



23 January, 2024

The Hon. Frederick A. Mitchell, M.P.

The Minister of Foreign Affairs
Ministry of Foreign Affairs
Goodman's Bay Corporate Centre
2nd Floor, West Bay Street
Nassau City, New Providence,
The Bahamas.

BY HAND AND TRANSMISSION TO MOFABAHAMAS@BAHAMAS.GOV.BS

Dear Minister,

Subject: Inquiry on Government's Intent to Sign Amendments to International Health Regulations and Pandemic Treaty

I trust this letter finds you in good health and high spirits. I am writing to you on behalf of OPTIMIST, an advocacy group Offering Preventative Interventional Medicines thereby Increasing Safety and Trust.

The purpose of this letter is to inquire about the government's stance on signing the proposed amendments to the International Health Regulations (IHR)¹ and the forthcoming Pandemic Treaty also known as the Conceptual Zero Draft".²

We recognize the critical importance of international collaboration in addressing global health challenges, and we seek clarity on the government's position regarding these significant initiatives.

¹ https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

² https://www.keionline.org/wp-content/uploads/ADVANCE_for_16_November_A_INB3_3_E.pdf

1. International Health Regulations (IHR)

We are interested in understanding the government's position on the proposed amendments to the IHR. These amendments are designed to enhance global preparedness and response to public health emergencies, fostering a more coordinated and effective international response.

2. Pandemic Treaty:

With discussions underway for a Pandemic Treaty, we would appreciate insights into the government's considerations regarding participation in this international agreement. The treaty aims to establish a framework for cooperation in preventing, preparing for, and responding to pandemics.

3. Public Health Security:

Given the challenges posed by the COVID-19 pandemic and the potential for future health crises, we are keen to understand how the government views these agreements as instrumental in ensuring global health security and mitigating the impact of pandemics.

4. Coordination and Collaboration:

We are interested in learning about the government's strategy for coordinating efforts with international partners and collaborating on a global scale to address health emergencies. The success of these agreements relies on a united and concerted effort from the international community.

5. Public Health Diplomacy:

In the context of public health diplomacy, we are interested in knowing how the government envisions leveraging diplomatic channels to support and advance these international health initiatives.

6. OPTIMIST Points of General Concern Relating to W.H.O.

We have the following general concerns regarding the W.H.O. as follows:

- a. Lack of Accountability: The W.H.O in its founding document exempted itself from criminal charges. The Convention of privileges and immunities Article F Section 13 provides for "(a) Immunity from personal arrest or detention and from seizure of their personal baggage, and in respect of words spoken or written and all acts done by them in their official capacity, immunity from legal process of every kind." The W.H.O. is therefore theoretically able to act

recklessly without any recourse or ability to be challenged by our government.³

- b. Conflict of Interest and Pharma Bias: A significant amount of funding for the W.H.O. comes from Non-Governmental Organizations (NGOs), foundations, and other non-state entities as well as the private sector, who have a bias for profitable pharmaceutical products. "The draft reflects a process disproportionately guided by corporate demands and the policy positions of high-income governments seeking to protect the power of private actors in health including the pharmaceutical industry."⁴ There is increasing evidence to show that funders can negatively influence the entire scientific process.⁵

7. OPTIMIST Key Points of Concern Pandemic Treaty

We have the following concerns regarding the proposed Pandemic Treaty as follows:

- a. W.H.O. Increased Control of Bahamian Public Health Policy: The proposed Conceptual Zero Draft if adopted, would cede a significant and inappropriate amount of authority to the W.H.O. Parties to the treaty, according to the Concept Zero Draft, have to recognize the central role of the W.H.O. as "the directing and coordinating authority on global health" (WHO 2023b: 5) as well as its central role "as the directing and coordinating authority on international health work, in pandemic prevention, preparedness, response and recovery of health system, and in convening and generating scientific evidence" (ibid.: 4). We believe this constitutes a serious threat to our health sovereignty.
- b. Authority Speeding Up the Approval for Drugs and Injections: Article 7(2)(b) of the Conceptual Zero Draft seeks to dramatically speed up the process by which products are authorized and brought to the market. The lessons of the COVID pandemic show that reducing regulatory standards for the regular approval of novel products still in an experimental phase carries considerable safety risks. A recent article in the International Journal of Molecular Science cautions us as to the many unknowns with these mRNA vaccines: "Some of the tests they have undergone as vaccines have produced non-compliant results in terms of purity, quality and batch homogeneity. The wide and persistent biodistribution of mRNAs and their protein products, incompletely studied due to their classification as vaccines, raises safety issues.

³ https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=34

⁴ <https://www.hrw.org/news/2023/11/07/draft-pandemic-treaty-fails-protect-rights>

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<https://nap.nationalacademies.org/catalog/27056/sponsor-influences-on-the-quality-and-independence-of-health-research>

Post-marketing studies have shown that mRNA passes into breast milk and could have adverse effects on breast-fed babies. Long-term expression, integration into the genome, transmission to the germline, passage into sperm, embryo/fetal and perinatal toxicity, genotoxicity and tumorigenicity should be studied in light of the adverse events reported in pharmacovigilance databases. The potential horizontal transmission (i.e., shedding) should also have been assessed. In-depth vaccinovigilance should be carried out⁶." None of this necessary safety research was carried out on the recent novel Corona vaccines, and the W.H.O. is now advocating for quicker timelines. We believe the justification for this is neither prudent nor lacks any scientific foundation.

- c. Support for Gain-Of-Function Research: Article 8 of the Conceptual Zero Draft supports gain-of-function (GOF) research despite its exceptional biosafety hazards. We believe the escape or release of engineered pathogens from laboratory environments present a severe threat and potential cause of pandemics. A House Intelligence Committee report in December 2022 concluded "that there are indications that SARS-CoV-2 may have been tied to China's biological weapons research program and spilled over..during a lab-related incident at Wuhan Institute of Virology."⁷ The Senate Report in 2023 also concluded that "The preponderance of information supports the plausibility of an unintentional research-related incident that likely resulted from failures of biosafety containment during SARS-CoV-2 vaccine-related research."⁸ A paper in Frontiers in 2022 reviewed GOF research and concluded "the risks of GOF research are clearer now than when it was debated earlier, whereas the pandemic has shown that its benefits may be less significant. Therefore, it is now time to rethink the risk/benefit calculus of GOF research."⁹
- d. Global Review System to Oversee Health Systems: Article 12 and Article 20 of the Conceptual Zero Draft call for a Global Review Mechanism over how individual sovereign nations support and structure their public health care systems. The oversight mechanisms in Article 20 fail to clearly define the metrics and other criteria by which any compliance review would be based. These details would be left to be decided at the first meeting of the Conference of the Parties which would occur long after the proposed "Pandemic Treaty" had already been adopted, ratified and entered into force. This would include the ability to monitor the nation's progress in complying with the treaty and would require the submission of periodic reports and

⁶ <https://pubmed.ncbi.nlm.nih.gov/37445690/>

⁷ https://republicans-intelligence.house.gov/uploadedfiles/final_unclass_summary_-_covid_origins_report_.pdf

⁸ <https://www.marshall.senate.gov/wp-content/uploads/MWG-EXECUTIVE-SUMMARY-4.17-Final-Version.pdf>

⁹ <https://www.frontiersin.org/articles/10.3389/fbioe.2022.966586/full>

reviews to suggest remedies and actions as well as advice and assistance. While it does not specifically mention economic sanctions, it also does not rule them out.

