

**THE PEOPLE'S AMENDMENTS
TO**

**INTERNATIONAL
HEALTH**

**REGULATIONS
(2005)**

THIRD EDITION



**World Health
Organization**

The People's Amendments
to the
International Health Regulations

ThePeoplesAmendments.com

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**The name of
The International Health Regulations
is misleading.**

**In its current form,
it would be more appropriate
to refer to it as...**

**The International Surveillance, Monitoring,
Compliance and Travel Restriction Regulations**

PROBLEMATIC TERMS THAT HAVE BEEN SEVERELY PROPAGANDIZED

The terms listed below are NOT included in The People's Amendments because their meanings have become so corrupted that their mere use identifies the person using them as being ill-informed or a blatant propagandist.

“asymptomatic carrier” - while it is possible for someone to be able to transmit a communicable disease while not exhibiting obvious symptoms (STDs), it has never been, not should it ever be, allowable to trample upon their rights and freedoms.

“equity” – means a concept which envisions the provision of equal access of all people to all things. In practice, due to differences in economies, political structures, environments, cultures and personal proclivities, focus on the concept of equity as an ideal - to the exclusion of human and societal differences - may lead to outcomes that are less than ideal. Communities and individuals may have different dietary preferences, religious beliefs, and concepts of what is good for health. When the same items are provided in equal measure to everyone on earth, a great deal of waste is likely to occur, due to differences in proclivities, needs and desires.

“hippocratic oath” - is a misunderstood term that is so varied and ignored that it has ceased to have any worthwhile meaning. It is likely that no medical doctor on Earth has sworn an oath to uphold the Classic Hippocratic Oath, and they have certainly not honored that oath if they did. [[SOURCE](#)]

“one health” - is an ever-growing collection of propaganda that falsely claims that COVID-19 was spread by zoonotic transfer in a wild animal “wet market” in Wuhan, China in an attempt to expand the authority of the WHO beyond its Constitutional limitation to human, not animal health. “One health” can also refer to a misguided belief that “a one size fits all” global approach to health is optimal, which is a fallacy.

“relevant stakeholder” - is a redundant term because every human being is relevant and they must be allowed to express their opinions on issues that could potentially have an impact on their lives. This phrase is commonly used to include people or organizations that are colluding with the organization in some way.

“RT-PCR” - a laboratory process designed to reproduce genetic material that has been inaccurately used to diagnose “dis-ease”. This misapplication has led to large numbers of inaccurate diagnoses including both false positives and false negatives.

“safe” - is a relative term that can only be determined by each individual human being. Everyone has a unique and different interpretation of what is or is not safe, as well as what FEELS or does not FEEL safe. If there are 8 billion people on Earth, then there are 8 billion different determinations of what “safe” means. If an individual determines that something meets their definition of safety, then their personal definition overrules other's opinions.

“safe and effective” - is a phrase that is so closely associated with propaganda that the use of this phrase only serves to identify the person using the term as a propagandist.

“scientific data” -

“scientifically proven” or “scientific proof” - are oxymorons and erroneous terms. The scientific method requires constant questioning. Oftentimes, the term “scientifically proven” is misapplied to a situation in which there is a high statistical probability, but not a certainty that a specific result will occur.

“settled science” - is an oxymoron and erroneous term. The scientific method requires constant questioning. Science is never settled.

Article 1: Definitions

NEW DEFINITIONS TO BE ADDED TO ARTICLE 1 OF THE INTERNATIONAL HEALTH REGULATIONS:

“adverse event” - means any negative health occurrence (sign, symptom, disease or laboratory finding) in a person who has received a medical treatment or pharmaceutical product. (adapted from [SOURCE](#))

“adverse event of special interest” - means an adverse event of scientific and medical concern in which rapid communication to the individual’s physician, the product’s manufacturer and appropriate regulatory agencies is warranted. (adapted from [SOURCE](#))

“approved” - means that a government agency has stated that a product or therapy is safe and effective for people, and they (the government agency and the manufacturer, marketer and administrator of the treatment) must accept financial, moral and ethical responsibility for any physical, mental, emotional or financial harm that may be caused by the use of the treatment. When this word is used to apply to a product or therapy, then all individuals, organizations or other entities issuing the approval must be named, along with a presentation of any potential conflicts of interest that may exist for the approving party. Using this term without disclosing potential conflicts of interest, as well as the acceptance of responsibility for any harms caused by the treatment, carries the risk of deceiving the public in ways that could encourage the use of unsafe or ineffective products.

