

Submission to the '2024 amendments to International Health Regulations (2005)' Inquiry

I strongly oppose the 2024 amendments to the International Health Regulations (2005) (IHR) that were “adopted” on 1 June 2024, and I demand that the JSCOT recommends that our government rejects them in their entirety before 19 July 2025, for the reasons outlined below.

1. The amendments to the IHR were not adopted unanimously at the 77th meeting of the World Health Assembly (WHA) on 1 June 2024 in Geneva. They were supported only by the 37 member nations that were present, out of 194 member nations. Therefore the National Interest Analysis (NIA) document contains misleading information.

Accordingly, the IHR 2005 amendments adoption process at WHA was unlawful and the document being considered is illegitimate. This includes

- violation of IHR Article 55(2) whereby the Director-General must communicate to all WHO member states the **final text** (emphasis added) of all amendments to the IHR four months in advance of the World Health Assembly that shall consider and potentially adopt these amendments¹; the final text was not available to the delegates until the afternoon of the decision, and
 - the lack of a vote on Saturday 1 June 2024. They were adopted by consensus of only those 37 members present.
2. Health Minister Butler’s endorsement of the IHR 2005 amendments is inappropriate as
 - there has been negligible consultation with Australians about the amendments,
 - Australian politicians and agencies were not given 4 months to consider the final wording and the implication thereof on Australia, and
 - Fourteen (14) members of parliament have already objected to these amendments.
 3. There has not been any explanation or accountability for why Australia followed flawed WHO Guidelines during Covid-19 and ignored the Australian Health Management Plan for Pandemic Influenza (2019)².
 4. Following a two year investigation the US “Select Subcommittee on the Coronavirus Pandemic” concluded that the WHO’s response to the CPVID-19 pandemic was an abject failure.³
It shows that the WHO
 - continues to lie about the safety of the Covid-19 vaccines
 - cannot be relied upon for accurate information about vaccine safety
 - prioritises mass consumption of pharmaceutical products over public health and as such, cannot be trusted to protect Australians’ health.

¹ https://www.afro.who.int/sites/default/files/2017-06/international_health_regulations_2005.pdf

² [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf)

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³ [After Action Review of the COVID-19 Pandemic: The Lessons Learned and a Path Forward - United States House Committee on Oversight and Accountability](#)

5. Paragraph 18 onwards of the NIA is about “obligations” of State Parties.
 - The definition of “obligation” per the Merriam-Webster dictionary includes “...obligating oneself to a course of actions (as by a promise or vow)...” and “...something one is bound to do.”⁴
The Cambridge dictionary definition includes “...something that you must do.”⁵
 - Scattered throughout the IHR is the word “shall”. (Article 4, 5, 6 etc). The Merriam-Webster dictionary suggests that the use of “shall” in the context of the IHR means “a command or exhortation” or, can be “used in laws, regulations or directives to express what is mandatory”.⁶
 - One would be reasonable in assuming based on the above definitions that the obligations are in fact mandatory and not advisory in nature. This is a big concern for me given that the Australian Prime Minister has, on several occasions indicated that the IHRs are now not mandatory and are merely advisory.

6. It is my right to choose what is right for me and my family, not the right of some unelected bureaucrats.
 - The principle of informed consent and the right to access safe and effective medical products cannot be denied, nor can the right not to be subjected to medical or scientific experimentation without free consent. These principles are in accordance with the Australian Commission on Safety and quality in Health Care⁷ and the principles of the Nuremberg Code.⁸
 - The addition of “...and shall promote equity and solidarity” in Article 3.1 is concerning. The inclusion of these word alongside my human rights suggests that the decision makers will treat all of humanity as ‘one’. We all know that ‘one size fits all’ never works!
 - As a user of natural health products, the definition or ‘relevant health products’ concerns me. The definition is restrictive to products produced by pharmaceutical companies and fails to recognise vitamins, minerals and other natural products that have been shown to be crucial to immunity and survival from COVID such as Vitamin D.

7. I am not happy that the Director of WHO is empowered to declare a pandemic without any evidence of a real emergency.
 - The Director of the WHO (who is not a health expert) can declare a pandemic or threat of a pandemic, even without evidence. (Article 1) This will activate emergency powers in Australia to ensure we are in lockstep with the WHO’s recommendations, undermining our ability to utilise normal democratic processes in order to do what is in our best interest.
 - Once an emergency is declared, emergency laws in Australia will be enacted that grant extraordinary power to health bureaucrats. These laws cement the WHO’s power and influence at the expense of Australians health.

⁴ [Obligation Definition & Meaning - Merriam-Webster](#)

⁵ <https://dictionary.cambridge.org/dictionary/english/obligation>

⁶ [Shall Definition & Meaning - Merriam-Webster](#)

⁷ [Informed consent | Australian Commission on Safety and Quality in Health Care](#)

⁸ [Nuremberg Code | History, Date, & 10 Points | Britannica](#)

- The WHO Pandemic response was a failure, so we must not give them any power. They should remain an advisory body, if they remain a body at all.
8. The WHO should have no role in deciding what information is available or not available to individuals (Censorship).
- They are not an elected body and are not answerable to the people. You cannot have a body that is not answerable to the people what those people can or cannot read, see or hear.
 - The 2024 IHRs outlines that countries censor their citizens by “addressing misinformation and disinformation”. (Annex 1) This will be extended to censoring scientific debate as we witnessed during and post COVID.
 - In 2024 we saw attempts by the Australian Government to introduce the Combatting Misinformation and Disinformation Bill, which did not pass. Australians do not consent to being censored in any way at all, not now or ever.
9. I am concerned about the Surveillance that is proposed which likely will be by digital means. (Article 5)
- A global digital identification system of health certificates or vaccine passports as a condition for travelling across borders is inconsistent with the international respected human rights of health and freedom of movement, and the International Rights Australia has signed up to. This is clearly intended, with work on an international health certificate already well advanced.^{9 10 11 12}
 - The restriction on travel and proposed implementation of health/vaccine passports will be a burden, is not ethical, and will lead to discrimination.

A convincing case for acceptance of these amendments has not been proposed, and thus they must be abandoned.

Australia must expressly reject the amendments to the 2024 IHRs by or on before 19 July 2025. I trust that the JSCOT will make that recommendation.

Thank you for taking the time to consider my concerns.

Yours sincerely

Janet Rhead

⁹ [Global Digital Health Certification Network](#)

¹⁰ [Global Initiative on Digital Health](#)

¹¹ [The European Commission and WHO launch landmark digital health initiative to strengthen global health security](#)

¹² [European digital identity: Council and Parliament reach a provisional agreement on eID - Consilium](#)