Analysis of the World Health Organization's Pandemic Treaty/Agreement by Liberty Counsel Action

While the United States has withdrawn from the World Health Organization (WHO), those globalists still hold a significant threat to our freedom. At this moment, remaining nations are racing forward to approve the Pandemic Treaty (aka "Pandemic Agreement"). It could quickly bring us to our knees if the WHO directed the 195 nations involved to stop selling life-saving prescription drugs to America, close their borders to our citizens, or control or limit materials and the supply chain—this would cripple our nation.

An African representative boasted at the conclusion of the February 17-21, 2025, meeting that the World Health Organization was on track with this treaty. "This week's negotiations were essential for ... finalizing the aim for adoption by May 2025 ... We are optimistic that the remaining issues, though critical, are manageable. We must prepare to conclude our discussions in the five days allocated in April."[i]

The following includes key excerpts and analysis from the December 6, 2024, version of the treaty that the WHO used in negotiation during their February meeting.

The language of the World Health Organization's Pandemic Treaty is doing all the following:

- Establishing the WHO as the world authority with 172 uses of the legally binding language "shall" that will dictate actions nation-states must take, even in their interactions with the United States.
- "Recognizing that the World Health Organization is the directing and coordinating authority on international health work, including on pandemic prevention, preparedness and response." In addition, it immediately sets up nation-states to take the blame by "recognizing that States bear the primary responsibility for the health and well-being of their peoples."
- Asserting that the WHO has control over any "public health risk" of international disease.
- Creating digital health passports that can be shared internationally for vaccines, test results, and much more by supporting "digital health resources."
- Creating health care as a right in a path to international socialized medicine.
- Demanding "equity" in health care. This forces medical professionals to give priority to certain patients based on a set of predetermined classes (which could include anything such as race, religion, sex, sexual orientation, gender identity, region, or any group

identified by the WHO as "vulnerable") while disadvantaging other patients based on these same criteria. On a global level, this focus drastically reduces the level of care available for hardworking Americans.

- Requiring parties to exercise authority at "community levels."
- Controlling development and patents.
- Implementing a "One Health Approach," which means an integrated, unifying process that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) is closely linked, interdependent, and lists them on equal footing.
- Demanding standards of control over everything from plants to pets.
- Controlling access to approved medicines and censoring non-mainstream treatments.
- Creating an internationally controlled system of official medical laboratories and government-run experiment/testing centers that will work in tandem with "use of social and behavioural (sic) sciences, risk communication and community engagement for pandemic prevention, preparedness and response."
- Censoring "disinformation" and "misinformation."
- Forcing international surveillance by governments on their people.
- Manipulating "emergency trade measures" to control supply chains through anything it declares as "waste" or "disruptions."
- Acknowledging national sovereignty, while it ultimately limits and dismisses it.
- Controlling water access along with sanitation and hygiene practices. This section is still being negotiated, but we have just seen the importance of water in the California fires.
- Mandating that medical staff and facilities participate in abortion, LGBTQ, forced "vaccinations," and more without religious carve-outs or conscience protections by demanding organizations "take appropriate measures to eliminate discrimination against women in the field of health care."
- Demanding taxpayer funds for "managing legal risks" for the pandemic vaccines and pushing nations to provide vaccine manufacturers and distributors legal immunity.
- Directing taxpayers in wealthy nations to finance other nations during health emergencies and beyond.
- Mandating a total of three years to withdraw from the WHO. It demands two years from the beginning of the treaty and then dictates that the withdrawal period must be another full year if passed.
- Provides for arbitration and reservations unless incompatible with the purpose of the agreement.
- And this is just the beginning.

Below are excerpts from the WHO document organized by topic:

Establishing the WHO as the world authority with 172 uses of the legally binding language "shall" dictating actions of nation states

"Recognizing that the World Health Organization is the directing and coordinating authority on international health work," this document states: "To implement the provisions in this Article, each Party shall." The legally binding word "shall" is used 172 times in 34 pages.

"'Party' means a State [nation] or regional economic integration organization that has consented to be bound by this Agreement, in accordance with its terms, and for which this Agreement is in force."

Asserting the WHO's control over any "risk" of international disease

The WHO refers to a "pathogen with pandemic potential," and it flags anything that "constitute[s] a public health risk to other States through the international spread of disease." In addition, this document uses the term "interpandemic periods," meaning between pandemics the WHO requires nations to have a "coordinated, appropriate, comprehensive and equitable international response" plan—even when there is no pandemic happening.