“authorized” – that a product or therapy has NOT been shown to be safe and/or effective but the treatment is being made available anyway. Regardless, the government agency and the manufacturer, marketer and administrator of the treatment must accept financial, moral and ethical responsibility for any physical, mental, emotional or financial harm that may be caused by the use of the treatment. When this word is used to apply to a product or therapy, then all individuals, organizations or other entities issuing the approval must be named, along with a presentation of any potential conflicts of interest that may exist for the approving party. Using this term without disclosing potential conflicts of interest, as well as the acceptance of responsibility for any harms caused by the treatment, carries the risk of deceiving the public in ways that could encourage the use of unsafe products.

“benefit” - means that a treatment improves the health of the individual who receives the treatment in a quantifiable way.

“case” or “clinically confirmed case” – means an occurrence in an individual of a unique dis-ease that is clearly defined by specific observable signs and symptoms. If the individual is not suffering any symptoms (asymptomatic), then there is no dis-ease (more properly referred to as a condition). If the dis-ease is believed to be caused by a pathogen, the pathogen must be isolated and positively identified in the dis-eased individual through the use of microscopy or other methods which enable the exact identification of pathogen in the blood or other bodily fluids. A particular disease agent must first have been isolated and identified in a laboratory by this means, before it can be named or tested in individuals to determine ‘cases.’ Any test used must be capable of identifying a particular dis-ease agent with an accuracy rate of 95% or greater.

“case fatality rate” - means the number of fatalities (deaths) directly attributable to a specific dis-ease divided by the total number of cases of that disease.

“cause of death” - means the primary cause of death stated on the death certificate. Deaths from a particular disease may only be deemed to have resulted FROM that disease if no other diseases, conditions or factors are present that could reasonably be expected to contribute to, or facilitate, death.

“condition” or “disorder” - means a noticeable or measurable weakened state of health that does not necessarily cause symptoms of dis-ease. Examples: Cancer with no symptoms; atherosclerosis, high blood sugar. Conditions do not cause noticeable symptoms, but can be observed by a clinician or measured by a laboratory test.

“conflict of interest” - means a situation in which a person, company or organization stands to gain financially (directly or indirectly) from the sale or use of a product or procedure. Conflicts of interest should be interpreted in the broadest sense possible with the recognition that favors done for family members, friends and close associates, who could stand to gain from decisions made, may at some future point, do favors for the individual being assessed. All avenues of potential gain should be addressed. For example, a person may be deemed to have a conflict of interest if their family members, friends or close associates could obtain employment positions, favorable real estate rates, university admissions or other perks, from policies and products being considered.

“contested case” - means that the individual “patient” formally disagrees with the diagnosis made regarding their own health.

“contested cause of death” - means that the next of kin formally disagrees with the cause of death listed on the death certificate.

“containment measures” - means attempts to physically contain the spread of a pathogen including quarantine,

“contributing factor” - means dis-eases or conditions that were not named as the cause of death but may have weakened the individual and played a role in their demise.

“control measures” - means...

“danger signal” - means that data regarding adverse events has exceeded a specific, predetermined level that triggers re-evaluation of the approved or authorized use of a drug or medical treatment on the grounds that too many people have reported adverse events. A “danger signal” was previously and erroneously referred to as a “safety signal.”

“diet” - means a way of life. The word actually comes from the Greek word “diaita.” The word diet appears in the classic Hippocratic Oath and is believed to have referred to far more than just a food plan.

“doctor-patient relationship” - means the confidential interactions and discussions between two human beings in which one (medical doctor or other practitioner) has an advisory role regarding health matters. This is where ALL health-related decisions must be made. For an appropriate doctor-patient relationship to exist, doctors must be free to use their training and personal observations to advise and treat their patients free from outside interference such as strict adherence to certain health protocols with regard to advice and treatment that have been preordained by governments, outside companies and organizations, or their employers.

“dual use research of concern” - means research that could easily be misapplied to do harm. One example is research into viruses and other pathogens. Scientists often create modified versions of dangerous viruses in laboratories to study how they behave in humans and animals, and ultimately how to fight them. These modified viruses also pose safety concerns and have the potential to cause great harm if not controlled correctly or used to intentionally infect people or animals.

