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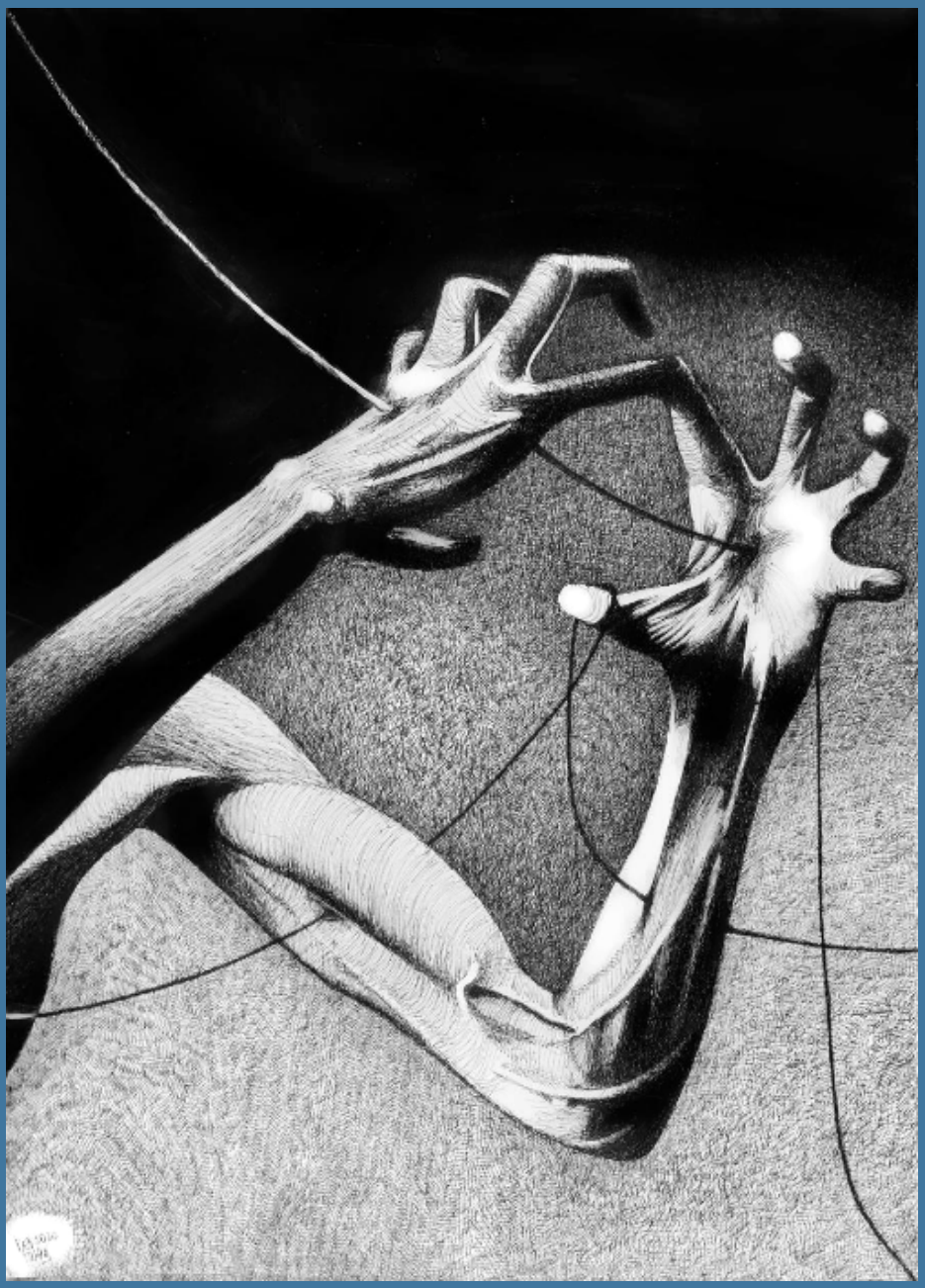


W.H.O. POWER GRAB IS NOW!

HUMAN RIGHTS | VOICES

MAGAZINE XV - 03 | 2024

He that leadth into captivity shall go into captivity;

he that killeth with the sword must be killed with the sword.

Here is the patience and faith of the saints.

Revelation 13:10

Content

W.H.O. Power Grab Is Now!

The World Health Organization (WHO) will present **two new texts** to the World Health Assembly in Geneva, comprising delegates from 194 member states, from 27 May to 1 June 2024. Firstly, a new pandemic treaty, which requires a two-thirds majority for approval and once adopted, will come into effect after 40 ratifications. Secondly, the amendments to the International Health Regulations (IHR), which can be adopted by a simple majority. They will be binding for all states unless they recorded reservations by the end of last year. As these are amendments to an existing agreement that the states have already signed, no further ratifications are required.

The WHO describes the IHR as ‘an instrument of international law that is legally binding on its 196 states parties, including the 194 WHO member states’, even if they voted against it. The preparation of the texts takes place in Secrecy, non-transparently and in disregard of legal regulations.

The foundation of the WHO was based on the approach of serving countries in an advisory capacity. The Adoption of the new pandemic treaty and the amendments to the IHR will transform the WHO from a technical advisory organisation into a supranational health authority exercising quasi-legislative and executive powers over states (their citizens). Among other things, it will then be authorised to dictate border closures, lockdowns, travel bans, the isolation of 'suspect' persons, mandatory medical examinations and vaccination, tests, exit screening and censorship of the media, regardless of whether an actual threat exists, that justifies these measures.

The locus of medical practice will shift from the doctor-patient consultation to public health bureaucrats in capital cities and to WHO headquarters in Geneva and its six regional offices. The individual and national decision-making power and sovereignty of states will be massively curtailed and replaced by blind obedience to WHO recommendations. An international bureaucracy for ‘health emergencies’ is to be established, with an additional annual budget estimated by the World Bank at three times the WHO’s current budget.

The WHO is largely financed by private and corporate sponsors who specify how their money will be used. The sponsors' objective is clearly profit. And just how profitable the business is in conjunction with the WHO could be clearly seen in the Covid-19 pandemic, the beta version of the planned programme. The sponsors generated phenomenal profits.

Now it is to become official. By adopting the new texts, the WHO is to be authorised to take control of potentially profitable health aspects and markets away from representative governments. It wants the power to oblige states to use only products 'recommended' by the WHO and its sponsors. In the process, enormous sums of taxpayers' money are passed on to the WHO sponsors to purchase their products. The bill for the entire programme is ultimately and primarily paid by the taxpayer.

The WHO has demonstrably failed catastrophically with COVID-19. It has supported policies that have exacerbated diseases such as malaria, tuberculosis and malnutrition and increased debt and poverty; exacerbated child labour and facilitated the rape of millions of girls forced into child marriage. Elderly people have died alone, separated from their families, and millions of people have lost their lives or their health as a result of the vaccination.

What the WHO has sustainably promoted through its actions, however, is the largest upwards concentration of wealth in history and its consequent mass impoverishment.

However, the power demanded by the WHO goes far beyond the monopolised decision-making power in health matters. Through the 'One Health' programme integrated into the texts, the WHO extends its power directly to all possible, not actual, 'emergencies' in the entire biosphere.

In plain text: The power to decide what humanity has to do for its health, its families, its safety, its life, is thereby placed in the hands of a single person, the WHO Director-General. And the events that are not yet covered by this blank cheque for autocracy are to be captured by the parallel demands of the United Nations (UN) for the establishment of an 'emergency platform' and the transfer of 'permanent authority' to the UN (Policy Briefs, 2023) under the motto 'Our common agenda'.

The demands of the WHO and UN are a grab for absolute power, concentrated in the hands of a few. It is the preparation for the world ruler for whom they are erecting a throne. It is the prostration of governments before the beast and the golden calf, they worship. It is the great sell-out of the life energy and souls of all the citizens of these states. Literally.

And it allows the puppeteers behind the UN/ WHO to play the entire range of modern warfare (see Magazine XII) unhindered and with impunity.

The very fact that the UN and the WHO are demanding this power is absolute madness and clearly shows us how far removed this world is from healthy, life-affirming structures.

Artwork © Red Tweny_A central black stain

Why Is Everyone Concerned About The W.H.O.?

Meryl Nass M.D.

Founder, Door to Freedom

Dr. Nass is a physician and researcher who proved the world's largest anthrax epidemic was due to biological warfare. She revealed the dangers of the anthrax vaccine. Her license was suspended for prescribing COVID medications and 'misinformation.' Disentangling COVID disinformation since 2020.

https://merylnass.substack.com

https://doortofreedom.org

Over the past two years you've probably heard about the attempted WHO power grab. Here's everything you need to know to understand the status today.

