

# WHO Pandemic Treaty Submissions. Here Is My Researched Submission Which Anyone May Use

By [Elizabeth Woodworth](#)

Theme: [Law and Justice](#)

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*Anyone concerned about the WHO Pandemic Treaty, now inviting submissions from the general public. There is a short submission period, so this is urgent.*

There is an international outcry that sovereign nations will lose control of their own constitutional public health policy control, which it seems may be controlled by a global WHO/WEF pandemic policy. We have just witnessed the extreme shortcomings in the WHO/FDA/CDC pharma-dominated SARS-2 policies.

It is very easy to fill out the WHO submissions form [here](#).

Public hearings regarding a new international instrument on pandemic preparedness and response: written component

As a professional career librarian, I have just published my own 250-word-limit submission, which I invite anyone to copy and use.

After careful thought, I don’t believe that each submission needs to be original. The main thing is that you will have expressed an educated voice. (My submission was approved by an epidemiologist.)

This can be done in 10 minutes. It’s easy.

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WHO Public hearings regarding a new international instrument on pandemic preparedness and response: written component

By Elizabeth Woodworth

A new international instrument on pandemic preparedness and response should include the following substantive elements:

1. The word “pandemic” should be understood to mean its classic 2003 WHO definition: “An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness.”

<https://web.archive.org/web/20030202200410/http://www.who.int/csr/disease/influenza/pandemic/en/index.html>

2. “No immunity” means NO IMMUNITY. Many people were immune to SARS-2; particularly people who had SARS-1 eighteen years earlier, and also many who had had coronavirus infections during their lives did well with it.

3. “Enormous numbers of deaths and illnesses” does not apply to figures such as those given by Dr. John Ioannidis re SARS-2, in “The infection fatality rate of COVID-19 i data,” published in [Bull. World Health Organ.](#) Oct. 14, 2020. The infection survival rates given were:

Age 0-19, 99.973%

Age 20-29, 99.986%

Age 30-39, 99.969%

Age 40-49, 99.918%

Age 50-59, 99.73%

Age 60-69, 99.41%

Age 70+, 97.6% (non inst.)

Age 70+, 94.5% (Inst.) <https://pubmed.ncbi.nlm.nih.gov/33716331/>

4. Preparedness and response elements developed in an instrument to address future pandemics, as described in #1 above, should be limited to ADVISORY GUIDELINES ONLY.

5. Such guidelines should be developed democratically through consultation with the national governments of the world

6. It MUST be stated in the instrument that all countries will be free to voluntarily accept or reject the guidelines instrument at any given future time.

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