Creating "digital health" passports that can be shared internationally for vaccines, test results, and much more

Already the WHO has developed and deployed international vaccine passports across multiple continents. This agreement/treaty will push these demands to travelers from nations where medical freedom and privacy are still respected. It has the power to shut down travel into these 195 nations from America and other nations in and outside of the WHO's treaty.

The WHO states, "a common danger that requires support through international cooperation, including the support of countries with greater capacities and resources, as well as predictable, sustainable and sufficient financial, human, logistical, technological, technical and digital health resources" (emphasis added).

Yet the WHO also speaks out of both sides of its mouth by stating: "Nothing in the WHO Pandemic Agreement shall be interpreted as providing the WHO Secretariat, including the WHO Director-General, any authority to direct, order, alter or otherwise prescribe the national and/or domestic laws, as appropriate, or policies of any Party, or to mandate or otherwise impose any requirements that Parties take specific actions, such as ban or accept travellers (sic), impose vaccination mandates or therapeutic or diagnostic measures or implement lockdowns."

However, during COVID, state and local governments mandated that private businesses enforce mask restrictions or jab mandates or lose their business licenses. The WHO supported these mandates that were ultimately struck down by the U.S. courts. If the WHO had global authority that is legally binding on the nations, the restrictions on our freedom would be much worse. And any challenge would be fought in an international court, not the U.S. courts under the protection of the national constitutions or protections.

Creating the right to health care as a path to international socialized medicine

The WHO demands that "all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course."

WHO claims that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being" (emphasis added).

In addition, it states that some nations will need to pay different levels for "universal health coverage" than other nations. Specifically, it's "recognizing that differences in the levels of development of Parties engender different capacities and capabilities in pandemic prevention, preparedness and response and acknowledging that unequal development in different countries."

On an international level, one nation will be paying for the care, and a different nation will receive the money—but without the motivation to see that it is wisely and responsibly spent.

"Each Party ... shall take appropriate measures to develop, strengthen and maintain a resilient health system ... taking into account the need for equity ... to achieve universal health coverage."

"Reiterating the need to work towards ... adequate numbers of skilled, trained and protected health and care workers to respond to pandemics, to advance the achievement of universal health coverage ..."

Three different times, it demands that nations "shall" (with tiny variation), and that "Each Party, within the means and resources at its disposal, shall take appropriate measures ... to develop or strengthen, sustain and monitor health system functions and infrastructure ..."With the goal to give "particular attention to the persons in vulnerable situations" as defined by the WHO.

The WHO is demanding "equity" in health care. This forces medical professionals to give priority to certain patients based on a set of classes (which could include race, religion, sex, sexual orientation, gender identity, region, or any group identified by the WHO as "vulnerable") while disadvantaging other patients. This drastically reduces the level of care available for hardworking Americans.

The WHO states it is: "*Deeply* concerned by the inequities at national and international levels that hindered timely and equitable access to health products to address coronavirus disease (COVID-19), and the serious shortcomings in [the] pandemic ..."

This will involve tracking "'those in vulnerable situations,' which means "individuals, including persons in groups or in communities or in emergency, and/or humanitarian settings, with a disproportionate increased risk of infection, morbidity, or mortality, as well as those likely to bear a disproportionate burden owing to social determinants of health..."

Previous document drafts have stated that religious or ethnic groups should be identified and tracked as a part of treatment. Tracking also can include age, gender, education level, and any other classification the WHO wants to divide us into and prioritize us by for medical care in line with the WHO's "equity" goals.

"The objective of the WHO Pandemic Agreement, guided by equity, and the principles and approaches further set forth herein ..." is to "prevent, prepare for and respond to pandemics."

In fact, for the WHO, "equity" is the "goal, principle and outcome of pandemic prevention, preparedness and response."

The WHO blames the "inequities at national and international levels that hindered timely and equitable access to health products," and the Who gets to define who is "vulnerable," which can be used to separate people into classes based on their race, religion, age, gender, and any other category it chooses.

Requiring parties to exercise authority at "community levels"

The WHO wants to control much more than the government; it wants to have its tentacles in everything. The WHO demands a "whole-of-government and whole-of-society approaches" on a "national level, including, according to national circumstances, to empower and enable community ownership, and contribution to, community readiness ..."

This means globalists want to be able to manipulate pressure for their goals at the community level.

"*Recognizing* the importance of ensuring political commitment, resourcing and action ..."

"*Reaffirming* the importance of multisectoral collaboration at national, regional and international levels ..."