Overview:

The build-out of a **massive and expensive Global Biosecurity System** is underway, allegedly to improve our preparedness for future pandemics or biological terrorism. In aid of this agenda **two documents** are being prepared through the WHO: a broad series of amendments to the existing International Health Regulations (2005) (IHR) and a proposed, entirely new pandemic treaty.

Multiple names have been used for the new treaty as new drafts are produced, such as: Pandemic Treaty, WHO CA+, Bureau Text, Pandemic Accord, and Pandemic Agreement.

Negotiations for these documents are being held in secret. The latest available draft of the IHR amendments is from February 6th, 2023.

The latest Pandemic Treaty draft is from October 30th, 2023. *(Take Note: New Treaty Drafts Released, March 10, 2024).*

Both the amendments and treaty are on a deadline to be considered for adoption at the 77th annual World Health Assembly meeting in May 2024.

WHO's principal attorney Steven Solomon has announced that he crafted a legal fig leaf **to avoid making the draft amendments public** by January 2024, as required by the WHO Constitution.

How would these drafts become international law?

A **treaty requires a two-third vote of the World Health Assembly's** 194 member states to be adopted and is binding only for States that have ratified or accepted it (Article 19 and 20, WHO Constitution). **It could be enacted into force in the US by a simple signature, without Senate ratification.** (See CRS report, "US proposals to Amend the International Health Regulations.")

The **IHRs and any amendments thereto are adopted by simple majority,** and become binding to **all** WHO Member States, unless a state has rejected or made reservations to them within predefined timeframes (Articles 21 and 22, WHO Constitution; Rule 72, Rules of procedures of the World Health Assembly). However, amendments adopted in 2022 were never subjected to a formal vote and instead were passed 'by consensus' after back room negotiations.

What are a few specific problems with the WHO's proposed amendments?

- Article 3 of the proposed IHR amendments **removes** protections for human rights.

- Proposed article 43.4 of the IHR notes that the **WHO could ban the use of certain medications** or other measures during a pandemic, since its 'recommendations' would be binding.

- States' **obligations** in the proposed IHR Amendments would include:

- **Biological surveillance** of microorganisms and people (Article 5);

- **Censorship of "false and unreliable information"** regarding WHO-designated public health threats (Article 44.1(h)(new));

- Transferring samples and **genetic sequence data for "pathogens capable of causing pandemics** and epidemics or other high-risk situations" to the WHO and third parties, despite the risks this entails (Article 44.1(f) (new)).

What are problems with the proposed pandemic treaty?

All the Pandemic Treaty drafts produced so far rely on a set of **incorrect assumptions**. These include the following:

The WHO Constitution states that, "The WHO is the directing and coordinating authority on international health work." Recently, to justify becoming the global director of health, the WHO disingenuously dropped the last word – and began claiming it **already was** "the directing and coordinating authority on international health." **But it is not and never has been.** The WHO has always been an advisory body, responding to requests for help from member states. It has never previously been a directing or governing body with authority to govern member states.

The claim is that nations will be able to retain national sovereignty through their ability to pass and enforce health laws, while they will simultaneously be bound and accountable to obey the directives from the WHO on health. **This is contradictory: if the WHO is in charge of public health decisions, it and not the nation states will have sovereignty.**

The tremendous cost and suffering from COVID are being blamed on lack of preparedness. However, **the US was spending about $10 Billion yearly on pandemic preparedness *before* the pandemic.** Yet we had few masks, gloves, gowns, drugs, etc. when the pandemic struck. Why would we expect a central WHO authority, which relies on vested interests for 85% of its funding, to do any better?

The claim is that lack of equity led to failure to share drugs, vaccines, PPE– ignoring the fact that no nation had sufficient PPE or tests early in the pandemic, and that **it was nations following WHO advice to withhold generic drugs from their populations**, not lack of equity, that caused important treatment shortages.

The claim is that pandemics invariably arise at the animal-human interface and that they are natural in origin. **Neither is true for COVID or monkeypox**, the last two declared Public Health Emergencies of International Concern.

The claim is that the vaguely defined “One Health approach” can prevent or detect pandemics and ameliorate them. Yet it remains unclear what this strategy is, and **there is no evidence to support the claim** that One Health offers any advantages whatsoever.

The claim is that increasing the capture and study of “potential pandemic pathogens” can be done safely and yield useful pandemic products, when neither is true. The CDC’s Select Agent Program receives 200 reports yearly of accidents, losses or thefts of **potential pandemic pathogens** from high containment labs within the United States: 4 reports per week! And this is only within the US.

Artwork © Red Tweny_Slow choke

Eight Items Of Major Concern Regarding The Proposed WHO Treaty And International Health Regulations (IHR) Amendments

1. Biological warfare agent proliferation

The treaty and the proposed amendments instruct nations that they must perform surveillance for potential pandemic pathogens, build or maintain sequencing labs, and both share actual specimens with the WHO (where a BioHub has been created for this purpose) and also share the sequences online. This demands the proliferation of biological weapons agents – which I believe is a crime (based on my interpretation of Security Council Resolution 1540 and the 1972 Biological Weapons Convention).

1a. The June 2, 2023 “Bureau text” version of the treaty also called for nations performing Gain-of-Function research to reduce “administrative impediments” to the work. In other words, restrictions on the research should be relaxed, which would make lab leaks more likely to occur. This paragraph was removed from the October 30, 2023 version of the treaty.

2. Giving the WHO a blank check to create new rules in the future

The treaty calls for a Conference of Parties and a new WHO Secretariat to be created in the future that will make rules for how the pandemic prevention and response apparatus will work – which provides essentially a blank, signed contract to the WHO to create whatever rules it wants.

3. Liability-free vaccines developed at warp speed will be produced

The treaty calls for rapid vaccine development /production and shaving time off all aspects of vaccine development, testing and manufacture. This requires vaccines to be used without licenses, and the treaty calls for nations to have laws in place to issue Emergency Use Authorizations for this purpose, and to "manage" liability issues. See "The WHO's Proposed Treaty will Increase Man- Made Pandemics" for more information about this. The US, EU and others have specifically called for 100-day vaccine development and an additional 30 days for production of pandemic vaccines. This would allow for no meaningful human testing.

4. Human rights guarantees have been removed in the new amendments

The amendments removed "human rights, dignity and freedom of persons" from the existing IHR language. Following complaints, this phrase was later inserted into the Treaty – but the treaty may not be accepted in 2024. Meanwhile, the amendments require only a simple majority to pass, are being written in secret, and so it is likely that the most problematic issues will be found in the amendments.

5. Social media surveillance and censorship of citizens is required

Both the amendments and the treaty call for nation states to perform surveillance of their citizens' social media, and to censor and prevent the spread of information that does not conform to the WHO's public health narratives. Yet the treaty also calls for citizens to be free to access information, while they are to be protected from "infodemics," which are defined as too much information. Citizens must also be stopped from spreading mis- and disinformation.

6. We may not learn what is in the amendments until after they are passed

The amendments have been negotiated entirely in secret for the past nine months, while there have been multiple consecutive drafts of the pandemic treaty released to the public during that time. And while the negotiated amendments were to be tabled for public review in January 2024, the WHO's principal legal officer has provided a legal fig leaf to avoid the obligation of making them public 4 months ahead of the vote. Will the public even see the amendments before a vote on them occurs?

Why is there such secrecy regarding the proposed amendments?

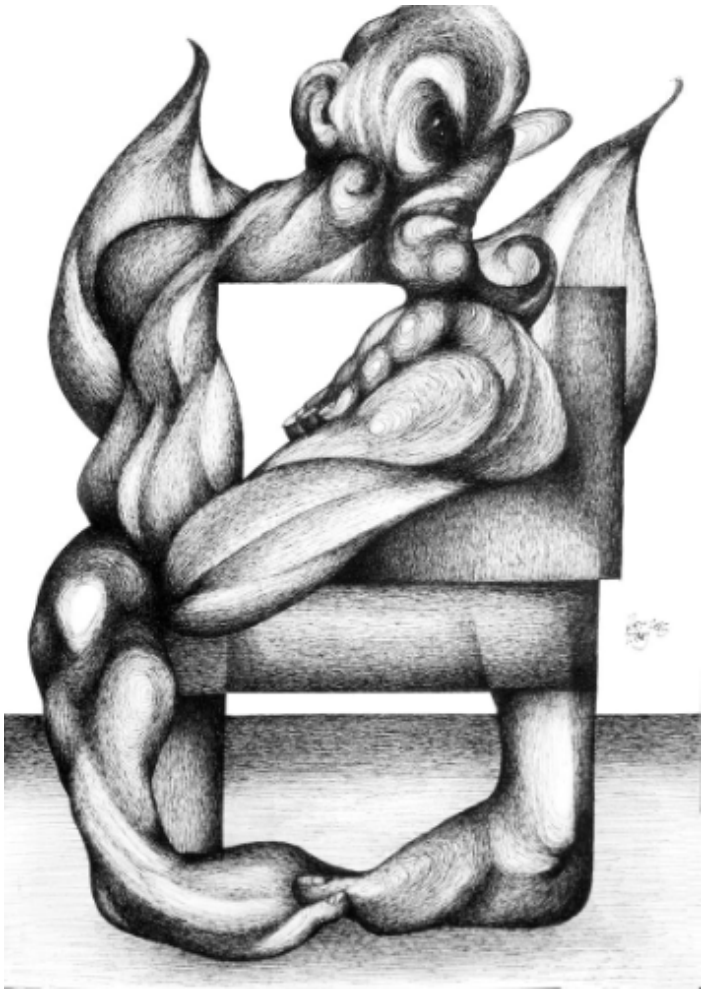
7. The WHO Director-General could become your personal physician

According to the proposed amendments, the WHO D-G would be able to commandeer and move medical supplies from one country to another, decide what treatments can be used, and restrict the use of other treatments.

