

Re: 2024 amendments to the International Health Regulations 2005

I oppose the 2024 International Health Regulations for the reasons given in this feedback.

Choice for myself and family.

The right to access safe and effective medical products cannot be denied... and medical practitioners should not be denied the freedom to treat their patient in the best interest of the individual patients personal medical needs and maintain their confidentiality.

Mandates and coercion tactics to maintain employment or have access to Government benefits... to take experimental drugs is illegal and inhumane... the right not to be subjected to medical or scientific experimentation without free consent, which is inconsistent with Article 7 of the ICCPR. Articles 1, 3, 13.

I am not happy with the new definition of “relevant Health products” to be used in pandemic emergencies.... It too restrictive including only products produced by pharmaceutical companies...many of whom have ties with private and public partnerships with the WHO.

The definition fails to list vitamins, minerals, herbs or lifestyle which we have now learnt was crucial to the survival from COVID as in Vitamin D levels...This will have bearing as *“the WHO shall facilitate, and work to remove barriers to, timely and equitable access by States Parties to relevant health products after the determination of and during a public health emergency of international concern, including a pandemic emergency, based on public health risks and needs.”* Articles 1 and 13.

Censorship - who gets to say whether it's misinformation?

The 2024 IHRs outlines countries censor their citizens by “addressing mis and disinformation”. This will be extended to censoring scientific debate. Annex 1.

The people of Australia have made in known through their politicians that they do not want to be censored in any way...The Combatting Mis and DIS information bill was not passed!

It is not for the WHO to censor and share information it feels appropriate! All information should be available for the benefit of humanity. Article 11.

The WHO proposes to control research and development. Article 11. ... This will be restrictive and block independent Doctors and scientists who have relevant studies that show new discoveries such as repurposed drugs for treating the Pandemic pathogen.

The United Nation’s own Special Rapporteur highlighted areas of concern during the COVID-19 pandemic, showing that access to information, independent media and other free expression rights are critical to meeting the challenges of pandemic. [April 2020 Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression.](#)

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Surveillance

Surveillance is a central requirement in the 2024 IHRs and will likely be through digital means, I am unhappy that this surveillance and tracking through digital identification goes against my right to freedom of movement and my right to privacy.

The Australian government cannot freely give away our personal medical information or allow the WHO to conduct surveillance over its people. Article 5 Surveillance, Annex 1 (Part A) and Article 11 Exchange of information.

The Australian government cannot agree to provide the WHO microbial, genomic sequencing data and/or genetic material and samples from its people. Articles 6 Notification and Annex 1 (Part A).

I extremely concerned about the Surveillance that is proposed... A global digital identification system of health certificates or vaccine passports as a condition for travelling across borders is illegal... with the internationally respected human rights of health, freedom of movement, and the International Rights Australia has signed up to. Articles 5, 18, 23, 31, 35, 36. This is clearly intended with work on an international health certificate which is already well advanced, for more see [here](#), [here](#), [here](#) and [here](#).

The **restriction on travel** and implementation of vaccine passes is not ethical and will lead to discrimination. Articles 18, 23, 31, 35, 36.

Propose universal implementation of health/vaccine passports will be a burden and raises ethical and discrimination-related concerns. Articles 23, 35, 36, and 37.

No convincing case for these reforms has been proposed. The proposals should be abandoned. Australia must purposely reject the 2024 IHR by or before 19 July 205 and I trust that JSCT will make that recommendation.

Yours Sincerely

Julie Vincent RN (retired)