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INTEREST

Of Justice

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS

RE: SERIOUS BREACHES OF INTERNATIONAL
OBLIGATIONS UNDER THE WORLD HEALTH
ORGANIZATIONS COVID-19 PANDEMIC
PREPAREDNESS AND RESPONSE

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CIVICS AND LAW
MONITORING COMMITTEE

First: April 12, 2022 - Spoke at WHO 1st treaty hearing

All technical recommendations and limitations to rights in an emergency shall conform to the requirements set in the Siracusa Principles.

No treaty can be binding which confers upon the WHO the power to issue or enforce pandemic guidance which may supplant the nations constitution, written definitions and sovereign legislation.

Persecution and censorship of diversity of opinion regarding WHO's "evolving science" is expressly prohibited; free and open discourse shall be protected and encouraged in the public interest to prevent imbalance of power and systematic violations of human rights
The centralization of national health data, gene and biotechnology, AI with Big Tech and media, poses an international security threat that must be prevented at all costs.

Pre-determination and punishment of misinformation with no written law defining misinformation backed by science and due process, is prohibited by law and punishable.

The WHO shall not exaggerate the seriousness of the diagnosis, complicate the treatment, or artificially create alarm situations in response to spurious interests; if found guilty the member states should agree to permanently stop all funding and relationships with the WHO, in the public interest

The WHO must immediately declare all yearly funders with full transparency and allow for independent oversight with the ability to immediately remove all conflicts of interest
The Member States require WHO agrees to be liable in the event that damages arise from the use of the guidance

The final decision in a truly democratic process, should be made by the people rather than the Intergovernmental Negotiating Body which may be widely perceived as biased and usurping individual and national sovereignty.

CIVICS AND LAW
MONITORING COMMITTEE

Procedures for meaningful participation by all people in the enforcement of human rights enshrined in Siracusa Principles shall be made readily available in all future WHO pandemic guidance"

(Kenneth Piercy writes IoJ during the session and asks to kindly only speak once)

IoJ Wrote back asking his motivation why we cannot speak again
and he failed to respond as to why we cannot speak again

Second: May 3, 2022 IoJ Sent Stakeholder Engagement Packet – (SHEP) to Tedros, Piercy et al.

HMP@who.int, hggoverningbodies@who.int, inbplatform@who.int, [INB Public Hearings](#), [Kenneth PIERCY](#), DGoffice@who.int [Kenneth PIERCY](#), swaminathan@who.int

- Open letter to Tedros and Swaminathan –
- Memorandum of Understanding of Stakeholder Engagement:

LAW AND CIVICS TREATY MONITORING COMMITTEE

Support the Only Legal Actions to Monitor the World Health Organization!

**IF NOT US
THEN WHO!**



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Interest of Justice Open Letter to the WHO May 2, 2022

Download the 2 page open letter to the WHO:



Open Letter to The WHO.pdf

PDF Document

165.0 KB

Contents of the 2 links inside:



Memorandum of Understanding regarding IOJ's stakeholder engagement at the WHO .pdf

PDF Document

14,8 MB



First Report of the CIVICS AND LAW TREATY MO...y 2, 2022 - Interest of Justice Open Rebuttal.pdf

PDF Document

15,5 MB

CIVICS AND LAW TREATY
MONITORING COMMITTEE

May 2, 2022

**OPEN LETTER TO: Kenneth Piercy, Tedros Adhanom Ghebreyesus,
Soumya Swaminathan**

Please find Interest of Justice's attached stakeholder engagement packet with our memorandum of understanding of our role as a private human rights and accountability monitoring committee. We would like to extend a warm greeting and introduce WHO to Interest of Justice institute and our mission of participation and human rights oversight through this presentation of our stakeholder engagement packet: <https://www.craft.do/s/tn0qixkQJPT6cF>

Interest of Justice is a research institute who's purpose is to defend human rights through the creation of regulations and procedures where there are gaps in the law and no way to claim the rights owed to the people. This letter itself is research into how to work with the WHO and not against, in order to ensure there are limitations to the WHO and governments ability to declare an emergency and limit rights as well as an open call for transparency into WHO's private sector and private foundation funders and if there are any conflicts of interest.

Interest of Justice civics and law institute is calling on all stakeholders and the WHO to join in fraternal brotherhood for a warm relationship that will ensue in this process of participation and stakeholder engagement.

Interest of Justice encourages all people, especially the censored and marginalized, to exercise their right to health, association and free speech.

CIVICS AND LAW TREATY
MONITORING COMMITTEE

The right to health allows everyone to meaningfully participate in the design, implementation and execution of all health policies that affect them. This right to health applies to the right to participate in any new global treaty on pandemic preparedness and response that WHO proposes to create.

For our part, Interest of Justice is opening our stakeholder status to all peoples and organizations worldwide as the CIVICS AND LAW TREATY MONITORING COMMITTEE. Everyone is welcome to sign up. Our aim is to give actual power back to the people, and help ensure WHO performs their duty of due process and participation by legally enforcing human rights obligations.

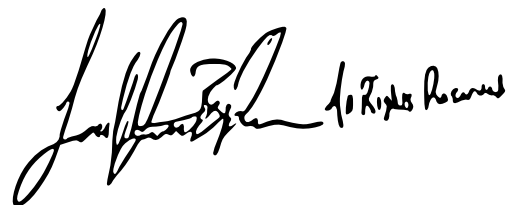
We are proudly announcing the Interest of Justice 2022-2030 "CIVICS AND LAW TREATY MONITORING COMMITTEE PROJECT", entitled, "If not us, then WHO!" Learn more and sign up here: ifnotusthenwho.interestofjustice.org

In the Interest of Justice for all of humanity, and for the benefit of WHO's mission of ethics and accountability, we have also rebutted each relevant presumption below regarding the *Director-Generals opening remarks 12 April 2022* and WHO's '*Statement on the eleventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic. 13 April 2022.*'

See the full rebuttal of WHO's conclusory presumptions of a PHEIC and other rebutted WHO presumptions that are presumed true, unless rebutted with genuine evidence within 10 business days: <https://www.craft.do/s/zfiCKazeFvAhov>.

Sincerely,

Dustin Bryce
Head of Public Relations, Interest of Justice,



Dustin Bryce to Rights Reserved

Global Health civil society participatory research project: "If not US, then WHO!"

COMMON LAW IS THE WILL OF THE MANKIND, ISSUING FROM THE
LIFE OF THE PEOPLE

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CIVICS AND LAW TREATY
MONITORING COMMITTEE

May 2, 2022

This is the May 2, 2022 first report of the Interest of Justice CIVICS AND LAW TREATY MONITORING COMMITTEE. The purpose is to participate and engage as stakeholders and discuss the WHO Director-Generals statements at the beginning and end of the first Public Hearings April 12 and 13th 2022.

This section is a report to rebut the Director-Generals presumptions in his opening statement on April 12, 2022:

WHO: WHO Director-General's opening remarks at the Public Hearing regarding a new international instrument on pandemic preparedness and response – 12 April 2022

12 April 2022

Dear colleagues and friends,

Good morning, good afternoon and good evening to all of you, and thank you for joining us today for this very important discussion.

IOJ: Interest of Justice is happy to contribute.

WHO: *The COVID-19 pandemic is the most severe health crisis in a century.*

IOJ: **The foregoing statement that "The COVID-19 pandemic is the most severe health crisis in a century" is unsubstantiated, and contradicted by our research, our experts, and even the Director-Generals own statements at the end of the hearing on April 13 2022, confessing extrajudicially and irrevocably that tools exist to limit transmission, save lives and protect health systems, making the state of emergency manifestly illegal to continue, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.**

WHO: *More than 6 million lives have been lost, countless livelihoods destroyed, health systems disrupted, already-vulnerable people pushed into poverty, and the global economy plunged into its deepest recession since the Second World War.*

IOJ: The Director-General concedes that countless livelihoods are destroyed, health systems disrupted, already-vulnerable people pushed into poverty, and the global economy plunged into its deepest recession since the Second World War, however, Interest of Justice finds no scientific basis for attributing these extreme results to covid-19 itself.

In our opinion the WHO's mismanagement of applying the unnecessary, arbitrary, unscientific, disproportionate, illogical and irrational recommended measures, evidently and manifestly influenced by political interference in scientific decision-making, is the cause of these disastrous results to world health across the board.

There is also no evidence that Interest of Justice can find, even after diligent search, to show 6,000,000 people died from covid-19.

For reasons explained later, those #'s of 6 million people are overwhelmingly false statistics obtained from faulty diagnostics guidance recommended by the WHO and unsubstantiated by conclusive data.

UK just lowered their count from 160,000 to 5,115. Interest of Justice notes that it truly shocks the conscience the WHO is counting overinflated numbers from the first diagnostics they said in December 2020 is outdated PCR diagnostics for creating false positives, and yet the WHO is conspicuously still not deducting the 97-100% false statistics publicly, presumably to alarm the public.