8. When will the WHO be able to use its newly minted powers?

The amendments will come into force after a declaration of a Public Health Emergency of International Concern (PHEIC) is made. However, a declaration of a potential PHEIC will also trigger these powers. The powers can be extended even after a PHEIC is over, as we have seen with COVID and monkeypox (MPOX) declarations by the D-G.

The treaty will be in force continuously, requiring no declaration or pandemic to confer new powers to the WHO.



Artwork © Red Tweny_The devil's chair

What Is
‘Gain Of Function’ Research?

‘Gain of Function’ (GOF) research uses benign-sounding terminology to confuse people who are unfamiliar with the subject. It used to be called ‘biodefense,’ ‘biological warfare’ and ‘germ warfare’ research in past decades.

The term refers to making existing microorganisms (viruses, fungi and bacteria) more dangerous, by giving them one or more new functions.

Those added functions might be:

- the ability to spread more efficiently from person to person (increased infectivity or contagiousness)

- the ability to spread by aerosol transmission when the microorganism was unable to spread that way previously

- the ability to be more virulent or deadly

Some people think this type of research was banned by an international treaty (The Biological Weapons Convention of 1972) but as long as the research is said to be done for defensive purposes, and the quantities of microorganisms produced are small, it is not banned.

In 2014 over 200 scientists called for a halt to gain of function research. The federal government did halt gain of function research, but only for avian influenza and SARS-like viruses, and it left loopholes. The ban only applied to federally funded research. It did not apply to other families of viruses. Waivers could be issued by NIH.

In 2017 the ban was removed, but GOF research was supposed to be vetted by an NIH "Potential Pandemic Pathogens" committee. However, the committee was never asked to review SARS-like research, which simply continued. In 2022, scientists again called for better guidance on gain of function research and restrictions may be coming in the future.

The Lancet Infectious Diseases journal wrote, "Statistics on the number of breaches in the 1500 or so high containment laboratories in the USA are hard to come by." However, the CDC and USDA issue yearly reports on the accidents in labs that do research on potential pandemic pathogens. There are about 200 such accidents yearly in the United States that get reported to the program.

The CDC and USDA jointly manage the "Federal Select Agent Program" (FSAP) that keeps track of research on microorganisms that might cause pandemics in humans, livestock or food crops. In 2021, the FSAP program reported 22 matters to the FBI for investigation involving loss of material, loss of a mouse and the presence of 'select agents' outside their registered location. In 2021, the select agent program received 185 reports of losses or releases.

Artwork © Red Tweny_A witch under the blanket

What Is One Health
And Why Is It A Problem?

“One Health” was conceived 20 years ago as the idea that human health and animal health are intertwined, since some diseases are transmitted from animals to humans. These diseases would perhaps be better managed with specialists in animal and human health working together.

Subsequently the WHO, the US government and many other governments and organizations decided that One Health should include all plants and ecosystems. The “One Health approach” would involve specialists in every area working together to solve health problems. However, sending a plant pathologist or ecologist to work on human health issues never made sense.

But in just a few years, well-funded One Health offices sprang up throughout governments, public health departments and universities around the world. Meanwhile, the definition of One Health continued to expand. The CDC’s One Health office included police and legislators when it described the One Health approach:

*“Successful public health interventions require the cooperation of human, animal, and environmental health partners. Professionals in **human health** (doctors, nurses, public health practitioners, epidemiologists), **animal health** (veterinarians, paraprofessionals, agricultural workers), **environment** (ecologists, wildlife experts), and **other areas of expertise** need to communicate, collaborate on, and coordinate activities.*

*Other relevant players in a One Health approach could include **law enforcement, policymakers, agriculture, communities, and even pet owners**. No one person, organization, or sector can address issues at the animal-human-environment interface alone.” (Source: https://www.cdc.gov/onehealth/basics/index.html)*

Recently four international organizations joined together to advance One Health in a collaboration termed "The Quadripartite." It includes the World Health Organization, the Food and Agricultural Organization, the United Nations Environmental Program and the World Organization for Animal Health.

In US, "One Health" was embedded in federal agencies as its remit grew. The CDC now claims,

"Even the fields of chronic disease, mental health, injury, occupational health, and noncommunicable diseases can benefit from a One Health approach involving collaboration across disciplines and sectors."

But the various One Health commissions and expert panels have had trouble demonstrating that a One Health approach to problem-solving is actually useful. Where is the evidence?

The Lancet's One Health Commission produced a number of articles about One Health, and one described a search to verify the benefits of the One Health approach. Titled *"Advancing One human-animal-environment Health for global health security: what does the evidence say?"*, the authors found:

"One Health approaches show quantitative incremental benefits ... Further research is needed to show financial savings, co-benefits, and trade-offs associated with One Health operationalization and systematic evidence reviews are required to assess the effectiveness of One Health approaches to address threats to global health security." (Source: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01595-1/fulltext).

In other words, even the *Lancet* One Health Commission could not find proof that the One Health approach saves money or improves health security.

But one notable thing that One Health *has* accomplished is to put humans, animals, plants and ecosystems under the jurisdiction of the WHO director-general. This is because the 'One Health approach' must be used, as required by US law (1) as part of pandemic preparedness, and the One Health approach is a requirement of the WHO's proposed pandemic treaty.

"It's clear that a One Health approach must be central to our shared work to strengthen the world's defenses against epidemics and pandemics such as COVID-19. That's why One Health is one of the guiding principles of the new international agreement for pandemic prevention, preparedness and response, which our Member States are now negotiating," said WHO Director-General Dr Tedros Adhanom Ghebreyesus. (2)

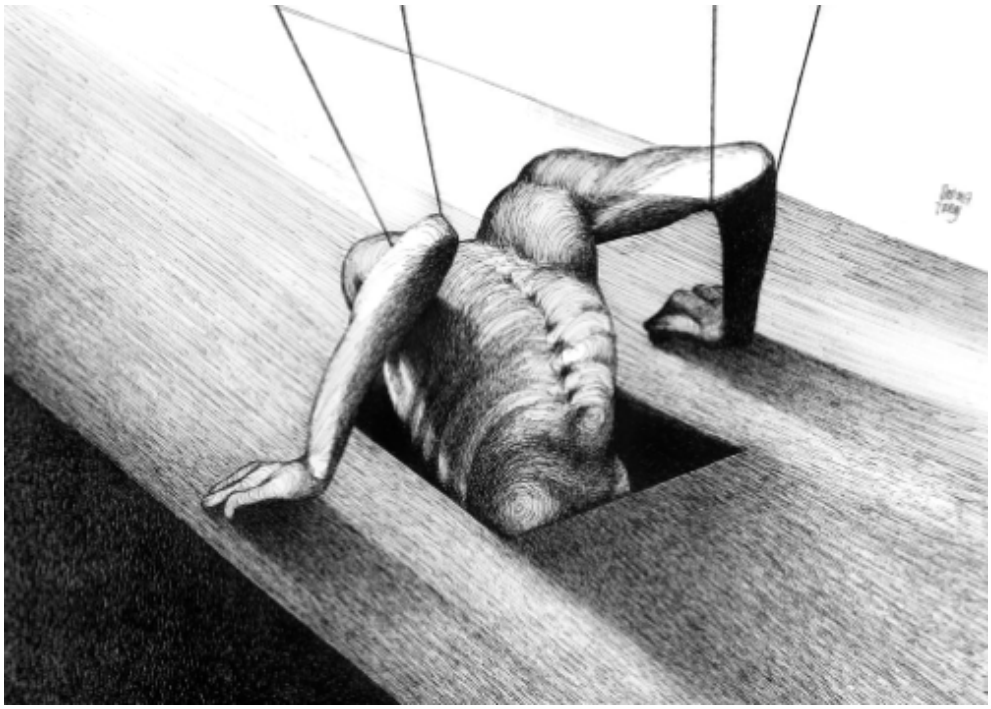
1. The 2023 National Defense Authorization Act 2023. pages 950-967.

