



James Roguski

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WAKE UP and Smell the Burning of Our Constitution

The United States has proposed amendments to the International Health Regulations which will be voted on by the World Health Assembly scheduled for May 22-28, 2022.



James Roguski

Mar 31

♡ 425

💬 120



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HERE IS THE ISSUE:

Below is an excerpt from the proposed amendments to the International Health Regulations.

Focus on the 15 words below (5 words underlined in red and 10 words highlighted in blue). The amendments seek to remove the 10 words that are highlighted in blue. “State Party” refers to any one of the 194 member nations of the World Health Organization.

**Submission of the United States of America
Proposed Amendments to the International Health Regulations (2005)
Articles 5, 6, 9, 10, 11, 12, 13, 15, 18, 48, 49, 53, 59**

Explanation of changes: The proposed new text is shown in **bold underline**, and proposed deletions to existing text is shown in ~~striketrough~~. All other text would remain unchanged.

Article 12: Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert

1. The Director-General shall determine, on the basis of information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.
2. If the Director-General considers, based on an assessment under these Regulations, that a **potential or actual** public health emergency of international concern is occurring, the Director-General shall **notify all States Parties and seek to** consult with the State Party in whose territory the event arises regarding this preliminary determination **and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee")**. **If the Director-General determines and the State Party are in agreement regarding this determination that the event constitutes a public health emergency of international concern**, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee") on appropriate temporary recommendations.
3. ~~If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.~~

GET ALL THE EVIDENCE: <http://DontYouDare.INFO>

**CLICK HERE
TO SEND AN EMAIL TO YOUR
CONGRESSPERSON, SENATORS
AND STATE ATTORNEY GENERAL**

CLICK HERE TO SUBMIT YOUR PUBLIC COMMENT TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES' OFFICE OF GLOBAL AFFAIRS REGARDING THE PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS

Please watch the video below...



VIDEO #2

<https://rumble.com/v13s6q1-single-world-government-ushered-in-by-who-covid-19-emergency-weaponized-to-.html>

This is the fourth article in this series.

1. [Pandemic Treaty](#)

2. The People's Treaty
 3. Speaking Truth To Power
 4. WAKE UP and Smell the Burning of Our Constitution
 5. Abolish the WHO
 6. Pandemic Mitigation Project
 7. An Open Letter to the WHO
 8. WE ARE IN A SPIRITUAL WAR
 9. SOUND THE ALARM
 10. Multilingual information regarding the proposed amendments to the International Health Regulations.
 11. THEY will control nothing, and WE will be free
 12. BREAK THE SPELL
 13. SEND THIS EMAIL TO CONGRESS
-

EXECUTIVE SUMMARY:

The World Health Organization Is Attempting a Power Grab

1. Most people have never heard of the International Health Regulations (IHR). The United States agreed to the IHR in 2005. These regulations override and supercede the U.S. Constitution.

2. On January 18, 2022 the United States submitted a number of amendments to the IHR that serve to give away even more of our sovereignty and greatly empower the World Health Organization (WHO) to restrict YOUR health related rights and freedoms.

3. The 75th meeting of the World Health Assembly will be held in Geneva, Switzerland this May 22-28, 2022. The Assembly will vote on the amendments to the IHR. They are very likely to pass and be enacted into international law unless "We the People" stand up against this attack on our sovereignty.

4. These amendments to the International Health Regulations do NOT need to be approved by two-thirds of the U.S. Senate. We have already agreed to obey the IHR by virtue of our membership in the United Nations and the WHO. We have already given away some of our sovereignty. These amendments are designed to confuse the member nations into giving away even more of their sovereignty.


5. In addition to the proposed amendments to the IHR, the WHO has also set up an Intergovernmental Negotiating Body (INB) that is actively negotiating an international "Treaty on Pandemic Prevention, Preparedness and Response." The proposed "Pandemic Treaty" is separate from, and in addition to, the proposed amendments to the International Health Regulations mentioned above.

6. The "Pandemic Treaty" does not yet exist. It is being drafted and negotiated right now. **Discussions regarding the "Pandemic Treaty" are important but they are also part of a sophisticated diversion to confuse people and get them to ignore the immediate concern, which is the Amendments to the IHR being considered by the World Health Assembly this May 22-28.**

7. The time to speak out and stand up for your rights is NOW.

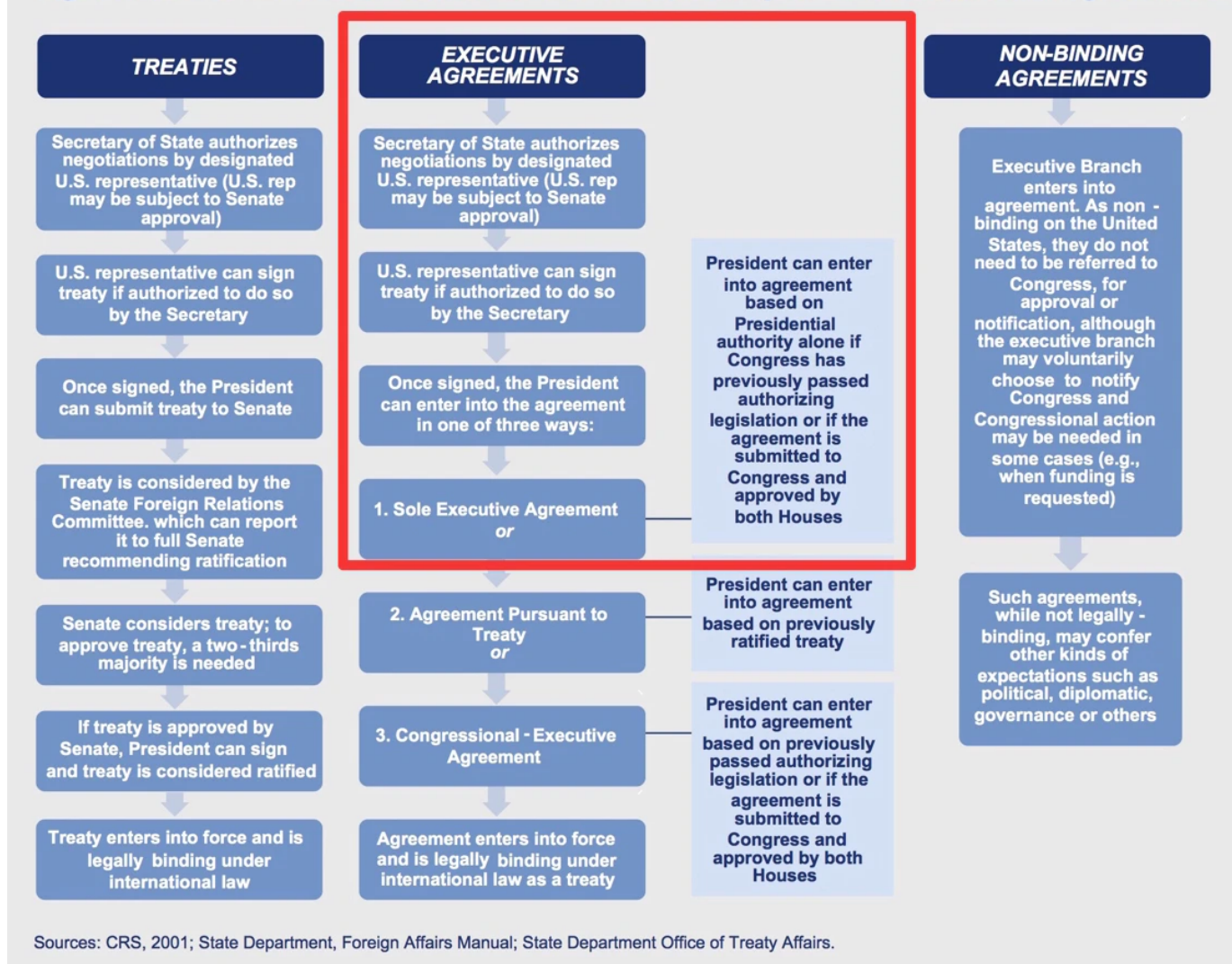
#DontYouDare #StopTheIHR #WeAreSovereign
DontYouDare.INFO

