

Zurich, 19 April 2023 (amended version)

WHO – unprecedented RISK for HEALTH and for DEMOCRACIES



- 1) International Health Regulations (IHR)
- 2) New Pandemic Treaty

... A FIRST INTRODUCTION

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Introduction

Philipp Kruse, Attorney-at-law, LL.M. (Zurich/CH)

- Swiss Lawyer since 1997 (commercial and tax law); Kruse | Law, 8001 Zürich;
- Since End of 2020:
 - > 20 ordinary court proceedings to re-establish the rule of law, constitutional rights, and a science-based debate in times of EMERGENCY (in particular for children; students; business owners; pilots);
- Since Jan. 2022: criminal complaint vs. Swissmedic (against authorisation of experimental mRNA-products; submitted 14 July 2021);
- Co-Founder of the *Swiss Lawyers' Committee*.
- Member of Austrian Association: *Lawyers' for Fundamental Rights*;

Amendments to the IHR

https://apps.who.int/gb/wgih/pdf_files/wgih2/A_WGIHR2_6-en.pdf

https://apps.who.int/gb/wgih/pdf_files/wgih1/WGIHR_Compilation-en.pdf

[https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-amendments-to-the-international-health-regulations-\(2005\)](https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-amendments-to-the-international-health-regulations-(2005))



**SECOND MEETING OF THE WORKING GROUP ON
AMENDMENTS TO THE INTERNATIONAL HEALTH
REGULATIONS (2005)
Provisional agenda item 6**

**A/WGIHR/2/6
6 February 2023**

**Proposed amendments to the International
Health Regulations (2005) submitted in accordance
with decision WHA75(9) (2022)**

NEW PANDEMIC TREATY

https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf



**FOURTH MEETING OF THE INTERGOVERNMENTAL
NEGOTIATING BODY TO DRAFT AND NEGOTIATE
A WHO CONVENTION, AGREEMENT OR OTHER
INTERNATIONAL INSTRUMENT ON PANDEMIC
PREVENTION, PREPAREDNESS AND RESPONSE
Provisional agenda item 3**

**A/INB/4/3
1 February 2023**

**Zero draft of the WHO CA+
for the consideration of the Intergovernmental
Negotiating Body at its fourth meeting**

2 Work Streamlines in parallel:

**77 WHA
MAY 2024**

Internat. Health Regulations (IHR)

WHO-Const. 22
[Working Group on amendments of the IHR].

Drafting +
Negotiations

Simple
majority

Rejection period:
10 M (IHR Art. 59.1)
in force:
May 2025

TREATY

WHO-Const. 19/20
[Intergovernmental Negotiations Body to draft ...]

Drafting +
Negotiations

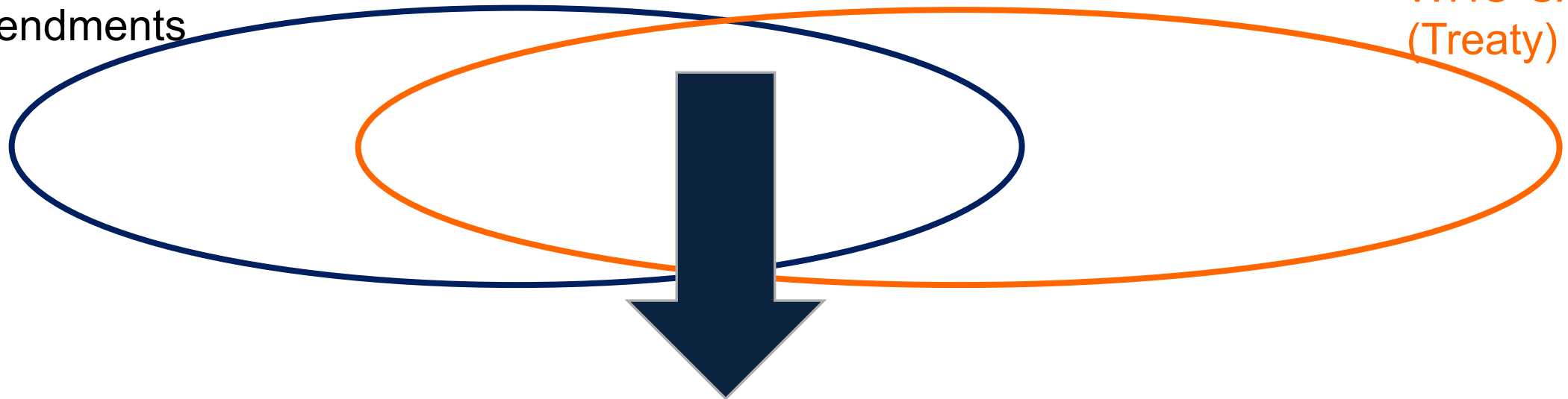
2/3rd
majority

Ratification period:
18 M (WHO-Const. Art. 19/20)
November 2025

Key concepts

IHR
Amendments

WHO CA+
(Treaty)

