



Solemn Letter of Notification of Rejection of the Amendments to the International Health Regulations (IHR) by the Sovereign People of France

Legal Foundations of the Opposition

No national or international legal norm can be imposed on France without respecting the fundamental principles enshrined in its Constitution, the Declaration of the Rights of Man and of the Citizen of 1789, and the imperative rules of public law. Article 53 of the French Constitution requires that any international commitment affecting public order—especially those impacting fundamental freedoms or the organization of public powers—must be ratified by law. Furthermore, the constitutional law of June 3, 1958, explicitly states that “universal suffrage is the sole source of power,” affirming that any legitimate authority, including the power to conclude treaties, must derive directly from the people or their elected representatives. Therefore, no binding normative text may commit France or infringe upon its sovereignty without the people being duly informed, consulted, and called upon to decide. The implicit ratification of an international agreement, particularly when it alters institutional balances or affects fundamental rights, constitutes a clear violation of the hierarchy of norms and of the democratic foundations of the rule of law.

Implicit Ratification of the Revised IHR: A Direct Violation of Popular Sovereignty and the French Constitution

Article 1 of the French Constitution of October 4, 1958, proclaims that France is an indivisible, secular, democratic, and social Republic. This definition necessarily implies respect for national sovereignty, which is exercised exclusively by the people. This sovereignty is unequivocally affirmed by Article 1 of the 1789 Declaration of the Rights of Man and of the Citizen, which is part of the constitutional block: “Men are born and remain free and equal in rights. Social distinctions may be founded only upon the common good.” Even more explicitly, Article 1 of the 1793 Declaration states: “Sovereignty resides in the people; it is one, indivisible, imprescriptible, and inalienable.” Likewise, Article 3 of the 1958 Constitution declares: “National sovereignty belongs to the people, who exercise it through their representatives and by means of referendum.”

The revised IHR is a binding international norm with direct legal effects on freedom of movement, health, digital rights, medical confidentiality, and national budget management. Under Article 53 of the Constitution, any treaty or international agreement that affects national sovereignty must be ratified by law, and possibly by referendum when the institutions of the Republic are affected: “Peace treaties, commercial treaties, treaties or agreements relating to international organizations,

those which engage the finances of the State, those which modify legislative provisions, and those concerning the status of persons [...] may be ratified or approved only by virtue of a law.”

The amendments to the International Health Regulations (IHR) directly impact citizens’ fundamental rights and disrupt the constitutional balance of the State. As a sovereign Nation, France could not validly approve them without consulting the people. Therefore, a referendum should have been held, as the only method consistent with Article 3 of the Constitution to ensure that sovereignty indeed belongs to the people.

In other words, France’s tacit adherence to the revised IHR amendments, without parliamentary vote or referendum, constitutes a blatant violation of the Constitution. This is all the more serious as the regulation grants an unelected authority—the WHO Director-General—the power to declare a global emergency without democratic validation; imposes binding legal obligations on States (digital infrastructure, data transfers, mandatory surveillance, automatic financing, vaccination responses, health information censorship); and prevails over national law in the event of conflict, as it is integrated into the framework of international health security regulations.

Legally, this means that citizens’ fundamental rights can be suspended by an international authority without their consent, without a vote by their national representatives, and without any domestic judicial recourse. This is an unconstitutional circumvention of the sovereign people. In France, any delegation of authority to a supranational organization that affects the exercise of sovereignty requires a referendum or a constitutional revision. The Constitutional Council, in its constant jurisprudence (notably decision no. 2004-505 DC on the Treaty Establishing a Constitution for Europe), has reiterated that: “National sovereignty cannot be alienated; such alienation would require a revision of the Constitution.”

However, nothing of the sort has been undertaken in France. No referendum, no constitutional revision, no ratifying law. The silence of the State here equates to an illegal renunciation of sovereignty, binding both present and future generations to a supranational legal framework never approved.

The amendments to the International Health Regulations (IHR), adopted in 2024 without parliamentary debate or public consultation, are set to enter into force on September 19, 2025, pursuant to Article 59 of the text as amended in 2022. However, July 19, 2025, is the final deadline by which member states must formally notify their refusal; after this date, acceptance is presumed, and states are automatically bound by the new provisions. This mechanism of implicit, default validation constitutes a grave breach of the fundamental principles of constitutional order in democracies. It establishes a dangerous precedent: automatic accession to a binding international norm without parliamentary ratification or democratic oversight, in favor of an unelected body largely financed by private interests. This is a blatant legal fraud and a direct attack on popular sovereignty.

Scientific and Ethical Foundations of the Opposition

Scientifically, the very foundation of this regulation is based on the misuse of the RT-PCR test as a mass detection tool. Originally designed for genetic research, this test was abusively used as a diagnostic tool, despite being unable to identify an active infection or actual contagiousness. It cannot distinguish between live and inactive viruses, and its excessive sensitivity detects viral fragments with no clinical relevance. Jefferson’s 2020 study demonstrated that viral residues can be detected up to 83 days after an infection has ended, rendering any political decision based on a single positive test scientifically unfounded. The PCR test, as an epidemiological tool, was thus instrumentalized to artificially prolong a global health crisis, justify coercive measures, and legitimize

a permanent state of exception. Kary Mullis, the inventor of the PCR test, himself warned: “With this test, you can find anything in anybody. It is not a diagnostic tool.” This methodological distortion enabled the creation of a “pandemic of numbers,” where “positivity” replaced disease, and statistics supplanted clinical observation.

