

RESOLUTION SUPPORTING NATIONAL, STATE & LOCAL GOVERNMENTS REFUSING TO ENFORCING MANDATES ORIGINATING FROM WHO PANDEMIC AGREEMENT

WHEREAS WHO (World Health Organization) Constitution Article 1 states their objective as “the attainment by all peoples of the highest possible level of health”; and

WHEREAS WHO Constitution Article 20 requires members to be held accountable to the WHO for following convention guidance or agreementsⁱ; and

WHEREAS the WHO resolved in December 2021 to develop a legally binding centralized and globally uniform pandemic response and the WHO Pandemic Agreement is expected to be passed in May 2024; and

WHEREAS under WHO Pandemic Agreement Articles 18ⁱⁱ and 9ⁱⁱⁱ pandemic-related mis/disinformation is addressed as needing management at “local, national, regional and international levels” and authority to determine measures, procedures and guidelines for pandemic prevention, preparedness and response is authorized to the WHO Parties under Article 16^{iv}; and

WHEREAS under WHO Pandemic Agreement Article 1 the WHO’s definition of “infodemic” suggests that people exploring and/or following guidance or information that is not approved by the WHO would problematically lead to a mistrust in health authorities and undermine public health and social measures^v; and

WHEREAS an option to WHO CA+ Article 15^{vi} gives the WHO Director General authority to declare a global pandemic; and

WHEREAS under WHO Pandemic Agreement Article 1^{vii} and Article 5^{viii} the definition of “One Health Approach” takes into account the health of ecosystems and calls Parties to “take action on climate change”; and

WHEREAS under WHO Pandemic Agreement Article 21^{ix} subsidiary bodies shall be established to address such things as scientific expertise^x, product selection^{xi} and compliance^{xii}; and

WHEREAS under WHO Pandemic Agreement Article 34^{xiii} an unreasonable amount of authority is given to the Depositary who is the Secretary General of United Nations and also raises questions about giving up USA national sovereignty to the named “International Court of Justice” that is set up to settle disputes; and

WHEREAS the WHO Pandemic Agreement adheres to objectionable “woke” ideology throughout the document^{xiv} stating in their objective that they are “guided by equity,” and that they aspire “to the progressive realization of universal health coverage” whereby richer countries are obligated to financially support developing countries, and that in the formulation of pandemic responses Parties must not seek the most qualified participants but must “promote equitable representation... as well as equal and meaningful participation of young people and women”; and

WHEREAS the OKGOP platform states “We support the patient-doctor relationship and oppose nationalized medicine”; and

WHEREAS the OKGOP platform states “We support the right of every citizen to determine if they will receive a vaccination, medication, experimental drug or therapeutic without force of coercion”; and

WHEREAS the OKGOP platform states “We oppose the World Health Organization’s policies over U.S. citizens and setting precedent for the U.S. medical community.

WHEREAS under US Constitution Article 1 Section 8 and Article 2 Sections 2 and 3 control of citizen health autonomy is an enumerated power of neither Congress nor the President and they therefore have no power to turn citizen health autonomy over to a created global entity;

BE IT RESOLVED that, we, the members of OKGOP State Committee reject the WHO Pandemic Agreement and support all national, state and local governing bodies asserting sovereignty and refusing to enforce within their jurisdiction any mandate or measure originating from the WHO Pandemic Agreement that infringes on their citizens' personal health autonomy and/or freedom of speech. Further, we condemn the enforcement by any national, state or local governing body of any mandate or measure originating from the WHO Pandemic Agreement that infringes on citizens' individual health autonomy and/or freedom of speech.

BE IT RESOLVED that the OKGOP Chairman will publish this resolution in PDF form on the website, issue a press release outlining it along with the other resolutions the State Committee passed and post the press release on the website with a link to the resolution PDF, and send both the press release and link to the resolution to the entire OKGOP distribution list, and post on OKGOP social media channels.