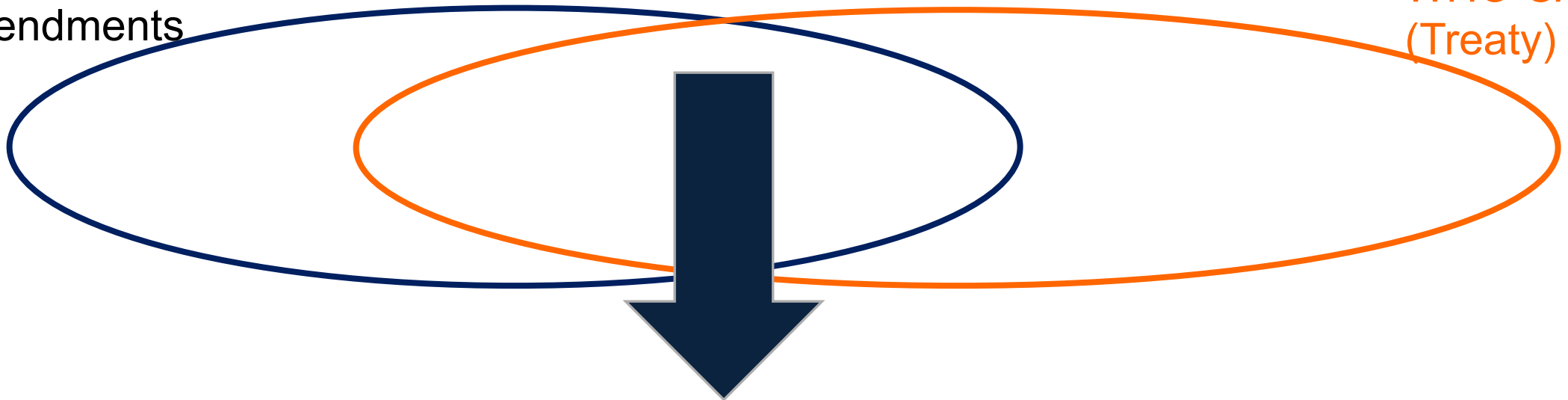


- 1.) **Legally binding authority of WHO:** the same risk-assessment, solutions and standards apply for all;
- 2.) **One Health** (health-threat from animals; climate change; environment);
Extending the factual situations that might justify a „PHEIC“;
Extending the scope of prevention measures;
- 3.) **EQUITY:** all countries shall „have access“ to the same products (incl. IP-transfer; financial support);
- 4.) ...

Key concepts

IHR
Amendments

WHO CA+
(Treaty)



[...]

- 4.) Enforced „**strengthening core capacities**“ (production of analytics; surveillance; drugs etc.)
 - 5.) **Electronic surveillance** (Health ID) and global data sharing re. bio-surveillance (at all times)
- Etc.

WHO will obtain wide LEGISLATIVE POWERS in PHEIC-situations.

Consequences: for WHO

- EXECUTIVE LEADERSHIP in health over all countries
- All WHO recommendations will become **LEGALLY BINDING**

1. WHO to obtain full LEADERSHIP in health: **binding!**

Article 1 Definitions

IHR-Amendments

1. For the purposes of the International Health Regulations (hereinafter “the IHR” or “Regulations”):

(...)

“standing recommendation” means ~~non-binding~~ advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary recommendation” means ~~non-binding~~ advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

Source:

Article-by-Article Compilation of Proposed Amendments to the IHR; NEW Art. 13A (page 12);

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

1. WHO to obtain full LEADERSHIP in health: **binding!**

IHR-Amendments

NEW Article 13A WHO Led International Public Health Response

1. States Parties recognize WHO as the guidance and coordinating authority of international public health response during public health Emergency of International Concern and undertake to follow WHO's recommendations in their international public health response.

