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State of New Hampshire
HB 1156

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to public health, safety, and state sovereignty.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 United States Centers for Disease Control and Prevention and World Health Organization; Jurisdiction. The United States Centers for Disease Control and Prevention and the World Health Organization shall have no jurisdiction in New Hampshire. The state and its political subdivisions, including, but not limited to counties, cities, towns, precincts, water districts, school districts, school administrative units, or quasi-public entities, shall not engage in the enforcement of, or any collaboration with the enforcement of, any requirements, mandates, recommendations, instructions or guidance provided by either organization. Furthermore, any requirements, mandates, recommendations, instructions, or guidance by either organization shall not be used in this state to justify any mask, vaccine or medical testing requirements and shall have no force or effect in New Hampshire.

2 Effective Date. This act shall take effect 60 days after its passage.

The World Health Organization was founded in 1948, as the health arm of the United Nations, and currently is comprised of 194 Member States. Initially it was 100% funded by the Member States, but in the recent years the funding relationship has changed. Today only 20% of the funding comes from the assessed contributions from the Member States and 80% of their funding comes from voluntary contributions from Member States and other private partners, like Bill and Melinda Gates Foundation, GAVI Alliance, Wellcome Trust, etc. These voluntary contributions are typically earmarked for specific projects or diseases, meaning the WHO cannot freely decide how to use that money.

In March of 2021, twenty-five heads of the governments and international agencies called for a new treaty that would protect the world from future health crisis. Currently the WHO is simultaneously negotiating two documents, one of them is the Pandemic Agreement also known as Accord, Treaty, Ca++ and Zero Draft and the other is Amendments to International Health Regulations.

The draft IHR amendments would lay out new powers for the WHO during health emergencies and broaden the context within which they can be used. The Pandemic Agreement/Treaty draft is intended to support the bureaucracy, financing, and governance to underpin the expanded IHR.

Comparison of WHO Conventions and Regulations

Type of Instrument	Approval Procedure	Subject	Precedents
WHO Conventions or Agreements	<ul style="list-style-type: none">■ Qualified majority (2/3) in the World Health Assembly■ Subsequent approval by national bodies (if so stipulated) and ratification	<ul style="list-style-type: none">■ All matters within the competence of WHO under Article 2 of its Constitution	<ul style="list-style-type: none">■ Framework Convention on Tobacco Control (2003)
WHO Regulations	<ul style="list-style-type: none">■ Simple majority in the World Health Assembly, unless otherwise agreed	<ul style="list-style-type: none">■ Five thematic areas specifically identified in Article 21 of the WHO Constitution	<ul style="list-style-type: none">■ Nomenclature Regulations (1948, revised in 1967)■ International Sanitary Regulations (1951)■ International Health Regulations (1969)■ International Health Regulations (2005)

The World Health Assembly will meet in May of this year to vote on adoption of both two documents. Once approved by the 2/3 of the World health Assembly, The Pandemic Treaty will go to our Senate for ratification and will need 2/3 of the votes to be implemented. International Health Regulations (IHR) were first adopted in 1969 and most recently amended in 2005. The IHR is legally binding international law that covers measures for preventing the transnational spread of infectious diseases.

First, we will discuss the Amendments to the International Health Regulations. The proposed amendments TO IHR would give WHO authority over member States by changing the wording from **non-binding to binding** recommendations that will now mandate the member States to follow instead just consider those recommendations. States will accept the WHO as the “AUTHORITY” in international public health emergencies

Article 1 Definitions

1. For the purposes of the International Health Regulations (hereinafter “the IHR” or “Regulations”):

“standing recommendation” means ~~non-binding~~ **non-binding** advice issued by WHO for specific ongoing public health risks pursuant to Article 16 ~~regarding appropriate~~ health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary recommendation” means ~~non-binding~~ **non-binding** advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of

The amendments expanded the scope of the document from public health risks to all risks that might affect public health to include risks to animals, ecosystems, climate.

The Article 18 of the amendments will also change the definition of Public Health Emergency of International Concern (PHEIC) to include not only actual, but also potential concerns that Director General deems notable. Some of the powers that Director General will have include detention of individuals, restriction of travel, the forcing of health interventions (like testing, inoculation, medical treatments) and requirement to undergo medical examinations.

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis;
- place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.

The WHO will have power to designate opinions or information as misinformation or disinformation and it can require country State governments to intervene and stop such expression and dissemination. Obviously, that will interfere with US constitution and is incompatible with the Universal Declaration of Human Rights.

Article 44 Collaboration and assistance

2. WHO shall collaborate with **and promptly assist** States Parties, **in particular developing countries** upon request, ~~to the extent possible~~, in:

(e) (New) countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information;

After declaring an emergency Director General will also have power to instruct governments to provide WHO and other countries with resources, funds and commodities. Countries will also give power to the WHO over patent law and intellectual property, including control of manufacturing, commodities deemed to be relevant to the potential or actual health problem that WHO considers of interest.