Download the PDF below for a printable version of the above graphic.

 **Double Flyer**
990KB · PDF File Read now

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Many people misunderstand the relationships between the U.S. Constitution, treaties, Congressional-Executive agreements, Sole Executive Agreements and non-binding Executive agreements.

Figure 2: How the U.S. Government Becomes a Party to an International Agreement

THE SUPREMACY CLAUSE (Article VI, Clause 2)

This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land;

Laws are made “in Pursuance” of the Constitution and must conform to it.

Treaties are made “under the Authority of the United States” and “shall be the supreme Law of the Land.”

John Foster Dulles April 12, 1952

The treaty making power is an extraordinary power, liable to abuse. Treaties make international law and also they make domestic law. Under our Constitution, treaties become the supreme law of the land. They are, indeed, more supreme than ordinary laws for congressional laws are invalid if they do not conform to the Constitution, whereas treaty law can override the Constitution. Treaties, for example, can take powers away from the Congress and give them to the President; they can take powers from the States and give them to the Federal Government or to some international body, and they can cut across the rights given the people by their constitutional Bill of Rights.

Reprinted in *Hearings before a Subcommittee of the Senate Committee on the Judiciary on S. J. Res. 1 and S. J. Res. 43, 83d Cong., 1st Sess., 862 (1953).*

The Supreme Court case listed below clearly shows that the Biden administration is attempting to give away powers that they are not allowed to give away.

Chan Ping v. United States, 130 U.S. 581, 609 (1889)

The powers of government are delegated in trust to the United States, and are incapable of transfer to any other parties. They cannot be abandoned or surrendered.

“We the People” granted the President the right to declare a National Emergency. President Biden does NOT have the right to abdicate that responsibility and hand it over to the Dictator-General of the World Health Organization.

The CDC clearly states that the International Health Regulations are legally binding and make a number of requirement of the member nations.

<https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html#about>

[CLICK HERE TO LEARN MORE ABOUT THE REQUIREMENTS](#)

PRESENTATION OF EVIDENCE TO THE CORONA INVESTIGATIVE COMMITTEE

Please watch the testimony below:



VIDEO #3

https://archive.org/details/investigative_corona_committee_date_102?start=3896

<https://odysee.com/@Corona-Investigative-Committee:5/Session-102-James-Roguski-Odysee:e>

<https://gettr.com/streaming/p17l38vb812>

ALL OF HUMANITY

V.

THE WORLD HEALTH ORGANIZATION



EXHIBIT A: JOINT RESOLUTION APPROVING THE UNITED STATES' JOINING THE WHO (PAGE 3)

<https://www.docsteach.org/documents/document/act-of-june-14-1948-public-law-80643-62-stat-441-providing-for-membership-and-participation-by-the-united-states-in-the-world-health-organization-and-authorizing-an-appropriation-therefor>

S. J. Res. 98—3

SEC. 5. In adopting this joint resolution, the Congress does so with the understanding that nothing in the Constitution of the World Health Organization in any manner commits the United States to enact any specific legislative program regarding any matters referred to in said Constitution.


Speaker of the House of Representatives.


President of the Senate pro tempore.


Approved
June 14 1948


EXHIBIT B: CURRENT INTERNATIONAL HEALTH REGULATIONS

<https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1>

EXCERPT: Even if the amendments are “approved” by the World Health Assembly, each and every nation on earth will have 6 months to flat out reject the amendments.

Article 61 Rejection

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the period provided in paragraph 1 of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

EXHIBIT C-1: This is where I first learned of the proposed amendments to the International Health Regulations on March 28, 2022.

Pay particular attention to the proposed amendments to Sections 2, 3 and 5 of Article 12, and Article 59.

<https://healthpolicy-watch.news/wp-content/uploads/2022/02/C.L.2.2022-IHR-amendments-English.pdf>

EXHIBIT C-2: The amendments seem to have remained hidden until they were first published on the WHO website on April 12, 2022.

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_18-en.pdf

EXCERPT: The needle in the haystack:

The proposed amendments would remove the straight-jacket that currently restricts the actions of the WHO and would transfer so much UNFETTERED AUTHORITY to the Director-General that he would more appropriately be referred to as the Dictator General.

**Submission of the United States of America
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3. ~~If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.~~

GET ALL THE EVIDENCE: <http://DontYouDare.INFO>

The existing period of time that each member nation has to notify the WHO of their REJECTION of any approved amendments is currently 18 months. The amendments would reduce that time period to 6 months.


Article 59: Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations ~~or an amendment thereto~~, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations ~~or of an amendment to these Regulations~~ by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

1 bis. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, an amendment to these Regulations shall be six months from the date of the notification by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, **and amendments to these Regulations shall enter into force six months after the date of notification referred to in paragraph 1bis of this Article**, except for:

Many thanks to Karen Bracken for creating the PDF document summary analysis of the proposed amendments to the International Health Regulations below:



Summary Of Amendments To The International Health Regulations
6.85MB · PDF File

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EXHIBIT D: MEMBER NATIONS THAT HAVE VOICED SUPPORT FOR THE AMENDMENTS

<https://geneva.usmission.gov/2022/01/26/strengthening-who-preparedness-for-and-response-to-health-emergencies/>

Albania
Australia
Canada
Colombia
Costa Rica

Dominican Republic
Guatemala
India
Jamaica
Japan
Monaco
Montenegro
Norway
Peru
Republic of Korea
Switzerland
United Kingdom of Great Britain and Northern Ireland
United States of America
Uruguay
Member States of the European Union

EXHIBIT E: 75TH WORLD HEALTH ASSEMBLY

https://apps.who.int/gb/e/e_wha75.html

EXHIBIT F: PROVISIONAL AGENDA (see section 16.2)

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_1-en.pdf

EXHIBIT G: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS). ACTION: Final rule. (PAGES 6969-6970)

<https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-00615.pdf>

EXCERPT: The definition of “public health emergency” was redefined to come

into lockstep with the WHO. This is “void for vagueness.”

