

President of the UN General Assembly Approves Pandemic Declaration — Privacy Experts Warn of ‘Digital Gulag’

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Theme: [Law and Justice](#), [United Nations](#)

Global Research, September 23, 2023

[Children's Health Defense](#) 20 September 2023

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The United Nations (U.N.) General Assembly (UNGA) president today [approved](#) the non-binding [U.N declaration on Pandemic Prevention, Preparedness and Response \(PPPR\)](#), without a full assembly vote and over the objections of 11 nations.

Critics called the declaration, which seeks to create a global pandemic authority with the power to enforce lockdowns, universal vaccination and censorship of “misinformation,” “hypocrisy” and “unhinged.”

The approval came as part of a [high-level meeting on PPPR](#). But what does the declaration mean in practice?

For proponents, the declaration is a key step toward global coordination in pandemic prevention and public health.

[According to the World Health Organization](#) (WHO), it “presents an opportunity ... to prevent and prepare for pandemics and their consequences, using an approach that involves all government sectors.”

[The WHO also said](#) the PPPR aims to “apply lessons learned from the [COVID-19](#) pandemic” and “comes as the world faces multiple humanitarian and climate-related crises which are threatening lives and livelihoods around the world.”

In a statement, WHO Director-General Tedros Adhanom Ghebreyesus said, “If COVID-19 taught us nothing else, it's that when health is at risk, everything is at risk.” He linked the PPPR to the U.N.'s [Sustainable Development Goals](#) (SDGs), saying world leaders should

“show they have learned the painful lessons of the pandemic.”

[Attorney Lawrence Gostin](#), head of Georgetown University’s WHO Collaborating Center — a key figure “[playing a key behind-the-scenes role in negotiations](#)” for the proposed “[pandemic treaty](#)” and [amendments](#) to the [International Health Regulations \(2005\)](#) (IHR) — said the high-level meeting “is our best chance to gain support and deep engagement of heads of state and government.”

‘Unprecedented’ Agreement Comes at Expense of National Sovereignty

Other experts took a different view. Author and podcaster Frank Gaffney, founder and president of the [Center for Security Policy](#), told [The Defender](#) it is “very worrying” that the U.N. and WHO “will further encourage, if not actually authorize, the kind of standing capability or authority on their part to essentially dictate what constitutes emergencies.”

“There’s no getting around the fact that it’s going to come at the expense of the sovereignty of the various nations that will subsequently be told that they have an emergency and told what they have to do about it,” he added. “This is unprecedented.”

Gostin said “Negotiators are at a loss” as to how to balance accountability and sovereignty when implementing instruments like the PPPR, IHR or “pandemic treaty.”

Writing for the [Brownstone Institute](#), [Dr. David Bell](#), a public health physician, biotech consultant and former director of Global Health Technologies at Intellectual Ventures Global Good Fund, said “the main aim” of the PPPR “is to back” the “pandemic treaty” and IHR amendments currently under negotiation by WHO member states.

Bell said a “silence procedure” is in place, “meaning that States not responding will be deemed supporters of the text.” He said the text is “clearly contradictory, sometimes fallacious, and often quite meaningless,” and intended to centralize the WHO’s power.

Bell told [The Defender](#), “The declaration was not written with serious intent, but is essentially empty rhetoric promoting a continued centralization of control that the U.N. and WHO are openly seeking, at the expense of democracy, human rights and equality.”

[Francis Boyle, J.D., Ph.D.](#), a bioweapons expert and professor of international law at the University of Illinois who drafted the [Biological Weapons Anti-Terrorism Act of 1989](#), agreed. “The same people who drafted the pandemic treaty and the IHR amendments drafted the PPPR document,” Bell told [The Defender](#).

“This is a full-court press to have the entirety of the United Nations Organization, its specialized agencies and its affiliated organizations, back up and support their proposed globalist WHO worldwide totalitarian medical and scientific police state,” he said.

Today’s [high-level meeting](#) included scheduled speeches from 158 national representatives, including the presidents or prime ministers of 34 countries and, representing the U.S., Secretary of State Anthony Blinken.

