Submission to the Joint Standing Committee on Treaties
Inquiry into Amendments to the International Health Regulations (2005)

Australia should not only withdraw support for the amendments to the IHR, we should withdraw from the IHR entirely, and cease our membership of the World Health Organisation (WHO) altogether, as the United States has done.

I have conducted a careful analysis of the IHR, the proposed amendments and the proposed pandemic treaty[1]. Complying with the amended IHR involves, amongst other things:

- Empowering a single individual (the Director General of the WHO) to unilaterally declare a Public Health Emergency of International Concern, including a pandemic, without any objective criteria[2] and without any effective checks and balances[3].
- Entrusting the WHO to determine and dictate to the world[4] what is true and what is false[5].
- Censoring information the WHO has declared to be "misinformation". This will stifle political debate, undermine the evolution of scientific knowledge, prevent doctors from caring for patients as individuals, and compromise the ability of patients to give proper informed consent to medical treatment. These are not minor concerns, these are matters which are fundamental to a free society.

As an everyday Australian citizen living in Melbourne during the COVID years, I noticed some odd things:

- There's generally a lot of rhetoric about "social inclusion" - but not when it comes to those who chose not to be vaccinated. It is supposed to be par for the course to be able to consent, or not, to medical treatment. But people were ostracised, excluded from the "vaccinated economy"[6] as if that was a virtuous thing to do, even though there was no evidence that the vaccine would stop transmission[7].

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[1] https://libbyklein.substack.com/p/the-who-regime-what-does-it-all-mean

[2] For example, if the Director General thinks there is even just a risk of an infectious disease spreading, he or she can declare a Public Health Emergency of International Concern – Article 12, Annex 2 of the amended IHR.

[3] For example, the DG must refer to an Emergency Committee, but appoints the members of that committee himself, and can disregard their advice in any event, as he did in 2022 in relation to Monkeypox – see Article 49 of the amended IHR.

[4] 196 nations including Australia submit themselves to the IHR. 194 of those are members of the World Health Organisation. https://www.who.int/teams/ihr/working-group-on-amendments-to-the-international-health-regulations-%282005%29

[5] The term used, but not defined, in the IHR is "misinformation". The definition provided on the WHO website is: "spread of false information without the intent to mislead. Those who share the misinformation may believe it is true, useful or interesting, and have no malicious intent towards the recipients they are sharing it with." https://www.who.int/news-room/questions-and-answers/item/disinformation-and-public-health

[6] Victorian Premier Daniel Andrews said: "There is going to be a vaccinated economy, and you get to participate in that if you are vaccinated" - https://www.abc.net.au/news/2021-09-06/daniel-andrews-vaccine-passport-double-vaccinated/100435606

[7] We now know, and governments knew at the time they mandated vaccination, that the vaccines had not been tested for their efficacy against viral transmission: https://www.abc.net.au/news/2022-10-21/fact-

- The medical regulators issued 'guidance' and enforced the guidance as if it was the law. Doctors were not allowed to express view which might undermine the national immunisation campaign, even if based on evidence and their medical training and experience.[8] Doctors were pressured under threat of suspension not to give out "fake exemptions". (The very idea of having to obtain an "exemption" at all, in order to withhold informed consent, demonstrates that informed consent has been undermined!) Doctors are still subject to regulatory supervision on the basis of the "guidance" that has long been archived.
- Treatments which could have been used were banned[9] despite evidence of their use being safe[10] – much better, apparently, to wait until you're so sick that you have to go to hospital.

As a practising solicitor, I started researching the legal architecture on which our governments were relying in order to enforce the vast array of restrictions we experienced. I have written about this elsewhere.[11] My starting point was: how can I trust my doctor, if I know they are not allowed to be frank with me, when being frank might undermine the national immunisation campaign? Under the WHO regime (implemented largely through the IHR), the answer is, I *cannot* trust my doctor, because I know that information is being censored, and I know that my doctor is not allowed to say anything to me which is out of step with the official (blanket) "guidance". Even if my doctor would prefer to recommend different treatment, based on his or her knowledge and experience, and my medical and personal circumstances, they are not allowed to. When I know that's the case, I know I can't trust my doctor.[12]

To recap the red flags so far, we have: discrimination based on medical status, censorship at the direction of unelected offshore officials, and Australian regulators dictating medical treatments. These extreme measures, although contrary to what we normally regard as acceptable, were supposedly ok because we were living through an emergency. Are we happy to accept those arrangements on an ongoing basis in order to (supposedly) prevent pandemics as well as respond to them better? In my submission, this price is too high, even if it were true that these measures would be helpful to prevent or respond to a pandemic. To accept them as the new normal is to adopt an ongoing posture of fear, declaring safety at all costs to be our only priority, with blind

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check-pfizer-admission-transmission-european-parliament/101556606;
https://www.tga.gov.au/sites/default/files/auspar-bnt162b2-mrna-210125.pdf

[8] See the "Joint Position Statement" issued by AHPRA and the national health practitioner boards: https://www.ahpra.gov.au/Resources/COVID-19/Vaccination-immunisation-information.aspx . This statement is now archived, but is still the basis upon which AHPRA and the medical boards rely, even in 2024, to impose restrictions on doctors, who are not allowed to express an opinion which casts any doubt on the safety and efficacy of the COVID vaccines, for fear of being suspended.