Entered into the Federal Register on the last full day of the Obama Administration.

(3) Any communicable disease event the occurrence of which is notified to the World Health Organization, in accordance with Articles 6 and 7 of the International Health Regulations, as one that may constitute a Public Health Emergency of International Concern; or

(4) Any communicable disease event the occurrence of which is determined by the Director-General of the World Health Organization, in accordance with Article 12 of the International Health Regulations, to constitute a Public Health Emergency of International Concern; or

(5) Any communicable disease event for which the Director-General of the World Health Organization, in accordance with Articles 15 or 16 of the International Health Regulations, has issued temporary or standing recommendations for purposes of preventing or promptly detecting the occurrence or reoccurrence of the communicable disease.

DELEGATES TO PREVIOUS ASSEMBLY MEETINGS:

The following is an educated guess.

The link on which the WHO has posted a PDF of the delegates that attended previous World Health Assembly meetings has a specific format and seems to be following a pattern.

The first link does not work, but I suspect that, when the WHO feels like it, the delegate list will be placed here:

2022 75th World Health Assembly

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_DIV1REV1-en.pdf

These links work...

2021 74th World Health Assembly

https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_DIV1REV1-en.pdf

2020 73th World Health Assembly

https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_DIV1REV1-en.pdf

2019 72th World Health Assembly

https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_DIV1REV1-en.pdf

and so on...

It is reasonable that the WHO only publishes the details of the attendees AFTER the event has begun and the attendees have presented their credentials to enter. I do not see anything wrong with that.

However, it is ABSOLUTELY UNACCEPTABLE that the names of the delegates who will be attending the upcoming Assembly have been occult (hidden) from the public in every nation of the world.

I have also been able to locate the list of delegates who have attended the most recent meetings:

List of Delegates and Other Participants (Special Session of the World Health Assembly in November 2021)

https://apps.who.int/gb/ebwha/pdf_files/WHASSA2/SSA2_DIV1REV1-en.pdf

List of members and other participants (Executive Board Meeting in January 2022)

https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_DIV1Rev1-en.pdf

DISCOVERY:

To my knowledge, the following occult (hidden) document has NOT been made available to the public. One would think that by now (April 29, 2022) the list of people who have been “chosen” to attend the 75th World Health Assembly must have been chosen but, to my knowledge, no such list has been published by any agency or ministry in any of the 194 member nations.

LIST OF DELEGATES WHO WILL BE ATTENDING THE 75TH WORLD HEALTH ASSEMBLY (MISSING)

What would YOU do if you learned that a United States’ delegate to the World Health Organization had submitted a proposal to transfer the sovereignty of 194 nations over to the WHO??

Please watch this video...



VIDEO #4

TAKE ACTION #1:

RAISE AWARENESS - SPREAD THE WORD

Share this video. Send a text message to everyone you know. Send an email to everyone you know, and everyone you don't know. Alert every media outlet on the planet.

Feel free to download it and re-post it on your own channel.

<https://www.bitchute.com/video/mHmeGUgoQ7LO>

Use the hashtag [#DontYouDare](#)

Share this link:

<http://DontYouDare.INFO>

**CLICK HERE
TO TAKE IMMEDIATE AND MASSIVE ACTION
TO ALERT EVERYONE
OF THIS ATTEMPTED GLOBAL COUP**

KEY TAKEAWAYS:

- The International Health Regulations (IHR) are legally binding and supercede the United States Constitution. All the nations of the world have already agreed to the existing International Health Regulations.
- The United States has proposed amendments to the legally binding International Health Regulations that will be voted upon at the next World Health Assembly this May 22, 2022 to May 28, 2022. CLICK HERE FOR OFFICIAL DOCUMENT
- These proposed amendments will cede additional sovereignty, control and legal authority over to the World Health Organization.
- These amendments will NOT require approval by 2/3 of the United States Senate. If they are approved (as submitted by the United States) by a simple majority of the 194 member countries of the World Health Assembly countries), these amendments would enter into force as international law just six months later (November 2022). The details of this are not crystal clear. I believe this information to be accurate.
- It is not known if the amendments will be voted upon individually or as a complete package.
- The amendments will give the Director General of the WHO the power to unilaterally declare a Public Health Emergency of International Concern (PHEIC) even over the objection of the country dealing with an outbreak of disease.
- According to changes made to U.S. regulations that were published one day before

Donald Trump was inaugurated (January 19, 2017), the definition of a “Public Health Emergency” in the United States now includes the declaration of a PHEIC by the WHO.

- A unilateral declaration of a PHEIC by the WHO will enable the declaration of a Public Health Emergency by the Secretary of the Department of Health and Human Services.
- The amendments proposed by the United States would also give the Director General of the WHO the legal authority to unilaterally issue an “intermediate public health alert (IPHA).” The criteria for the issuance of an IPHA is simply that *“the Director-General has determined it requires heightened international awareness and a potential international public health response.”*
- The amendments will also give “regional directors” within the WHO the legal authority to declare a Public Health Emergency of Regional Concern (PHERC).
- Yes people, the United States wants to hand over our sovereignty to Regional Directors at the WHO and give them the power to “PHERC” us and “PHERC” the world, one region at a time. “PHERC” that!

September 24, 2021

The Review Committee on the Functioning of the International Health Regulations (IHR) published their analysis of the functioning of the IHR.

In the prolonged and unprecedented COVID-19 pandemic, some have stated that the IHR “are a conservative instrument that constrain rather than facilitate rapid action”.² What we, the Review Committee on the Functioning of the IHR (2005) during the COVID-19 Response, found instead was that much of what is in the IHR is well considered, appropriate, and meaningful in any public health emergency. However, many countries only applied the IHR in part, were not sufficiently aware of these regulations, or deliberately ignored them, ³, ⁴ and that WHO did not make full use of the powers given to it through the wording and spirit of the IHR.