In an April 20, 2022 report about FDA, CDC, NIH AND HHS, the U.S. Government Accountability Office (GAO) defined scientific integrity as "the use of scientific evidence and data to make policy decisions that are based on established scientific methods and processes, are not inappropriately influenced by political considerations, and are shared with the public when appropriate." They recommend that FDA, CDC, and HHS should ensure that procedures for reporting and addressing potential political interference in scientific decision-making are documented, including adding a definition of political interference, and that for HHS the procedures are communicated to the Assistant Secretary for Preparedness and Response.

THIS IS AN OPEN CALL AND DEMAND FOR THE WHO TO FOLLOW SUIT AND ensure that procedures for reporting and addressing potential political interference in scientific decision-making are documented, transparent, including adding a definition of political interference, and that the procedures are communicated to the CIVICS AND LAW TREATY MONITORING COMMITTEE, among all other public agencies involved in pandemic preparedness and response as well as inform the public.

This is a big first step to restore faith in the WHO and the political integrity of evidence based medicine and science, which the WHO concedes is a public trust that is rapidly waning.

The following document shows connections between the Gates Foundation, Wellcome Trust, WHO, GAVI and other NGOs and Big Pharma. It contains about 6500 objects including like Persons, NGOs, Companies, Documents, etc. All information is publicly available. Most reasonable people would not want the WHO in charge of global health with no ability to prevent (not merely "manage" with WHO's discretion) these private sector and private foundations from policy creation or influence and political interference in scientific decision-making. The end users and consumers of WHO's health services should hold more seats at the table than this syndicate of health monopolies. If people cant counterbalance this Goliath of influence in health policy creation and WHO seats at the table, the situation is inequitable and oppressive, bordering on some sort of new corporate public-private totalitarianism, enabled only through the WHO catering to a scientific dictatorship controlled by the private monopolies. These private sector entities should be able to transparently suggest health policy backed by data that can be scrutinized, but the people have a participatory right to decide if its justified or beneficial, or if its motivated by profit, power or other undue influences.



Netzwerkanalyse-Corona-Komplex.pdf

PDF Document

19,7 MB

The public trust will never be restored in the WHO (and the service relationship to public health is inherently invalid) without an assurance of probity in the public function. This trust shall be established by the WHO IMMEDIATELY creating and enforcing procedures for reporting and addressing potential political interference in scientific decision-making, and ensuring they are documented, transparent and readily available, with removal of stakeholders from WHO's board and unofficial ex officio board members who hold conflicts of interest by profiting from the policies, and who may or do exert undue influence and political interference in scientific decision-making. Any member removed for undue influence and political interference in scientific decision-making shall be prosecuted under Rome Statute Article 7 and other applicable laws and reparations shall be made to any government and peoples for damages arising from the undue influence and political interference in scientific decision-making. Until this is accomplished the WHO has no moral force upon which to declare themselves the head of global health. People of every nation require the ability to assess and address conflicts of interest, undue influence and political interference in scientific decision-making and so far the WHO, CDC, FDA and HHS are not in compliance.

GAO has posted their April 20, 2022 report here: <https://www.gao.gov/products/gao-22-104613> and each agency has open status until the suggestions of GAO are complied with for each agency.

Download PDF below:



SCIENTIFIC INTEGRITY HHS Agencies Need to De...ssing Political Interference Accessible Version.pdf

PDF Document

3,8 MB

For our part, Interest of Justice will be posting our own report here based on the Director-Generals response to this demand: ifnotusthenwho.interestofjustice.org and the WHO has open status until the legally required demands are complied with.

WHO: And although we are now seeing a welcome decline in reported deaths, the pandemic is still far from over.

The research and information available to Interest of Justice is conclusive and overwhelming, backed by peer reviewed experts that far outnumber WHO's potentially conflicted staff of 8000 total. In the opinion of Interest of Justice, our stakeholder members comprising hundreds of thousands of non biased experts who are not beholden to private interests or political interference in scientific decision-making, and millions of people engaged in this project directly and bi proxy, we can assure the Director-General the alleged pandemic is clearly over any alleged crisis phase.

If anything, covid-19 represents an endemic normal situation according to the unequivocal rules of science.

What is unclear is what precise science the Director-General relies upon to make this conclusory statement, how much political interference in scientific decision-making is involved in those decisions and what is the precise public participation process to examine those scientific facts he relies upon, in order to allow Tedros to substantiate his claims?

There is a duty held by the Director-General to substantiate the scientific claims. Interest of Justice invokes that duty to substantiate the death toll is accurate and not misinformation or disinformation or alarmism in response to spurious interests.

WHO: Transmission remains high, vaccine coverage remains too low in too many countries, and the relaxation of public health and social measures is creating the conditions for new variants to spread.

IOJ: The foregoing statements are completely unsubstantiated, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: Our focus must remain on ending the pandemic – in particular, by supporting all countries to vaccinate 70% of their population, with priority on the most at-risk groups.

IOJ: The foregoing statements that the alleged pandemic can only end with 70% vaccinated are unsubstantiated and disproved by successful countries who downgraded to endemic status like the flu, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision. Our Health Minister in Costa Rica who was conspicuously just hired by the WHO, is contradicting the WHO in court records. He first testified the herd immunity will come by the last two months of 2021 from the vaccines.. now he testifies they don't work for transmission, ".Although they provide at least some protection against infection and transmission, the protection they confer against severe illness and death is much greater", which is a situation which clearly holds no public interest, only a personal benefit and cant ever achieve this fallacy of herd immunity since it cant stop transmission. Interest of Justice finds this contradiction so striking that we invoke the duty of substantiation and hereby require the Director-General to place his detailed raw data sets and substantiation of certified death by or from covid-19, redacted for privacy, on the record in a public hearing and to describe in succinct detail the science behind how he expects herd immunity will ever be achieved from a treatment that does not confer immunity?

WHO: But even as we work to end this pandemic, we owe it to those who have died, and those who have been affected, to learn the painful lessons the pandemic is teaching us, and make the changes we must make to make sure the world is better prepared for the next pandemic.

The fact is, COVID-19 has exposed serious gaps in the global health security architecture.

IOJ: As a civics and law institute to empower the people to learn and defend their rights we are concerned of the repetitive use of undefined and subjective words and catch phrases such as "serious gaps in the global health security architecture". What is the definition of the global health security architecture? Why did covid or the extreme measures cause gaps? We require the Director-General to bring the public up to speed with the lingo and to substantiate all these claims and directions... a global health security architecture sounds serious and we need all information available.

WHO: The inequities that we have faced in the past two years – for therapeutics, diagnostics, and vaccines – have undermined our efforts to bring COVID-19 under control.

IOJ: Research shows the words equity, inequity, equitable are not meaning the same to all people, yet it is a key phrase in WHO and UN SDG and future plans that are likely to be incorporated in the treaty. The word equity and many other words will need to be defined and agreed upon by the people because the WHO's definitions are far "more broad", which in turn is very problematic for supplanting local legislative made "narrow" definitions; a situation that is cause to prohibit the WHO in any country where the laws and definitions may conflict with the WHO. Definitions are the building block of law and society safety, and frankly, we really do not understand any of the catch phrases or what the WHO is truly advocating for when they say all these undefined buzz words that only inside privileged few understand, but will presumably affect us all. For instance many say its inequitable for the WHO to interfere with the Dr. Patient relationship or to refuse to approve ivermectin off shelf treatments known to work safely and effectively, which is the WHO's current position that limits freedom of choice.

WHO: For instance, even as some high-income countries now roll out fourth doses of vaccine for their populations, one third of the world's population is yet to receive a single dose, including 83% of the population of Africa.

My friends, shared threats demand a shared response.

IOJ: People respond to threats in their own ways and the beauty we all share is the gift of free will and often there are many ways to achieve the same ends. A "shared response" is not an "identical response", and to give equal treatment a shared response would have to let everyone do what they felt was best after educating them in open transparent public forum.

WHO: Or as the title of the World Health Assembly decision says, "A World Together."

IOJ: How about "A World Together is a World of Respect For Validating Different Uncensored Approaches"? Interest of Justice presumes the Director-General means one size fits all health advice to be solely dictated by the WHO, and agreed upon by funder stakeholders who profit from the advice of the WHO. If so, we reject the offer of "A World Together" for not understanding its implications. It sounds nice but every mouse trap comes with cheese, so to speak. This is where information, clear definitions & meaningful dialogue is needed to avoid being void for vagueness.

WHO: And yet the pandemic has been marked by a patchwork of different and sometimes contradictory responses, causing confusion, division, inequity and stigmatization.

IOJ: It is presumed that what the WHO is trying to say here is that there is really truly only one proper technical response to covid-19: the WHO's "evolving" response. Irregardless that the WHO is insisting their own advice is still not yet successful after two years, they insist with an iron fist that every country and peoples should continue the same failing plan first conceived at the onset. Contradictory responses such as Florida, Denmark, India, El Salvador, etc are creating confusion only because those methods demonstrably work and people are truly confused why the WHO stigmatizes successful early treatment campaigns created independent of the WHO, and still irrationally and illogically insist on the first failing "vaccination" campaign which is not a vaccine as defined by many legislators.

WHO: Underpinning this chaotic picture is a governance that is complex and fragmented.