“effectiveness” - means how well a health treatment performs in the real world. Effectiveness can be both positive and negative. Although a treatment may have high efficacy under controlled circumstances, it is unlikely to translate into the same level of effectiveness in practice. It is extremely rare for anything to have the same positive effect 100% of the time on 100% of the people. Also,

effectiveness can be negative which means that a health treatment actually **INCREASES** the risk of illness, hospitalization and death. Since most dis-eases are naturally temporary, and most people naturally survive most dis-eases without treatment, and since most situations do not cause death, claims for the effectiveness of any treatment must be quantified in great detail. To just say that something is “effective” is meaningless.

“efficacy” – means the degree to which a health treatment prevents death, severe disease, and hospitalization under ideal and controlled circumstances such as comparing a treatment group with a placebo group. Efficacy can be negative which means that a health treatment actually **INCREASES** the risk of illness, hospitalization and death. The ‘efficacy’ of a medical intervention should be expressed as a percentage of the likelihood that it will serve to correct, cure or prevent a condition or disease that has been isolated and identified in a laboratory through recognized scientific means. Because accurate assessment of a medical intervention’s real life effectiveness necessarily takes time, announcements made about efficacy, or lack thereof, should immediately be replaced by data in terms of actual results in real world settings. Prior to this time, the public must be clearly informed that efficacy from closely controlled studies is not the same as effectiveness in a real world setting.

“epidemic” - means a localized outbreak or increase in the prevalence of a specific disease.

“equality” - means every person is entitled to equal opportunity but does not guarantee equal outcomes.

“fatality” - death caused by or from a properly diagnosed disease and a properly completed death certificate naming the primary cause of death. Not death that occurred “with” a result on a specific laboratory test.

“freedom of speech” – means the complete lack of restriction of individual and/or group communication and its dissemination. It means that no laws, company restrictions, limitations to access, or coercive means are used to manipulate communications, or their dissemination between individuals or in public forums. Anything that restricts the flow of communication or its exposure can be considered censorship. Censorship of communication, or restricting access to it, is a violation of free speech.

“gain-of-function research” - means research that genetically alters an organism in a way that may enhance the pathogenesis, transmissibility, or host range, i.e. the types of hosts that a microorganism can infect. [NOTE: An international agreement should be adopted to make such research illegal and subject to civil and criminal penalties.]

“gene therapy” – means any treatment or procedure that alters the makeup of human genes or their function. Adding to or subtracting from genes and their component parts, or altering biological processes present as part of natural human development, birth or biological maintenance cycles through the introduction of anything that alters human genes may be considered ‘gene therapy.’

“genomic sequence data” -

“global public goods” – means those things that are available to all and can be enjoyed over and over again by anyone without diminishing the benefits they deliver to others. Examples include air, knowledge, open source code, freely downloadable music, etc. You can use it infinitely and there will always be an infinite amount left over for other people to use. NOTE: Pharmaceutical products and “vaccines” are not global public goods.

“immunity” - means 100% or near 100% protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected. [adapted from [SOURCE](#)]

“important medical event” - means medical events that may not be immediately life-threatening or

result in death or hospitalisation, but may jeopardise the patient or may require intervention to prevent serious outcomes; these events require medical and scientific judgement and fall under the expedited reporting rules. ([SOURCE](#))

“informed consent” - means that before any treatment is given to an individual, that individual is given access to thorough and easy to comprehend information regarding the overall known AND SUSPECTED risks as well as any potential benefits of the treatment. If the treatment is said to be safe, then the names of the people, corporations, organizations or government agencies who make the claim of safety are identified as being liable for any harm that the treatment may cause.

“informed dissent” - means that a person who has been properly informed regarding the potential benefits and risks of a product or procedure declines to consume the product or undergo the procedure.

“malpractice” - providing medical care in a manner that causes harm to the recipient of the medical care, even if accepted protocols have been followed.

“natural person” - a man or a woman of any age.

“one’s health” - means that the primary focus must be upon each individual’s health. An individual’s personal health must be the primary focus if overall health public health is ever going to improve. Any policy that discusses “public health,” as if it is anything other than the sum total of everyone’s health is destined to fail. As opposed to “One Health” (see section below).

“outbreak” - a localized increase in the incidence of a dis-ease over a given period of time.