The WHO demands that nations "strengthen national capacities and design or establish ... emergency health teams ... in coordination with the WHO..." Now, instead of medical experts, we will have politically driven medical leaders making national health care decisions. This also indicates that these teams also would be at the beck and call of the WHO for international incidents. This could even create a situation where a foreign political appointee is leading the medical response within each nation!

Controlling medical developments, patents, and pricing

The WHO states it is "*recognizing* that intellectual property protection is important for the development of new medicines," while it claims that existing agreement "provides flexibility" and "should not, prevent Member States from taking measures to protect public health." This sounds like it opens the door for price fixing by either national or international governments.

The WHO demands nations "shall cooperate, as appropriate, to build, strengthen and sustain geographically diverse capacities and institutions for research and development, particularly in developing countries ... [with] access to research, and rapid sharing of research information and results. This allows for no restrictions on terrorist nations trying to build dirty bombs at the moment that our world is most fragile." It is a horrible idea to publicly share with the world the most dangerous and deadly diseases.

Implementing a "One Health approach"

The WHO's "One Health approach" means "an integrated multisectoral and transdisciplinary approach that aims to sustainably balance and optimize the health of people, animals and ecosystems." This means that keeping people alive is not a priority over the needs of dirt, air, and animals but is equal to them.

It goes on to state, "The Parties shall promote a One Health approach ... that is coherent, integrated, coordinated, and collaborative among all relevant organizations, sectors, and actors ..."

This includes "Promoting or establishing joint training and continuing education programmes (sic) for the workforce at the human, animal and environmental interface" for this "One Health approach." This could include gardeners, veterinarians, farmers, ranchers, pet shop owners, or animal shelter volunteers all having to go through internationally mandated "continuing education" courses required by the WHO.

Think of the potential for abuse if the WHO mandated a two-year "continuing education" training required for all ranch or humane society staff or any other small business employee. When many family farms have a single breadwinner, this one action by the WHO would be the end of the American cowboy and any other plant or animal-related small businesses.

Demanding standards of control over everything from plants to pets

The WHO is manipulating the discredited story that COVID-19 transferred from a bat to humans to demand control over the animals in each nation.

It forces nations to be "identifying and addressing ... the emergence and re-emergence of infectious diseases at the human-animal-environment interface" to take measures to reduce risks of "zoonotic spill-over" including "safe and responsible management of wildlife, farm and companion animals."

Controlling access to approved medicines and censoring non-mainstream treatments

The WHO demands that nations "encourage relevant developers and manufacturers of pandemic related health products to diligently seek regulatory authorizations and approvals from national and/or regional regulatory authorities, including WHO listed authorities, and prequalification of such products by WHO." This is a process that sets up international approval for new drugs and

treatments that might compete with, or overpower, the national authority of governmental agencies to vet and approve or ban new medicines.

The WHO demands that it controls 20% of everything manufactured within your nation related to a pandemic. It states, "each participating manufacturer shall make available to WHO, pursuant to legally binding contracts signed with WHO, rapid access to 20% of their production of safe, quality and effective vaccines, therapeutics, and diagnostics ..."

In addition, during a pandemic, the WHO states it will prioritize giving that medication away to undeveloped nations, thus disadvantaging the people within developed nations. It states, "the distribution of these vaccines, therapeutics, and diagnostics shall be on the basis of public health risk and need, with particular attention to the needs of developing countries ..."

In addition, the WHO will have the power to restrict and eliminate medicines that do not fit with its political goals. "The Parties shall, as appropriate, monitor and strengthen rapid alert systems and take measures to respond to substandard and falsified pandemic-related health products." But remember that ivermectin and other effective, life-saving treatments were mocked by the WHO—costing lives around the world.

In addition, the WHO requires that nations use the "best available science and evidence as the basis for public health decisions for pandemic prevention, preparedness and response." However, as we have seen with hydroxychloroquine, the groups screaming the loudest to "follow the science" were not, in fact, following actual science at all.

Creating an internationally controlled system of official medical laboratories and government-run experiment/testing centers

The WHO pushes that each nation "shall ... strengthen and implement ... laboratory biological risk." While there is a need, especially in undeveloped nations, to meet international safety standards, there is also concern that these standards could be manipulated to weed out any labs that do not provide the testing results that the people in power desire.

Remember how there were different levels of sensitivity for the COVID-19 detection tests? These different parameters resulted in many false positives. By changing the parameters of the testing system, these government-controlled labs could manipulate the outcomes of tests. It can also control the time frame that results are available. In addition, it places these potentially private labs under the "legally binding" control of the WHO.