Source:

Article-by-Article Compilation of Proposed Amendments to the IHR; NEW Art. 13A (page 12);

Link: https://apps.who.int/gb/wgih/pdf_files/wgih1/WGIHR_Compilation-en.pdf

Consequences: for WHO (II)

- Easy way for WHO to start and perpetuate emergencies („PHEIC“).
- Perfect concept for **permanent self-empowerment**.
- **No incentive to stop any given emergency.**
- **NO ACCOUNTABILITY whatsoever.**

2. WHO'S SELF-EMPOWERMENT ("PHEIC"): **facilitated**

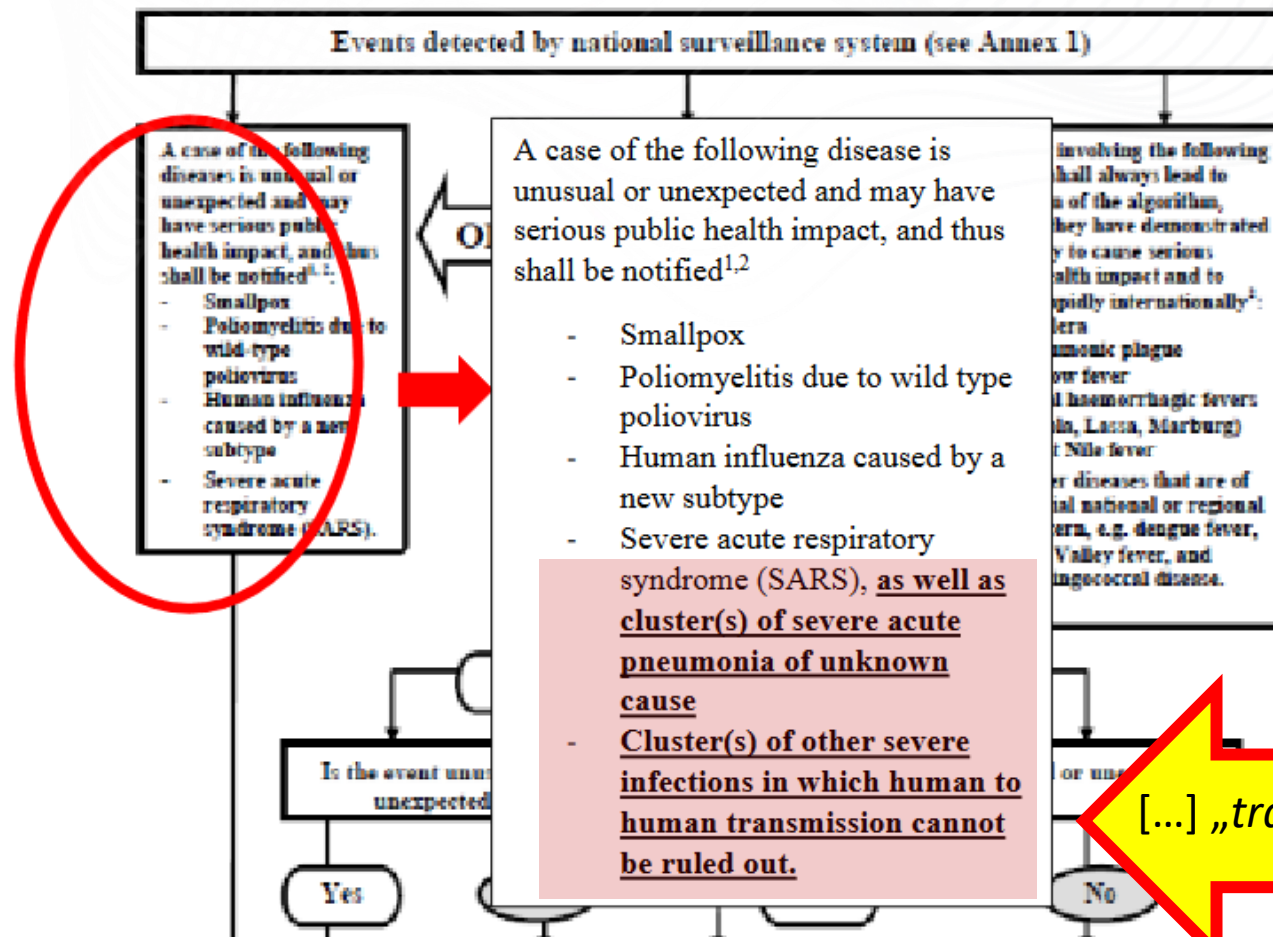
Article 12

IHR-Amendments

Determination of a public health emergency of international concern public health emergency of regional concern, or intermediate health alert

2. FACILITATING WHO'S SELF-EMPOWERMENT ("PHEIC")

ANNEX 2
 DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION
 OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY
 OF INTERNATIONAL CONCERN



IHR-Amendments; Annex 2

Communicable disease of a certain dangerousness

PCR
 :=> also unsuitable for this decision tree.