Panelists included German Minister of Health [Dr. Karl Lauterbach](#) and representatives of the [Biotechnology Innovation Organization](#).

What Does the Declaration Mean for You?

The final text of the [PPPR political declaration](#), dated Sept. 1, includes statements and proposals covering a range of issues, from vaccination to so-called “misinformation.”

PGA final text as of 1 September 2023

Political Declaration of the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 20 September 2023, with a dedicated focus on pandemic prevention, preparedness and response, affirm that pandemics call for timely, urgent and continued leadership, global solidarity, increased international cooperation and multilateral commitment among Member States and with relevant United Nations entities and other relevant international and regional organizations, to implement coherent and robust national, regional and global actions, driven by science and the need to prioritize equity and the respect for human rights to strengthen pandemic prevention, preparedness and response, and fully address the direct and indirect consequences of future pandemics, and in this regard we:

1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;
2. Recognize that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent and urgent attention;
3. Recognize also the need to tackle health inequities and inequalities, within and among countries, through political commitment, policies, and international cooperation and global solidarity including those that address social, economic, environmental and other determinants of health and ensure that no one is left behind, with an endeavor to reach the furthest behind first, founded on the dignity of the human person;
4. Reaffirm our commitment to the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, through which we supported research and development of vaccines and medicines, as well as preventive measures and treatments for communicable and non-communicable diseases, in particular those that disproportionately impact developing countries;
5. Recognize that the illness, death, socio-economic disruption and devastation caused by the COVID-19 pandemic, including to health systems, has brought urgency to strengthening international cooperation to prevent, prepare for, and respond to pandemics and other health emergencies, taking into account lessons learned from the COVID-19 pandemic and other health emergencies;
6. Recognize the COVID-19 pandemic as one of the greatest global challenges in the history of the United Nations, and note with deep concern the loss of life it caused, its exacerbation of poverty in all its forms and dimensions, including extreme poverty, its negative impact on equity, human and economic development across all spheres of society, as well as on global humanitarian needs, gender equality and the empowerment of all women and girls, the enjoyment of human rights, livelihoods, food security and nutrition, education, its disruption to economies, supply chains, trade, societies and the environment, within and among countries, which is reversing hard-won development gains

[Screenshot of the PPPR Political Declaration from the UN](#)

According to the declaration, “pandemics call for timely, urgent and continued leadership, global solidarity, increased international cooperation and multilateral commitment ... to implement coherent and robust national, regional and global actions, driven by science ... to

strengthen pandemic prevention, preparedness and response.”

Stating that “health is a precondition for all” and an indicator of “sustainable development,” the declaration calls for:

- Universal vaccination: The declaration expresses “deep concern” about [declining global vaccination rates](#), and includes a commitment supporting “research and development of vaccines and medicines, as well as preventive measures and treatments for communicable and non-communicable diseases.”

“Routine immunization is one of the most efficient and cost-effective public health interventions with the greatest reach and demonstrated health outcomes,” the declaration states, while highlighting the “important role played by the private sector in research and development of innovative medicines,” including vaccines.

It calls for the improvement of “routine immunization, vaccination and outreach capacities, including by providing evidence-based information on promoting confidence, uptake, demand” and “expand[ing] vaccine coverage to prevent outbreaks as well as the spread and re-emergence of communicable diseases.”

- Makes “temporary” COVID-19 powers permanent: The declaration expresses “concern with the continued emergence and re-emergence of epidemic-prone diseases,” stating “the need ... to build on the lessons learned and best practices from the COVID-19 pandemic,” including “turning, where appropriate, temporarily scaled up capacities” developed during the pandemic “into permanent capacities in a sustainable manner.”
- Calls for increased surveillance and digital health documents, such as vaccine passports: The declaration “recognize[s] ... the potential of [digital health technologies](#)” in “implementing and supporting health measures and bolstering national response efforts” to pandemics and health emergencies.