IOJ: The world is complex and fragmented into many different sovereignties, which by nature is both chaotic and at the same time it is this decentralization of powers that is what lends the stability of the social order, due to the protection of diversity lending a balance to the world order necessary to stave off power imbalances, a truth known inherently to all men time immemorial that the WHO has a duty to recognize.

WHO: The International Health Regulations provide a vital legal framework for responding to the global spread of disease.

IOJ: This is debatable and not settled as fact. For instance the IHR does not incorporate the entirety of Siracusa Principles or even a reference. In the Siracusa Principles the IHR shall be given "due regard", which is undefined but could mean due process and application only after a legal challenge. As far as the IHR, the creators apparently went to great lengths to avoid adding the Siracusa Principles and limited the IHR recognized human rights to only 2 rights (dignity and freedom), despite the full range being owed ergo omnes to all men by the WHO. Dignity is not defined and throughout this process we insist on a robust public discussion of dignity. The censored doctors who successfully treat covid also have a vital framework, not respected by WHO thus far, which must change. One thing is clear that is not debatable, the IHR is a legal framework, vital or not, and there are many other superior law legal frameworks that must guide and harmonize with the IHR to prevent invalidity, in particular the Siracusa Principles is the absolutely vital international human rights framework that defines the very limited conditions upon which a government can temporarily limit certain rights, which was largely not applied by the WHO or most governments during the covid-19 response directed by the WHO, which is an omission so grave it is tantamount to a systematic denial of human rights which is a national security threat globally directed by the WHO and UN, to the detriment of peoples, nations and the WHO's attempt to build a solid reputation of MORAL FORCE.

WHO: But the pandemic has exposed shortcomings in the application and implementation of the IHR that I believe are best addressed with a convention, agreement or other international instrument.

IOJ: This opinion that "the application and implementation of the IHR that I believe are best addressed with a convention, agreement or other international instrument" is contentious and not settled as actually being justified. There is a duty of substantiation, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: We have treaties and other international instruments against tobacco, nuclear, chemical and biological weapons, climate change and many other threats to our shared security and well-being.

IOJ: The foregoing statements that climate change is a threat to our shared security and well-being is unsubstantiated, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: As you know, in December the World Health Assembly made the historic decision to negotiate a WHO convention, agreement or other international instrument to strengthen pandemic prevention, preparedness and response.

This agreement, I hope, will be a generational agreement. It could be a gamechanger.

IOJ: Interest of Justice appreciates the WHO's enthusiasm, but urges temperance and far more inclusion of voices, including critics, and a much elongated process to allow time for meaningful participation of all peoples. After careful review we recommend the de-acceleration of the WHO's treaty agenda timeline for 2024, due to the complete lack of substantiation of any necessity or actual benefit of a new instrument and lack of adequate participation and information to the public on these various contentious topics. A series of public hearings should be held to ask the public step by step how they want the global health game to change, if at all, and who should decide.

WHO: An Intergovernmental Negotiating Body – an INB – has now been established and has begun its work. Its outcome is to be submitted to the World Health Assembly in 2024.

IOJ: Interest of Justice calls for the WHO to hold bi weekly public hearing meetings hosted by critical marginalized primary stakeholders from now until the process is complete, in order to determine the constitutional elements of necessity, proportionality and reasonableness. This will also allow the WHO to meet their burden of proof to publicly substantiate all covid and other claims and science relied on in the process that may end up as policy in the treaty. In particular, the vast amount of WHO's purported settled science based on the "totality of evidence" that is in dispute by thousands of experts who presented WHO evidence that is still not taken into account or refuted with genuine evidence and due process, requires public debate with strict scrutiny of all datasets available to both sides of the argument. Who has no MORAL FORCE without this.

WHO: It includes countries from all regions and all income levels, and is chaired by Dr Precious Matsoso of South Africa and by Dr Roland Drieste of the Netherlands, with vice chairs from Brazil, Egypt, Japan and Thailand.

Under their leadership, the INB is operating based on the principles of inclusiveness, transparency, efficiency and consensus.

IOJ: Including leaders is not the same as true stakeholder engagement or citizen participation by the primary stakeholders we represent who are marginalized and may need assistance to participate.

WHO: As part of its decision in December, the World Health Assembly asked me to hold public hearings to inform the INB's deliberations.

Public participation is crucial to that effort.

IOJ: AGREED. The problem is this participation mechanism is too rushed, not structurally sound to achieve the multifaceted robust discussion of legality, philosophy, history, technological advances, understanding of the agendas and players involved and really research to give informed consent to the WHO. This would need at least 10 years of non stop civics and law training and the WHO would be required to rebuild trust through actually engaging critics and appeasing their concerns by proving science and rational, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: Our Constitution says, "Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people."

IOJ: If the WHO were serious about this ideology they would practice what they preach, but Interest of Justice is unable to find any public information portal that is responsive to the needs and concerns of those they seek to serve. When our experts try to post peer reviewed scientific data that conflicts with WHO's unsubstantiated conclusory statements these experts and journalists are marginalized, persecuted, called misinformation and deplatformed under Trusted News Initiative, a WHO censorship apparatus. Or as the WHO coined the term, "global health security architecture". The current direction of the WHO is wholly antithetical to the public messaging of their own constitution by omitting the time and robust civics and law discussions that would be required for truly Informed opinion and active co-operation on the part of the public. Because the WHO has failed their duty to provide mechanisms for ongoing debate, education, substantiation, motivation, truly Informed opinion and active co-operation on the part of the public, it is worth mentioning that according to the WHO's own constitution, the WHO is acting contradictorily to the improvement of the health of the people by omitting the requirements of utmost importance in the improvement of the health of the people.

WHO: We are very pleased to have a wide range of participants today, from civil society, the private sector, independent experts, as well as philanthropic, academic and international organizations.

IOJ: In the observations of Interest of Justice, the public hearing was comprised of almost all WHO funders, stakeholders with seemingly preferential treatment. Other organizations we know were denied and very few critics were invited, despite our research showing far more critics exist than cheerleaders for the agendas proposed. Many people stated their opinion that it sounded like they all read a script in line with WHO's wishes, and the public we spoke to felt it was a sham hearing that was really an ignoring. People don't have much trust in the WHO and feel they are a captured agency of their funders. People felt there was not a wide enough range of participants and the few critics nearly all mentioned that more people should be invited and more time to announce to prepare.

WHO: We are starting with the basics. Today's guiding question is:

What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?

I repeat: What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?

IOJ: We answered the question on the table but there is an even better question: "Is there a need or desire from the people to create a new international instrument on pandemic preparedness and response, and if so should the WHO be in charge when their science is in dispute and unsubstantiated?"

WHO: We look forward to hearing from you. The success of the future instrument depends on it.

IOJ: Interest of Justice looks forward to many more productive interactions such as this. Because the WHO failed to provide a place to discuss these issues with primary stakeholder affected by the policies, we will be sending the WHO our reports and asking for responses, to which we will expect meaningful participation and dialogue to hear back from you promptly at each instance, with your duty of adequate and truthful information, motivation and substantiation.

WHO: Ultimately, whatever instrument comes, this process will affect everyone. So, it's vital that we get the widest possible range of inputs.

IOJ: This process will affect everyone according to the WHO. Despite claiming it is vital that we get the widest possible range of inputs there are only 2 public hearings planned and they are wholly insufficient. Health is a public good owed to ALL people by the WHO which includes each man to participate and collaborate. Interest of Justice will collect members and we will engage with the WHO. The more member stakeholders we collect will translate to equitably requiring a redistribution of 'key player' seats to represent the peoples wishes over private sector or private foundations. Otherwise, it is all empty promises of a world together with top down control, and that would negate the entire process for lack of participatory inclusion of a wide range of inputs.

WHO: Thank you all for your engagement at this historic moment.

I hope the legacy of this meeting, of the negotiating process and the pandemic itself is a healthier, safer, fairer world for generations to come – a world together.

IOJ: Thank you to the WHO and the Director-General for the opportunity to create a relationship that will result in true engagement and accountability that is currently lacking within the WHO framework.

WHO: And thank you for joining the work on this generational agreement, which we believe is a game changer. I thank you.

IOJ: The buzz word "game changer" should be explained because it sounds important. What game is changed? How? What do these game changing policies look like in real life? Of great concern to many is the WHO playing a game with exaggerated diagnostics, complicated treatment, and alarm situations in response to spurious interests, as well as censorship and surveillance under the skin as part of a purported global health security architecture.

If this is really a game changer then the WHO has a lot more work to do and a duty to lengthen the process to include all marginalized stakeholders such as our member experts being persecuted for disagreeing with WHO's unproven science.

This is the second half of the first report of the Interest of Justice CIVICS AND LAW TREATY MONITORING COMMITTEE - this section is a report to rebut the Director-Generals presumptions in his closing statement on April 13, 2022:

WHO: The eleventh meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding the coronavirus disease (COVID-19) pandemic took place on Monday 11 April 2022 from 12:00 to 16:30 Geneva time (CEST).

WHO: Proceedings of the meeting

Members and Advisors of the Emergency Committee were convened by videoconference.

The Director-General welcomed the Committee members and advisers. The Director-General explained that the world has tools to limit transmission, save lives, and protect health systems.