2. FACILITATING WHO'S SELF-EMPOWERMENT ("PHEIC")

Article 18. One Health

NEW PANDEMIC TREATY

https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf

[1.-4.]

5. The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of pandemics, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the human-animal-environment interface due to human activities.

6. The Parties commit to strengthen multisectoral, coordinated, interoperable and integrated One Health surveillance systems and strengthen laboratory capacity to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spill-over events, mutations and the risks associated with zoonotic neglected tropical and vector-borne diseases, with a view to preventing small-scale outbreaks in wildlife or domesticated animals from becoming a pandemic.

Consequences: for WHO (III)

Unlimited powers for WHO to:

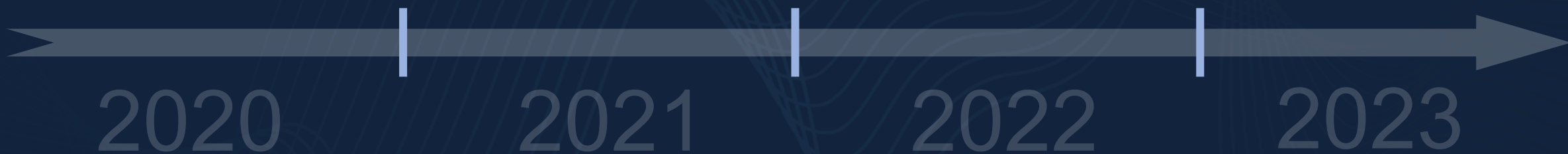
- (i.) „declare (and fake) a PHEIC“ (much wider concept)
- (ii.) apply harmful leadership (wrong methods; products)
- (iii.) use total Info-Control („INFODEMIC“).

WHO still perpetuates the PHEIC (since Jan. 2020)



Meetings of the IHR Emergency Committee on Covid-19

"The Director-General declared that the outbreak of COVID-19 continues to constitute a PHEIC. He accepted the advice of the Committee to WHO and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR (2005)."



Consequences: for Member States

- Impossible to stop any given PHEIC;
- Impossible to challenge wrong methods and wrong solutions.

Member States will have to execute even **wrong WHO-recommendations**:

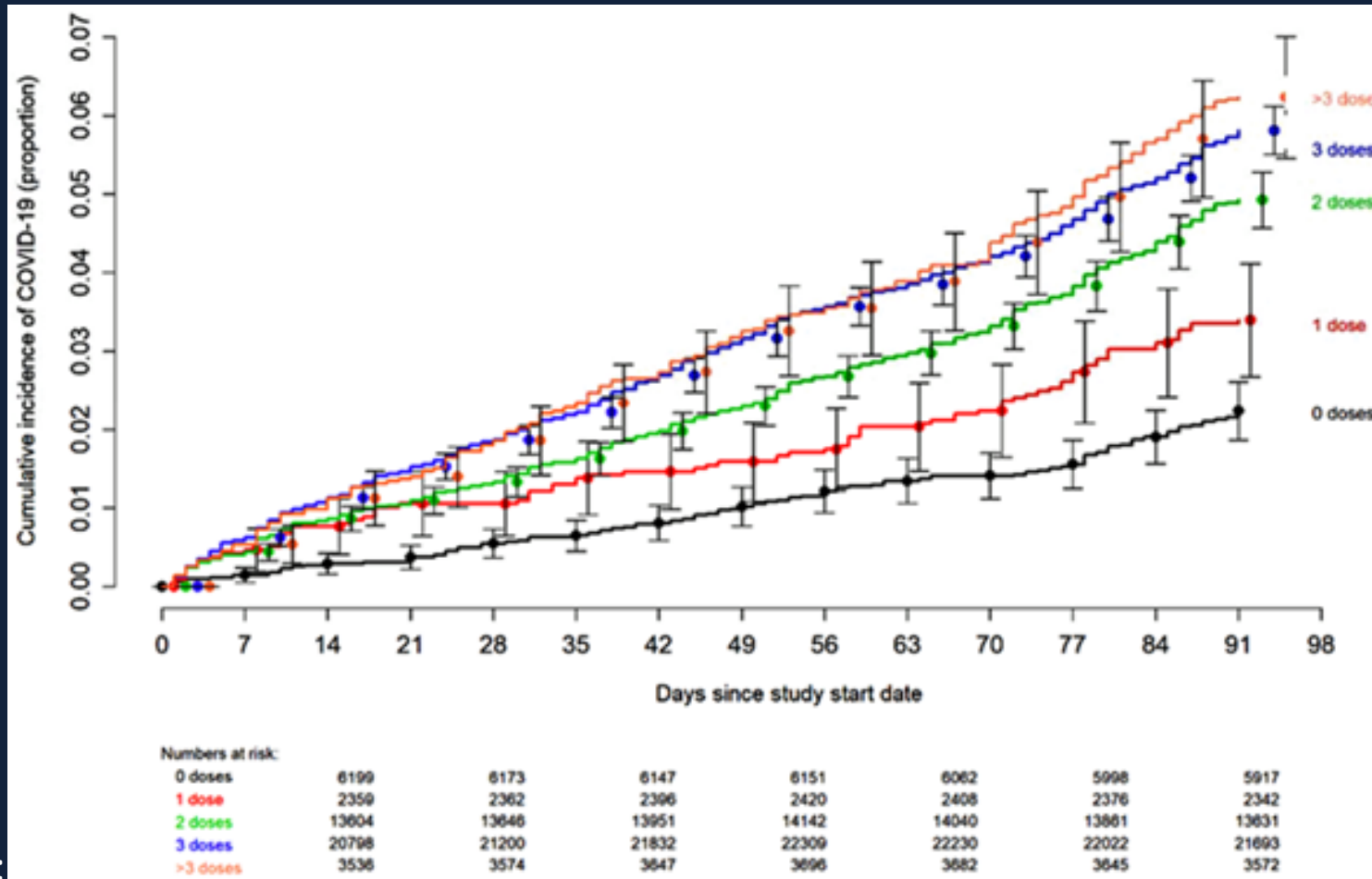
RT-PCR tests



(Reverse transcription polymerase chain reaction test)

- Tests with the highest diagnostic accuracy
- Cost more
- Require sophisticated lab equipment within a laboratory setting

