

REJECT THE 2024 IHR AMENDMENTS

The deadline (July 19, 2025) to reject the 2024 amendments to the IHR is fast approaching. People in every nation should insist that their head-of-state submit a letter of REJECTION immediately.



JAMES ROGUSKI

MAY 29, 2025

127

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REJECT THE AMENDMENTS

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The deadline to reject the 2024 amendments to the International Health Regulations is fast approaching (July 19, 2025).



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<https://www.youtube.com/watch?v=nJOpAEUVTX0>

June 1, 2024 amendments to the International Health Regulations



Ihr With June 1, 2024 Amendments

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https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf

For 192 of the 196 parties to the International Health Regulations (IHR), July 19, 2025 is the deadline to reject the June 1, 2024 amendments to the IHR.

Because 4 nations (Iran, Netherlands, New Zealand and Slovakia) rejected the 2022 amendments to the IHR, the deadline for them to reject the June 1, 2024 amendments is March 19, 2026.

There are many reasons for all 196 parties to the IHR for to reject the 2024 IHR amendments.

23 Reasons to Reject the June 1, 2024 Amendments to the International Health Regulations

1. Failure to abide by the clear deadline in Article 55.2 of the IHR

Article 55.2 of the International Health Regulations very clearly states:

*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.*

https://apps.who.int/gb/bd/pdf_files/IHR_2022-en.pdf (page 32)

On October 23, 2022, the International Health Regulations Review Committee regarding amendments to the International Health Regulations (2005) published its Terms of Reference.

The Review Committee made it clear that the Working Group (WGIHR) would submit the final package of proposed amendments to the Director General in January 2024.

***January 2024:** WGIHR submits their **final package of proposed amendments** to the DG who will communicate them to all States Parties in accordance with Article 55.2, for the consideration of the Seventy-seventh World Health Assembly.*

https://cdn.who.int/media/docs/default-source/international-health-regulations/terms-of-reference_ihr-amendments-rc_for-web_rev-221024.pdf

Had the four-month deadline been observed, a consolidated amendment proposal should have been communicated to all contracting states by January 27, 2024 at the latest. **This did NOT happen.**

Because adequate notice was NOT given, the amendments should NOT have even been considered by the 77th World Health Assembly.

On March 27, 2024, two months after the January 27, 2024 deadline to officially present the final package of proposed amendments, the document “Proposed Amendments to the International Health Regulations (2005) submitted in accordance with decision WHA75(9) (2022)” was quietly updated to include the proposals for amendments that had been submitted by Japan on September 22, 2022 but had been kept secret for 18 months.

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

On April 17, 2024, that the WHO first published a new official and supposedly consolidated version titled "Proposed Bureau's Text for the Eighth WGIHR Meeting (April 22- 26, 2024)".

https://apps.who.int/gb/wgihhr/pdf_files/wgihhr8/WGIHR8_Proposed_Bureau_text-en.pdf

The April 17, 2024 version differed significantly from the 2022 draft and contained entirely new provisions. Many of these were neither included in the 2022 draft nor in the existing IHR (2005) and had also not been communicated by January 27, 2024, as required by Article 55(2) of the IHR. Even a cursory comparison shows that these texts were entirely new and, therefore, could NOT possibly have been formally communicated “in accordance with Article 55(2) IHR” on November 16, 2022, as the WHO Director-General had previously claimed in official notifications.

Many other procedural rules were violated by the 77th World Health Assembly. For additional details regarding the failure to properly notify the nations and the failure to follow the proper procedures, please review the documents below:



Legal Notice Of Claim Concerning The IHR Amendments

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Urgent Appeal For The Rejection Of The Amendments To The International Health Regulations (IHR) Adopted On June 1, 2024, By The 77th World Health Assembly

623KB · PDF file

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2. Fraudulent misrepresentation of the 2024 IHR amendments to the 77th World Health Assembly regarding Article 44bis.

On May 27, 2024, the WHO Director-General released a new IHR draft from May 20, 2024, as part of his official report (A77/9). This again contained numerous changes that had not been included in the version of April 17, 2024.

https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_9-en.pdf

On June 1, 2024, the World Health Organization presented a constructively fraudulent document to the 77th World Health Assembly:

https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf (pages 30-31)

The document details the amendments to the International Health Regulations that were presented and adopted by the 77th World Health Assembly, but there is a substantial “error” in the document.

NONE OF THE PREVIOUSLY PUBLISHED DOCUMENTS CONTAINED ARTICLE 44bis.

The formatting of the text in the document is supposed to be such that amendments that propose additional text to be added to the International Health Regulations are presented in bold text.

However, Article 44bis, which is undeniably an entirely new article, was presented in plain text as if it was part of the existing IHR.

To this day (May 28, 2025) the “error” in this document has never been noted and/or acknowledged. The World Health Organization continues to present the same FRAUDULENT document to the world without any note or correction.