IOJ: AGREED. It is a fact not in dispute that the foregoing statement is a confession by the Director-General that Ordinary administrative procedures are available to limit transmission, save lives, and protect health systems.

As a result of the foregoing extrajudicial confession that these wonderful tools thankfully exist, Interest of Justice hereby invokes the duty of the WHO's Director-General to immediately reconvene an early meeting with the Emergency Committee to cancel the PHEIC because The Director-General determined that the "world has tools to limit transmission, save lives, and protect health systems".

As the WHO knows, or should know, the law does not allow further execution of the PHEIC or emergency acts when ordinary administrative procedures are available that limit transmission, save lives, and protect health systems.

WHO: He expressed hope in the current epidemiological situation, noting that the world is currently experiencing the lowest number of reported deaths in two years. However, the unpredictable behavior of the SARS-CoV-2 virus and insufficient national responses are contributing to the continued global pandemic context. The Director-General emphasized the importance of States Parties using available medical countermeasures and public health and social measures (PHSM). He highlighted the publication of the updated Strategic Preparedness, Readiness, and Response Plan which provides a roadmap for how the world can end the COVID-19 emergency in 2022 and prepare for future events.

IOJ: Interest of Justice disputes the number of reported deaths accuracy, due to the fatally flawed diagnostics testing ruled by courts to be 97-100% false positives due to calibrating the cycle threshold at 35- 45ct. We are in receipt of affidavits signed by Dr. Yeadon, ex VP of Pfizer, who was part of a study of 22 peer reviewed experts called the Corman Drosden report, that discredited the WHO's diagnostics (PCR at 45ct) that was the basis of the March 11 2020 PHIEC issued. The Corman Drosden report is not in dispute by Costa Ricas health Minister, President or the WHO, despite being conspicuously posted on NIH.

If the Corman Drosden report issued by the 22 peer reviewed experts (and ruled true in numerous courts) is incorrect, the WHO has a duty to provide genuine evidence to overcome our authenticated evidence of the Corman Drosden report discrediting the confirmed cases from the PCR results signed by Dr. Yeadon, one of the peer reviewed experts involved in the study. Interest of Justice invokes the WHO's duty of substantiation within Costa Ricas administrative deadline of 10 business days that the confirmed cases of covid are accurate counts of dangerous infectious cases of covid-19. In the event this evidence is unavailable to substantiate the accuracy of the PCR test for active cases of covid-19, Interest of Justice invokes the duty of the Director-General and Emergency Committee to declare the absolute nullity and lift the unjustified limitations to peoples rights and interests.

The WHO must dispute by the administrative deadline of 10 business days, or the report will be presumed true: <https://cormandrostenreview.com/>

WHO: Representatives of the Office of Legal Counsel (LEG) and the Department of Compliance, Risk Management, and Ethics (CRE) briefed the members on their roles and responsibilities. The Ethics Officer from CRE provided the members and advisers with an overview of the WHO Declaration of Interests process. The members and advisers were made aware of their individual responsibility to disclose to WHO, in a timely manner, any interests of a personal, professional, financial, intellectual or commercial nature that may give rise to a perceived or direct conflict of interest. They were additionally reminded of their duty to maintain the confidentiality of the meeting discussions and the work of the Committee. Each member who was present was surveyed. No conflicts of interest were identified.

IOJ: Interest of Justice notices that there is no known definition for “in a timely manner”, leaving the statement open to discretion that could easily be abused by anyone with a conflict. “In a timely manner” could be 75 years like the FDA unreasonably asked for to reveal Pfizer safety data relied on. There is also no assurance that any member was in the room at all when surveyed, which does not instill confidence in this process of addressing and assessing serious conflicts of interest.

The public interest requires actual transparency to see each written statement denying their conflicts of interest of each person who gets to sit at the table to exert any influence to make any policy. This statement must be able to allow for public scrutiny by disclosing all relationships with strict regulatory agencies, pharmaceutical, and health related fields including biotechnology, surveillance and AI.

WHO: The Secretariat turned the meeting over to the Chair, Professor Didier Houssin, who reviewed the objectives and agenda of the meeting.

The Secretariat presented on the current status of the COVID-19 pandemic and a vision for how to optimize the ongoing response to the COVID-19 pandemic for 2022. The presentation focused on:

- the global epidemiological context and factors that continue to drive transmission;
- updates on international traffic as well as COVID-19 proof of vaccination and test result certificates;
- the status of COVID-19 vaccination; and
- the strategic objectives for countries to incorporate in their COVID-19 response.

The Committee discussed key issues including SARS-CoV-2 variants; use and equitable access to antivirals; vaccine protection and global shifts in the supply and demand for COVID-19 vaccines; hybrid immunity; potential future scenarios for SARS-CoV-2 transmission and challenges posed by concurrent health emergencies; and how Member States are responding to the COVID-19 pandemic. The Committee also noted with concern the growing fatigue among communities worldwide in response to the COVID-19 pandemic and challenges posed by the lack of trust in scientific guidance and governments.

IOJ: Interest of Justice find it insufficient that growing fatigue and lack of trust in scientific guidance and governments is merely “noted with concern”.

Actually easing the concern is overdue. This can only be accomplished by immediately hosting as many public hearings as needed to obtain truth whenever the science is in question by scientists. Scientific debate and lengthy public scrutiny of any contentious science is the next step in the ethical reformation of the WHO, and is a duty invoked in the Interest of Justice.

The lack of trust in scientific guidance and documents issued by the WHO is clearly justified due the WHO's lack of application of the unequivocal rules of science and reliance on their own outdated diagnostics to claim inflated numbers of deaths, and many other issues of scientific integrity that are still not addressed or resolved by the WHO.

In the lengthy research of Interest of Justice we find no substantiation to the following scientific and technical positions of the WHO:

- Asymptomatic transmission exists
- Because Asymptomatic transmission exists we must test everyone incessantly
- The PHIEC is justified to be issued based on the cases of covid-19 confirmed by the PCR test using the Drosden created "Charite paper" which calibrates the PCR test at 45ct - which creates 100% false positives.

Please bear in mind, our Health Minister refuses to substantiate, even when ORDERED: "Why are you using cycles over 35 when Dr. Fauci says that is only detecting dead nuclei? Question: Why are you testing at over 35 cycles when WHO and Dr. Fauci and CDC says PCR testing with over 33-35 cycles is INCAPABLE of detecting a virus capable of replicating and is only false positives?"

- Instead of answer why he uses the first bad test outdated by the WHO, our Health Minister repeats the WHO told them the PCR test is the "gold standard".
- Daily WHO accepts Costa Ricas false statistics, using the first WHO diagnostics because the WHO doesn't check any countries methods of diagnostics, and as a result, the WHO posts the false statistics daily on WHO's global tally. We presume most countries and the WHO report false statistics, if not all.
- Even the WHO, CDC, Ministerio de Salud of Costa Rica all say the PCR test cant tell influenza... and stays positive months after no longer infectious. Many would call this gross negligence or fraud.

The WHO has a duty to substantiate why they are relying on tests that are "useless" for detecting active cases of covid, and using those fatally flawed tests to diagnose covid-19 and posting the case counts as justification to issue and reissue ad infinitum a PHIEC which in turn limit our rights? Detailed reasoning is required according to Costa Rican law. If the WHO cant or won't answer this direct question sufficiently to explain why one scientific choice was chosen over others, then the service relationship between Costa Rica and the WHO is nullified as a matter of International, Constitutional and even Administrative law.

Interest of Justice states for the record that we conclude the WHO is creating a false alarm based on spurious interests and bad technical guidance first proposed by WHO. Knowing these facts, the WHO is intentionally continuing to execute the manifestly illegal acts.

This is problematic because the PHIEC is an act affecting everyones rights that is not strictly required by the exigencies of the situation, meaning, unsupported by scientific certainty, which makes the PHIEC and subsequent limitations an absolute nullity ab initio under Siracusa Principles Article 51-57

C. "Strictly Required by the Exigencies of the Situation"

- **51. The severity, duration, and geographic scope of any derogation measure shall be such only as are strictly necessary to deal with the threat to the life of the nation and are proportionate to its nature and extent.**
- **52. The competent national authorities shall be under a duty to assess individually the necessity of any derogation measure taken or proposed to deal with the specific dangers posed by the emergency.**
- **53. A measure is not strictly required by the exigencies of the situation where ordinary measures permissible under the specific limitations clauses of the Covenant would be adequate to deal with the threat to the life of the nation.**
- **54. The principle of strict necessity shall be applied in an objective manner. Each measure shall be directed to an actual, clear, present, or imminent danger and may not be imposed merely because of an apprehension of potential danger.**
- **55. The national constitution and laws governing states of emergency shall provide for prompt and periodic independent review by the legislature of the necessity for derogation measures.**
- **56. Effective remedies shall be available to persons claiming that derogation measures affecting them are not strictly required by the exigencies of the situation.**
- **57. In determining whether derogation measures are strictly required by the exigencies of the situation the judgment of the national authorities cannot be accepted as conclusive.**

WHO: The Committee recognized that SARS-CoV-2 is a novel respiratory pathogen that has not yet established its ecological niche. SARS-CoV-2 continues to have unpredictable viral evolution, which is compounded by its wide-spread circulation and intense transmission in humans, as well as widespread introduction of infection to a range of animal species with potential for animal reservoirs to be established. SARS-COV-2 is continuing to cause high levels of morbidity and mortality, particularly among vulnerable human populations.