Thus, the IHR are not deficient, but their implementation by member states and by WHO was inadequate.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01911-5/fulltext#box1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01911-5/fulltext#box1)

Their report clearly stated the following:

As we reviewed the IHR article by article, we found that much of what is in the Regulations is well considered, appropriate and meaningful in any public health emergency of international concern. However, it was clear to us that in the context of a pandemic, countries that in 2005 approved the IHR, in 2020 only applied the Regulations in part, were not sufficiently aware of them, or deliberately ignored them.

ignorantia juris non excusat (ignorance of the law is no excuse)

<https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies>

The Review Committee found that the failures rested squarely on the shoulders of the WHO and many of the 194 member states, not on the International Health Regulations themselves. The Review Committee recommending NOT making any changes in the regulations.

However, that recommendation was ignored by the United States who has proposed a number of amendments to the International Health Regulations. These amendments will be discussed at the upcoming World Health Assembly this May 22, 2022 to May 28, 2022. In this author's opinion, unless "We The People" speak up, it is likely that these amendments will be approved by the World Health Assembly and more of our sovereignty will be lost.

Please realize that amendments to the International Health Regulations supercede and override the United States Constitution.

January 18, 2022



Loyce Pace, the Assistant Secretary of the Office of Global Affairs within the Department of Health and Human Services officially submitted to the World Health Organization a number of proposed amendments to the International Health Regulations. These amendments would supercede and override the United States Constitution.

January 20, 2022

Dr. Tedros Adhanom Ghebreyesus, the Director General of the World Health Organization, officially transmitted the proposed amendments to the member countries of the World Health Assembly.

This letter constitutes a formal communication of the text of the amendments proposed by the United States of America.

SOURCE:



Proposal For Amendments To The International Health Regulations
576KB · PDF File

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<https://healthpolicy-watch.news/wp-content/uploads/2022/02/C.L.2.2022-IHR-amendments-English.pdf>

<https://healthpolicy-watch.news/united-states-fast-tracks-world-health-assembly-proposal-to-change-global-emergency-response-rules/>

January 26, 2022

Loyce Pace, the Assistant Secretary of the Office of Global Affairs, which is part of the Department of Health and Human Services, made this cryptic announcement via Twitter.



Office of Global Affairs, HHS

@HHS_Global

U.S. successfully led efforts to build consensus on strengthening the International Health Regulations (IHR) 2005. Today, the @WHO Executive Board adopted a decision on strengthening the #IHR. Many thanks to the over 40 co-sponsors. #EB150

January 26th 2022

11 Retweets 36 Likes

AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS

By submitting the proposed amendments to the WHO at this time, the United States ensured that the reform proposals must be put on the agenda to be publicly debated at the World Health Assembly. The timing of the letter is very important because it was submitted by the United States to the WHO just slightly in advance of the deadline for such submissions, which is four months prior to the upcoming World Health Assembly which is scheduled to occur from May 22, 2022 until May 28, 2022.

Article 55

Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.
2. 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.
3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations.



International Health Regulations 2005

2.7MB · PDF File

[Read now](#)

[Read now](#)

January 26, 2022

On behalf of more than 40 Member States, we are pleased to propose a Decision for the Executive Board, asking Member States of WHO and States Parties of the International Health Regulations (IHR) of 2005, to discuss **targeted amendments to the IHR (2005)** and address specific issues, challenges, or gaps that are crucial to their effective implementation. The draft decision also requests the Working Group on Preparedness & Response (WGPR) **establish a dedicated process for in-depth discussions of targeted amendments to the IHR** and facilitate a transparent, Member State-led process.

The United States led an inclusive and transparent process to develop this decision, as we are mindful that **updating and modernizing the IHR** are critical to ensuring the world is better

prepared for and can respond to, the next pandemic.

Finally, the United States formally transmitted its proposals for targeted amendments to the IHR (2005) to the Director General consistent with IHR Article 55 for circulation to States Parties at least four months in advance of WHA 75.

We are confident of continued progress on the various complementary WHO strengthening work streams:

(1) targeted amendments to the International Health Regulations (IHR) (2005),

(2) a full review of by the WGPR

(3) an intergovernmental negotiating body (INB) to develop a new international instrument on pandemic preparedness and response, and

(4) governance improvements at WHO, starting with an informal group and then establishing a Task Team of Member States to work with the Secretariat.

List of co-sponsors includes:

Albania

Australia

Canada

Colombia

Costa Rica

Dominican Republic

Guatemala

India

Jamaica

Japan

Monaco

Montenegro

Norway

Peru

Republic of Korea

Switzerland

United Kingdom of Great Britain and Northern Ireland

United States of America

Uruguay

Member States of the European Union

SOURCE:

<https://geneva.usmission.gov/2022/01/26/strengthening-who-preparedness-for-and-response-to-health-emergencies/>

February 2, 2022

FACT SHEET: The Biden Administration's Commitment to Global Health

*Last week, the United States once again demonstrated that commitment, by leading a successful decision at the WHO Executive Board meeting to **strengthen the International Health Regulations (2005)**.*

<https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/02/fact-sheet-the-biden-administrations-commitment-to-global-health/>

February 23, 2022

The U.S. Ambassador and others attended a meeting of the Executive Board of the WHO in Geneva, Switzerland.



Ambassador Michele Sison

@State_IO

Today, @USAmbGVA, @HHS_ASGA & I met w/ @DrTedros to discuss the United States' continued support of @WHO's role in preventing & responding to health emergencies. When pandemics show our interconnected vulnerabilities, multilateral engagement can bolster our collective strength.





February 23rd 2022

76 Retweets 228 Likes

Loyce Pace is one of the United States' delegates to the World Health Assembly.



Loyce Pace, Assistant Secretary for Global Affairs, US Department of Health and Human Services, addresses the WHO Executive Board meeting February 24-29, 2022.

The United States has proposed amendments to the International Health Regulations that will impact everyone on earth. Negotiations are currently going on behind the scenes


between the United States and the other 193 member nations of the WHO to lobby for approval of the amendments proposed by the United States.

“We really tried to skim off what we thought would be the most critical enhancements that could be made. In terms of what they entail, whether we are talking about improved alert systems or other components, some of the issues are maybe tougher to tackle than others.

“I think what is encouraging for us is that we had close to 50 member states signing onto this approach. We are really quite hopeful that we will see success in this effort, sooner rather than later.”

<https://healthpolicy-watch.news/united-states-fast-tracks-world-health-assembly-proposal-to-change-global-emergency-response-rules/>

Here are the current International Health Regulations:


 **International Health Regulations 2005**
2.7MB · PDF File [Read now](#)

[Read now](#)

Here are the amendments to the International Health Regulations that have been proposed by the United States and are likely to be adopted by the World Health Assembly scheduled to take place from May 22, 2022 to May 28, 2022:

I first discovered the proposed amendments during an internet search in late March 2022.