The “consensus vote” was conducted based on a document that made it seem like the NEW Article 44bis was part of the existing IHR.

The text below was presented in plain text, but **should have been presented in bold text** to indicate that it was not part of the existing IHR, but was, in fact an entirely new Article (an amendment to the IHR).

Article 44bis – Coordinating Financial Mechanism

1. A Coordinating Financial Mechanism (the Mechanism) is hereby established to:

(a) promote the provision of timely, predictable, and sustainable financing for the implementation of these Regulations in order to develop, strengthen, and maintain core capacities as set out in Annex 1 of these Regulations, including those relevant for pandemic emergencies;

(b) seek to maximize the availability of financing for the implementation needs and priorities of States Parties, in particular of developing countries; and

(c) work to mobilize new and additional financial resources, and increase the efficient utilization of existing financing instruments, relevant to the effective implementation of these Regulations.

2. In support of the objectives set out in Paragraph 1 of this Article, the Mechanism shall, inter alia:

(a) use or conduct relevant needs and funding gap analyses;

(b) promote harmonization, coherence and coordination of existing financing instruments;

(c) identify all sources of financing that are available for implementation support and make this information available to States Parties;

(d) provide advice and support, upon request, to States Parties in identifying and applying for financial resources for strengthening core capacities, including those relevant for pandemic emergencies;

(e) leverage voluntary monetary contributions for organizations and other entities supporting States Parties to develop, strengthen and maintain their core capacities, including those relevant for pandemic emergencies.

3. The Mechanism shall function, in relation to the implementation of these Regulations, under the authority and guidance of the *Health Assembly and be accountable to it*.

https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf

SCREENSHOT:

Note that Article 44bis is presented in plain, NOT bold text, which implies that it is part of the existing IHR. It was NOT clearly distinguished as a brand new amendment that was NOT included in any previous version of the document.

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A77/A/CONF/14

- (a) promote the provision of timely, predictable, and sustainable financing for the implementation of these Regulations in order to develop, strengthen, and maintain core capacities as set out in Annex 1 of these Regulations, including those relevant for pandemic emergencies;
 - (b) seek to maximize the availability of financing for the implementation needs and priorities of States Parties, in particular of developing countries; and
 - (c) work to mobilize new and additional financial resources, and increase the efficient utilization of existing financing instruments, relevant to the effective implementation of these Regulations.
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 - (c) identify all sources of financing that are available for implementation support and make this information available to States Parties;
 - (d) provide advice and support, upon request, to States Parties in identifying and applying for financial resources for strengthening core capacities, including those relevant for pandemic emergencies;
 - (e) leverage voluntary monetary contributions for organizations and other entities supporting States Parties to develop, strengthen and maintain their core capacities, including those relevant for pandemic emergencies.
3. The Mechanism shall function, in relation to the implementation of these Regulations, under the authority and guidance of the Health Assembly and be accountable to it.

3. It is a violation of the WHO Constitution to include a financing function in the IHR Regulations

On February 6, 2023 the IHR Review Committee stated very clearly...

Article 2(d) of the WHO Constitution stipulates that one of the WHO mandatory functions is: “to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments”, and Article 28, paragraph i, gives this function to the Executive Board: “to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action.

*The Committee notes that, under Article 44, WHO already has a role, in collaboration with States Parties, to mobilize financial resources, and **cautions against creating an explicit financing function for WHO under the Regulations.***

https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_5-en.pdf (page 71)

Article 44(bis) - The failure to define the details of the “*Coordinating Financial Mechanism*” while empowering unelected, unaccountable and unknown future bureaucrats to control the “Mechanism,” the failure to determine how much this is going to cost, the failure to require full transparency and make public a complete audit trail as well as the failure to ensure that conflicts of interest will be prevented are all **UNACCEPTABLE**.

Article 44(bis) - How much money does our nation intend to voluntarily donate to the extremely vague “*Coordinating Financial Mechanism*”? We the people will have absolutely no control over who receives that money, nor will be able to determine how it is to be spent. How will we ever know if the expenditures were of any benefit? What are the metrics and means of analysis by which anyone could ever determine whether or not the spending of our money accomplished anything other than to make the recipients more wealthy? This is **UNACCEPTABLE**.

Article 44(bis) 2(e) - The “*Coordinating Financial Mechanism*” is quite likely going to allow unelected brokers within the financial elite to influence and control the manner in which

money is provided and utilized. This is not a method by which health will be improved. This is merely a cover story for the ongoing expansion of their wealth. This is **UNACCEPTABLE**.

18 Article 44(bis) 2(e) - The “*Coordinating Financial Mechanism*” will be empowered to “*leverage voluntary monetary contributions for organizations.*” This is such an obvious example of corrupt crony capitalism at its very worst that it is clearly **UNACCEPTABLE**.