“pandemic” - means an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population [[SOURCE](#)] that results in a case fatality rate greater than X% and a total number of deaths greater than Y% of the total population. An infectious disease pandemic occurs when a new pathogen appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with an enormous increase in the numbers of deaths. [Adapted from [SOURCE](#)]

An outbreak of a serious disease with major consequences including death. Rapid onset, high incidence, high morbidity and mortality. Does not need to be a new pathogen. An outbreak of a known pathogen could re-emerge or a novel pathogen could be the cause.

“partially vaccinated” - means that an individual has received a portion of a course of a “vaccine” that requires multiple doses or “boosters.”

“personal data” - means any information specific to a person, such as, but not limited to the individual’s name, birthdate, address, and health records.

“public health” - means the sum total of everyone’s health.

“public health measures” - means

“public health response” - means a scientifically appropriate response to the spread of a contagious pathogen or other event that poses a significant risk to public health. The response must be supported by publicly available research that directly guides the public health response.

“public health threats with pandemic potential” - means a localized epidemic which is already spreading outside of its area of origin at a high speed. It must have already caused a high level of morbidity and/or mortality in the communities it has already reached, before it may be considered to have “pandemic potential.”

“rare adverse effect” - a clinically observable sign or symptom that occurs in fewer than 0.01% of individuals exposed to a treatment.

“risk” - means the possibility of harm due to a treatment. Deviation from safe. Must be clearly defined numerically by individual signs and symptoms of dis-ease as well as compiled to give an overall view as to the likelihood that any individual receiving the treatment might be expected to experience one of the signs or symptoms of an adverse effect of the treatment.

“risk/benefit analysis” - means that all known and suspected risks and all known and suspected benefits of a treatment are presented to the individual along with the potential adverse events and a clear understanding of the potential financial costs associated with the possible adverse effects of the treatment.

“serious adverse event” - means any adverse medical occurrence that at any prescribed dose that requires inpatient hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability/incapacity, or a congenital anomaly/birth defect or is life-threatening and/or results in death. (adapted from [SOURCE](#))

“shedding” - means release of virus or bacteria-based gene therapy (VBGT) products or oncolytic products from the patient through one or all of the following ways (but not limited to): excreta (feces); secreta (urine, saliva, nasopharyngeal fluids etc.); breath (including coughing or sneezing); through the skin (pustules, sores, wounds); or through sexual activity. [adapted from [SOURCE](#)]

“sign” - means a measurable deviation from the norm that is observable or measureable.

“transparency” - means the condition of being clear and easy to see through, know and understand. Transparency in regards to the World Health Organization and member nations means that all such entities will 100% completely reveal all documents, contracts, verbal or written, and all communications that they send and receive, conversations and correspondence they partake in, all agreements they make, as well as the people, organizations and companies they interact with, including all sources of funding, all potential conflicts of interest, and all motives and potential future motives for everything they choose to undertake. This information must be made easily available in all six of the UN’s official languages to the people of the world that they have a duty to serve.

“unvaccinated” - means that no “vaccines” (0) have been administered. An individual that has received a portion of a course of multiple “vaccines” is NOT “unvaccinated,” they are “partially vaccinated.”

“vaccine” - means a product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease and stopping the spread of that disease. [adapted from: [SOURCE](#)]

“vaccine effectiveness” - means how well a vaccine prevents disease and transmission of a specific pathogen when given to people in the community outside of controlled clinical trials. May be positive or negative.

“vaccine efficacy” - means the percentage reduction in a disease in a group of people who received a vaccination in a clinical trial. May be positive or negative.

The following terms and their definitions are taken from Article 1 of the International Health Regulations. These definitions should be rewritten and replaced with the revised versions below.

CURRENT DEFINITIONS:

“competent authority” means an authority responsible for the implementation and application of health measures under these Regulations;

“disease” means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans;

“ill person” means an individual suffering from or affected with a physical ailment that may pose a public health risk;

“invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive.

“personal data” means any information relating to an identified or identifiable natural person;

“public health observation” means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

“public health risk” means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

“quarantine” means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

“suspect” means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

REVISED DEFINITIONS:

“competent authority” - means a human being who holds an office that is clearly named in the law as having the legal authority and responsibility for the implementation and application of health measures under these Regulations;

“dis-ease” -

“ill person” - means an individual who has a fever of 39 °C or greater, accompanied by one or more symptoms including, but not limited to the following: skin rash, difficulty breathing, persistent cough, decreased consciousness or confusion of recent onset, new unexplained bruising or bleeding (without previous injury), persistent diarrhea, or persistent vomiting (other than motion or altitude sickness).