<https://healthpolicy-watch.news/united-states-fast-tracks-world-health-assembly-proposal-to-change-global-emergency-response-rules/>

 **Proposal For Amendments To The International Health Regulations**
576KB · PDF File [Read now](#)

[Read now](#)

I first noticed that the official version of this document appeared on the WHO website sometime in the middle of April, 2022

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_18-en.pdf

SUMMARY OF AMENDMENTS:

5. Increased surveillance

6. Headed towards a “One Health” approach

9. Direct attack on sovereignty via outside data

10. 48 hour time period to respond to WHO

11. WHO may unilaterally decide

12. Regional (PHERC) and intermediate emergencies

13. Accept the offer of help from the WHO in 48 hours

15. Deployment of expert teams (recommendations)

18. Enable health care workers to be brought in.

48. Almost any country can claim to be an “affected party.”

49. The deliberations of the Emergency Committee are shared with states, but not necessarily with the public.

53. The “Compliance Committee” will have investigatory powers within each country – another loss of sovereignty.

59. Amendments come into effect more quickly (in 6 months instead of 18).

DETAILED ANALYSIS BELOW...



<https://rumble.com/vz6msf-crazy-toms-what-drives-me-crazy-for-3-31-2022-ending-march-with-something-b.html>

**Submission of the United States of America
Proposed Amendments to the International Health Regulations (2005)
Articles 5, 6, 9, 10, 11, 12, 13, 15, 18, 48, 49, 53, 59**

Explanation of changes: The proposed new text is shown in **bold underline**, and proposed deletions to existing text is shown in ~~strike through~~. All other text would remain unchanged.

5

Article 5: Surveillance

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1. This capacity will be periodically reviewed through the Universal Health Periodic Review mechanism. Should such review identify resource constraints and other challenges in attaining these capacities, WHO and its Regional Offices shall, upon the request of a State Party, provide or facilitate technical support and assist in mobilization of financial resources to develop, strengthen and maintain such capacities.

New 5. WHO shall develop early warning criteria for assessing and progressively updating the national, regional, or global risk posed by an event of unknown causes or sources and shall convey this risk assessment to States Parties in accordance with Articles 11 and 45 where appropriate. The risk assessment shall indicate, based on the best available knowledge, the level of risk of potential spread and risks of potential serious public health impacts, based on assessed infectiousness and severity of the illness.

Author's Comments:

Article 5, Section 1:

The Universal Health Periodic Review mechanism is Big Brother on a global scale.

Article 5, New Section 5:

The WHO shall develop early warning criteria, assess risk and convey that risk assessment where appropriate. This is purposefully vague and open to abuse.

This opens the door to the type of “modeling and simulation” “predictions” that exaggerated the risk from COVID-19 over two years ago.

6

Article 6: Notification

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2 within 48 hours of the National IHR Focal Point receiving the relevant information. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), the UN Environment Programme (UNEP) or other relevant entities, WHO shall immediately notify the IAEA relevant entities.

2. Following a notification, a State Party shall continue to communicate to WHO, by the most efficient means of communication available, timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including genetic sequence data, case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.

Author's Comments:

Article 6, Section 1:

Let's give the WHO control of farming, ranching and the environment too. This is very much in keeping with the concepts of the "One Health" propaganda.

The idea for this proposed amendment seems to be in alignment with this article:

Beyond COVID-19: Reimagining The Role Of International Health Regulations In The Global Health Law Landscape

<https://www.healthaffairs.org/doi/10.1377/forefront.20211027.605372/>

Article 6, Section 2:

Give the WHO your genetic research so that they can pass it along to pharmaceutical companies for quick profiteering.

9

Article 9: Other reports

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. ~~Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.~~

Author's Comments:

Article 9, Section 1:

Sure, let's give the WHO the legal authority to declare a Public Health Emergency of International Concern (PHEIC-fake) within a country without that country's permission.

10

Article 10: Verification

1. **Within 24 hours of receiving information**, WHO shall request, ~~in accordance with Article 9,~~ verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.
2. Pursuant to the foregoing paragraph ~~and to Article 9,~~ each State Party, when requested by WHO, shall verify and provide:
 - (a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;
 - (b) within 24 hours, available public health information on the status of events referred to in WHO's request; and
 - (c) information to WHO in the context of an assessment under Article 6, including relevant information as described in **paragraphs 1 and 2 of that Article**.
3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer **within 24 hours** to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments.

3bis. Within 24 hours of receiving a WHO offer of collaboration, the State Party may request additional information supporting the offer. WHO shall provide such information within 24 hours. When 48 hours have elapsed since the initial WHO offer of collaboration, failure by the State Party to accept the offer of collaboration shall constitute rejection for the purposes of sharing available information with States Parties under Paragraph 4 of this section.
4. If the State Party does not accept the offer of collaboration **within 48 hours**, WHO ~~shall~~ **may**, when justified by the magnitude of the public health risk, **immediately** share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, ~~taking into account the views of the State Party concerned.~~

Author's Comments:

Article 10:

Act quickly. Hurry up. Every hour counts. Generate panic and fear and trigger a PHEIC state of emergency A.S.A.P.

Article 11: Provision of information by WHO

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive, **or which is available in the public domain**, and which is necessary to enable States Parties to respond to a public health risk. WHO **shall** communicate information to other States Parties that might help them in preventing the occurrence of similar incidents.

2. WHO shall use information received under Articles 6, and 8 and ~~paragraph 2 of Article 9~~ for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall **not** make this information generally available to other States Parties, **when until such time as:**

- (a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or
- (b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or
- (c) there is evidence that:
 - (i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or
 - (ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or
- (d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures; or
- (e) **WHO determines it is necessary that such information be made available to other States Parties to make informed, timely risk assessments.**

3. WHO shall **inform** ~~consult with~~ the State Party in whose territory the event is occurring as to its intent to make information available under this Article.

4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO **shall** make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

New 5. WHO shall annually report to the Health Assembly on all activities under this Article, including instances of sharing information that has not been verified by a State Party on whose territory an event that may constitute a public health emergency of international concern is or is allegedly occurring with States Parties through alert systems.

Author's Comments:

Article 11, Section 1:

Give the WHO the legal authority to use information that is “in the public domain,” whether the country in question refutes the information or not.

Article 11, Section 2:

The WHO must spread its “information.”