Member States will have to execute even **harmful WHO-recommendations:**



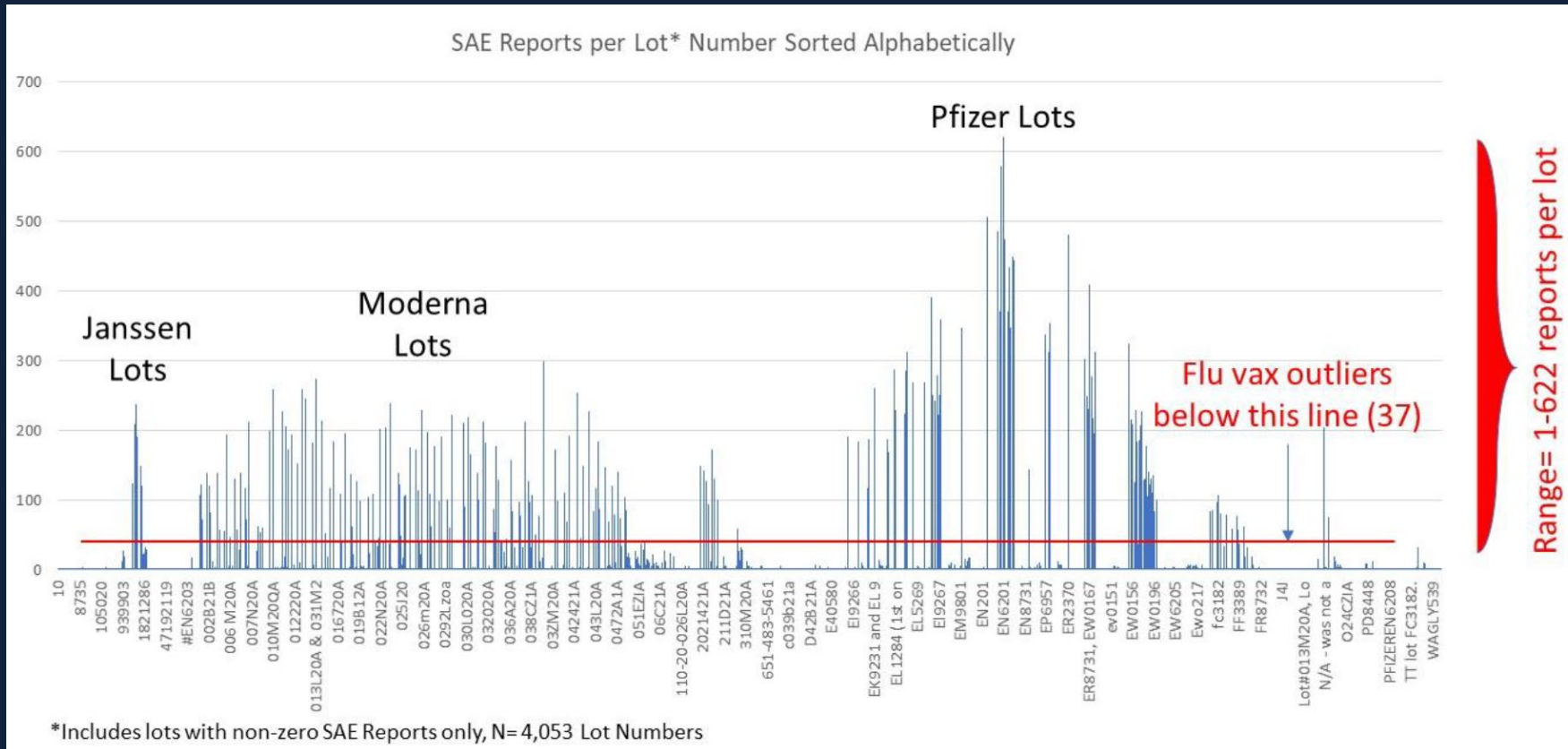
Source:

SHRESTHA, "Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine," preprint dated Dec. 19, 2022, <https://www.medrxiv.org/content/10.1101/2022.12.17.22283625v1.full>.

Finding:

The more frequently someone is vaccinated, the greater the risk of contracting Covid-19.

Member States will have to execute even **harmful WHO-recommendations:**



Prizer:
200-600 SAE

Moderna:
200-300 SAE;

Seasonal flu shots:
Below 10 reports
on SAE;
(In 30 yrs: 1x 37
SAE).

Source:

Sasha Latypova, witness statement of 28 Dec. 2021 (High Court of Justice / USA)

Member States will have to execute even **harmful WHO-recommendations:**

Achieving 70% COVID-19 Immunization Coverage by Mid-2022

The IAVG is therefore calling for:

Achievement of 70% coverage with COVID-19 vaccines in all countries as **a global imperative.**

Source:

<https://www.who.int/news/item/23-12-2021-achieving-70-covid-19-immunization-coverage-by-mid-2022>



Consequences: for Member States (II)

- State-directed economy like in communism („strengthen core capacities“/“EQUITY“ (IHR new Art. 13A; Treaty Art.19; 13+14);
- Individual country solutions? Impossible! (Sweden 2020);
- **No chance to overrule or correct WHO’s harmful leadership.**

Consequences: for Member States (III)

- Member States lose control in all core aspects of sovereignty;
 - => loss of constitutional order (checks & balances);
 - => loss of control on public economy;
 - => loss of control on quality of all medical substances;
(= harmful nonvaleurs, they will have to pay for).
 - => etc.
- + **Member States waive their constitutional power to protect their own citizens from harmful PHEIC-management**

Member States waive their power to protect their own people

Article 3 Principles

1. The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ **based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development.**

(...)

2 bis. The States Parties shall develop and maintain capacities to implement the Regulations in accordance with their Common But Differentiate Responsibilities and Respective Capabilities (CBDR-RC), availability of international financial assistance and shared technological resources, and in this regard, primary preference shall be given to the establishment of functioning public health systems resilient to public health emergencies.

Mandatory international law (incl. Nuremberg Code)

International Covenant on Civil and Political Rights (1966; ICCPR) Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. **In particular, no one shall be subjected to medical or scientific experimentation without his or her voluntary consent.**

This provision applies **even "in time of public emergency which threatens the life of the nation and is officially proclaimed"** (as per Article 4, paragraphs 1 and 2 ICCPR).