References:

WHO Constitution: <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

UN Charter Articles 57 and 63: <https://www.un.org/en/about-us/un-charter/full-text>

WHO CA+ June 2023 draft: https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf

WHO Pandemic Agreement 30 Oct 2023 draft: https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

OKGOP Platform <https://okgop.com/wp-content/uploads/2023/06/2023-OKGOP-PLATFORM-as-approved.pdf>

US Constitution: <https://www.archives.gov/founding-docs/constitution-transcript>

US Bill of Rights: <https://www.archives.gov/founding-docs/bill-of-rights-transcript>

ⁱ WHO Constitution Article 20: "Each Member undertakes that it will, within eighteen months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement. Each Member shall notify the Director-General of the action taken, and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for non-acceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV."

WHO Constitution Article 62: "Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations."

ⁱⁱ WHO Pandemic Agreement Article 18: "1. The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects and drivers, and combat false, misleading, misinformation or disinformation, including through effective international collaboration and cooperation as referred to in Article 16 herein.
2. The Parties shall, as appropriate, conduct research and inform policies on factors that hinder adherence to public health and social measures in a pandemic and trust in science and public health institutions.
3. The Parties shall promote and apply a science- and evidence-informed approach to effective and timely risk assessment and public communication."

ⁱⁱⁱ WHO Pandemic Agreement Article 9: "(d) knowledge translation and evidence-based communication tools, strategies and partnerships relating to pandemic prevention, preparedness and response, including infodemic management, at local, national, regional and international levels."

^{iv} WHO Pandemic Agreement Article 16: “1. The Parties shall collaborate and cooperate with competent international and regional intergovernmental organizations and other bodies, as well as among themselves, in the formulation of cost-effective measures, procedures and guidelines for pandemic prevention, preparedness and response.”

^v WHO Pandemic Agreement Article 1: “infodemic’ means too much information, false or misleading information, in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines public health and social measures.”

^{vi} WHO CA+ Article 15: “2. Recognizing the central role of WHO as the directing and coordinating authority on international health work, and mindful of the need for coordination with regional organizations, entities in the United Nations system and other intergovernmental organizations, the WHO Director-General shall determine whether to declare a pandemic.”

^{vii} WHO Pandemic Agreement Article 1: “One Health approach’ means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development;”

^{viii} WHO Pandemic Agreement: “2. The Parties shall promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify and conduct risk assessments at the interface between human, animal and environment ecosystems, while recognizing their interdependence, and with applicable sharing of the benefits, per the terms of Article 12 herein...

(c) taking a One Health approach into account in order to produce science-based evidence, including that which is related to social and behavioural sciences, and risk communication and community engagement; and

(d) promoting or establishing One Health joint training and continuing education programmes for human, animal and environmental health workforces, needed to build complementary skills, capacities and capabilities to prevent, detect, control and respond to pandemic health threats.”

^{ix} WHO Pandemic Agreement Article 21: “9. The Conference of the Parties shall establish subsidiary bodies to carry out the work of the Conference of the Parties, as it deems necessary, on terms and modalities to be defined by the Conference of the Parties. Such subsidiary bodies may include, without limitation, an Implementation and Compliance Committee, a panel of experts to provide scientific advice and a WHO PABS System Expert Advisory Group.”

^x WHO CA+ Article 23: “1. An expert body to provide scientific advice is hereby established as a subsidiary body of the Conference of the Parties to provide the Conference of the Parties with information, science-based and other technical advice on matters relating to the WHO CA+. The Panel of Experts shall comprise independent experts competent in the relevant fields of expertise and sitting in their individual expert capacity. It shall be multidisciplinary, in line with the One Health approach.”

^{xi} WHO CA+ Article 24: “5. The Pandemic-Related Products Expert Committee shall make every effort to deliberate by consensus. In the absence of consensus, its recommendations or decisions shall be adopted by a three-fourths majority vote of the members present and voting, based on a quorum of two thirds of the members.”