- e. Expanding Censorship of Competing Views: Article 17 of the Conceptual Zero Draft encourages the tackling of what the W.H.O. regards as “false, mis-leading, misinformation or disinformation, including through promotion of international cooperation” (WHO 2023b: 23). The proposed treaty goes beyond the suggested amendments in that it also asks for the explicit identification of “profiles of misinformation” (ibid.: 23). Neither the draft of the pandemic treaty nor the proposed amendments to the IHR (2005) show any recognition of the fact that the W.H.O. and executive branches of government have themselves put out significant amounts of false and misleading information throughout the COVID pandemic. The Indiana Attorney General recently compiled a detailed report on COVID misinformation with the help of Professors Martin Kulldorff and Jayanata Bhattacharya showing that it was the Public Health Authorities, the Regulatory Bodies and the US Government who were also to blame for spreading COVID misinformation.¹⁰ According to the report: #1 They overcounted COVID-19 deaths and hospitalisations, #2 They questioned and denied Natural Immunity after COVID-19 recovery, #3 They falsely claimed that COVID-19 Vaccines prevented transmission of COVID-19 to others, #4 They justified school closures as being effective and costless based on false claims that it would protect children, teachers, and the community at large, #5 They claimed that everyone was equally at risk of hospitalization and death from COVID-19 infection when in reality there is more than a thousand-fold difference in the risk of hospitalization and death for the old relative to the young, #6 They claimed that lockdowns would take 2 weeks to flatten the curve and that there was no reasonable policy alternative to lockdowns, when we now know that many States successfully adopted focused protection of the aged and otherwise vulnerable, #7 They claimed that mask mandates were effective in reducing the spread of viral infectious diseases, when in reality they have not been effective in protecting most populations against COVID-19 risk, #8 They justified mass testing of asymptomatic individuals, contact tracing and quarantining of people who tested positive, when in reality it has failed to substantively slow the progress of the epidemic and has imposed great costs on people who were quarantined even though they posed no risk of infecting others and #9 They claimed that the eradication of COVID-19 was a feasible goal once herd immunity (through vaccination only) was reached, when in reality the

¹⁰ <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>

vaccines were non-sterilising, and SARS-CoV-2 had none of the traditional characteristics of a disease that can be eradicated.

- f. Risky Sharing of Pathogen Samples and Genetic Sequence Data: Article 10 of the Conceptual Zero Draft, if adopted, would set up a WHO Pathogen Access and Benefit Sharing System (PABS System) accessible by all State Parties. We believe that the PABS System as proposed and accessible by all State Parties (which currently include dictatorships, countries engaged in war and state sponsors of terrorism) presents a liability. Any wider sharing of pandemic potential pathogens (PPPs) and their genetic sequence data has significant security implications. Information and materials can be misused by state or non-state actors to develop biological weapons or enhance their biological warfare capabilities. The W.H.O. cannot guarantee that data or material shared via the PABS System will not end up in the wrong hands.
- g. Seeking to Implement the Concept of One-Health: Article 17 of the Conceptual Zero Draft would implement a complex system known as One-Health in which control over human health, pet health, domesticated animal, farm animal and wild animal health and agricultural plant health and the overall health of the natural environment. Whilst the concept recognizes the interdependence of human and animal health and the connection with the environment, it does not reference lab leaks and gain-of-function research that currently provides the most plausible explanation of the emergence of COVID-19.¹¹ Through the One Health agenda, the WHO will have the power to make decisions in matters relating to the environment (including greenhouse gas emissions, pollution and deforestation), animal health (e.g. livestock) and human health (including vaccinations, social determinants and population movement). With these extended powers, the WHO could readily declare a climate or environmental emergency and enforce lockdowns, with little or no redress by its signatories.
- h. Undefined Words: Important terms have not been legally defined “pandemic” (112 times), “response” (106 times), “preparedness” (74 times), “prevention” (68 times), “recovery” (52 times), “public health” (44 times), “equity” (32 times) and pandemic response products (27 times). Failure to define terms legally in a document can lead to a variety of pitfalls, creating ambiguity, confusion, and can lead to inconsistent interpretations over time or among different stakeholders.