4. Article 4

For the United States, creating a National IHR Authority that “*shall coordinate the implementation of these Regulations within the jurisdiction of the State Party*” and “*shall take measures to implement paragraphs 1, 1 bis, and 2 of this Article, including, as appropriate, adjusting their domestic legislative and/or administrative arrangements*” is in direct violation of Section 5 of the Joint Resolution passed by Congress and signed by President Harry S. Truman on June 14, 1948, which stated:

“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.”

(2) such other expenses as the Secretary of State deems necessary to participation by the United States in the activities of the Organization: *Provided*, That the provisions of section 6 of the Act of July 30, 1946, Public Law 565, Seventy-ninth Congress, and regulations thereunder, applicable to expenses incurred pursuant to that Act shall be applicable to any expenses incurred pursuant to this paragraph (b) (2).

60 Stat. 714.
22 U. S. C. § 287r.

Withdrawal from
Organization.

Financial obliga-
tions of U. S.

SEC. 4. In adopting this joint resolution the Congress does so with the understanding that, in the absence of any provision in the World Health Organization Constitution for withdrawal from the Organization, the United States reserves its right to withdraw from the Organization on a one-year notice: *Provided, however*, That the financial obligations of the United States to the Organization shall be met in full for the Organization's current fiscal year.

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.

Approved June 14, 1948.

<https://uscode.house.gov/statviewer.htm?volume=62&page=442>

Certainly for the United States, and most assuredly for every other nation, this is UNACCEPTABLE.

5. Article 1

The definition of “*pandemic emergency*” is so vague that it is meaningless. It accomplishes nothing except to offer the Director-General a means to instill needless fear on a global basis which is UNACCEPTABLE.

6. Article 1

The definition of “*relevant health products*” should not contain cell-and gene- based therapies and it completely ignores natural herbs, nutritional products and alternative remedies. Mentioned in Articles 13, 16, 17 and 18 and Annex 1, it essentially guarantees profits for the Pharmaceutical Hospital Emergency Industrial Complex (PHEIC) at the expense of more affordable, safer and more effective natural products. This is UNACCEPTABLE.

7. Article 1

The failure to define the terms “pandemic,” “prevention,” “preparedness,” “response,” “safe and effective,” and “vaccine” is **UNACCEPTABLE**.

8. Article 10

The amendment to this article continues to allow the World Health Organization to operate in secrecy during times of emergency “*when justified by the magnitude of the public health risk, WHO should share with other States Parties the information about the event available to it.*” Secrecy is repugnant in an open and just society. This is **UNACCEPTABLE**.\

9. Article 12

Since the definition of “pandemic emergency” is inadequate, the authority to declare a “pandemic emergency” is meaningless. It accomplishes nothing of value except to offer the Director-General a means to trigger needless fear on a global basis. Despite this new definition, the criteria for declaring various levels of health emergencies is now only more confusing. Giving the WHO Director-General the authority to unilaterally declare a “Pandemic Emergency (PE)” in addition to a Public Health Emergency of International Concern (PHEIC) with absolutely no oversight and no checks or balances on his power is **UNACCEPTABLE**.

10. Article 13

All of the nice sounding words in this amendment serve to hide the fact that the World Health Organization acts as the marketing and promotion arm of the Pharmaceutical Hospital Emergency Industrial Complex. (PHEIC). As stated, “*the Director-General shall... share with a State Party, upon its request, the product dossier related to a specific relevant health product, as provided to WHO by the manufacturer.*” The World Health Organization runs a highly profitable pre-qualification scheme. This blatantly corrupt form of crony-capitalism is absolutely **UNACCEPTABLE**.

11. Articles 15, 16, 17 and 18

By instructing the Director General “*provide available information on any WHO-coordinated mechanism(s) concerning access to, and allocation of, relevant health products,*” the amendments to these articles simply feed into the World Health Organization’s Pre-qualification and Emergency Use Listing money-making racket. These amendments are **UNACCEPTABLE**.

12. Article 18

The amendment to this article stipulates that “*Recommendations issued by WHO to State Parties shall... take into account the need to... maintain international supply chains.*” While this may seem to be beneficial, it must be seen in the light of the negotiations for the proposed “*Pandemic Agreement*” which would place the World Health Organization in control of the “*Global Distribution and Logistics Network.*” This veiled grab for power, control and profit is **UNACCEPTABLE**.

13. Article 24.1(a), Article 24.1(b) and Annex 4.1(c)

Forcing conveyance operators to apply “health measures” on board and while travellers are embarking and disembarking in violation of fundamental freedoms is **UNACCEPTABLE**.

14. Article 27

The additional authority to quarantine “*suspect persons who are not ill*” is an abominable violation of the fundamental right to liberty as well as a direct violation of Article 3 of the IHR(2005). This totalitarian overreach is also found in Articles 1, 18, 27, 31, 32, 40 and Annexes 1, 7 and 8. The unwarranted quarantine of people absolutely and totally **UNACCEPTABLE**.