Digital technologies such as [vaccine passports](#) are a key component of the under-negotiation IHR amendments. The declaration, in turn, also states a need for “early warning systems” and “an integrated [One Health](#) approach,” for “the earliest and most adequate response” to pandemics and health emergencies.

- Potential social media censorship: The declaration expresses “concern that health-related [misinformation](#) and disinformation negatively impacted routine immunization services globally.”

Accordingly, the declaration calls for “measures to counter and address the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, especially on social media platforms ... including countering vaccine hesitancy ... and to foster trust in public health systems and authorities.”

- Calls for “pandemic treaty” and IHR amendments to be finalized: The declaration “encourages” the conclusion of negotiations on the IHR amendments and the “pandemic treaty,” suggesting that this will ensure “the sustainable, affordable, fair, equitable, effective, efficient and timely access to medical countermeasures,” including vaccines.
- You will pay for this: The declaration “Welcome[s] the launch of the [Pandemic](#)

[Fund](#)” to “finance critical investments” for pandemic preparedness and response, at a cost of \$30 billion per year. This price tag includes an “estimated gap of \$10 billion in new external financing per year outside current official development assistance levels” — namely, [dues paid by WHO member states](#).

According to Bell, “The WHO noted in 2019 that pandemics are rare, and insignificant in terms of overall mortality over the last century” but, “The WHO and the entire U.N. system now consider pandemics an existential and imminent threat.”

He said this is important, because “They are asking for far more money than is spent on any other international health program,” which will “deliver great wealth to some people” and great powers for governments, which can be used to “reimpose the very responses that have just caused the largest growth in poverty and disease in our lifetimes.”

“Logically, pandemics will only become more frequent if someone intends to make them so (so we should wonder what is going on),” Bell wrote.

Bell said that while the declaration pays lip service to issues such as women’s rights and education, it contradicts itself by supporting COVID-19-style restrictions, including “closing schools and disproportionately throwing women out of work and into poverty.”

Independent journalist [James Roguski](#) told The Defender, “The vast harms that have been caused by approved therapeutics and injections make the hypocrisy” of the declaration’s calls for “greater access” to vaccines “absolutely astonishing.”

“If the WHO was still about improving overall health, they would obviously not be involved in this as it is contrary to good public health policy,” Bell said.

Gostin said misinformation “poses a serious health threat, especially in vaccine distribution,” adding, “Balancing free speech with combating misinformation is challenging” and that the “WHO can lead partnerships between scientific experts and information disseminators to ensure credible information reaches the public.”

Bell, however, disagreed with this view, writing, “The WHO recently [publicly characterized](#) people who discuss adverse effects of COVID vaccines and question WHO policies as ‘far-right,’ ‘anti-science aggressors,’ and ‘a killing force,’” adding that “This is unhinged. It is the denigration and hate speech that fascist regimes use.”

Yet, for Gostin, the PPPR declaration isn’t enough. “It is wholly inadequate on concrete action, such as pledges for funding health systems,” he said, adding “There has been too little cooperation between the U.N. and WHO.”

11 Countries Opposed Declaration

Consensus on the PPPR is not universal. In a [Sept. 17 letter to Dennis Francis](#), president of the UNGA, co-signed by the representatives of 11 countries, “legitimate concerns” were raised “of a large number of developing countries have been ignored.”

The 11 countries are Belarus, Bolivia, Cuba, the Democratic People’s Republic of Korea, Eritrea, the Islamic Republic of Iran, Nicaragua, the Russian Federation, the Syrian Arab Republic, Venezuela and Zimbabwe.

Their letter broke the “[silence procedure](#),” stating, “Our delegations are convinced that this is no way to handle multilateral and intergovernmental negotiations on issues of great relevance for the international community, particularly for developing countries.”

It added that “no consensus has been reached on any of these processes.” However, the letter does not contain specific objections to the content of the PPPR declaration.

According to Boyle, the 11 nations’ objections should “prevent this declaration being adopted by consensus and thus arguably becoming part of customary international law, which is what those behind the declaration intend.”