[9] For example ivermectin: https://www.tga.gov.au/news/media-releases/new-restrictions-prescribing-ivermectin-covid-19

[10] https://covid19criticalcare.com/ivermectin/

[11] https://libbyklein.substack.com/ See also *Emergency Powers, Public Health and COVID-19* issued by the Department of Parliamentary Services, Parliament of Victoria: https://www.parliament.vic.gov.au/495db7/globalassets/sections-shared/about/publications/research-papers/emergency_powers_public_health_and_covid-19_rp_2020_2.pdf

[12] Sadly, as I discovered, at any rate many (but not all!) doctors were happy to go along with whatever they were told rather than ask their own questions and do their own reading.

adherence to measures dictated by others, in blind faith that those measures will be effective, and with little or no regard to any negative consequences suffered.[13]

As if the above isn't enough, there is another major red flag. More than 80% of the WHO's funding comes with strings attached.[14] This means that the WHO is obliged to do the bidding of the organisations providing more than 80% of its funding. The WHO is clearly conflicted. It is therefore impossible for the WHO to give objective and unbiased medical guidance. How can it possibly be in our national interest to commit to always supporting global implementation of WHO recommendations (this is what supporting the IHR entails) when we know the WHO will be influenced by the organisations which fund them?

The National Interest Analysis provided by the Australian government is nicely written but does not address this or any other key risks for Australia and Australian citizens.

It is of little comfort that Australia will retain our sovereignty and control over our health policy when our government declares their commitment to supporting the WHO and worldwide implementation of the pandemic prevention and response measures. The Albanese government, and the Morrison government before it, apparently think it's a good idea to voluntarily subjugate ourselves and our health policy to offshore, unelected, conflicted bureaucrats.

And we cannot take comfort that our own parliamentary processes will provide any checks and balances: the National Interest Analysis confirms that no legislative changes are necessary.[15] We already have all the legislation we need, apparently, in order to follow every recommendation the WHO makes.[16]

I do not profess to know why successive Federal governments are so strongly supportive of a more authoritative WHO[17]. (Do they genuinely believe that effectively outsourcing our public health policy is in the interests of Australia as a nation, and in the interests of individual citizens/patients in Australia? Are they just going along with what other countries are doing without thinking about it properly? Are they incentivised

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[13] For example, in 2024, the Supreme Court of Queensland found that the Police Commissioner , in issuing directions requiring workers to be vaccinated or provide proof of a relevant exemption in response to the COVID-19 pandemic, "had failed to:

- understand the rights that may be affected;
- seriously turn her mind to the impact of the decision on a person's human rights;
- identify the countervailing interests and obligations; or
- balance those competing public and private interests.

Accordingly, the Commissioner had not given proper consideration to relevant human rights in breach of the procedural obligation."
https://www.hrlc.org.au/human-rights-case-summaries/2024/06/05/johnston-ors-v-carroll-2024

[14] https://www.who.int/about/funding#:~:text=WHO%20gets%20its%20funding%20from,Member%20States%20and%20other%20partners. See also https://gh.bmj.com/content/8/4/e011232

[15] Paragraph 74 of the National Interest Analysis [2024] ATNIA 15 https://www.aph.gov.au/-/media/02_Parliamentary_Business/24_Committees/244_Joint_Committees/JSCT/2024/Health_regulations/NIA.pdf?la=en&hash=C6A18E06B0D3589DB0BF64D122D6A63D777BF919

[16] For example, 477(1)(c) of the Biosecurity Act
http://classic.austlii.edu.au/au/legis/cth/consol_act/ba2015156/s477.html

[17] See for example Penny Wong's statement to the UN in 2023, explaining Australia's rationale for voluntarily committing an additional $100million to the WHO:
https://www.foreignminister.gov.au/minister/penny-wong/media-release/supporting-global-efforts-prevent-prepare-and-respond-pandemics

somehow?) What I do have are my observations from my own lived experience, and my own legal analysis. I take no comfort from the reassurances in the National Interest Analysis. They are too glib, too lacking in evidence, and the risk analysis is wanting.

In conclusion, enhanced global cooperation in the name of reducing the impact of the international spread of disease might have been a nice idea once upon a time. But even if we assume that the amended IHR would help mitigate the impact of diseases (and I do not think it would), the price we would pay is way too high.

I want the WHO to have less influence, not more, over my personal health choices, and the advice my doctor is at liberty to give me.

Australia should not only withdraw its support for the IHR amendments, we should withdraw entirely from the IHR, and from the WHO.

Australians will use their common sense on this important issue. Politicians who are courageous enough to demonstrate leadership on the world stage on this issue, by withdrawing support for the WHO, will reap their reward at the next election. It's time to shout out that the emperor has no clothes. We fell for it for a good while, but no more.

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