Summary of the draft Amendments to IHR:

- Expand the definitions of pandemics & health emergencies, including the introduction of 'potential' for harm rather than actual harm. It also expands the definition of health products that fall under this to include any commodity or process that may impact on the response or "improve quality of life."
- Change the recommendations of the IHR from 'non-binding' to mandatory instructions that the States undertake to follow and implement.
- Solidify the Director General's ability to independently declare emergencies.
- Set up an extensive surveillance process in all States, which WHO will verify regularly through a county review mechanism.
- Enable WHO to share country data without consent.
- Give WHO control over certain country resources, including requirements for financial contributions, and provision of intellectual property and know-how (within the broad definition of health products above).
- Ensure national support for promotion of censorship activities by WHO to prevent contrary approaches and concerns from being freely disseminated.
- Change existing IHR provisions affecting individuals from non-binding to binding, including border closures, travel restrictions, confinement (quarantine), medical examinations and medication of individuals. The latter would encompass requirements for injection with vaccines or other pharmaceuticals.

Next is the Pandemic Agreement/Treaty/Accord. The Treaty would

- Set up a global supply network overseen by WHO.
- Set up a 'Governing Body,' under WHO auspices, a new WHO Secretariat and Conference of the Parties to oversee the whole process.
- Set up Infodemics management at the local, regional, national and international level to control the information flow and free speech. Under Article 18 #1 instructs the Parties to **"combat false, misleading misinformation and disinformation"**
- Under Article 3 #2 "States have in accordance with the charter of the UN and general principles of international law, the sovereign right to legislate and implement legislation in pursuance of their health policies" BUT this language fails to address the issues of the WHO assuming sovereignty for health matters over states through this treaty and in the event of the pandemic.
- Under Article 4 treaty directs nations to surveil for and perform genetic sequencing of potential pandemic pathogens they find and to safely handle them
- Under Article 6 the Parties will not only "surveil for but will share the pathogens with pandemic potential" as they are established in Article 12 which defines those

pathogens as “identified to infect humans, have high transmissibility and are capable of wide spread in human populations, and are highly virulent, making them likely to cause significant morbidity and mortality in humans”

- Under Article 8 the Parties “shall build on existing tools, develop and implement transparent, effective and efficient pandemic prevention, preparedness and response monitoring and evaluation systems” there is no discussion here on all the failing policies and procedures of the past pandemic
- Expand scope by emphasizing a ‘One Health’ agenda, being defined as a recognition that a very broad range of aspects of life and the biosphere can impact health, and therefore fall under the ‘potential’ to spread harm across borders as an international health emergency.

What is One Health? It has no solid meaning. It claims that humans, animals, plants and ecosystems are all part of One Health and that everything on the planet is interrelated and affects health. Essentially under the guise of One Health, the WHO would have control of all life on the planet. They will not need to prioritize human health, but rather they could choose to “balance” human health with animal and plant health, as well as environmental health in the name of “climate change”.

Article 5. Strengthening pandemic prevention and preparedness through a **One Health approach**

Two options are presented for Article 5.

Option 5.A

1. The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, to promoting and implementing a **One Health approach, at national, and, as appropriate, at regional and global levels**, that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of, and in accordance with, domestic law and existing instruments and initiatives.

2. The Parties, with the aim of safeguarding human health and detecting and preventing health threats, shall promote and enhance **synergies between multisectoral and transdisciplinary collaboration** at the national level and cooperation at the international level, in order to identify, conduct risk assessments of, and share pathogens with, pandemic potential at the **interface between human, animal and environment ecosystems**, while recognizing their **interdependence**.

Enforcement

While both texts are intended to have force under international law, countries can theoretically opt out in order to preserve their sovereignty and protect their citizens’ rights. However, low-income countries could potentially face financial pressures, restrictions, and

sanctions from entities such as the World Bank that are also invested in this agenda. Of relevance, the 2022 United States National Defense Authorization Act ([HR 7776-960](#)) includes wording concerning adherence to the IHR, and action concerning countries that are uncooperative with its provisions.

The 2 WHO documents to be voted on in May 2024

International Health Regulation (IHR) Amendments

- Needs over 50% to pass
- Every member of the WHO and IHR (196 countries) must obey it if passed and if they do not issue a formal revocation or reservation
- Goes into effect in 12 months from passage
- Nations have 10 months to revoke or reserve after it passes. No option to get out of the amendments after that.
- This is an OPT-OUT process

Pandemic Treaty, also called Accord, Agreement, Instrument, etc.

- Needs at least 2/3 vote to pass
 - If passed, nations must formally agree to it by a signature or formal ratification
 - Goes into effect for all signatories one month after the 40th signer—according to last treaty draft
 - You cannot ask to leave until one year has passed, and then it will take 24 months to get out
 - This is an OPT-IN process, with an unusually short time to enter into force
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