Subtitle D—International Pandemic Preparedness. SEC. 5559. SHORT TITLE.
This subtitle may be cited as the ''Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022'.

The inclusion of the “One Health Approach” in the WHO’s proposed pandemic treaty gives the WHO director-general the ability to issue orders to all nations regarding humans, animals, plants and ecosystems when a public health emergency is declared. (3) And public health emergencies can be broadly defined. Top medical journals have claimed that global warming is the greatest threat to public health. (4, 5)

One Health is problematic because it is the mechanism by which many other issues can be placed under the umbrella of public health, and then managed solely by the WHO whenever it declares an emergency.

3. Under the current draft of the WHO IHR, the WHO director-general can declare a Public Health Emergency of International Concern based on no specific evidence, or based on the potential for a pandemic.



Artwork © Red Tweny_The Hole

What Happened To Medical Ethics During The Pandemic?

Dr. Elizabeth Evans

MA(Cantab), MBBS, DRCOG

Co-founder and CEO of the UK Medical Freedom Alliance – set up in October 2020. We are a group of healthcare professionals, scientists and lawyers, campaigning for an individual's right to informed consent, bodily autonomy and medical choice to be upheld in all circumstances. We are the leading UK voice on medical ethics.

www.ukmedfreedom.org

We have a global crisis of medical ethics. In the last 3 years, under the excuse of the pandemic “emergency”, we have seen the destruction of the sacred doctor-patient relationship and the violation of fundamental human rights and the ethical principles of informed consent and bodily autonomy.

Politicians and health officials have effectively practiced medicine on strangers through enforced Covid treatment protocols and mandated Covid testing, face masks and vaccines that were required for the public to access basic freedoms and rights – such as to work, travel and even to shop.

Medical ethics are vitally important and should be non-negotiable in a civilised society. They exist to hold doctors and medical professionals accountable for their actions and to protect vulnerable patients from sloppiness, abuse and atrocities, recognising the unavoidable power imbalance in the doctor-patient relationship.

When doctors are considering any medical intervention for an individual, it must be proportionate, necessary, and given under strict ethical principles. The Hippocratic Oath, upheld by doctors around the world for over two millennia, states “First, do no harm.” All medical interventions have the potential to cause harm, so doctors must ensure they obtain voluntary and fully informed consent, following a discussion of the risks and benefits and alternative treatment options. Healthcare professionals are expected to maintain confidentiality and respect the value and dignity of each person, acting as their patient’s advocate.

Arguably, the time when it is most important to hold firm to ethical principles is in an emergency, as this is the time when abuse of patient rights is most likely to occur. Yet, over the last three years, under emergency edicts around the world, we have seen fundamental, long-standing ethical principles and hard red lines abandoned and violated. There have been so many ethical violations that it is hard to know where to begin.

Covid policies restricting and banning visitors for hospital patients led to countless people being cruelly deprived of support from their family and friends during times of suffering, and even being forced to die alone. These policies were disproportionate, unethical and barbaric.

Enforcing the wearing of face masks (which have known physical and psychological harms and questionable benefits) and Covid testing for staff, patients and visitors violates the principle of informed consent.

The way in which the Covid vaccine rollout failed to adhere to normal ethical practices including informed consent, and the widespread use of glib but untrue marketing, coercion and even bribery were shocking.

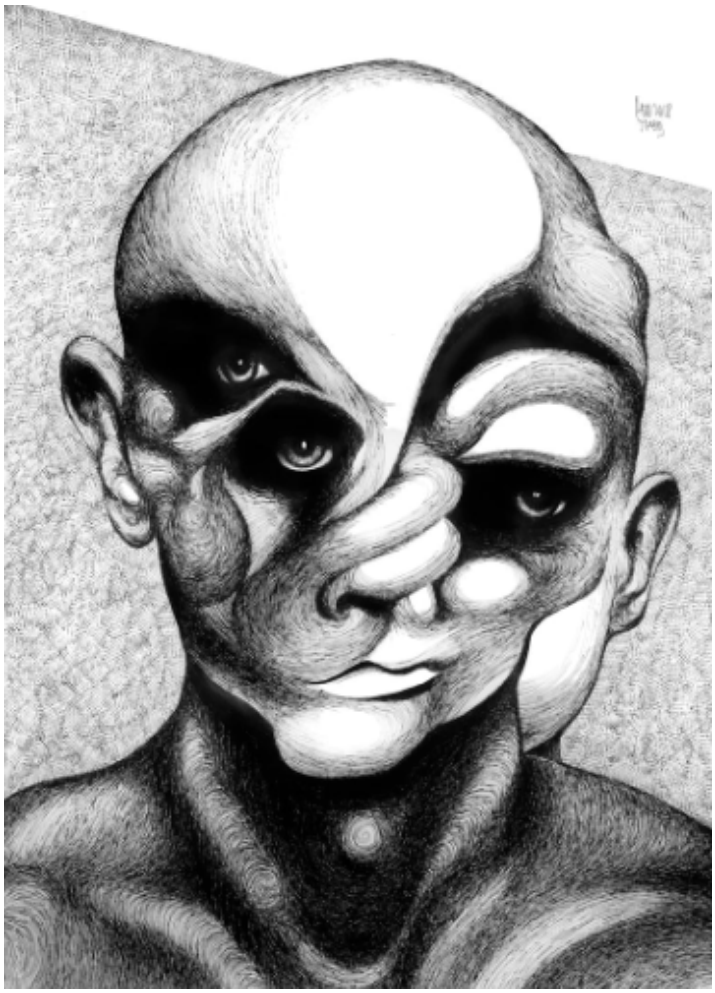
Unbelievably, we have seen Covid vaccines – a completely new technology with no long-term safety data on health, fertility or cancers – rolled out not just to those at most risk from Covid, but to those at little or no risk, including children and pregnant women. This goes against common sense and well-established ethical practice.

It was unprecedented that a pharmaceutical product still in the clinical trial phase, with known significant harms, was administered to hundreds of millions of children and pregnant women. That this was done without full disclosure of the known and unknown risks, and with aggressive marketing and mandates, made voluntary, informed consent impossible, and was reckless in the extreme.

Doctors have been prevented from acting in their patient's best interest. For example, they were blocked from issuing medical exemptions for patients who did not want to have Covid vaccines, and denied access to generic, well-established medications such as Ivermectin and hydroxychloroquine to treat Covid, under threat of losing their careers and livelihoods. Instead, they were forced to practice a "one-size-fits-all" version of medicine – blindly following protocols and mandates set by distant bureaucrats with no knowledge of, or duty of care to, individual patients.

This “one-size-fits-all” approach is a dangerous and unethical way to practise medicine. At the heart of the practice of safe and ethical medicine is the doctor-patient relationship, where the patient’s unique medical history, his or her risk-profile and individual desires should be the physician’s paramount concern.

If doctors cannot uphold their oath to “First, do no harm” and are mandated to follow top-down “one-size-fits-all” policies and protocols, they become mere agents of the state, while patients are dehumanised, and atrocities will inevitably follow. It is urgent that the erosion of medical ethics we have witnessed over the last 3 years is halted and reversed. It is time for medical professionals to reclaim their profession and ethical values and for patients to demand ethical care from their doctors and nurses.



Artwork © Red Tweny_2 faces, 3 eyes

Taking A Good Look
At Pandemic Preparedness

As currently planned, Pandemic Preparedness is a scam/ boondoggle/Trojan horse designed to:

- transfer tens or hundreds of $ billions in taxpayer funds to favored industries, nations and the WHO;
- justify censorship and propaganda in the name of public health;
- transfer sovereignty and decision-making for public health to the WHO Director-General;
- use the “One Health” concept to wrap humans, animals, plants and ecosystems, including climate change, into the “One Health” basket under the authority of the WHO;
- obtain more potential pandemic pathogens (biowarfare agents) and broadly distribute them, increasing the likelihood of pandemics and making it impossible to know where they came from;
- possibly to increase the number of pandemics, which can justify more vaccines, vaccine passports and digital currencies, and greater control over populations;
- justify the imposition of rapidly produced, poorly tested and liability-free vaccines; and possibly mandate unlicensed vaccines, as was done during the COVID pandemic;
- continue a vaccine program despite negative efficacy overall and serious medical side effects.

We have failed to prevent, detect or be prepared for biological warfare/ pandemics:

- The $ multi-billion air sampling programs instituted by the federal government in large cities after 9/11 failed to be useful.

- Available tests are either too sensitive or too insensitive to detect a deliberate release of microorganisms.

- Purchases of biodefense materiel have often been from well-connected companies to obtain products that were not used and later expired, such as anthrax and smallpox vaccines and drugs.

- Purchases of masks, gloves and gowns were not replenished after the small US Ebola outbreak of 2014 and were generally unavailable for COVID.