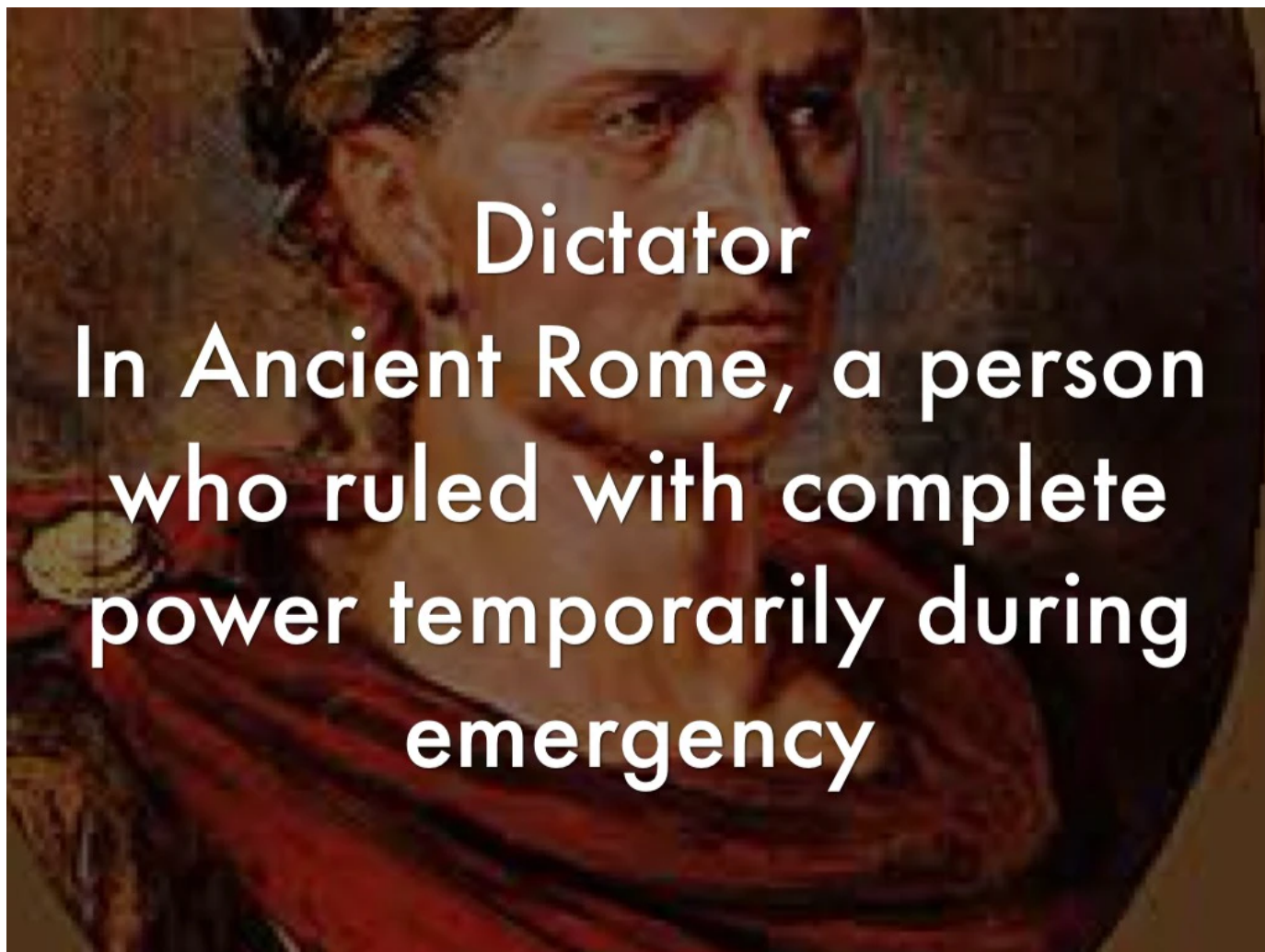
Article 11, Section 3:

The WHO must ignore the will of the country in question and dictate to them.

Article 11, Section 4:

Empower the WHO to collect and regurgitate information that is already publicly available because that will magically transform that information into authoritative and independent information, even if the country in question disagrees.





12

Article 12: Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert

1. The Director-General shall determine, on the basis of information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a **potential or actual** public health emergency of international concern is occurring, the Director-General shall **notify all States Parties and seek to** consult with the State Party in whose territory the event arises regarding this preliminary determination **and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee")**. If the Director-General determines ~~and the State Party are in agreement regarding this determination~~ **that the event constitutes a public health emergency of international concern**, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the ~~Committee established under Article 48~~ **Committee established under Article 48** (hereinafter the "Emergency Committee") on appropriate temporary recommendations.

~~3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.~~

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

- (a) Information provided by the State Party, **by other States Parties, available in the public domain, or otherwise available under Articles 5-10;**
- (b) The decision instrument contained in Annex 2;
- (c) The advice of the Emergency Committee;
- (d) Scientific principles as well as available scientific evidence and other relevant information; and
- (e) An assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

5. If the Director-General, following consultations with the **Emergency Committee and relevant States Parties** ~~within whose territory the public health emergency of international concern has occurred~~, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

New 6. Where an event has not been determined to meet the criteria for a public health emergency of international concern but the Director-General has determined it requires heightened international awareness and a potential international public health response, the Director-General, on the basis of information received, may determine at any time to issue an intermediate public health alert to States Parties and may consult the Emergency Committee in a manner consistent with the procedure set out in Article 49.

New 7. A Regional Director may determine that an event constitutes a public health emergency of regional concern and provide related guidance to States Parties in the region either before or after notification of an event that may constitute a public health emergency of international concern is made to the Director-General, who shall inform all States Parties.

Author's Comments:

Article 12, Section 2:

A PHEIC (fake) can be declared even if it is just a “potential” emergency. The Director General of the WHO may seek the advice of the Emergency Committee, but the Director General is not obligated to do so.

Article 12, Section 3:

The sovereignty of the country in question is irrelevant.

Article 12, Section 4:

The information required to declare a PHEIC can come from pretty much anywhere.

Article 12, Section 6:

This section creates an entirely new situation - an Intermediate Public Health Alert. Now even minor, isolated outbreaks can be used to trigger panic and fear worldwide.

Comments from the Review Committee:

Article 12, Section 6:

The Review Committee on the Functioning of the International Health Regulations (IHR) clearly reported that they did not agree with the use of an Intermediate Public Health Alert.

There was a marked lack of national responses both to WHO's first alerts—eg, published risk assessments and guidance on public health response and statements by the WHO Director-

General—and to the Public Health Emergency of International Concern declaration. This is why we believe that a formal intermediate level of alert would not have improved the situation. In our view, better adherence to and use of the existing IHR obligations could have provided more meaningful alert and improved the early response.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01911-5/fulltext#box1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01911-5/fulltext#box1)

The Review Committee pointed out a number of potential drawbacks to an Intermediate Public Health Alert:

Potential drawbacks

- Adopting another tier or tiers of public health emergency of international concern would not address the broader challenges, such as non-compliance and pressure not to declare.
- A debate about its introduction may distract attention from more pressing issues with much greater potential impact, such as the clarity of and compliance with WHO recommendations and the overall implementation of the IHR.
- It would further complicate the assessment of an event and its monitoring (already complex with the use of the decision instrument in Annex 2 of the IHR).
- An intermediate level could be misleading if an event still requires global attention but is not (yet) severe or is (still) regionally confined.
- There is an absence of clarity in the IHR or in other mechanisms on how the determination of an intermediate level would be made (would the criteria and process be decided by an Emergency Committee or by the Director-General?)
- There is an absence of clarity on the actions by WHO that such a determination would trigger (would these differ from the advice about public health events provided by WHO via DON?)
- It would not be useful if its sole purpose was to alert people.
- It should require clearly delineated response measures, provisions of resources and open sharing of information between WHO and States Parties for proper risk assessment; this is currently not consistently happening even during a public health emergency of international concern.