IOJ: All viruses mutate and with each variant it becomes weaker and weaker and more transmissible. Interest of Justice's research shows that ONLY the minute population of elderly and vulnerable are affected by covid-19, which is akin to the flu. In our research we find the levels of morbidity and mortality, particularly among vulnerable human populations is identical to flu or lower.

WHO: In this context, the Committee raised concerns that the inappropriate use of antivirals may lead to the emergence of drug-resistant variants.

IOJ: The inappropriate use of the gene [non]"vaccines" are leading to the emergence of "vaccine" resistant variants, exacerbating and extending the situation rather than curtail it.

WHO: In addition, Committee members acknowledged national, regional, and global capacities to respond to the COVID-19 pandemic context, but noted with concern that some States Parties have relaxed PHSM and reduced testing, impacting thus the global ability to monitor evolution of the virus.

IOJ: Interest of Justice finds no necessity for a global ability to monitor evolution of the virus, because national health care systems are perfectly capable of monitoring covid, which is like the endemic flu.

WHO: *The Committee also noted with concern the inconsistency of global COVID-19 requirements for international travel and the negative impact that inappropriate measures may have on all forms of international travel.*

IOJ: AGREED

WHO: *In this context, the Committee noted that offering vaccination to high-risk groups of international travelers on arrival could be considered a means to mitigate the risk of severe disease or death due to COVID-19 among these individuals.*

IOJ: This claim is unsubstantiated and in dispute by our members, many of whom are top scientific experts the WHO is currently censoring for purportedly spreading misinformation. These experts have data they wish to impart, a right to health and duty.

WHO is currently in breach of duty to give these marginalized stakeholders due process and uphold their right to dignity and association. Any responsive health agency would eagerly receive new data from top experts. WHO really has no excuse for refusing to receive, examine and consider all new safety signals and data of failing diagnostics, etc.

WHO: *The Committee stressed the importance of maintaining PHSM to protect vulnerable populations, and maintaining the capacity to scale up PHSM if the epidemiological situation changes. States Parties are advised to regularly adjust their response strategies by monitoring their epidemiological situation (including through use of rapid tests), assessing their health system capacity, and considering the adherence to and attributable impact of individual and combined PHSM.*

IOJ: Interest of Justice reminds the WHO that PCR and antigen tests are not proper diagnostics tests to accurately monitor the epidemiological situation.

WHO: *In addition, the Committee reinforced the continued need for international cooperation and coordination for surveillance, as well as for robust and timely reporting to global systems (such as the Global Influenza Surveillance and Response System) to inform national, regional, and global response efforts. Surveillance activities require coordination between the human and animal sectors and more global attention on the detection of animal infections and possible reservoirs among domestic and wild animals. Timely and systematic monitoring and data sharing on SARS-CoV-2 infection, transmission and evolution in humans and animals will assist global understanding of the virus epidemiology and ecology, the emergence of new variants, their timely identification, and assessment of their public health risks. Continued provision of technical support and guidance from all three levels of the WHO can enable States Parties' adjustment of COVID-19 surveillance and its integration into respiratory pathogen surveillance systems.*

IOJ: The claim is unsubstantiated that there is any necessity or benefit for the continued provision of timely and systematic monitoring and data sharing with technical support and guidance from all three levels of the WHO, which will enable States Parties' adjustment of COVID-19 surveillance and its integration into respiratory pathogen surveillance systems.

WHO: *The Committee acknowledged that COVID-19 vaccination is a key tool to reduce morbidity and mortality and reinforced the importance of vaccination (primary series and booster doses, including through heterologous vaccine schedules).*

IOJ: The foregoing claim is unsubstantiated and disputed by experts the WHO censors.

WHO: The Committee expressed appreciation for WHO and partners' work to enhance global vaccine supply and distribution.

IOJ: Public sector and Private foundation partners presumably monopolize the key player seats at the table to create ineffective and unnecessary vaccine policies which they profit from, some of which are in legal and ethical dispute, which is a conflict of interest and structural defect, requiring transparency.

WHO: Committee members highlighted the challenges posed by limited vaccination protection, particularly in low-income countries, as well as by waning population-level immunity.

IOJ: Interest of Justice's research shows waning population-level immunity is due to waning individual immunity which is a known significant adverse reaction of the genetic injections called vaccine enhanced disease (VAID) or antibody dependent enhancement (ADE) and is deadly like AIDS. The injections are apparently irreversibly destroying the life sustaining immune systems, which has the opposite effect, destroying and not protecting health and life. It is presumed WHO and the Committee members know these significant dangers and the duty to inform the public, as well as their duty to immediately cancel the exception to sanitary registration and approval in the WHO 'recommended vaccine' list.

WHO: As outlined in the SAGE roadmap, vaccination should be prioritized for high-risk groups such as health workers, older adults, and immune-compromised populations, refugees, and migrants.

IOJ: AstraZenica's CEO says immune-compromised populations should never take the mRNA injections, and our experts agree, therefore the foregoing statement appears reckless and unsubstantiated. Furthermore, it is unclear why health workers, refugees, and migrants would benefit from the ineffective [non]vaccines that are proving to cause high mortality rates. see: <https://www.bitchute.com/video/Lk00JwZwE5g/>

WHO: To enhance vaccine uptake, States Parties are encouraged to address national and sub-national barriers for vaccine deployment and to ensure COVID-19 response measures align with and strengthen immunization activities and primary health services.

IOJ: The necessity and benefit of vaccine uptake is in dispute. There is no substantiation by the WHO of any necessity to ensure COVID-19 response measures align with and strengthen immunization activities. Our experts disagree and their contradictory opinion and facts are not considered by the WHO.

WHO: In addition, the Committee noted the continued importance of WHO's provision of guidance, training, and tools to support States Parties' recovery planning process from the COVID-19 pandemic and future respiratory pathogen pandemic preparedness planning.

IOJ: The Charite Protocol first WHO diagnostics for covid-19 is still in use in Costa Rica which courts have ruled creates 97-100% false positives.

It is worth mentioning that the WHO's covid guidance comes with the following legal disclaimer, which is quite inappropriate in a public health setting:

"2019 Novel Coronavirus (2019-nCoV): STRATEGIC PREPAREDNESS AND RESPONSE PLAN - However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use."

WHO: The Committee unanimously agreed that the COVID-19 pandemic still constitutes an extraordinary event that continues to adversely affect the health of populations around the world, poses an ongoing risk of international spread and interference with international traffic, and requires a coordinated international response.

IOJ: Interest of Justice finds this shocking and very concerning to the integrity of the WHO's scientific process that the Committee unanimously agreed that the COVID-19 pandemic still constitutes an extraordinary event that continues to adversely affect the health of populations around the world, poses an ongoing risk of international spread and interference with international traffic, and requires a coordinated international response, despite the irrevocable fact the Director-General has clearly explained that the "world has tools to limit transmission, save lives, and protect health systems".

WHO: The Committee stressed the importance for States Parties to prepare for future scenarios with the assistance of WHO and to continue robust use of the essential tools (e.g. vaccines, therapeutics, and diagnostics).

IOJ: Interest of Justice would like to point out the obvious that the foregoing statement is the second extrajudicial confession, this time from the Committee, reiterating the fact that therapeutics exist to limit transmission, save lives and protect health systems, making the state of emergency absolutely null and manifestly illegal to continue.

WHO: The Committee concurred that the COVID-19 pandemic remains a PHEIC and offered its advice to the Director-General.

IOJ: The foregoing claim of PHEIC is unsubstantiated, and contradicted by the Director-Generals own statements that tools exist to limit transmission, save lives and protect health systems, making the state of emergency manifestly illegal to continue, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: The Director-General determined that the COVID-19 pandemic continues to constitute a PHEIC.

IOJ: The foregoing claim of PHEIC is unsubstantiated, and contradicted by the Director-Generals own statements that tools exist to limit transmission, save lives and protect health systems, making the state of emergency illogical and irrational, as well as manifestly illegal to continue to execute, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: He accepted the advice of the Committee and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR.

IOJ: It is unclear why the foregoing advice was recommended or accepted by the Director-General, considering the Temporary Recommendations under the IHR are not strictly required by the exigencies of the situation because he has determined there are tools of ordinary treatments available.

WHO: The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General. The Director-General thanked the Committee for its work.

