the providers of the "health products" – ensuring that its donors were protected while they reaped the financial benefits of their untested injections that were deployed on a trusting population.

On Covid-19 the WHO was wrong, every step of the way from:

- the origins of the virus;
- to hyperinflated modelling of deaths;
- to hyperinflated modelling of deaths;
- to anti common-sense health recommendations (Vitamin D, Vitamin C);
- to the recommendation of masks, lockdowns and other, by their own preparedness plan, non-evidence based, but society destroying measures;
- to the denigration of well tested, safe medications, proven successful at preventing Covid-19 death and injury;
- to the wholesale support of an untested, experimental novel GMO/mRNA therapy to be deployed to entire populations – despite the lack of any data on safety, full pharmacokinetics, biodistribution, genotoxicity, reproductive toxicity, and carcinogenicity.

The protection of its funding and the best interests of its donors, not the betterment of world health, is clearly behind WHO directives.

The WHO's funding model establishes that it does the bidding of its contributors. The highest contributor in 2024-25 is not a Member Nation, it is the Bill & Melinda Gates Foundation which alone supplies 15.2% of WHO funding. With the Gates concern GAVI also being the third highest contributor at 11.28% this by any measure presents a grave and unacceptable conflict of interest. It is a real world example of regulatory capture on a grand scale.
https://open.who.int/2024-25/contributors/contributor

As these "Voluntary Specified Contributions" suggest, the spending is directed by the donor, making the WHO a body directed by the financial and ideological interests of its donors, not the interests of humanity.

72. The Amended IHR introduces throughout the text (Articles 13, 16, 17, 18 and Annex 1) references to 'relevant health products' which are defined as: health products needed to respond to public health emergencies of international concern, including pandemic emergencies, which may include medicines, vaccines, diagnostics, medical devices, vector control products, personal protective equipment, decontamination products, assistive products, antidotes, cell- and gene-based therapies, and other health technologies.

Comment: The idea that Australia is both hastening the manufacturing of, and supporting the WHO push for cell and gene based therapies, which is the correct description for the mRNA Gene Therapy sold under the misnomer of "vaccines" for Covid-19 BEFORE any inquiry into the extensive loss of life and damage that they have done to millions worldwide is impossible to reconcile.

This is not up for debate. The Pfizer Papers, despite the efforts to prevent their being made public by the Australian Government, with the incriminating proof of harms that were known after the first three month trials, have been researched by 3,250 qualified volunteers and published.

Locally the Port Hedland Motion is the first government authorised step toward stopping the administration of the Covid-19 mRNA Gene Therapy. The evidence of DNA contamination of up to 145 times the "allowed amount" in vials of the Covid-19 injections, supported by over 50 local and international experts can only be ignored by State and Federal Governments as long as they betray the Australian people.

Many Australians now have zero trust in what is best termed a "sickness industry" that creates customers. Only government and perhaps the financial institutions and mainstream media hold less trust than the medical industry as run by pharmaceutical corporations.

Gaslighting and labelling anyone who asks commonsense questions, no matter their scientific qualifications, as is advised by the WHO in enforcing stifling of free speech that does not agree with The Narrative, is not the road back to trust.

FUTURE TREATY ACTION
77. Pursuant to Article 54 of the Amended IHR, the World Health Assembly will periodically review the functioning of the Amended IHR. Article 50 also establishes a specific Review Committee, which may provide technical assistance and advice to either the WHO Director-General, the World Health Assembly or to individual States Parties regarding possible amendments to the Amended IHR. Proposals for amendments to the Amended IHR must be submitted to the WHA for its consideration, either by the WHO Director-General or a State Party. At least four months before the World Health Assembly considers the proposed amendments, the Director-General would communicate the text of any proposed amendment to all States Parties. Amendments to the Amended IHR which are agreed to by States Parties and adopted by the WHA would come into force for all States Parties on the same terms, and subject to the same rights and obligations, as the original entry into force of the IHR.

Comment: One must assume this is a bureaucratic tongue in cheek comment? (WHO said bureaucrats did not have a sense of humour?) This exact section of Article 55 (2) was ignored at the June 1 WHA, as recorded above, where the text of the IHR Amendments was being negotiated immediately prior to their adoption – no four months notification whatsoever – why would Article 55 be adhered to in the future when it was ignored in the establishment of the current proposed amendments?

Additional Information:
10 Reasons Why Australia Must Cancel its Treaties with the WHO
https://australiaexitsthewho.com/wp-content/uploads/2024/10/10-Reasons-why-Australia-MUST-cancel-its-treaties-with-the-WHO-Expanded.pdf

Facts for Government Representatives: Why It's Time Australia Exits the W.H.O.
https://australiaexitsthewho.com/wp-content/uploads/2024/04/Gov-Representatives_001_Summary-Facts_4.24V1.pdf

As a concerned Australian mother of three, who bears witness to the decline in the education, health and wellness of our children and general population, I ask why, despite the richness of the expertise and capability of our nation, we cannot rely upon these skills to choose a path for Australia, especially in times of crisis.

This capability was evident in the Australian Pandemic Preparedness Plan (2019) that despite being ten years in the making, was tossed aside while Australia, to its detriment followed the international lockstep guidelines from the World Health Organization.

We have no evidence that any of these directives from the WHO were science based or relied on the best information available. The irreparable harm that has been caused must never be repeated.

Australia must reject the International Health Regulations Amendments and seriously question its involvement with the not fit for purpose, majority corporate funded World Health Organization.

Yours faithfully,

Mrs Karen Fox.
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