“They could not get it through the UNGA as a Consensus Resolution because of the 11 objecting states,” Boyle said. “They are trying to spin it and misrepresent it,” he said, by having the UNGA president — not the UNGA — approve the declaration.

Gates-supported Organization Pushed for PPPR Declaration

In addition to national representatives, organizations like Gavi, the Vaccine Alliance — recognized as a [stakeholder and “observer” by the WHO](#) — also participated in today’s meeting.

[Gavi](#) proclaims a mission to “[save lives and protect people’s health](#),” and states it “helps vaccinate almost half the world’s children against deadly and debilitating infectious diseases.”

The Bill & Melinda Gates Foundation is a [partner of Gavi](#) and holds a [permanent seat on its board](#)— as do the WHO, UNICEF and the [World Bank](#).

[Gavi described](#) this year’s UNGA as “a sobering milestone” on the path toward meeting the 2030 target date for the SDGs, and said the high-level meeting is “a one-time and historic opportunity for leaders to adopt a whole-of-government, whole-of-society, global approach to addressing pandemic threats.”

“By taking lessons from the acute phase of the pandemic, the moment is imminent to shape a more responsive and resilient system,” Gavi said, adding that “urgent action is needed to fulfill the SDG3 [health and well-being] targets and reach all children with life-saving vaccines.”

Gavi also assigned itself a role in this process, stating, “There should also be a prominent role for specialised agencies such as Gavi, building on technical expertise and lessons from the response to the COVID-19 pandemic to achieve health equity.”

Bell said Gavi is an example of an organization that was not “negatively impacted” by the COVID-19 catastrophe. “[People and corporations](#) who sponsor much of the WHO’s health emergency work, and that of its sister organizations such as [CEPI](#), [Gavi](#), and [Unitaid](#), did very well from the policies they advocated so strongly for,” he wrote.

PPPR Envisions ‘Digital Gulag,’ Negotiated in ‘Secrecy’

Gaffney, who is hosting a [webinar today](#) relating to proposals to expand vaccine passports and grant the WHO more power, said PPPR is part of a broader power grab by the WHO and U.N., including proposals expected to be [discussed at the U.N. in September 2024](#), to [grant](#)

[the U.N. secretary-general indefinite emergency powers.](#)

“Both the U.N. and WHO envision this kind of digital gulag as an underpinning mechanism for exercising that kind of authority, and specifically the ability of those entities to dictate what must be done in response to whatever they decide is a crisis, health-related or otherwise,” Gaffney said. “This is the thing that’s very alarming to me.”

[Dr. Michel Kazatchkine](#), a French physician and diplomat and member of the team that drafted the PPPR declaration, said the declaration and the proposal to grant the U.N. secretary-general emergency powers [are linked](#).

[According to Roguski](#), the PPPR declaration is one of “four tracks that are important to pay attention to right now” — along with the [IHR amendments adopted in May 2022](#), which he says “need to be rejected by the end of November,” the new IHR amendments and the “pandemic treaty” (formally named the WHO CA+ Framework Convention).

[Roguski told The Defender](#) that the May 2024 target date for adoption of the IHR amendments and “pandemic treaty” at the WHO’s World Health Assembly is in jeopardy due to the objecting nations — a view shared by Gostin, who said the May 2024 deadline is “pushing it” but noting that “the reason for speed is compelling.”

Roguski said the PPPR negotiations were conducted in “secrecy” and noted the PPPR declaration “is silent” regarding efforts to develop a [Global Digital Health Certification Network](#) — which would establish a global framework for “vaccine passports” and other types of health certificates to be implemented.

Roguski said that rather than calling for [gain-of-function research](#) to end, the PPPR supports funding WHO efforts “to implement a [Pathogen Access and Benefits Sharing System](#).” He said this “increases the risk of the spread of deadly pathogens, by design.”

According to the PPPR declaration, a high-level meeting reviewing progress on PPPR implementation will be held in New York in 2026. Other health-related high-level meetings at the UNGA this week focus on [universal health coverage](#) and [tuberculosis](#).

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