IOJ: In the opinion of Interest of Justice, a primary stakeholder, there is an IMMEDIATE duty of annulment of the absolutely null PHEIC, issued based on false statistics, exaggerated diagnosis, and an alarm situation based on spurious interests. The Director General's duty of substantiation, probity and motivation is hereby invoked, which affects the motive, content and purpose of the PHEIC, and the validity, making it absolutely null, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: Temporary Recommendations to States Parties

The Committee identified the following actions as critical for all countries:

NEW: Strengthen national response to the COVID-19 pandemic by updating national preparedness and response plans in line with the priorities and potential scenarios outlined in the 2022 WHO Strategic Preparedness and Response Plan (SPRP). States Parties should conduct assessments (e.g. intra action and after action reviews) to inform current and future response and preparedness efforts. WHO Strategic Preparedness and Response Plan (SPRP)



Strategic preparedness, readiness and response pl...o end the global COVID-19 emergency in 2022.pdf
PDF Document
110.0 KB

MODIFIED: Achieve national COVID-19 vaccination targets in line with global WHO recommendations of at least 70% of all countries' populations vaccinated by the start of July 2022. States Parties are requested to support global equitable access to vaccines and to prioritize vaccination of high-risk populations through a primary series and booster schedule. These populations include health workers, older people, people with underlying conditions, immune-compromised, refugees, migrants, people living in fragile settings, and individuals with insufficient access to treatment. States Parties should continually assess their vaccine coverage and epidemiological situation in relation to the COVID-19 pandemic and modify their national responses accordingly. WHO SAGE Prioritization Roadmap



WHO-2019-nCoV-Vaccines-SAGE-Prioritization-2022.1-eng.pdf
PDF Document
570.0 KB

MODIFIED: Continue to use evidence-informed and risk-based PHSM. State Parties should be prepared to scale up PHSM rapidly in response to changes in the virus and the population immunity, if COVID-19 hospitalizations, intensive care admissions, and fatalities increase and compromise the health system's capacity. States Parties are advised to continue the risk-based use of basic PHSM (e.g. wearing masks, staying home when sick, increased hand washing, and improving ventilation of indoor spaces, even in periods of low circulation of SARS-CoV-2). Considerations for implementing and adjusting public health and social measures in the context of COVID-19

IOJ: Interest Of Justice has researched extensively and finds no evidence masks work, and we have found extensive evidence of physical and psychological harm from mask wearing, especially for children, anxious, COPD and other groups using them long term, being insufficient the sole citation of legal norms, simple facts, arithmetic data or generic transcripts of judgments or administrative resolutions, without the foregoing being accompanied albeit succinctly, an analysis aimed at justifying a particular decision.

WHO: Considerations for implementing and adjusting public health and social measures in the context of COVID-19.pdf

MODIFIED: Take a risk-based approach to mass gathering events by evaluating, mitigating, and communicating risks. Recognizing that there are different drivers and risk tolerance for mass gatherings, it is critical to consider the epidemiological context (including the prevalence of variants of concern and the intensity of transmission), surveillance, contact tracing and testing capacity, as well as adherence to PHSM when conducting this risk assessment and planning events, in line with WHO guidance. Key planning recommendations for mass gatherings in the context of COVID-19



WHO-2019-nCoV-POE-mass-gathering-2021.1-eng.pdf
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341.0 KB

MODIFIED: Adjust COVID-19 surveillance to focus on the burden and impact and prepare for sustainable integration with other surveillance systems. States Parties should collect and publicly share indicators to monitor the burden of COVID-19 (e.g. new hospitalizations, admissions to intensive care units, and deaths). States Parties should integrate respiratory disease surveillance by leveraging and enhancing the Global Influenza Surveillance and Response System (GISRS). States Parties should be encouraged to 1) maintain representative testing strategies; 2) focus on early warning and trend monitoring, such as use of wastewater surveillance; 3) monitor severity in vulnerable groups; and 4) enhance genomic surveillance to detect potential new variants and monitor the evolution of SARS-COV-2. Guidance for surveillance of SARS-CoV-2 variants; WHO global genomic surveillance strategy for pathogens with pandemic and epidemic potential 2022–2032



WHO-2019-nCoV-surveillance-variants-2021.1-eng.pdf
PDF Document
492.0 KB

MODIFIED: Ensure availability of essential health, social, and education services. States Parties should enhance access to health, including through the restoration of health services at all levels and strengthening of social systems to cope with the impacts of the pandemic, especially on children and young adults.

Within this context, States Parties should maintain educational services by keeping schools fully open with in-person learning. In addition, essential health services, including COVID-19 vaccination, should be provided to migrants and other vulnerable populations as a priority. Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper; The State of the Global Education Crisis | UNICEF



WHO-UHL-PHC-SP-2021.01-eng.pdf

PDF Document

2,1 MB

MODIFIED: Lift international traffic bans and continue to adjust travel measures, based on risk assessments. The failure of travel bans introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time. The implementation of travel measures (such as vaccination, screening, including via testing, isolation/quarantine of travelers) should be based on risk assessments and should avoid placing the financial burden on international travelers, in accordance with Article 40 of the IHR. WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant



WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant (B.1.1.529).pdf

PDF Document

164.0 KB

MODIFIED: Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel. States Parties should consider a risk-based approach to the facilitation of international travel. Interim position paper: considerations regarding proof of COVID-19 vaccination for international travelers; Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19



WHO-2019-nCoV-Policy-Brief-Risk-based-international-travel-2021.1-eng.pdf

PDF Document

166.0 KB

MODIFIED: Address risk communications and community engagement challenges, proactively counter misinformation and disinformation, and include communities in decision making. To re-build trust and address pandemic fatigue, States Parties should explain clearly and transparently changes to their response strategy. WHO risk communications resources

IOJ: Interest of Justice finds the foregoing statement "Address risk communications and community engagement challenges, proactively counter misinformation and disinformation, and include communities in decision making." very confusing and legally invalid. On one hand the WHO says to include communities in decision making, but contrarily, the WHO's Trusted News Initiative is persecuting, censoring and de-platforming entire communities of scientists who both far outnumber WHO's advisors and who's alleged "misinformation" is more and more turning out to be true but arbitrarily and capriciously called misinformation by WHO, in violation of human rights and right to health.

[1] HR Committee, General Comment No. 34 on Article 19: freedoms of opinion and expression, CCPR/C/GC/34, 12 September 2011; at para. 25.

"For the purposes of paragraph 3, a norm, to be characterized as a "law", must be formulated with sufficient precision to enable an individual to regulate his or her conduct accordingly and it must be made accessible to the public. A law may not confer unfettered discretion for the restriction of freedom of expression on those charged with its execution. Laws must provide sufficient guidance to those charged with their execution to enable them to ascertain what sorts of expression are properly restricted and what sorts are not."

The use of the term "in conformity with the law" in Article 21 of the ICCPR, should not be interpreted to imply any lower standard of legality for limitations on the right of peaceful assembly than other limitations within the ICCPR. It should be the same standard that applies to interpreting the language of "provided by law" within Article 19 of the ICCPR, as elaborated in the Committee's General Comment No. 34:[1]

The WHO and States parties both have a duty to prove their science and allow robust discussion and collaboration with marginalized censored experts, not just "explain clearly and transparently changes to their response strategy", which may be in dispute and unsupported by science to the point of absolute nullity.



Misinfo.pdf
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3,1 MB

MODIFIED: Support timely uptake of WHO recommended therapeutics. Local production and technology transfer should be encouraged and supported as increased production capacity can contribute to global equitable access to therapeutics. States Parties should provide access to COVID-19 treatments for vulnerable populations, particularly immunosuppressed people as this can also reduce the likelihood of new variants' emergence. Therapeutics and COVID-19: living guideline

IOJ: In addition to the very limited selection of WHO recommended therapeutics, our research shows there are numerous other therapeutics validated by concluded peer reviewed studies that could easily expand upon the list of recommended therapeutics to include essential medicines such as Ivermectin which can obliterate covid-19 and can prevent the vulnerable from getting covid-19.

Ivermectin is an ordinary administrative treatment in use in El Salvador, Japan, India, etc and used with great success. The fact WHO claims "Ivermectin studies are not concluded" as cause to deny a nobel prize winning safe essential medicine with many concluded studies, whilst recommending experimental genetic therapy who's studies will not conclude until 2023 is illogical and irrational, dramatically complicating the treatment, leading many to conclude conflicts of interest are the driving motivation for the WHO's unsubstantiated decisions that deny the human right to essential off shelf medicines whilst fanatically promoting the failing vaccine as an infallible cure.



WHO-2019-nCoV-therapeutics-2022.3-eng.pdf
PDF Document
5,7 MB

Overview

MODIFIED: Conduct epidemiological investigations of SARS-CoV-2 transmission at the human-animal interface and targeted surveillance on potential animal hosts and reservoirs. Investigations at the human animal interface should use a One Health approach and involve all relevant stakeholders, including national veterinary services, wildlife authorities, public health services, and the environment sector. To facilitate international transparency, and in line with international reporting obligations, findings from joint investigations should be reported publicly. Statement from the Advisory Group on SARS-CoV-2 Evolution in Animals



statement-agve-omicron.pdf
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257.0 KB

end

INTEREST OF JUSTICE CONCLUSIONS:

IOJ to the WHO: After diligent search Interest of Justice was unable to find any validity to the Emergency Committee and Director-Generals conclusion that covid-19 is a PHEIC, which is extremely problematic.

WHO's interpretations of facts and the limits of law are not in harmony with the international human rights norms that the WHO claims it wants to protect which will require strict scrutiny and oversight to resolve now if the WHO wants leadership role in global health into the future.

Accountability is an interactive process that requires that those held accountable explain their decisions and actions, and that defines the external stakeholders' right and ability to inquire about those actions (Fox, 2014).