Consequences: for citizens (I)

- **Loss of all fundamental rights during PHEIC-times;**
- **In particular: Loss of SELF-DETERMINATION; and Pers. Data;**
- **Will be held in status of constant fear and disinformation.**

Consequences: for citizens (II)

- Will BEAR full RISK of BAD Mgt (product) Quality;
- WILL HAVE TO PAY FOR ALL THE COSTS of PHEIC-Mgt

incl. for:

- harmful medical products;
- split of society;
- loss of economic basis;
- - etc.

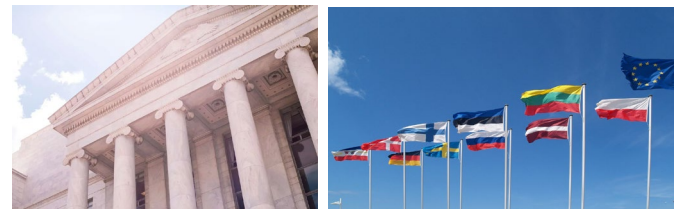
With every new „PHEIC“: TOTALITARIAN POWER-GRIP tightens

Burden of liability, financial risk and disinformation is shifted to Member States;

Burden of: long term health risk + financial risk; Burden of artificial fear, disinformation; uncertainty remains with the people.



Member States:



END of SELF-DETERMINATION



- Waive/loss of control + money + data + information
- Waive/loss of sovereignty and constitutional order

- Waive/loss of: control + money + data + information

- Loss of constitutional rights + liberties.

Extension of power despite WHO's malpractise:

- WHO never made a proper „After-Action-Review“
(= globally accepted standard of quality control in all sectors
 - => how dangerous was SARS-CoV-2 really?;
 - => what was the true source of the virus? (and how to stop it for the future?)
 - => how effective and secure where all the several measures?
 - => what are the least harmful and most effective alternatives to mitigate/eliminate this risk?
- WHO never investigated the true origins of SARS-CoV-2
(=> Gain-of-function; DoD et al.)
- WHO never assumed accountability + liability whatsoever

Consequences: Demands to all politicians

(1) STOP ALL NEGOTIATIONS

re. „New Pandemic Treaty“ + IHR

(2) SUSPENSION of ALL „PHEICS“ immediately

(3) START INTERNATIONAL INVESTIGATION

(origine of the virus?; level of danger? Efficacy + safety of the measures? Less harmful/costly/invasive alternatives?)

And how can we achieve this?

(1) **UNITE with good people**; inform each other; help each other
<https://jamesroguski.substack.com/p/send-these-emails>
<https://worldcouncilforhealth.org/news/news-releases/monopolization-of-global-health-policy-brief/>

(2) **GET THE MESSAGE OUT:**

This is just not about Covid, it's about a permanent LOSS of CONTROL on all basic aspects of life (fundamental rights; health; business; private).

There will be no protection against abuse of power because of a much stronger WHO – under no accountability.

While in the same time private corporations and tech cartels are gaining historical fortunes on the basis of deadly gain-of-function products.

(3) BUILD UP PRESSURE on your local MP:

*„Stop the WHO-negotiations! Stop the PHEIC!
Hold the WHO accountable for harming our country and our
people.“*

Good example: James Roguski

<https://jamesroguski.substack.com/p/send-these-emails>

(4) START Basic democratic movements and INITIATIVES:

„LEAVE the WHO“; „Hold the WHO ACCOUNTABLE“
(SWITZERLAND: „Souveränitäts-Initiative“)

(5) HOLD OPEN CONVENTIONS and DEBATES:

Hold public events and invite the „WHO-friends“ and media for an open debate exchange.

(6) Think of even better ways 😊

....

And to all lawyers and legal experts:

Help the ordinary people and the media to understand and communicate the issue.

Start special legal projects re. accountability of WHO and its helpers.

And if you don't believe, what I'm presenting, read this excellent legal analysis:

A.Müller/S. Behrendt:

The Proposed Amendments to the International Health Regulations: An Analysis

<http://opiniojuris.org/2023/02/27/the-proposed-amendments-to-the-international-health-regulations-an-analysis/>

(6) DON'T GIVE UP!

UNITED TOGETHER WE ARE STRONGER.

Stop the WHO!

Thank you for your attention.

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