- Personnel have not been trained on the proper use of PPE, because due to shortages CDC guidelines were adapted to permit reuse, despite declining filtration and greater risk of contamination with prolonged or repeat use.

- With 200 accidents with potential pandemic pathogens (PPPs or “select agents”) being reported to the CDC’s Select Agent program yearly, the US has proved that even with the best biosafety level 3 and 4 labs and training, **research on PPPs cannot be performed safely**.

- So far, no one has been unable to engineer around all human and mechanical error.

- We cannot 100% prevent infected experimental animals biting researchers and animal handlers.

What would pandemic prevention, preparedness and response really look like if the WHO was serious about this issue?

- There would be strict oversight and limitations on the research on PPP's to be certain it was only for peaceful purposes, such as vaccine or drug development.

- The search for new PPP's would be discouraged, not incentivized by the pandemic treaty.

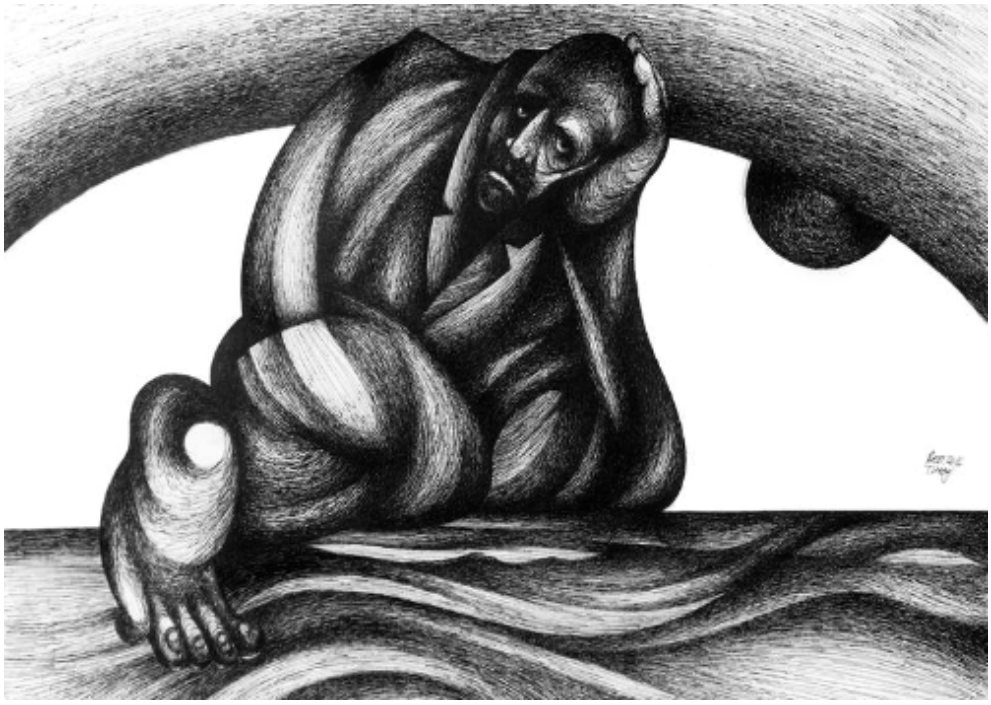
- The transfer of PPP's would be strictly regulated, in accordance with Security Council resolution 1540 and the US Select Agent regulations.

- Gain of Function research would be strictly prohibited.

- Former CDC Director Redfield told Congress that no drug, vaccine or therapeutic had been developed through biowarfare (Gain of Function) research, to his knowledge. GOF should cease.

- The Biological Weapons Convention of 1972 should be strengthened with the addition of provisions for challenge inspections and punishments for noncompliance.

- Broad spectrum, cheap, licensed antiviral drugs like hydroxychloroquine and ivermectin should be made available, not suppressed.



Artwork © Red Tweny_Black sun under a gray sky

Reforming The WHO Isn't Possible; It's Doing What It Was Meant To Do

Stand for Health Freedom

Freedom Requires Your Participation

Stand for Health Freedom (SHF) is a 501(c)(4) nonprofit organization dedicated to informing and activating a grassroots movement to protect our health and our families. Since our inception in August 2019, through partnerships with local organizations, SHF has empowered over 700,000 individuals to directly contact their elected officials and others in positions of influence with the right message at the right time. Together we have taken over 5 million actions through our specialized portal to preserve and promote informed consent, parental rights, religious freedom, freedom of speech, and privacy.

https://standforhealthfreedom.com

This Isn't About Health. It's About Control.

The image above (you can see a marionette) is not about the World Health Organization's (WHO) mishandling of the coronavirus. It's from an article published in 2015, after the WHO botched their response to the Ebola outbreak in West Africa.(1, 2)

You can see how far we've come since then. "Reform" of the WHO has a formula: Use failures as a cry for more. If only the WHO had more enforcement power, more laws and agreements, and more money, it won't happen again, they claim – while they simultaneously fearmonger about the inevitability of "the next pandemic."

Can The WHO Be Reformed?

The House Select Subcommittee recently met to discuss whether the WHO could be reformed in the wake of mishandling COVID. (3) The answer is no. The WHO has a long and well-known history of mishandling pandemics and outbreaks (even after so-called reforms) including Ebola, H1N1 (swine flu), (4) AIDS, (5) SARS, (6) and most recently COVID (the last two of which were tied to lab leaks (7, 8) in China).

There's been mishandling of funds, (9) accusations of corruption of the Director General Tedros Adhanom Ghebreyesus, (10) and findings of sexual assault by WHO staff when responding to an outbreak of Ebola in the Congo. (11) Regarding the assault: The known perpetrators did leave the WHO, and the victims of assault by WHO employees were given $250 each, but only after they completed training courses on "income generating activities." (12) Is that reform?

The WHO has continued to grow and fail, with deadly results, after each misstep and crime. One of the U.S. delegates to the WHO, Loyce Pace from the Office of Global Affairs in the Department of Health and Human Services (HHS), defended what she called past efforts at reform in the subcommittee meeting. But her idea of reform was not conducting investigations, restructuring, or replacing those at fault. Instead, she pointed to new committees formed in response to mistakes and tragedies, calling them "reform." (Check out the SHF recap of the subcommittee hearing here.) And she continues to call on the U.S. and its people to give even *more* support to the WHO in the form of tax dollars and authority.

If you still need convincing that the organization has no intention of real reform, look to the recent reelection of Director General Tedros, (13) from Marxist Ethiopia, *who didn't even have the vote of his home country*. (14)

Dr. Tedros – who is not a medical doctor, but a doctor of philosophy (Ph.D.) in community health – gave great deference to China on the COVID outbreak, including delayed declaration of a Public Health Emergency of International Concern (PHEIC), and parroting Chinese claims that SARS-CoV-2 would not transmit from human to human.

There's a global consensus that under his leadership, the WHO mishandled yet another disease outbreak, this time amounting to the most devastating pandemic in a century, both in human lives and in economic terms. In other words, despite previous "reforms" that included new committees, more surveillance, greatly expanded scope through the 2005 amendments to the International Health Organization, and a growing bank account, the failures have only become more catastrophic in return. Is this reform?

There is no reform. The WHO is doing exactly what it was meant to do.

Artwork © Red Tweny_Poisoned Air

The Spiral Of History

In 1944, the head of the Rockefeller Foundation, Raymond B. Fosdick, stood before the American Public Health Association at a conference in New York City and declared, “A world health organization must inevitably be attached to any world peace organization.”[15]

He said this in the context of describing what he called deplorable health conditions in China that were a threat to us here in the United States.

The WHO didn’t exist until 1948. There was no centralized international health organization of any sort until the turn of the 20th century because of the general desire of countries around the globe to keep to themselves and avoid loss of sovereignty. Once regional organizations started to appear, the only actions agreed upon were that countries would notify others if they had outbreaks, and that they would serve as clearinghouses for the exchange of information about epidemics. These offices had no enforcement power and existed only as a place for information exchange and support of governments during outbreaks.

15. “Give and Take,” Transcript Telegram, Holyoke, Massachusetts, Sat, Oct 7, 1944, Page 4.

At the time of Fosdick's comment (who was also not a medical doctor), there was an international organization called the League of Nations, which did have a health organization (LNHO), though other health organizations of the day, including Rockefeller Foundation's own International Health Division, had more clout.

Shockingly, the U.S. was not a part of the League of Nations. This was a huge blow to President Woodrow Wilson because the league was his idea, proposed in the Treaty of Versailles which ended the first World War. The Senate voted *twice* not to join because provisions would override American sovereignty.