The future of health is freedom of choice including natural, traditional and complimentary healing practices and WHO has a duty to equally promote all options, including off shelf options of approved medicines and to not interfere in the traditional Dr.- Patient relationship. Health is not a franchise, its a delicate art that requires human intuition.

The WHO is acting contrary to health when recommending a single one size fits all health strategy decided by 'key players', and not having input of those affected by the policies.

Equality and non-discrimination establishes that all persons must be treated equally, without discrimination based on sex, gender, ethnicity, age, language, religion, national or social origin, sexual orientation and gender identity.

The principle of equality and non-discrimination establishes that in order to generate equality they must also differences must also be respected, and where there are differences, the actions of the State must address health situations should be addressed accordingly, in order to to generate equality.

As relevant stakeholders, Interest of Justice requires a seat at the table and access to information as we request in order to perform our mission of CIVICS AND LAW MONITORING COMMITTEE.

Relevant stakeholders in this context includes non-State actors with a demonstrable interest in pandemic preparedness and responses, such as: international organizations; civil society organizations; private sector organizations; philanthropic organizations; scientific, medical and public policy institutions; academic institutions; and other such **entities that have relevant knowledge, experience and/or expertise related to pandemic preparedness and response to share**. Applicable terms will address, inter alia, requirements of timing, germaneness, civility and transparency.

It is presumed the WHO will accommodate the mission of Interest of Justice and its members who will be acting in a participatory role as CIVICS AND LAW MONITORING COMMITTEE.

Governments are responsible for encouraging citizens and stakeholder participation by creating an enabling environment and establishing appropriate legal, policy and institutional frameworks to help remove obstacles for the participation of everyone, and especially of those who are frequently excluded, for example youth, women or marginalized groups of society (OECD, 2017b).

Interest of Justice represents a disadvantaged or vulnerable class of primary stakeholders who invoke 'key player' status in policy making. The marginalized stakeholders we represent are more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits and we require specific measures and/ or assistance to participate and oversee human rights obligations.

Disadvantaged or vulnerable refers to those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/ or assistance to do so. World Bank
There are many benefits the WHO will obtain from having a truly independent CIVICS AND LAW MONITORING COMMITTEE.

Interest of Justice extends a warm fraternal greeting and appreciation to the WHO for choosing our organization as relevant stakeholders with relevant knowledge, experience and/or expertise related to pandemic preparedness and response to share. With the WHO and the CIVICS AND LAW MONITORING COMMITTEE acting together with mutual respect and a shared mission of transparency and accountability, this supportive relationship can indeed create one health for all.

The UN Special Rapporteur on the Right to Health extended participation under the right to health, recognizing that "[t]he right to health requires that health policies, programmes and projects are participatory. The active and informed participation of all stakeholders can broaden consensus and a sense of 'ownership', promote collaboration and increase the chances of success" (Hunt & Bueno de Mesquita 2006). WHO has drawn from this rights-based consensus to find that "[t]he principle of participation and inclusion means that people are entitled to participate in decisions that directly affect them, such as the design, implementation and monitoring of health interventions. Participation should be active, free and meaningful" (WHO, 2011).

Interest of Justice invokes their entitlement to participate in decisions that directly affect our organization and members, such as the design, implementation and monitoring of health interventions. Participation should be active, free and meaningful.

Notice: All disputed presumptions herein must be rebutted under oath with genuine evidence in 10 business days according to Costa Rican law, otherwise they will be considered as fact. We presume the WHO and each of you men this claim is addressed to agrees with every word we say because all our claims are backed by facts and just laws.

Costa Rica Administrative law Article 415. irrebuttable presumption .- should be considered as assumptions absolute, those by virtue of which the law nullifies certain acts, or agrees a peremptory exception, if in these hypotheses the law has not expressly reserved the test otherwise. However, absolute as it is a legal presumption, it does not preclude the effectiveness of the confession of the contrary fact, provided that they are presumptions exclusively established by a private interest, and that the confession is admissible in the matter of containment.

This report is made by and for the people In the Interest of Justice.

Interest of Justice will be researching the content of each of the above links provided by WHO and other WHO documents, issuing a series of upcoming reports for the Interest of Justice 2022-2030 "CIVICS AND LAW TREATY MONITORING COMMITTEE PROJECT", entitled, "If not us, then WHO!" Learn more and sign up here: <https://ifnotusthenwho.interestofjustice.org/>

Dustin Bryce,

Head of Public Relations, Interest of Justice, contact@interestofjustice.org

Global Health civil society participatory research project: "If not US, then WHO!"

COMMON LAW IS THE WILL OF THE MANKIND, ISSUING FROM THE
LIFE OF THE PEOPLE

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COSTA RICA, UNIVERSALLY DOMICILED



EST. 2016

CIVICS AND LAW TREATY
MONITORING COMMITTEE

May 2, 2022

To download this Memorandum of Understanding of Stakeholder Engagement:



Memorandum of Understanding regarding Interest...y 2 2022 stakeholder engagement at the WHO .pdf
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To: Kenneth Piercy, Tedros Adhanom Ghebreyesus, Soumya Swaminathan

This is our certified Stakeholder Engagement Packet and Memorandum of Understanding. It is an action of friendly diplomacy and introduction to our role as primary 'key players' representing a vulnerable class that is affected by the WHO pandemic preparedness and response policies.

Notification of Inadequate Mechanism to Participate

We are very glad to be in contact with you directly as the head of legal for WHO. We would like to extend a warm greeting and introduce WHO to Interest of Justice institute (IOJ) and our mission of probity in the public function through this open presentation of our stakeholder engagement packet.

Thank you for taking the time to send us the email April 12, 2022 informing us that stakeholders such as Interest of Justice are allotted only 2 minutes to speak once, as cause to deny our second attempt to place our input on the record in the public hearing. While we are very grateful to be recognized as stakeholders and sincerely appreciate being called in Session 1, two minutes was woefully inadequate for us to share our information and requirements as far as substantive elements and international human rights norms in a pandemic treaty.

We are happy that the WHO chose us as a "relevant" and "interested" stakeholder, which they say in this context includes non-State actors with a demonstrable interest in pandemic preparedness and responses, such as: international organizations; civil society organizations; private sector organizations; philanthropic organizations; scientific, medical and public policy institutions; academic institutions; and other such entities that have relevant knowledge, experience and/or expertise related to pandemic preparedness and response to share.

The word relevant is defined by Blacks Law dictionary as: Applying to the matter in question; affording something to the purpose. In Scotch law, good in law, legally sufficient; as, a "relevant" plea or defuse.

The word interested means: LEGAL INTEREST: Something a law recognizes, as in an advantage, profit, right, or share. A legal title is an example.

Unfortunately, due to time constraints we were only able to briefly touch upon 10 issues in 2 minutes and were unable to exercise our right of participation to meaningfully state for the record our relevant knowledge, experience and/or expertise related to pandemic preparedness and response that we really wanted to share, not just with the INB, but with the world. As the only civics and law institution who's mission is to create procedures to protect human rights that we are aware of, with a stake or interest in this matter, we understandably wanted to share lengthy discussions of human rights law and the limits of WHO's powers to begin a discourse and education campaign to satisfy public interest and WHO's constitutional guarantee that "Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people."

We are uniquely qualified to lead the discussion the people are asking for, due to our marginalized members, but WHO is failing to accommodate the discussion of legality and application of human rights to each small or huge issue proposed by the new treaty.

Whilst proclaiming "one health" and "A world Together" as a catch phrase of inclusion, the WHO is leaving out our role as a civil society group and quashing our purpose of existence which is to facilitate a procedure for the peoples education and discussion - a way to really participate in the design, implantation and final decisions of health policy that affects us and our members.

Democracy thrives in sunlight and good governance practices for such a potential undertaking by the WHO ethically requires an effort to provide the public law and civics education as well as ample time to create an educated populace that can weigh two sides and use free will to determine the best option for themselves.

This rushed process is a wild rush by the WHO to a finish line for a signed agreement, which is not yet proved to be necessary or to be firmly desired by the people, let alone even remotely understood as to the real purpose and its possible effect on the rights and interests of the users. We are not aware of any discussion for creating solutions for mitigation or prevention of abuse of power by the WHO, and we have many, many requirements if a new treaty were negotiated for it to be valid, such as the people must be able and competent to analyze each clause for concise agreed definitions in conformity with national definitions, and there would need to be agreed upon procedures for enforcing limitations of emergency powers, to ensure due process and not usurp sovereignty.

The WHO's position on disallowing Interest of Justice another chance to be meaningfully heard would almost make sense if there was a bona fide shortage of speaking slots, however, it appears that without providing good cause, the WHO has decided to bar us and others who attempted to speak for longer than 2 minutes. This is a flat denial of our right as stakeholders to meaningfully participate. We kindly asked to speak in Session 2, was denied as you explained to us by email, then at the end of Session 2 we were dismayed when the WHO called for more comments, stopping early by proclaiming , "no one else wants to speak". No motivation was given why we couldn't speak twice since there was clearly time and an open forum to speak. We are certain the WHO can afford to allow the other denied groups and stakeholders a chance to speak by hosting longer sessions or more days of hearings.