“invasive” - means any form of medical examination or therapy that penetrates the body in any way. This includes, but is not limited to injections to the body, patches or other methods of skin absorption on the body, or swabs inserted into any orifice of the body.

“non-invasive” - means a medical examination that does not penetrate the body in any way, including

temperature assessment using a cutaneous thermometer or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography.

“personal data” -

“public health” -

“public health observation” -

“public health risk” - something that is likely to be harmful to human health or contribute to disease in humans, such as germs carried by rats, mice and mosquitoes. Harmful germs can also be transmitted from waste, water, dead or living animals and harmful substances in the environment.

“quarantine” -

“suspect” - is a term that implies the commission of a crime and should not be used to refer to people who may have been exposed to pathogens.

Article 2: Purpose and scope

CURRENT TEXT:

The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

ADD THE FOLLOWING:

To respect and protect the freedoms of every human being on earth as well as their individual sovereignty and the sovereignty of each member nation.

THE PEOPLE'S AMENDMENTS:

Article 3: Principles and Unalienable Rights

1. RESPECT, DIGNITY, HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS:

The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of all **[people]**.

2. GUIDANCE:

The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.

3. GOAL:

The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.

4. NATIONAL SOVEREIGNTY:

States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose, principles **[and unalienable rights]** specified in these Regulations.

NOTE: The first four (4) principles listed above are from the current version of the International Health Regulations (2005). Two small changes are **[in bold text within brackets]**. Items 5-17 are new proposed People's Amendments.

5. THE IMPORTANCE OF INDIVIDUAL HEALTH OVER PUBLIC HEALTH:

The good of any people is the sum total of the benefits enjoyed by each and every individual. The unalienable human rights of each individual, their personal sovereignty and their bodily autonomy, supersede the privileges of any and all international organizations, nations, states, provinces, cities or other groups that derive their existence from We, The People Of The World.

6. RIGHT TO PRIVACY:

All people have an absolute, unalienable right to privacy in their personal information, including health related data. Every individual human being has the unalienable right to be free from any requirement to have or present any "vaccine passport," "digital-ID," or "health certificate" of any kind, whether in printed, digital or any other form.

7. RIGHT TO EXPRESS ONE'S OPINION:

Every individual human being must always be free to fully express their own personal opinion free from any threat of retribution. Only the free debate of different and competing opinions can provide an environment of informed decision-making by each country, state, county, community, family and individual. Each individual has the right to publicly express their own opinion regarding the effectiveness, or lack thereof, of any health related policy or treatment in spoken and/or written form. Every person's experience is a valuable scientific observation and must NOT be censored.

As more free debate and free expression of ideas, facts and data occur, each level of society will be able to decide for itself the best interventions to recommend for the control and management of any disease of concern. Any form of suppression of free public debate is strictly forbidden. Promotion of the public debate of competing points of view and access of the population to that debate, plus the personal dialogue between patients and doctors, will ensure each individual and family to be sufficiently informed to make their own choices and decisions regarding their health, under the principle of informed dissent. No uniform behavior of all the society will be required and the autonomy and will of each individual as citizen and patient are protected.

8. RIGHT TO PROVIDE INFORMATION ON PREVENTION AND HEALING:

Every individual human being has the right to provide information that is directed by their experience and wisdom, free from executive mandate, bureaucratic dictate, pressure or coercion. All people have an unalienable right to choose to ignore or to take action upon the information they receive, free from any form of censorship or coercion.

9. RIGHT TO CHOOSE TREATMENT:

Every individual human being must always be free to use any preventive and/or therapeutic treatment interventions that they consider to be the best choice for them. This may include strategies such as lifestyle changes, food as medicine, vitamins, minerals, natural supplements and repurposed essential medications that were previously approved for other diseases and have a long safety record. Withholding any of those optional strategies is a violation of an individual's unalienable right. Health care decisions must ultimately be made based on the individual's choice, not by bureaucratic dictate by government, academics, hospitals, clinics, medical practitioners or "public health experts."