This could set up an environment for government-run medical experimentation and allow for the WHO to discredit the results of any "independent" labs and run them out of business. This means it would be able to shut down any laboratory that does not meet its demands.

Censoring "disinformation" and "misinformation"

"*Recognizing* the importance of building trust and ensuring the timely sharing of information to prevent misinformation, disinformation and stigmatization,"

Now the WHO will be the final arbitrators of what is, or is not, true. In past versions, nations were directed to "promote and apply science- and evidence-based approaches to effective and timely risk assessment, and culturally appropriate public communications" to follow the talking points of the WHO.

Forcing international surveillance

This proposed WHO treaty demands that each nation take steps to "progressively **strengthen** pandemic prevention and **surveillance** capacities, consistent with the International Health Regulations" (Article 4). While the following paragraph further states developing or strengthening "national pandemic prevention and surveillance plans, programmes and/or other actions" is to be done in accordance with its national and/or domestic laws, "subject to" available resources and "taking into account its national capacities," it would most likely be the WHO deciding those things, infringing on national sovereignty.

These "plans, programmes and/or other actions" must include not only surveilling people ("the human-animal") but also the "pathogens in animal populations." States must also cover "sharing of the outputs of relevant surveillance and risk assessments within their territories with WHO and other relevant agencies" as well as "early detection and control measures including at community level, leveraging, strengthening, and enhancing community capacities, networks and mechanisms to detect and notify unusual public health events and contain them at the source."

More specifically, the treaty outlines:

> "The Parties shall take steps, individually and through international collaboration, in bilateral, regional and multilateral settings, to progressively strengthen pandemic prevention and surveillance capacities, consistent with the International Health Regulations (2005) and taking into account national, capacities and national and regional circumstances."

It goes on to note (somewhat repetitively):

> "Each Party **shall**, in accordance with its national and/or domestic laws and subject to the availability of resources, and taking into account its national capacities, progressively **strengthen** pandemic prevention and coordinated **multi-sectoral surveillance** and develop or strengthen and implement, comprehensive multisectoral national pandemic prevention and **surveillance** plans, programmes and/or other actions, that are consistent with the IHR, and take into account relevant international standards and guidelines, and that cover, inter alia ...
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> > "(a) prevention of the emergence and re-emergence of infectious diseases, including promoting early prevention of pandemics across relevant sectors with the aim of identifying and addressing the drivers of infectious disease at the human-animal- environmental interface,

> "(b) coordinated multi-sectoral **surveillance** to detect and conduct risk assessment of emerging or re-emerging pathogens, including pathogens in animal populations that may present significant risks of zoonotic spillover, as well as sharing of the outputs of relevant surveillance and risk assessments, within their territories with WHO and other relevant agencies to enhance early detection,
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> "(c) early detection and control measures including at community level and enhancing community capacities, networks and mechanisms to detect and notify unusual public health events and contain them at the source,
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> "(h) surveillance, risk assessments and prevention of vector-borne disease that may lead to, pandemic emergencies, including developing, strengthening and maintaining capacities ..."
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> "The provisions of set out in paragraph 2 of this Article [excerpt above] shall be further developed and agreed ... following, as appropriate, a One Health approach, with full consideration of ... the need for capacity building and implementation support for developing country Parties. The developed provisions shall address, inter alia, the following:
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> "(a) specific measures and operational dimensions that Parties **shall consider** including in their comprehensive multisectoral national pandemic prevention and **surveillance** plans, programs and/or actions, as appropriate ..."

This draft document further states (Article 9) that nations "shall cooperate, as appropriate, to build, strengthen and sustain geographically diverse capacities and institutions for research and development, particularly in developing countries, and shall promote research collaboration, access to research, and rapid sharing of research information and results, especially during public health emergencies of international concern, including pandemic emergencies" and that "to this end" nations will promote "within means and resources at their disposal" — again, who decides this is key — "the sharing of information on research agendas, priorities, capacity-building activities, and best practices, relevant to the implementation of this Agreement [which could include activities to strengthen "surveillance capacities"], including during pandemic, emergencies." However, it never limits what kind of information will be shared, except to state it will be done "in accordance with national and/or domestic law and policy."

If the WHO challenges domestic law or policy, for example, claiming it violates international law, or worse yet, should the WHO simply decide what is in accordance with a nations' domestic law or policy, one must ask: Could this treaty require nations to share information on an individuals' DNA, medical history, travel, physical whereabouts, who one associates with, or even ones' personal health management like sleeping patterns or smoking habits?