The Review Committee concluded that introducing a formal intermediate level of alert would not solve the current problem of lack of action on WHO advice and recommendations.

<https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies>

The Review Committee also made it clear that the Emergency Committee of the WHO needed to look in the mirror and be more transparent.

COVID-19 Emergency Committee and the determination of a public health emergency of international concern

Emergency Committee

(1) WHO should make its decision-making process for convening an Emergency Committee available on its website and ensure that it continues to be based on a risk assessment.

(2) WHO should make available to States Parties through the EIS all the information and technical documentation it provides to the Emergency Committee for each of its meetings, including findings of rapid risk assessments. WHO should allow sufficient time for Emergency Committee members to deliberate, reach a conclusion and prepare their advice to the Director-General. Emergency Committee members should not be required to reach a consensus; if there is division, divergent views should be noted in the Committee's report, consistent with Rule 12 of the Emergency Committee terms of reference.

Raising the alarm

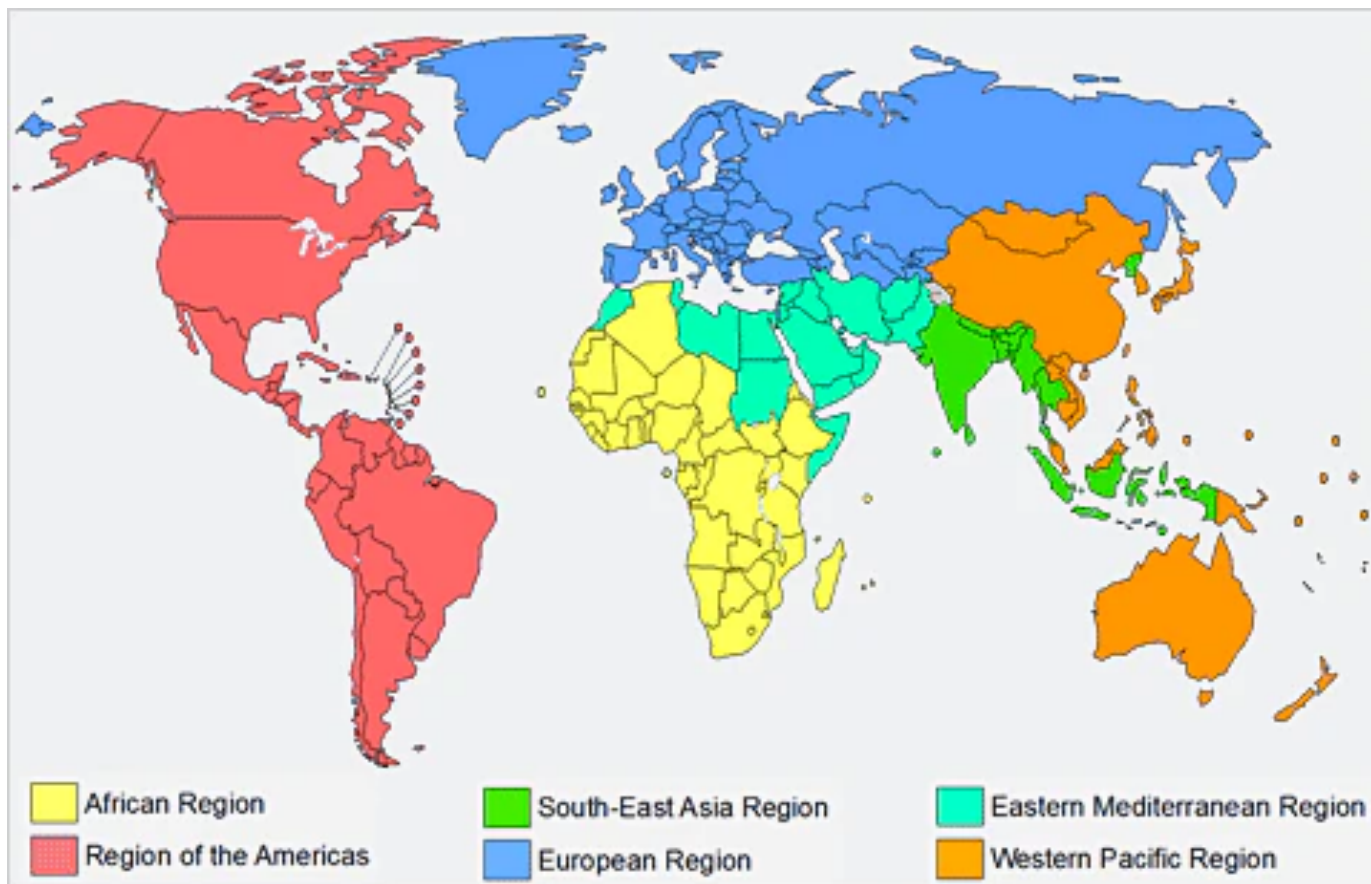
(1) WHO should adopt a more formal and clearer approach to conveying information about the Emergency Committee's meetings to States Parties and the public.

Article 12, Section 7:

This section creates yet another entirely new situation and extends the power and legal authority to the lower level of Regional Director.

This amendment would give the legal authority to declare a Public Health Emergency of Regional Concern (PHERC) to each of the 6 Regional Directors within the WHO.

Yes people, the United States wants to hand over our sovereignty to Regional Directors at the WHO and give them the power to "PHERC" us, and "PHERC" the world, one region at a time. "PHERC" that!



The WHO's administrative "regions" are certainly not aligned with any patterns of travel by which transmissible diseases may be spread around the world.

This is just a blatant ploy to give unelected bureaucrats more power.



Article 13: Public health response

3. ~~At the request of a State Party~~, WHO shall **offer assistance** ~~collaborate to a State Party~~ in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary. **The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which WHO shall share with other States Parties.**

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it **shall** may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer. **The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which WHO shall share with other States Parties. Regarding on-site assessments, in compliance with its national law, a State Party shall make reasonable efforts to facilitate short-term access to relevant sites; in the event of a denial, it shall provide its rationale for the denial of access.**

Author's Comments:

Article 13, Sections 3 and 4:

To paraphrase Former President Reagan:

“We are from the WHO and we are here to help you.”

“If you do not want our help, then you have only 48 hours to explain to the world why you want the WHO to leave you alone.”