10. RIGHT TO REFUSE TREATMENT:

Every individual human being will always retain the unalienable right to refuse any intervention recommended by any institution, the World Health Organization, governments at all levels, medical associations, hospitals or health care providers. Each individual must be in control of the ultimate decision to utilize any and all health-related treatments, medications, and nutrition, as they deem necessary to improve and/or maintain their health. Decentralized clinical rationale by health care advisors and the right to informed dissent by patients will always be placed above any political interests or centralized decision by any government or health agency.

11. RIGHT TO TRAVEL FREELY UPON THE EARTH:

Every individual human being has the unalienable right to move about the planet and this right may not be made dependent upon health, testing, or treatment based requirements. Each individual has the right to travel, free from any lockdowns, quarantines, vaccine requirements, vaccine passports, digital-IDs, mask mandates, social distancing or any other attempts to impede their freedom of assembly or movement.

12. THE RIGHTS OF CHILDREN MUST BE PROTECTED BY THEIR PARENTS:

Every parent has the unalienable right and the solemn obligation to ensure that all the unalienable rights of their minor aged children are defended. No government or any other organization has the right to prevent any parent from defending the unalienable rights of their minor aged children.

13. RIGHT TO BE WITH FRIENDS AND FAMILY:

Every individual human being has the right to visit with family and friends, who may be suffering through an illness, in order to provide them with love and emotional support at any setting including, but not limited to, home, clinic or hospital.

14. RIGHT TO FREEDOM FROM DISCRIMINATION:

Each individual human being has the right to be free from discrimination based upon any demand upon any person to undergo any form of medical procedure, including testing. Discrimination based on personal health choices is unacceptable in employment or education matters, when accessing public and private institutions, organizations, private businesses or other locations or in regards to any other issue. Discrimination based on medical status is wrong and must not be permitted in any form whatsoever.

15. NO DEROGATION OF RIGHTS DURING EMERGENCY:

Every government, every corporation, every organization and every individual human being must respect and honor everyone's unalienable rights despite any declaration of a "state of emergency" by anyone. Governments do NOT have the authority to suspend human rights because of so-called "emergencies." The declaration of an "emergency" does not give anyone the right to infringe upon anyone else's unalienable human rights. Every individual human being has the right to withhold their consent and refuse treatment or intervention of any kind, at any time, regardless of whether there is a declared "emergency" or not. Regardless of the scope and/or severity of any disease outbreak or real pandemic, human rights remain unalienable and may not be abridged.

16. THE WHO HAS NO AUTHORITY OVER WE THE PEOPLE:

As an organization that was created and is sustained by We the People, the World Health Organization has no authority whatsoever over its creators.

17. ALL RIGHTS RETAINED:

The enumeration of certain unalienable rights above shall not be construed to deny or disparage other rights retained by the people.

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Part III shall be replaced by the following:

PART III - Response to a declared PHEIC

Article 15: Emergency meeting of the World Health Assembly

As immediately as possible after the declaration of a Public Health Emergency of International Concern (PHEIC), and every 30 days thereafter, the World Health Assembly shall meet to discuss the PHEIC and to vote to continue or to terminate the PHEIC. Voting shall not be by consensus. Each member nation shall declare their vote which will be publicly recorded and reported. A simple majority is needed to either continue or terminate the PHEIC. If a vote ends in a tie, the declaration of a PHEIC will continue for the next 30 days.

Article 16: Statements of planned response

Each member nation shall, at all times following the declaration of a PHEIC, maintain a clear public declaration of the steps that they are implementing in response to the PHEIC as well as a record of every change in their ongoing response.

Article 17: Real-time, ongoing reporting

Each member nation shall maintain a public report and database (web-based) that is updated in real time so that the entire world can see the status of their response to any PHEIC. This database should list a number of data points, including but not limited to: clearly defined cases, hospitalizations and deaths. The WHO shall maintain a web page that merely links to each nation's database in order to facilitate the connection to the reports maintained independently by each of the member states as well as translations to the 6 supported languages.

Article 18: Published and clinical data

Each nation shall maintain a unique user-friendly searchable database of all pre-print and peer-reviewed published reports regarding the issue that prompted the declaration of a PHEIC.

Each nation shall also maintain an online forum for health care practitioners to share their clinical experiences.

Each nation shall also maintain an online public forum for patients to share their observations of their experiences without fear of censorship or reprisal and a data entry portal through which they may enter the specific details of any adverse reactions they may have experienced.

All pre-print and published reports as well as the practitioner and patient forums and adverse event reports shall be readily accessible to the general public.