8. OPTIMIST Points of Concern - International Health Regulations (IHR):

¹¹ <https://www.marshall.senate.gov/wp-content/uploads/MWG-FDR-Documents-04-11-23-EMBARGOED.pdf>

We have the following concerns regarding the proposed amendments to the IHR as follows:

- a. Mandatory rather than Advisory Powers: While the International Health Regulations (2005) are a legally binding document under which State Parties agree to fulfill delineated obligations outlined in the document, they do not give power to the W.H.O. nor its Director-General to issue obligations at will to emerging situations. Instead, the W.H.O. and its Director-General in such situations may, per the IHR (2005), only issue non-binding recommendations. Under Article 1, standing and temporary recommendations issued by the W.H.O. would now be legally-binding, which changes the overall nature of the World Health Organization from an advisory organization that merely makes recommendations to a governing body whose proclamations would be legally valid and, therefore, enforceable. We believe powerful nation states and private stakeholders in alignment with the directives as well as the W.H.O. itself could further use the revised IHR as a legal framework in trying to legitimize health colonialism and financially pressuring low-income countries into compliance, severely undermining their sovereignty in the process.
- b. Potential Rather Than Actual Emergencies: Article 2 greatly expands the scope of the IHRs to include scenarios that merely have a "potential to impact public health (PHEIC)", the definitions of which are open to interpretation. According to the W.H.O.'s own pdf document From 1 January 2022 through 11 September 2023, there were only a cumulative total of 90,439 laboratory-confirmed cases of mpox, including only 157 deaths reported from 115 countries/territories/areas when it declared monkeypox a PHEIC. According to the Lancet, the "W.H.O. has previously declared six PHEICs, two of which are continuing: polio (2014) and COVID-19 (2020). On each occasion, the declaration was backed by the advice of the WHO Emergency Committee. But this time the committee voted 9-6 against recommending a PHEIC. The Director-General declared one nonetheless, on the basis that monkeypox satisfied the criteria for a PHEIC under the International Health Regulations."¹² In a world where 74% of people die annually from communicable diseases¹³, the W.H.O. remarkably focused on monkeypox, for which a vaccine was in the pipeline. Tedros was above the

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[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00540-0/fulltext#:~:text=On%20July%202023%2C%202022%2C%20WHO,too%20little%E2%80%9D%2C%20stated%20Tedros.](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00540-0/fulltext#:~:text=On%20July%202023%2C%202022%2C%20WHO,too%20little%E2%80%9D%2C%20stated%20Tedros.)

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<https://ourworldindata.org/causes-of-death#:~:text=Heart%20diseases%20were%20the%20most,1%2Din%2D7%20death>
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law in his recommendation and there was no ability by member countries to hold him or the W.H.O. accountable.

- c. Removal of Human Rights: Article 3 seeks to remove "respect for dignity, human rights and fundamental freedoms of people." and replace it "based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development." The current draft fails to enshrine core human rights standards protected under international law, most notably the right to health and the right to benefit from scientific progress, therefore risking a repeat of the tragic failures during the Covid-19 pandemic.¹⁴
- d. Mandatory Medical Treatments: Article 18 will give the W.H.O. the authority to require medical examinations, proof of prophylaxis, proof of vaccine and to implement contact tracing, quarantine and treatment. We believe strongly that any mandatory medical treatments must require Informed Consent under Article 6 of the Universal Declaration of Bioethics & Human Rights, UNESCO 2005, which states that "Any preventative, diagnostic & therapeutic medical intervention is only to be carried out with the prior, free & informed CONSENT of the person concerned based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."¹⁵
- e. Global Health Certificates: Articles 18, 23, 24, 27, 28, 31, 35, 36 and 44 and Annexes 6 and 8) institute a system of global health certificates in digital or paper format, including test certificates, vaccine certificates, prophylaxis certificates, recovery certificates, passenger locator forms and a traveler's health declaration. We are concerned about security and unauthorized use of personal data, the infringement on individual freedoms, and potential unintended consequences, such as a false sense of security, diversion of resources from other critical public health measures, and the creation of a system that could be exploited for purposes other than disease control.
- f. Loss of Sovereignty: Article 43 would empower the Emergency Committee to override decisions made by sovereign nations regarding health measures and would make the Emergency Committee's decisions final. We believe in the argument of "Subsidiarity" that solutions can be found at the local level