15

Article 15: Temporary recommendations

2. Temporary recommendations may include **the deployment of expert teams, as well as** health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

Author's Comments:

Article 15, Section 2:

How in the world can “the deployment of expert teams” be interpreted as a “recommendation?”

This sounds more like an invasion and a violation of sovereignty.



18

Article 18: Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

New 3. In developing temporary recommendations, the Director-General shall consult with relevant international agencies such as ICAO, IMO and WTO in order to avoid unnecessary interference with international travel and trade, as appropriate. Additionally, temporary recommendations should allow

for the appropriate exemption of essential health care workers and essential medical products and supplies from travel and trade restrictions.

New 4: In implementing health measures pursuant to these Regulations, including Article 43, States Parties shall make reasonable efforts, taking into account relevant international law, to ensure that:

- (a) Contingency plans are in place to ensure that health care worker movement and supply chains are facilitated in a public health emergency of international concern;
- (b) Travel restrictions do not unduly prevent the movement of health care workers necessary for public health responses;
- (c) Trade restrictions make provision to protect supply chains for the manufacture and transport of essential medical products and supplies; and
- (d) The repatriation of travellers is addressed in a timely manner, given evidence-based measures to prevent the spread of diseases.

Author's Comments:

Article 18:

This amendment leads one to question whether or not the movement of health care workers around the world is currently an issue? Is this clearing the way for an invasion of “health care workers” as mentioned in Article 15 above?

ICAO - International Civil Aeronautics Administration

IMO - International Maritime Organization

WTO - World Trade Organization

48

Article 48: Terms of reference and composition

2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization, as well as Regional Directors from any impacted region. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable age, gender, and geographical representation, and require training in these Regulations before participation. ~~At least one member~~ Members of the Emergency Committee should ~~include~~ be an at least one expert nominated by a the State Party within whose territory the event arises, as well as experts nominated by other affected States Parties. For the purposes of Articles 48 and 49, an “affected State Party” refers to a State Party either geographically proximate or otherwise impacted by the event in question.

Author's Comments:

Article 48:

“Otherwise impacted” is so vague that it is actually meaningless.

49

Article 49: Procedure

3 bis. If the Emergency Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Emergency Committee's report.

3 ter. The composition of the Emergency Committee and its complete reports shall be shared with Member States.

4. The Director-General shall invite **affected States Parties, including** the State Party in whose territory the event arises, to present its **their** views to the Emergency Committee. To that effect, the Director-General shall notify **States Parties of** ~~to it~~ the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party **in whose territory the event arises** concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.

...

7. **Affected** States Parties ~~in whose territories the event has occurred~~ may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

Author's Comments:

Article 49:

Any and all information should be shared with the general public, not just with the "member states."

The "noble lie" of claiming to protect the public from information for their own good is nothing more than an excuse to hide information and lie about what is really happening.

Whatever happened to openness, transparency and the public's right to know?

53

New Chapter IV (Article 53 bis-quater): The Compliance Committee

53 bis Terms of reference and composition

1. The State Parties shall establish a Compliance Committee that shall be responsible for:
 - (a) Considering information submitted to it by WHO and States Parties relating to compliance with obligations under these Regulations;
 - (b) Monitoring, advising on, and/or facilitating assistance on matters relating to compliance with a view to assisting States Parties to comply with obligations under these Regulations;
 - (c) Promoting compliance by addressing concerns raised by States Parties regarding implementation of, and compliance with, obligations under these Regulations; and
 - (d) Submitting an annual report to each Health Assembly describing:
 - (i) The work of the Compliance Committee during the reporting period;
 - (ii) The concerns regarding non-compliance during the reporting period; and
 - (iii) Any conclusions and recommendations of the Committee.
2. The Compliance Committee shall be authorized to:
 - (a) Request further information on matters under its consideration;
 - (b) Undertake, with the consent of any State Party concerned, information gathering in the territory of that State Party;
 - (c) Consider any relevant information submitted to it;
 - (d) Seek the services of experts and advisers, including representatives of NGOs or members of the public, as appropriate; and
 - (e) Make recommendations to a State Party concerned and/or WHO regarding how the State Party may improve compliance and any recommended technical assistance and financial support.
3. The Members of the Compliance Committee shall be appointed by States Parties from each Region, comprising six government experts from each Region. The Compliance Committee shall be appointed for four-year terms and meet three times per year.

53 ter. Conduct of business

1. The Compliance Committee shall strive to make its recommendations on the basis of consensus.
2. The Compliance Committee may request the Director-General to invite representatives of the United Nations and its specialized agencies and other relevant intergovernmental organizations or nongovernmental organizations in official relations with WHO to designate representatives to attend the Committee sessions, where appropriate to address a specific issue under consideration. Such representatives, with the consent of the Chairperson, make statements on the subjects under discussion.

53 quater Reports

1. For each session, the Compliance Committee shall prepare a report setting forth the Committee's views and advice. This report shall be approved by the Compliance Committee before the end of the session. Its views and advice shall not commit WHO, States Parties, or other entities and shall be formulated as advice to the relevant State Party.

Author's Comments:

Article 53:

This amendment is clearly designed to create divisiveness by pitting nations against each other. It offers the illusion of change, but it has provides no authority to enforce any form of action or compliance. In my opinion, this is just another layer of bureaucracy that wastes more time, money, energy and human resources. This is just bureaucrats recommending more bureaucracy. This just feeds the beast.

59

♡ 425

💬 120

🔗 Share



Write a comment...



James Roguski Mar 31 📌 Author

Contact me directly at 310-619-3055 if you have any questions or if you want to help spread the word.

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations ~~or an amendment thereto~~, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations ~~or of an amendment to these Regulations~~ by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

24 Reply

4 replies

1 bis. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, an amendment to these Regulations shall be six months from the date of the notification by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly.

Frederick R. Smith Writes Frederick R. Smith Speaks · Apr 1 · Liked by James Roguski

Any Treaties Trenching the Constitution https://frederickrsmith.substack.com/p/treaties-trenching-the-constitution?s=w shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, **and amendments to these Regulations shall enter into force six months after the date of notification referred to in paragraph 1bis of this Article**, except for:

11 Reply Give gift

2 replies

(a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

118 more comments

(b) a State that has made a reservation, for which these Regulations shall enter into force as provided in Article 62;

(c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and

(d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

Ready for more?

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations **or amendments thereto** within the periods set out in paragraph 2 of this Article, **as applicable**, that State shall submit with paragraph 1 of this Article a declaration to the Director-General regarding t d achieve them no later than 12 months after the entry into force of these Regulations **or the amendments thereto** for that State Party.

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Author's Comments:

Article 59:

The United States may have saved the scariest amendment for last.

The United States is seeking to set a up situation whereby these and any future amendments to the International Health Regulations can be enacted and enforced within 6 months instead of 18 months.