15 Article 35, Annex 6.4 and ANNEX 6.8

The World Health Organization must not be empowered to “*develop and update, as necessary, technical guidance, including specifications or standards related to the issuance and ascertainment of authenticity of health documents.*” The mere requirement of any form of “*health document*” is a violation of the fundamental right to privacy and is clearly **UNACCEPTABLE**.

16. Article 43

The WGIHR should have worked to increase transparency, but this amendment would institute exactly the opposite by requiring that “information shared during the consultation must be kept confidential.” Secrecy is repugnant in an open and just society. This is **UNACCEPTABLE**.

17. Article 44

This amendment requires “*States Parties... shall maintain or increase domestic funding, as necessary, and collaborate... to strengthen sustainable financing to support the implementation of these Regulations.*” HOW MUCH IS THIS GOING TO COST? This open ended agreement to keep throwing money at the Pharmaceutical Hospital Emergency Industrial Complex shows that the negotiators learned nothing over the past 5 years. This is **UNACCEPTABLE**.

18. Article 45

The fact that “*States Parties may process and disclose personal data*” is absolutely **UNACCEPTABLE**.

19. Article 54(bis)

The creation of a States Parties Committee for the Implementation of the IHR (2005) to “*facilitate the effective implementation*” of the “*Coordinating Financial Mechanism*” along with the creation of a sub-committee to “*provide technical advice*” is yet another example of useless and wasteful bureaucracy that is **UNACCEPTABLE**.

20. Annex 1.2(c)(i) and Annex 1.3(b)

Directing member nations to develop, strengthen and maintain their core capacities for surveillance must be limited in its scope in order to protect individual rights. The ongoing and ever-increasing invasion of our privacy and fundamental freedoms is **UNACCEPTABLE**.

21. Annex 1.2(c) and Annex 1.3(i)

Directing member nations to develop, strengthen and maintain the core capacity to address misinformation and disinformation runs the risk of violating the fundamental right of freedom of speech. This “surveillance” must reflect back solely upon the government’s duty to provide accurate information to the public, and must not, in any way, be used to censor public discourse, which is completely, and undeniably **UNACCEPTABLE**.

22. Annex 2

There needs to be an acknowledgement that by crossing out “wild-type” poliovirus, the WHO is admitting that vaccine-derived poliovirus has become a global health problem that was self-induced. The massive iatrogenic causation of disease by the very treatments that are claimed to prevent such disease (“pandemic related health products” is at the core of why the actions of the World Health Organization in general and specifically the 2024 amendments to the International Health Regulations are **UNACCEPTABLE**.

23. Annex 6

The possibility of “*someone who is unable to sign*” being given a “vaccination” without their consent and stipulating that “*the guardian shall sign the certificate on their behalf*” opens the possibility for enormous abuses of power and is absolutely **UNACCEPTABLE**.

We The People, and our representatives, have not been given adequate opportunity to engage with our public servants **PRIOR TO AND DURING** these negotiations even though over 400 special interest lobbyists were given a seat at the negotiating table:

"RELEVANT STAKEHOLDERS":

https://apps.who.int/gb/inb/pdf_files/inb11/A_inb11_3-en.pdf

<https://www.who.int/publications/m/item/non-state-actors-in-official-relations-with-who>

It is clear that the negotiations were NOT designed to evaluate the violations of fundamental human rights, the poor decisions and the mistakes that were made regarding the response to COVID-19, not to mention the crimes that were committed over the past 5 years.

There are many, many amendments that should have been adopted, but were not.

It is clear that the purpose of these amendments is NOT to improve the health of We the People. How can one purport to seek to prevent, prepare for and better respond to the "next pandemic" while failing to even define the terms "pandemic," "prevention," "preparedness," and "response?"

The only thing that these amendments will improve is the future profits made by the ever-expanding Pharmaceutical Hospital Emergency Industrial Complex (PHEIC).

I oppose the 2024 amendments to the International Health Regulations (2005) and I DEMAND that our government reject them in their entirety before July 19, 2025 pursuant to Article 61 of the IHR for the reasons given above.

The "Pandemic Agreement" Must be Thrown on the Trash Heap of History

JAMES ROGUSKI • MAY 14



Watch the video below:

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The WHO wants total control over YOU!



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Tony Broomfield 2d



♥ Liked by James Roguski

Good work James, great to have someone watching our backs.

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TruthAndLight 2d



My small group tried calling, letters, etc for 2 years and got No where. I say let's take a bill to State level. Like Dr Joe's bill vs bioweapons etc.

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Exit The WHO

In order to protect our personal freedoms and our national sovereignty, the time has come for "We the People" to #ExitTheWHO



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