¹⁴ <https://www.hrw.org/news/2023/11/07/draft-pandemic-treaty-fails-protect-rights>

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https://www.aaas.org/sites/default/files/SRHRL/PDF/IHRDArticle15/Universal%20Declaration%20on%20Bioethics%20and%20Human%20Rights_Eng.pdf

rather than by “one size fits all” decree from above. When policy and decision-making proceed not by evolution but by decree, instead of addressing themselves to the project of error correction, scientific institutions can become public relations outlets for the needs of their donors, with their research output manipulated to serve not science, but the narrative of the day.

- g. Censorship: Annex 1 will greatly expand the W.H.O.'s capacity to censor what they consider to be misinformation and dis-information. We are skeptical that this will be undertaken in good faith. Surgeon, professor and medical commentator, Dr. Marty Makary, speaking at the House Select Subcommittee on the Coronavirus Pandemic, in February 2023 stated that “The greatest perpetrator of misinformation during the pandemic has been the US government.”, who misinformed the general public that Covid was spread through surface transmission, that vaccinated immunity was far greater than natural immunity, that masks were effective... That myocarditis was more common after the infection than the vaccine.”¹⁶ Governments should recommit to providing clear, consistent, regular, frequent and accessible public health messaging that is highly visible to the public and transparent about what is, and is not, known to the scientific community.”¹⁷
- h. Obligations of Duty to Cooperate: Annex 10 creates an obligation to build, provide and maintain IHR infrastructure at points of entry. This could impose unspecified enormous financial costs on our archipelagic nation with multiple points of entry. Small Island Development States (SIDS) already have significant challenges ensuring the security of each entry point, implementing effective surveillance and monitoring systems across numerous islands, developing and maintaining infrastructure, and enforcing customs and border controls.

9. Collaboration with Stakeholders:

We believe that collaboration with various stakeholders, including civil society organizations, academia, and public health experts, is crucial in shaping a comprehensive and effective response to global health challenges. We are open to supporting and engaging with the government in its efforts to address these matters.

10. Closing Remarks:

We appreciate the complexities involved in international agreements and decision-making processes. As advocates for global health, we look forward to

¹⁶ https://twitter.com/wideawake_media/status/1727998535377862808

¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7834951/>

contributing positively to discussions and initiatives that promote international cooperation and strengthen the collective response to health emergencies.

However, we believe the IHR amendments, if approved, would greatly enhance the powers of the W.H.O. as well as the powers of its Director-General vis-à-vis states and non-state actors. We also believe the Pandemic Treaty in its current form would create a new, cost-intensive supranational bureaucracy and impose an ideological framework under which to operate in matters of global health, threatening our sovereignty.

The submitted IHR amendments, in particular, provide a legal framework for monopoly power over aspects of global public health in times of actual and potential crisis. If these amendments were to be approved, this power would be exercised by a few potent W.H.O. primary donors that exert meaningful control over the organization.

We thank you for considering our inquiry. We would welcome an opportunity for a meeting or discussion to further explore these important matters.

If you require any additional information or clarification, please do not hesitate to contact us at optimistbahamas@gmail.com.

Thank you for your dedication to fostering national dialogue and leading regional and international initiatives that impact The Bahamas, and we look forward to the positive impact of your continued efforts.

Sincerely,



Mark A. Palmer

Executive Director

OPTIMIST