We refused no assistance that we could possibly render. All the great energy and power of the Republic were put at the service of the good cause. We have not been ungenerous. We have been devoted to the cause of freedom, humanity, and civilization everywhere. Now we are asked, in the making of peace, to sacrifice our sovereignty in important respects, to involve ourselves almost without limit in the affairs of other nations and to yield up policies and rights which we have maintained throughout our history. We are asked to incur liabilities to an unlimited extent and furnish assets at the same time which no man can measure. I think it is not only our right but our duty to determine how far we shall go. Not only must we look carefully to see where we are being led into endless disputes and entanglements, but we must not forget that we have in this country millions of people of foreign birth and parentage. – Senator Henry Cabot Lodge, congressional speech, August 1919.

Despite lack of Senate support, Wilson continued to send American public health officials to the LNHO to work. (Remember the public health officers, like the CDC now, are under presidential control as an executive agency).

Wilson understood he needed the public on his side for his international interventions. He had campaigned under the slogan, “He kept us out of war,” but then chose to involve the U.S. in the very war he kept America out of. So in 1917, he created the Committee on Public Information, which many knew as the Creel Committee, and some newspapers of the time referred to as the Committee on Misinformation. It was created to convince Americans that getting involved in global affairs was a good idea. One writer described it as an “attempt to mobilize public opinion behind the war effort with every available form of mass communication.” (16)

There was no social media back then, so the Creel Committee used newspapers and movie theaters. “Creel, a former journalist, particularly targeted newspapers. He later estimated that the news division placed material in 20,000 newspaper columns each week during the war.” (17)

The Library of Congress tells us there were over 75,000 “engaged patriotic local residents” who were trained to give 4-minute speeches at movie theaters between changes of reels of film. (18)

To reach the public who couldn’t access newspapers or movies and saturate public consciousness with a “patriotic fervor,” they engaged the art community for paintings, posters, sculptures, exhibitions, and more. (19)

FDR, who was president after Wilson, learned from Wilson’s mistakes and was able to get Congress on board to create The United Nations to replace the defunct League of Nations. The public health outreach arm, of course, is named the World Health Organization.

In this history, you can clearly see the seeds of things like the Biden administration’s failed Disinformation Governance Board and the commandeering of social media to spread the propaganda of destructive and unwanted coronavirus policy.

No country has ever exited the WHO … yet

The WHO Constitution does not have a provision for withdrawal. Neither does the U.N. Charter. This was intentional because countries left the League of Nations as a method of political blackmail or to avoid their obligations.

The U.S., however, when joining the WHO, put on record our own path for leaving: one-year notice and all dues paid.

Many know that Trump started the process of leaving the WHO, but the Biden administration swiftly reversed course after he took office.

There has been only one other attempt to leave. In 1948, just after joining, Soviet Union countries announced they were leaving the WHO. But Brock Chrisholm from Canada, who was head at the time, very strategically never accepted their resignation and let them back in years later in the 1950s after the death of Stalin. (20)

Let’s pause for a moment to reflect: The only attempts to leave the WHO in its 75-year history were by Communists who said the U.S. had too much influence, and then by the U.S. who said Communist China had too much influence. What does that tell us about the organization’s leadership, policy, and dynamics? What does it tell us about the ability of the organization to be reformed? The pendulum has swung from left to right over 75 years, but at its core, the organization has been ineffective and corrupted as two cold-warring ideologies have fought for control.

So this plan for global health security through a pandemic treaty and amendments to the IHR isn’t the beginning of a new era, it’s the end of a long game plan that has been in place for decades, at least. It’s not about health, it’s about control.

Artwork © Red Tweny_Perfect Cage

The WHO
Is A Real And Present Danger

David Bell

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https://brownstone.org

Our governments intend to transfer decisions over our health, families, and societal freedoms to the Director General of the World Health Organization (WHO), whenever he or she declares it necessary. The success of this transfer of power depends on public ignorance of its implications, and of the nature of the WHO itself and its recent pandemic policy reversals. When the public understands, then its leaders are more likely to act in their interests rather than against them.

In late 2019, the WHO issued new recommendations for pandemic influenza. Influenza spreads by the same mechanism as COVID-19 (aerosols), with a similar mortality in most people. The WHO stated that it is "not recommended in any circumstances" to undertake contact tracing, quarantine of exposed individuals, entry and exit screening, and border closures. They envisioned that in a severe pandemic it may be necessary to close businesses for up to seven to ten days.

The WHO cautioned against strict measures because they would have minimal impact on the spread of an aerosolized respiratory virus while inevitably increasing poverty, especially harming low-income people. Poverty makes people die younger and is a major killer of babies in low-income countries.

A few months later, the WHO advocated for everything they had previously advised against, to combat COVID-19. This reversal in their recommendations had the effect they had predicted: increasing poverty and shortening life expectancy, particularly amongst the world's poorest and most vulnerable, while having minimal overall impact on virus spread.

While the WHO's 2019 recommendations were based on the assessment of decades of knowledge by an expert panel, its COVID-19 lockdown recommendations were based solely on reported experience from one city in China. Their new source of knowledge had, a few weeks earlier, stated that the new virus had no human-to- human transmission. This was followed by apparent propaganda, taken up by the world's media, of people dropping dead in the streets.

It is vital to understand what drove this reversal of WHO policy, and to detail its harm. International public health priorities are currently being upended with the specific aim of allowing the WHO to do this again, harder and more frequently. In May 2024 our countries will vote to allow a single person to dictate border closures and quarantine, and require medical examinations and vaccination of their citizens. They will agree to censor those who protest. Our governments will undertake to make this individual's recommendations regarding our rights to family life, work, and school effectively binding.

In promoting lockdowns, the WHO was not only following China, but a group of powerful Pharma-related interests who have been pushing these approaches for over a decade. They have established public-private partnerships such as the Swiss-based CEPI, channeling taxpayer funding to promote their authoritarian approach to public health. In October 2019, a meeting called Event-201 was convened by the Bill & Melinda Gates Foundation, World Economic Forum and Johns Hopkins School of Public Health, including the WHO, China CDC and others, to run simulations of such approaches for a hypothetical coronavirus outbreak. At this time, COVID-19 virus must already have been circulating well beyond China.

Whilst establishing this influence over public health policy, Pharma and their private investors increasingly funded the WHO itself, now providing about 25 percent of its budget. This funding is ‘specified,’ meaning the funder decides how and where it is spent. Certain governments now also ‘specify’ most of their funding, leading to over 75 percent of the WHO’s activities being determined by the donor. Germany stands out as the second highest national donor after the USA, also being a major investor in BioNTech, Pfizer’s COVID-19 mRNA vaccine developer.

Discarding basic immunology, the WHO then claimed in late 2020 that only vaccination could lead to high community immunity (‘herd immunity’) and became a major proponent of mass vaccination within an epidemic, aligning fully with its private sponsors. Under pressure for obviously lying, they then changed to a preference for vaccination – equally foolish as a general statement since many everyday viruses are obviously mild. While not based on evidence or expertise, this clearly serves a purpose.

Despite there being a clearly identified subset of people at high COVID risk, vaccination-for-all was promoted by Pharma investors as a ‘way out’ of the lockdowns these same people had advocated for. The WHO’s incoherent COVID vax mantra – “No one is safe until all are safe” – is supposed to support this but logically implies that vaccination does not even protect the vaccinated.

In Western countries the results of these policies are increasingly stark; rising inequality, closed businesses and rising young adult all-cause mortality. In low-income countries across Africa and Asia that the WHO once prioritized, its actions have been even more devastating. As predicted in early 2020, malaria, tuberculosis and HIV/AIDS are increasing, killing more people and at a far younger age than COVID-19.

Over 100 million additional people face malnutrition, up to 10 million additional girls will endure child marriage and nightly rape, and millions more mothers will lose their infants due to the impacts of deeper poverty. UNICEF estimated nearly a quarter million added child deaths from lockdowns in South Asia in 2020 alone. The WHO did this – they stated that it would happen, then encouraged its implementation.

Few gained from the COVID response, but those who did gain – particularly private and corporate funders of the WHO with large Pharma and software assets – gained massively. WHO employees and others working in global health also thrived, and are now securing lucrative careers as the agenda expands. As the old evidence-based public health is pushed aside, it is in the new public health of the software entrepreneurs and Pharma moguls that careers will be made.

So, we have a problem. The WHO, ostensibly leading the show, is deeply conflicted through its private investors, whilst governed by an Assembly including powerful States hostile to human rights and democracy. Its staffing policies, based on country quotas and rules that promote retention rather than targeted recruitment, are not even designed to assure technical expertise.

The recent behavior of these staff – blind, dutiful compliance with the organization's multiple nonsensical claims – must raise questions regarding their integrity and competency. The expanding pandemic industry has a massive financial war chest aimed at media and political sponsorship, and our politicians fear political oblivion should they oppose it.

Pandemics are rare. In the past century, including COVID, the WHO estimates about one per generation. These cost fewer life-years during their time of spread than tuberculosis or cancer cost every year. No one can rationally claim we face an existential crisis, or that forfeiting human freedom to Pharma and private entrepreneurs is a legitimate public health response should we face one. Our democracies are being eroded through a massive amoral business deal, a structure designed to concentrate the wealth of the many in the hands of the few. COVID-19 proved the model works.