Controlling "Supply chain and logistics"

The WHO is launching a whole new department to control commerce. Specifically, this document states (Article 13): "The Global Supply Chain and Logistics Network (the GSCL Network) is hereby established to enhance, facilitate, and work to remove barriers to, **equitable**,

timely and affordable access to pandemic-related health products, as well as to enable rapid and unimpeded access to such products during pandemic emergencies and in humanitarian settings ... The Parties shall prioritize, as appropriate, sharing pandemic-related health products through the GSCL Network for **equitable** allocation based on public health risk and need, in particular during pandemic emergencies" (emphasis added).

WHO deciding what is equitable is concerning enough; the treaty draft also notes, as it pertains to access to technologies, that each Party is required to (Article 11) "take measures to publish, in a timely manner the terms of its licensing agreements relevant to promoting timely and **equitable** global access to pandemic-related health technologies, in accordance with applicable law and policies, and shall encourage private rights holders to do the same" (emphasis added).

Finally the draft states (Article 9), "Each Party shall develop and implement national and/or regional policies ... r**egarding the inclusion of provisions in publicly funded research and development-grants, contracts, and other similar funding arrangements,** particularly with private entities and public-private partnerships**, for the development of pandemic-related health products, that promote timely and equitable access** to such products, particularly for developing countries, during public health emergencies of international concern including pandemic emergencies, and regarding the publication of such provisions" (emphasis added).

Recalling that "leaders of the Gates Foundation, Gavi, CEPI and Wellcome deployed their lobbying and advocacy networks and used their political connections to push U.S. and European officials to commit billions of dollars to Covid programs the organizations helped envision and lead," (and profit from), and the fact that these organizations "pledged to bridge the equity gap" but "during the worst waves of the pandemic, low-income countries were left without life-saving [we would argue life-harming] vaccines," this provision should raise serious red flags.[1]

Previous versions of this document exposed the long-term desire of the WHO for control, which would have given it the power to inspect shipping goods, transport logs, crew behaviors, and a long list. This would have granted the WHO complete control over the supply chain process.

Acknowledged national sovereignty, yet ultimately dismissed it

At first, the WHO attempts to claim that it is "reaffirming the principle of the sovereignty of States in addressing public health matters." Then it goes on to mention sovereignty three other times. However, a single paragraph at the end of this document completely erases the freedoms these initial passages propose to create.

In addition, the document states:

[1] Erin Banco, "How Bill Gates and Partners used their clout to control the global Covid response — with little oversight," Politico, September 14, 2022, https://www.politico.com/news/2022/09/14/global-covid-pandemic-response-bill-gates-partners-00053969.

> Nothing in the WHO Pandemic Agreement shall be interpreted as providing the WHO Secretariat, including the WHO Director-General, any authority to direct, order, alter or otherwise prescribe the national and/or domestic laws, as appropriate, or policies of any Party, or to mandate or otherwise impose any requirements that Parties take specific actions, such as ban or accept travellers [sic], impose vaccination mandates or therapeutic or diagnostic measures, or implement lockdowns.

This paragraph is deceptive because it only prohibits one person or a specific group from wielding this power. It does not prevent the WHO, as a whole organization, from mandating these same actions.

However, at the end of the document, the WHO sneaks in a clear statement that nations can make other "declarations," or exemptions and changes, only if those declarations do not change anything. Regarding declarations, the treaty states, "however phrased or named, with a view, inter alia, to the harmonization of its laws and regulations with the provisions of the WHO Pandemic Agreement, provided that such declarations or statements do not purport to exclude or to modify the legal effect of the provisions of the WHO Pandemic Agreement in their application" (emphasis added).

To clarify, declarations (or exceptions to the treaty) from the nation cannot "modify the legal effect" of this international treaty.

This means that nations can create greater mandates, but nations do not have the freedom to reduce or ignore any of the WHO's mandates. In other words, when national sovereignty conflicts with the WHO's policies, nations must bow to the WHO directives.

That is no sovereignty at all.

Controlling water access along with sanitation and hygiene practices

The WHO will oversee nations controlling "water, sanitation and hygiene." The WHO wants to also control the "management of medical wastes" according to the WHO's global standards. This section of the document has errors and is still in progress, so the full extent of what the WHO is demanding is unclear.

However, it's clear that it will demand the implementation of "infection prevention and control measures in all health care facilities and institutions ..."