^{xii} WHO CA+ Article 22: “2. The Implementation and Compliance Committee is mandated to promote the implementation of, and review compliance with, the provisions of the WHO CA+, including by addressing matters related to possible non-compliance. And 10. In the course of its work, the Implementation and Compliance Committee may draw on appropriate information from any bodies established under the WHO CA+ or the World Health Organization, as well as from any information submitted to the WHO by Parties through other mechanisms.”

^{xiii} WHO Pandemic Agreement Article 34: “1. In the event of a dispute between two or more Parties concerning the interpretation or application of the WHO Pandemic Agreement, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach a solution by good offices, mediation or conciliation shall not absolve the parties to the dispute from the responsibility of continuing to seek to resolve it.

2. When ratifying, accepting, approving, formally confirming or acceding to the WHO Pandemic Agreement, or at any time thereafter, a Party which is not a regional economic integration organization may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory ipso facto and without special agreement, in relation to any Party accepting the same obligation: (a) submission of the dispute to the International Court of Justice; and/or (b) ad hoc arbitration in accordance with procedures to be adopted by consensus by the Conference of the Parties. A Party which is a regional economic integration organization may make a declaration with like effect in relation to arbitration in accordance with the procedures referred to in paragraph 2(b) of this Article.

3. The provisions of this Article shall apply with respect to any protocol as between the parties to the protocol, unless otherwise provided therein.”

^{xiv} WHO Pandemic Agreement Article 2: 1. The objective of the WHO Pandemic Agreement, guided by equity, the right to health and the principles and approaches set forth herein, is to prevent, prepare for and respond to pandemics, with the aim of comprehensively and effectively addressing the systemic gaps and challenges that exist in these areas, at national, regional and international levels.

Article 6: 1. Each Party shall continue to strengthen its health system, including primary health care, for sustainable pandemic prevention, preparedness and response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage.

3. The Parties shall cooperate, within available means and resources, to provide financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular in respect of developing countries, in order to strengthen health emergency prevention, preparedness and response and health system recovery, consistent with the goal of universal health coverage.

Article 7: b) address gender and youth disparities and inequalities and security concerns within the public health, health and care workforce, particularly in health emergencies, to support the meaningful representation, engagement, participation, empowerment, safety and well-being of all health and care workers, while addressing discrimination, stigma and inequality and eliminating bias, including unequal remuneration, and noting that women still often face significant barriers to reaching leadership and decision-making roles;

2. The Parties shall commit financial and technical support, assistance and cooperation, in particular in respect of developing countries, in order to strengthen and sustain a skilled and competent public health, health and care workforce at subnational, national and regional levels.

Article 11: (b) encourage all holders of patents related to the production of pandemic-related products to waive or manage, as appropriate, for a limited duration, the payment of royalties by developing country manufacturers on the use, during the pandemic, of their technology for the production of pandemic-related products, and shall require, as appropriate, those that have received public financing for the development of pandemic-related products to do so

Article 12: The Parties shall consider additional benefit-sharing options including:

(ii) tiered-pricing or other cost-related arrangements, such as no loss/no profit loss arrangements, for purchase of pandemic-related products, that consider the income level of countries; and

(iii) encouraging of laboratories in the WHO coordinated laboratory network to actively seek the participation of scientists from developing countries in scientific projects associated with research on WHO PABS Materials.

5. In the event that pandemic-related products are produced by a manufacturer that does not have a PABS SMTA under the WHO PABS System, it shall be understood that the production of pandemic-related products requiring the use of WHO PABS Materials, implies the use of the WHO PABS System. Accordingly, each Party, in respect of such a manufacturer operating within its jurisdiction, shall take all appropriate steps, in accordance with its relevant laws and circumstances, to require such a manufacturer to provide benefits in accordance with paragraph 4(b)(ii) of this Article.

Article 16: Parties shall: (d) promote equitable representation on the basis of gender, geographical and socioeconomic status, as well as the equal and meaningful participation of young people and women;