The only real question is whether, and how, this society-wrecking pandemic train can be stopped. The public health professions want careers and salaries, and will not intervene. They have proven that in previous manifestations of fascism. The public must educate themselves, and then refuse to comply. We can just hope some of our supposed leaders will step forward to help them.

Artwork © Red Tweny_The fishing hook

Vaccine Passports And Digital IDs

Reggie Littlejohn, Esq.

Co-Founder of the Sovereignty Coalition

https://sovereigntycoalition.org

Vaccine passports are a tool certifying a person's vaccination history. Based on vaccination status, a person may be prevented from traveling or accessing services. Vaccine passports could be incorporated into comprehensive digital IDs which link travel, access to services, banking, work, and social credit scores.

A new "diagnosis" code

Doctors are required (for billing purposes) to use diagnosis codes to identify the diagnosis for which the patient is being treated at every visit.

Recently US health agencies created new diagnosis codes for an entirely different purpose, something for which they were never used before. The CDC has asked doctors to assign codes revealing whether a patient has received COVID vaccines, and other vaccines. If the patient is not vaccinated, doctors are supposed to provide a code that states why.

The new codes require your doctor's office to designate the *reason* for being unvaccinated, which they designate as being in "Delinquent Immunization Status," for Covid-19. Some of the reasons include "patient refusal, or "belief or group pressure."

The problem is that these codes are not disease diagnoses. They are being slipped in with disease codes to gather more information about everyone. These new codes quietly went into effect on April 1, 2022.

Almost always, natural immunity is more robust than immunity conferred by vaccines. The frequent "breakthrough infections" in people vaccinated for COVID-19 demonstrate that people may contract or spread COVID with or without vaccination. Therefore, knowing your COVID vaccination status will not help your doctor or the federal government prevent the spread of COVID. The codes have another purpose.

Tracking the Covid-19 unvaccinated could be a way to identify "resisters," people who don't just go along with the government narrative. Will these codes be used punitively on the unvaccinated?

For example, according to a report by Teachers for Choice, unvaccinated teachers in New York City have had their fingerprints and "problem codes" (indicating misconduct) placed in their personnel files, simply for being unvaccinated. Then their fingerprints were sent to the FBI and the New York Criminal Justice Services. While tracking immunization status is nothing new, such measures were never applied prior to the COVID vaccine rollout.

ICD-10 codes were created by the World Health Organization (WHO), and are maintained by the CDC under WHO authorization. Will WHO receive this information? Will it be shared internationally? Ultimately, tracking vaccination status could be used as the pretext for requiring interoperable vaccine passports, other digital IDs, and could even restrict us to digital payments–stopping us from using cash.

The G20, a group of the world's most populous and powerful countries, met in November 2022 and issued the following declaration, also published on the White House website. It stated:

We acknowledge the importance of shared technical standards and verification methods, under the framework of IHR (2005), to facilitate seamless international travel, interoperability, and recognizing digital solutions and non-digital solutions, including proof of vaccinations. We support continued international dialogue and collaboration on the establishment of trusted global digital health networks as part of the efforts to strengthen prevention and response to future pandemics, that should capitalize and build on the success of the existing standards and digital COVID-19 certificates. – G20 Bali Leaders' Declaration, # 23

In addition, the WHO partnered with the European Union in June 2023 to roll out the EU Digital COVID-19 Certificate to the whole world.

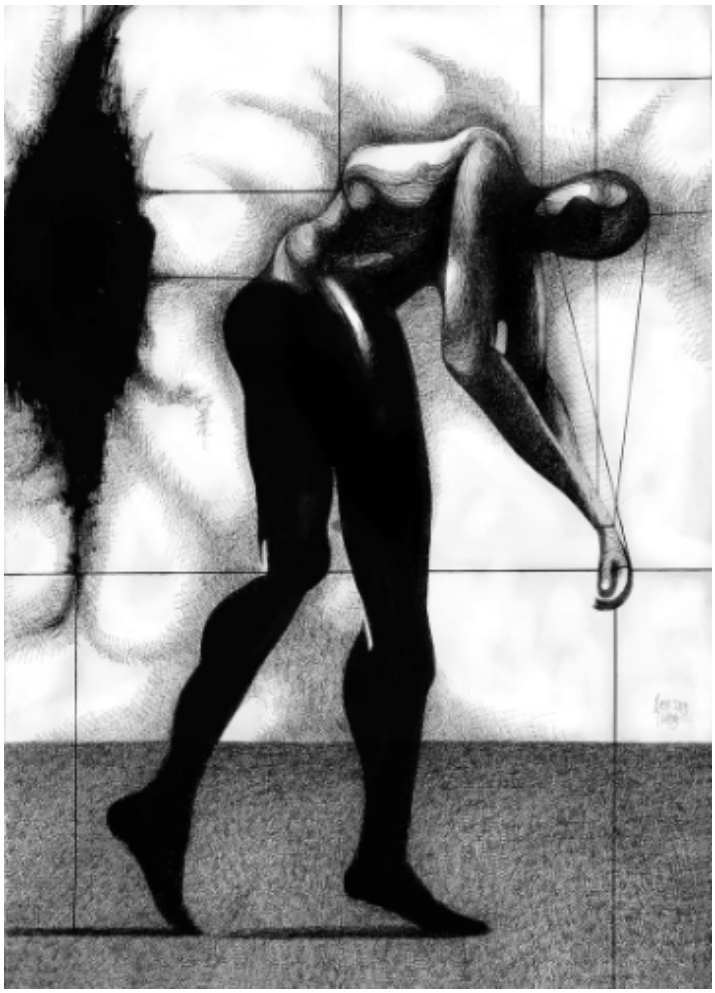

HEALTHCARE
For users to access insurance, treatment; to monitor health devices, wearables; for care providers to demonstrate their qualifications
FINANCIAL SERVICES
To open bank accounts; to carry out online financial transactions
FOOD AND SUSTAINABILITY
For farmers and consumers to verify provenance of produce; to enhance value and traceability in supply chains
TRAVEL AND MOBILITY
To book trips; to go through border control between countries or regions
HUMANITARIAN RESPONSE
To access services; to demonstrate qualifications to work in a foreign country
E-COMMERCE
To shop; to conduct business transactions and secure payments
SOCIAL PLATFORMS
For social interactions; to access third-party services that rely on social media logins
E-GOVERNMENT
For citizens to access and use services: file taxes, vote, collect benefits
TELECOMMUNICATIONS
For users to own and use devices; for service providers to monitor devices and data on the network
SMART CITIES
To monitor devices and sensors transmitting data, such as energy usage, air quality, traffic congestion
DIGITAL IDENTITY
ENTITIES
PEOPLE
DEVICES
THINGS

Where is this going?

Any mandatory digital ID system can have more functions added over time. The EU pass was built to include a digital wallet to enable use for electronic payments. The digital ID system could in future give rise to a “social credit system” in the US or Europe like China’s. According to reports, China’s social credit system has already been used to restrict its citizens’ travel, loans, purchases, applying for jobs, and even getting a date.

The World Economic Forum (WEF) wrote about its vision for a digital ID in 2020. The WEF’s diagram gives you an idea of all the uses of the digital ID that are being contemplated.

Vaccine passports are the gateway to imposing a digital ID on citizens around the world. This would facilitate mass surveillance, tracking and even totalitarian control.



Artwork © Red Tweny_The black stain

The United Nations Has Proposed Creating An 'Emergency Platform' To Allow It To Rule During Major 'Global Shocks'

The United Nations (UN) produced a series of 11 'Policy Briefs' in the spring of 2023 under the theme "Our Common Agenda." These provide specific ideas about how the UN wants to achieve its Sustainable Development Goals, while the policy briefs still leave a lot unsaid.

One of the briefs proposes that the UN assume international management of certain 'global shocks.'

I have taken some of the language straight from this UN policy brief on page 12:

*When the world faces a complex global shock, we must ensure that all parts of the multilateral system are accountable for contributing to a collective response. No single agency exists to gather stakeholders in the event of complex global shocks. The United Nations is the **only** organization that can fulfill this role.*

*I propose that the General Assembly provide the Secretary-General and the United Nations system with a **standing authority** to convene and **operationalize automatically** an Emergency Platform in the event of a future complex global shock of sufficient scale, severity and reach.*

The UN claims that the ‘only’ way we can adequately respond to global emergencies (which the UN terms ‘complex global shocks’) is through the UN, by galvanizing global action. However, this is obviously not the only way to approach emergencies affecting multiple countries, since we have managed so far without the UN’s emergency platform.