Mandating medical staff and facilities participate in abortion, LGBTQ, forced "vaccinations," and more without conscience protections or religious carve-outs.

The WHO will increasingly put into practice their goals "to achieve gender equality and empower all women and girls." It demands "full respect for non-discrimination, gender equality and the protection of those in vulnerable situations." This is a direct enforcement of transgender dogma and everything being pumped into the minds of young children by potential abusers.

The WHO claims it will take "appropriate measures to eliminate discrimination against women in the field of health care." While there are pockets of harmful discrimination, however, this will quickly become a platform to silence anyone speaking the truth about biological reality on LGBTQ matters or abortion opponents or any other radical social perspective.

This is inconceivably broad. It could easily be twisted into the basis for forcing religious staff to perform immoral medical procedures—like abortions and sex change surgeries—because if they don't, it will be perceived as not being "full respect" and even outright "discrimination" against that patient. Anyone with these moral convictions will be targeted and eliminated from the health care industry for their morals.

Pushing taxpayer-funded pandemic vaccines and providing that vaccine manufacturers and distributors should be afforded legal immunity

Nations "shall ... develop recommendations for, and support when needed, policies for managing legal risks related to novel pandemic vaccines during pandemic emergencies." This expands the United States release of liability and pushes for that same unaccountability worldwide.

Forcing wealthy nations to finance other nations during health emergencies and beyond

Nations "shall strengthen sustainable and predictable financing to the extent feasible, in an inclusive and transparent manner, for implementation of this Agreement. This means annual (or longer) renewable financial donations and support from each nation involved. Each nation "maintain or increase domestic funding, as necessary."

The WHO creates a "Coordinating Financial Mechanism" that is "established to promote sustainable financing for the implementation of this Agreement ..." This will create a pool of renewable financial resources to spend on whatever the WHO deems is necessary.

Mandating a three-year commitment with no withdrawals permitted during that time

The WHO requires a two-year waiting period after a nation initially signs up for the treaty. After those two years, the WHO requires another one year for the notice of withdrawal to take effect. This means it would take a nation, newly under this agreement, a total of three years to exit the WHO under this new treaty.

In the document's conclusion, the WHO allows nations to accept this new Treaty by "formal confirmation or accession" on the day following when the treaty is "closed for signature." Then: "This Agreement shall enter into force on the thirtieth [30] day following the date" that it was agreed to by that nation.

Provides for arbitration and reservations unless incompatible with the purpose of the agreement

"Reservations" are named portions of an agreement that are excluded by the signed as a contingency of them signing on. These are traditionally allowed, but this document only partially opens up this allowance, stating: "Reservations may be made to the WHO Pandemic Agreement unless incompatible with the object and purpose of the WHO Pandemic Agreement." It states that "mediation, or conciliation ... in case of failure to reach a solution... may resort to arbitration in accordance with the Permanent Court of Arbitration Rules 2012 ..."

This arbitration will hand down a compulsory and binding decision. Similarly to the Hague, there are 60 people from nearly 30 nations in these pre-appointed, non-elected positions. Nothing in American democratic process feeds into this system. This is as far as we can get removed from national and constitutional protections.

And this is just the beginning. The WHO reserves the right to create further rules at any time in the future.

"The Conference of the Parties may adopt, as necessary, guidelines, recommendations and other non-binding measures, including in relation to pandemic prevention capacities, to support the implementation of this Article." So, at future meetings, the WHO can further restrict our freedoms. In addition, it demands: "Each Party shall report periodically to the Conference of the Parties ... on its activities with respect to the implementation of this agreement." So, each nation has to report back on successful implementation of each point of this treaty.

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In conclusion, by signing this Agreement, each nation will be ceding authority that should be reserved for their own leaders to international tyrants. Rather than national regulations on commerce, the WHO can interfere with imports and exports. The WHO will decide who is free to move about and deem what is essential or nonessential work or activity. Rather than nations regulating their agriculture, the WHO will.

Every vibrant nation is focused on securing the blessings of liberty. However, this Agreement goes in the opposite direction as it is not merely an agreement but rather an attempt to cede our sovereign authority to an international bureaucracy. This should be stopped.

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[i] "Video INB13 - day 5: #5. Report of the meeting & #6. Closure of the session." World Health Organization: Intergovernmental Negotiating Body." February 21, 2025 Session 18:00-18:25. Time Code 7:00. Apps.who.int/gb/inb/e/e_inb-13.html.