

# Who is WHO and what about you?

Beware the post-Covid power grab

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Adam Creighton wrote a powerful column published in the *Australian* on 5 May: 'WHO (World Health Organisation) power grab poses threat to democracy'. It is important for two reasons.

First, it identifies a threat to the rights, freedoms and health of every Australian. This threat flows from a shift in power structures associated with the Covid pandemic, that defined strategies of public health delivery and individual medical care. The shift was away from decision-making focussed on the doctor-patient relationship in the context of a proven system of science-based medicine and public health practice developed over 120 years, to management dictated by 'the narrative' shaped by international corporate and political interests, channelled through the WHO.

Second, it was published in the mainstream press. Hardly surprising you may think when the proposed power grab 'would have absolute dictatorial powers going all the way through your national legal systems to give orders to your primary care physicians' (Professor of Law, Francis Boyle; quoted by Creighton). Surely the usurping of sovereign and human rights by an unelected body demanded the media – and your – attention?

One may think so, yet that would be out of kilter with experience through the Covid pandemic, where the media was in lockstep with 'the narrative'.

How could this come about? The seed for misinformation predates the Covid pandemic. In 2018 the BBC joined with Google News Initiative (GNI) (created to 'build a resilient future for news') to form the Trusted News Initiative (TNI). Intentions were laudable: to alert partners to misinformation; to discuss news trends; to educate the media; and to engineer solutions. The timing was perfectly placed to provide a conduit for quality information to the news outlets of the world. The ABC proudly announced it had joined the 'Initiative'.

The TNI was captured by the WHO. Often misleading, always biased, the evening 'news' promoted the 'narrative' with support from 'experts' who 'followed the science' (sourced from the pharmaceutical industry). The link to the WHO was the GNI which had donated \$US400 million to the WHO, and which 'partnered with the WHO – to prevent medical misinformation on the internet'.

The WHO was created in the shadow of

the second world war to coordinate health as an advisory body, to identify and research public health issues, to issue guidelines, and where appropriate, solve problems. Investigating and managing disease outbreaks was always the responsibility of the member country. By the early 2000s the WHO was organised from Geneva with over 140 country offices in six regions representing 192 member countries. It employed 8,000 with a budget of \$US2.5 billion. The sheer size and politicisation affected its efficiency: it was slow to recognise HIV/AIDS, and an outbreak of Ebola in the Congo in 1995 – the very health challenges it was created to meet.

Political interference and vested interests peaked with the Covid pandemic. The WHO made headlines when it failed to properly investigate the origin of the pandemic. Judgment was overly influenced by China while lessons from Taiwan with an effective pandemic plan were neglected. Vested interests shaped a narrative that reversed the WHO's established guidelines. These earlier guidelines resembled a policy developed in late 2020 by a group of senior medical epidemiologists known as the Great Barrington Declaration (GBD), responding to the draconian 'lockdown/protect the vaccine' (before it was even released) rules promoted by the WHO. The GBD adopted measures to protect the vulnerable and aged, while encouraging younger healthy individuals to live normally to reduce the medical, social and economic damage of lockdowns.

Understanding failures of the WHO in relation to the recent pandemic is central to the argument opposing the proposed adoption of updates to their 'International Health Regulations', the power grab discussed by Creighton. If passed, the WHO would assume vast powers. This means the WHO transitions from an advisory body to one that eclipses national powers, with decisions binding on its 196 members for intervention in whatever the WHO decides is a 'risk with a potential impact on public health'. The new proposals replace long standing commitments to rights and freedoms with vague 'principles' that are just sound-bites. The WHO would have the right of inspection and of imposing its formula for the medical and public health response to any health crisis of perceived concern. An unprecedented pre-emption of national sovereignty and disruption of the doctor-patient relationship would follow. Freedom of speech would be com-

promised by an insistence that governments counter the dissemination of 'false information' as defined by the WHO.

Covid lockdown and cancellation of dis-sension on steroids! Scepticism is a reasonable response to even the idea that a behemoth unelected organisation based in Switzerland could dictate health policy across national boundaries, while being responsive to economic and political pressures from funders. However, consider the power and mistakes of the WHO through the recent pandemic, when it had only an advisory role. Power that was used to promote 'narrative over science' with oppressive public health measures despite minimal evidence they had any net impact on the spread of Covid-19 or deaths over the course of the pandemic, let alone passing any cost-benefit analysis. Add the suppression by the WHO of cheap, safe and effective re-purposed drugs that could have saved thousands of lives in Australia while promoting costly antivirals of doubtful efficacy and unsound safety. While mandating genetic vaccines that led to more hospitalisations from severe adverse events, than were reduced by vaccine-induced protection. Current WHO recommendations regarding vaccination and early treatment remain unchanged and continue to impinge on the health of Australians. The elephant in the room is the WHO support of manufacturing centres for generic mRNA vaccines, despite accumulating evidence linking these to the otherwise unexplained increase in deaths across vaccinated countries. Note the vote in the Australian Senate to *not* investigate this alarming statistic.

A healthy partnership with the WHO is sensible for future decisions in managing health crises. That is very different to having a legally binding subservient role. Australia was a WHO founding member. It is the third-largest national source of finance. In accepting 'advice' during the recent pandemic in Australia, mistakes were made. We must learn from those mistakes to take charge of our medical future. The doctor-patient relationship and science are the foundation-stones of Australian medicine. Tarnished by pressures imposed through Covid, both must be restored and maintained within an independent medical frame, not diminished through outside control.

A first step in maintaining medical integrity and national sovereignty is to vote No in the upcoming WHO power grab.