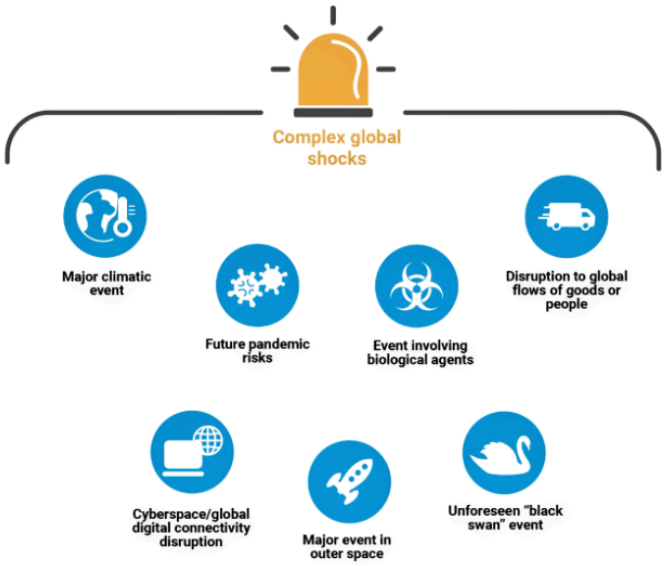
Another concern is using the terms “standing authority,” and “operationalize automatically the emergency platform.” ‘Standing authority’ means that the UN Secretary-General has already been given the authority by the UN members and can then use it at will. ‘Operationalize automatically’ suggests no further authority would be needed for the UN to use its new emergency powers. This opens the door to the UN Secretary-General declaring an emergency or shock using his standing authority and then the UN would automatically take charge, directing countries what they must and must not do.

The problem is that disaster management is **always local.** Local resources deal with the problem immediately when it occurs. State, national or United Nations troops, supplies, and logistics take days or weeks to organize and arrive. Central authorities generally swoop in after the emergency has already been managed. We certainly don’t need central governing authorities telling the local authorities what they can and cannot do, when in fact the local authorities are the only ones there at the scene of the emergency.

What emergencies does the UN think we might need them to manage? The policy brief offers this list of global shocks on page 6.

FIGURE I

POSSIBLE FUTURE COMPLEX GLOBAL SHOCKS



An emergency could be declared over climate! Or a disruption to the internet or grid. An event in outer space (which may not even be noticed on earth) might lead to the UN asserting itself to manage things.

The UN appears to be jockeying with the WHO to manage pandemics and bioterrorism, even though the WHO is rushing through a pandemic treaty and new International Health Regulation amendments that do the very same thing, right now.

Worst of all, the UN has said that ‘black swan events’ might trigger the UN to take over. Black swan events are incidents that are unusual and unexpected. In other words, the UN could declare any kind of crisis it liked a ‘black swan event,’ leading the UN to jump in and manage whatever it is.

But the problem is that the UN has no expertise or staff with experience managing all possible crises. Furthermore, UN staff are not elected by the world’s population and are not accountable to them. Turning over the authority for managing ‘global shocks’ to a political agency that can choose the shocks it wants to manage, and how it wants to manage them, seems foolhardy at best.

Artwork © Red Tweny_The dark reflex

Can The W.H.O. And The United Nations Impose Sanctions On Your Country?

Shabnam Mohamed

Shabnam Palesa Mohamed is an award-winning activist, impact journalist and mediation lawyer from South Africa. She has over 20 years of strategic experience in these fields, especially as they relate to human rights. She is the executive director and chapter coordinator of Children's Health Defense Africa, and the co-convenor of the African Sovereignty Coalition. She serves on the steering committee of the World Council for Health.

Shabnam is based in South Africa where she co-founded Transformative Health Justice NPC and its SAVAERS.co.za project to independently record post vaccine adverse effects.

https://thj-africa.org.za

https://savaers.co.za/report

One of the subjects increasingly relevant to the #ExitTheWHO campaign is whether the World Health Organization and the United Nations can impose, influence or recommend sanctions on countries that do not or cannot comply with health-related obligations imposed on member states. The WHO is an agency of the United Nations.

Sanctions are punitive actions used to force a country to obey international laws, or agency directives. There are several types of sanctions that can be imposed including economic, diplomatic, military, sports and environment.

Assisted by Covid-19 and other WHO-declared public health emergencies of international concern, health emergencies have become a multibillion-dollar industry, benefiting Big Pharma via WHO's recommendations, while increasing the power and funding of the WHO.

Because of developing resistance to its proposed International Health Regulation amendments and its new Pandemic Treaty, the WHO.might seek to collaborate with the United Nations on sanctions.

Does the WHO have the power to impose sanctions? It is not clear. WHO's last Director-General, Margaret Chan, was reported by Al Jazeera to have said in 2015 that she is:

... investigating ways to reprimand countries that disobey International Health Regulations (IHR) – a set of rules adopted in 2005 and mandate that countries set up epidemiological surveillance systems, fund local health care infrastructure and restrict international trade and travel to affected regions deemed unsafe to the public, among other provisions.

Chan is on a panel set up by U.N. Secretary General Ban Ki-moon, who instructed the group to think of ways to hold countries accountable for how they manage public health crises and punish those who violate the IHR.

In 2021, World Health Organization Director-General Tedros Adhanom Ghebreyesus urged countries to consider sanctions. The proposed pandemic treaty should "have all the incentives, or the carrots" to encourage transparency, Tedros said at a press conference in Berlin. He added: "**But maybe exploring the sanctions may be important.**"

In March 2023, the UN's Secretary-General Antonio Guterres issued a Common Agenda policy report and argued that its emergency platform and standing authority should "*Ensure that all participating actors make commitments that can contribute meaningfully to the response, and that they are held to account for delivery on those commitments.*"

The areas of proposed expanded powers for the UN secretary-general relate to: pandemics; wars and nuclear events; climate or environmental events; degradation or disaster; accidental or deliberate release of biological agents; disruptions in the flow of goods, people, or finance; disruptions in cyberspace or "global digital connectivity;" a cyber-attack on critical infrastructure, a major event in "outer space;" "unforeseen risks" ('black swan' events).

While we do not know yet if the WHO or the UN will decide to impose sanctions on countries that do not obey international law or simply disobey these agencies' directives, it is obvious that sanctions might be imposed in future. This could perhaps be done through the World Trade Organization, another UN agency.

In any event, the WHO and UN may be shifting from being agencies that help member states by issuing recommendations to agencies that assume a governance function toward their member states.

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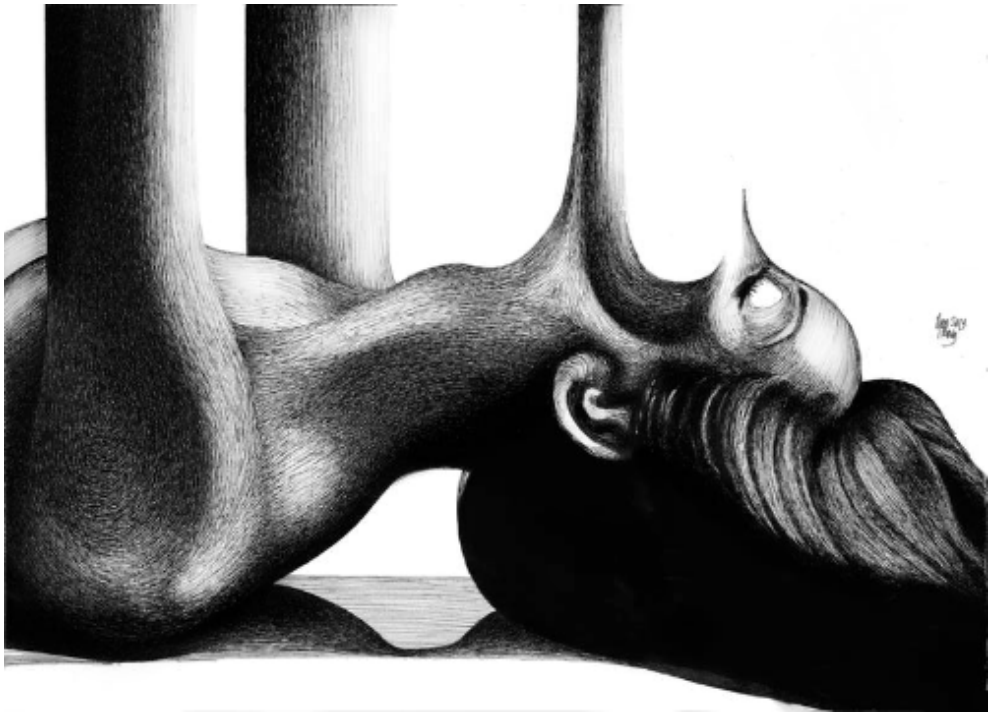

Artwork © Red Tweny_Parallel screams

ALL ARTWORK

Artwork © Red Tweny_The final adjustment

RED TWENY

one colour, endless anxieties ...

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Red Tweny

www.deviantart.com/redtweny

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