Moreover, no objective or standardized epidemiological threshold is provided by the IHR to trigger a global health alert. No mortality, hospitalization, or viral load thresholds are required. This absence of measurable criteria opens the door to arbitrariness, artificial alarmism, and the political manipulation of science. Through this loophole, the WHO reserves the right to intervene without solid evidence or independent validation.

The revised IHR further promotes an authoritarian vision of health, mandating a one-size-fits-all response based solely on mass vaccination, excluding all therapeutic alternatives, natural preventive approaches, or recognition of acquired immunity. This hegemonic model contradicts the very foundations of evidence-based medicine, which relies on scientific plurality, comparative analysis of results, and the patient’s informed consent. It runs counter to the ethical principles enshrined in the Nuremberg Code, the Helsinki Declaration, and the Oviedo Convention, all of which prohibit any experiment or intervention without freely given consent based on a personalized benefit-risk assessment.

The amendments to Annex 2 of the IHR now grant the WHO Director-General the unilateral power to declare a public health emergency of international concern based on vague, non-standardized criteria and without independent oversight. This drift grants a universal right of intervention to an extra-state authority, which is subject neither to suffrage, political responsibility, nor judicial control. This is a direct negation of the United Nations Charter, the French Constitution, and the core principles of any constitutional democracy.

The revised Annex 1 worsens this drift by requiring states to establish permanent surveillance infrastructure, including the detection of “health misinformation.” This seemingly technical provision, in reality, authorizes systematic censorship of any dissenting voice, even when scientifically valid. It infringes on freedom of expression, scientific freedom, and the right to free and informed consent. Pluralism of opinion, debate, and rational criticism are redefined as ideological offenses subject to sanctions.

Several provisions of the text also reveal an attempt to directly subordinate states to WHO governance. Article 4§4 allows the WHO to mandate the creation of a national authority under its control, in violation of the fundamental principle of institutional autonomy. Article 45 permits the processing and transfer of sensitive medical data without time limits or effective confidentiality safeguards, violating privacy rights and obligations under the GDPR. Article 44 bis establishes mandatory financing of response mechanisms, committing states’ public funds without parliamentary validation. Articles 12 and 13 impose binding obligations of cooperation and “offers of assistance,” making any sovereign refusal based on national interest virtually impossible.

These seemingly technical measures in fact establish the architecture of a global health tutelage regime, beyond any checks and balances or popular sovereignty. The WHO, once mostly state-funded, is now under direct influence of private funders such as the Bill & Melinda Gates Foundation, GAVI, or the Rockefeller Foundation. This financial imbalance, acknowledged in the organization’s governance reports, compromises the independence of its decisions and feeds a global strategy of medical uniformity centered on vaccination as the sole response, to the detriment of liberty, therapeutic plurality, and open science.

The concentration of normative global power in private hands constitutes a radical break with the principle of impartiality in international organizations. The Gates Foundation is now the WHO's second largest contributor after Germany—not through intergovernmental funding, but through earmarked donations tied to specific priorities. GAVI, a vaccine alliance founded and funded by the same foundation, holds permanent observer status on the WHO Executive Board, enjoying privileged access to decision-making processes with no democratic mandate. This scheme violates not only the UN Charter—which reserves norm-making for sovereign states—but also the Vienna Convention on the Law of Treaties, as it constitutes external pressure from private entities on the formation of international law. It is an unprecedented form of global normative privatization, incompatible with sovereignty, institutional neutrality, and democratic legitimacy.

The revised IHR cumulatively violates the Declaration of the Rights of Man and of the Citizen of 1789 (Articles 1, 6, and 16), the European Convention on Human Rights (notably Articles 8 and 10), the Vienna Convention on the Law of Treaties (Articles 46, 49, and 52), and the Nuremberg Code—the cornerstone of international medical law—which prohibits any experimentation without free and informed consent. It destroys the balance between public health protection and the respect for fundamental rights. It enshrines an unprecedented inversion of legal hierarchies, in favor of an unelected international authority acting without legitimacy, oversight, or accountability.

Formal Notification of Refusal and International Appeal

The CISDHJ notes that, unless an explicit and formal rejection is duly notified within the prescribed time, the revised International Health Regulations will enter into force on September 19, 2025. This automatic entry into force, based on the silence of states, marks a historic breach with the fundamental principles of democratic sovereignty and public international law. It enacts the imposition of a supranational health regime without ratification, without consent, and without popular oversight.

The CISDHJ solemnly calls upon all peoples, constitutional courts, judges, lawyers, academics, and all representatives still faithful to the rule of law to reject the application of this unconstitutional text, to initiate all available legal remedies—domestic and international—and to restore the authority of democratic consent against any attempt at global normative usurpation. The fight for liberty, sovereignty, and truth does not end with a deadline. It begins today.

What is at stake is not merely public health, but sovereignty, liberty, and truth. Those who refuse to act become complicit. Those who resist are the guardians of law.

Pursuant to the imprescriptible and inalienable rights recognized by the Declaration of the Rights of Man and of the Citizen, and in the absence of any consultation, information, or consent of the French people, we declare that the latter, as the sole legitimate holder of national sovereignty, does not consent to the amendments to the revised International Health Regulations. No authority may commit the Nation without its explicit consent. This refusal constitutes the legitimate and inviolable expression of the people's right to self-determination, the foundation of any true democracy.

July 19, 2025

**By the International Confederation of Human Rights Unions for Justice (CISDHJ)
On behalf of the Sovereign People**