We conclude the current participation process is lacking adequate stakeholder engagement and accountability mechanisms.

There is an apparent acceleration and undue rush by the WHO towards INB deliberations without allowing full public debate and presentation of facts about what should even be included or excluded, or if the treaty is even necessary, we wish to point out the participation process lacks substantive elements of due process.

The public interest is not served by this process that gives PPP's an overwhelming majority at the table whilst at the same time it stymies our attempts at meaningful dialogue.

Substantive elements require consensus on all definitions first and foremost, then we need to discuss what is important to whom and why, in an open forum and in a human rights context.

The participation process is legally insufficient by not providing the public legal, factual and ethical information or a way to challenge arbitrary definitions. These challenges to WHO's infallibility is required by law for WHO to meet its burden of motivation and substantiation for each decision which will ultimately affect every man and woman on earth.

The Public Hearing falls short of the definition of "stakeholder participation or engagement"

It cannot be overstated how legally insufficient the WHO's current procedure is under the Costa Rican right to participate, because a mere single 2 minute chance to voice one way information by a minority of vulnerable marginalized stakeholders such as ourselves, is not the same as OECD defines as "participation". Costa Rica is an OECD member and a proud "open government". Only 38 countries have agreed to open government worldwide, but Costa Rica is one of them. As a civil society research institute we have an interest in our role in the open governance system and how to craft and create policy that will eventually be adopted by Costa Rica at every step.

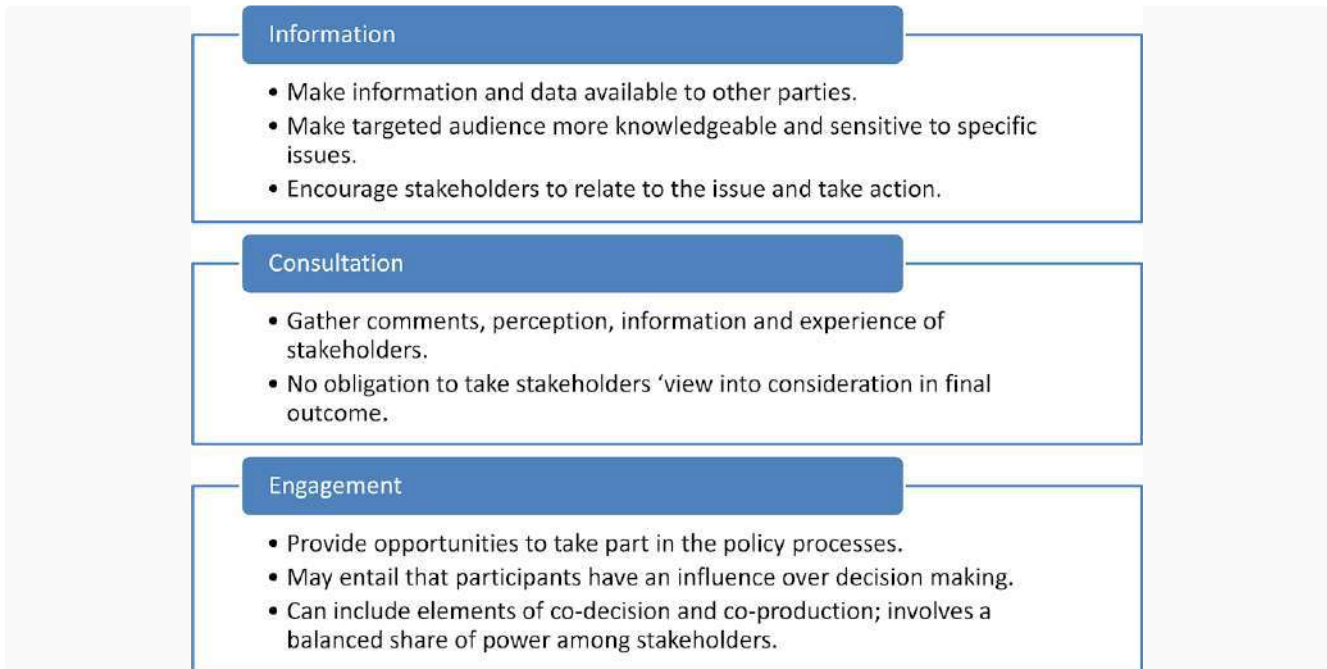
Open government implies three different but complementary and increasing levels of citizen-government relationships ([Figure 1.1](#))

Information is a one-way relationship in which governments produce and deliver information to be used by citizens. It covers both "passive" access to information upon citizen demand and "active" measures by government to disseminate information to citizens. Examples include access to public records, official gazettes and government websites. Access to information is part of the legal frameworks of most countries today. It is an important precondition for citizens' abilities to enquire, scrutinize and contribute to decision making (Gavelin, Burall and Wilson, 2009) and a key building block of open government reforms.

Costa Rica's Law on Access to Information sets standards for all public bodies for disclosing government information and ensuring the availability of public data. It also specifies the obligation to respond to citizens' requests for information. The law applies to bodies and institutions of the legislative, executive, and judicial branches of state power, as well as local administration. Any other state-affiliated institutions as well as quasi-state sectors and de facto public officials of the WHO are also subject to the law. The WHO must follow the requirements to disclose information about their constitution, their activities and their results as a de facto public health agency and agents.

Access to information is a necessary, but on its own, insufficient precondition for effective citizen participation, as the provision of information does not automatically lead to participation. It is the attributes of the information disclosed, including its relevance to the concerns of stakeholders and its usability, that make the difference in the actual use of information for engagement and influencing policy decisions (OECD, 2016).

Figure 1.1. Levers of stakeholder participation



Source: OECD (2016), Open Government: The Global Context and the Way Forward, OECD Publishing, Paris,

Consultation is a two-way relationship in which citizens provide feedback to government (comments, perceptions, information, advice, experiences and ideas). It is based on the prior definition by government of the issues on which citizens' views are being sought that require provision of information. **Governments define the issues for consultation, set the questions and manage the process, while citizens are invited to contribute their views and opinions.** The process is often initiated by decision makers looking for insights and views from stakeholders involved or who will likely be affected by the outcomes (OECD, 2016).

Some 94% of OECD countries require public consultation on some or all primary laws (OECD, 2015), and Costa Rica is included.

The WHO's public Hearing is not participation, as one can easily see, its mere insufficient "consultation".

Engagement or active participation in Costa Rica's open government system is a relationship based on a partnership between citizens and governments. **Citizens actively engage in defining the process and content of policy-making.** Like consultation, engagement is based on a two-way interaction. **It acknowledges equal standing for citizens in setting the agenda, proposing policy options and shaping the policy dialogue,** although the responsibility for the final decision or policy formulation rests with the government in many instances (OECD, 2016).

Engagement recognizes the capacity of citizens to discuss and generate policy options in collaboration with the government. It requires governments to design their agendas with citizens and relies on governments' commitment that policy proposals generated jointly will have an impact on the policy cycle (Corella, 2011). At the same time, engagement requires citizens to accept their increased responsibility for policy making.

Engagement practices need to provide sufficient time and flexibility to allow for the emergence of new ideas and proposals by citizens, as well as mechanisms for their integration into government policy-making processes.

Nowadays, countries are increasingly exploring methods of actively engaging citizens in creating policies and co-designing and co-delivering services and the WHO should be no exception if they wish a role in the global governance of health.

The activities of public councils and committees in initiating and conducting public monitoring of services is a good example of citizen engagement in the evaluation and monitoring of government activities with the aim of improving service quality and user-centric delivery. If WHO is serious about improving service quality of health goods, then they need to allow sufficient time and not rush such an important process as a globally binding emergency treaty, especially when it has long been observed by the American Association for the International Commission of Jurists (AAICJ) that one of the main instruments employed by governments to repress and deny the fundamental rights and freedoms of peoples has been the illegal and unwarranted Declaration of Martial Law or a State of Emergency. Very often these measures are taken under the pretext of the existence of a "public emergency which threatens the life of the nation" or "threats to its national security."

The abuse of applicable provisions allowing governments to limit and derogate from certain rights contained in the International Covenant on Civil and Political Rights has resulted in the need for a closer examination of the conditions and grounds for permissible limitations and derogations in order to achieve an effective implementation of the rule of law. The United Nations General Assembly has frequently emphasized the importance of a uniform interpretation of limitations on rights enunciated in the Covenant.

Accountability is an interactive process that requires that those held accountable explain their decisions and actions, and that defines the external stakeholders' right and ability to inquire about those actions (Fox, 2014).

We claim the legal right to an interactive process of accountability with the WHO in order to fulfill our interests.

LEGAL RIGHT: the term given to a right or privilege that if challenged is supported in court.

Throughout this report, the analysis and recommendations target the goal of ensuring that this CIVICS AND LAW TREATY MONITORING COMMITTEE can effectively perform their role of promoting citizen's active participation.

Enablers of citizen participation

Governments are responsible for encouraging citizens and stakeholder participation by creating an enabling environment and establishing appropriate legal, policy and institutional frameworks to help remove obstacles for the participation of everyone, and especially of those who are frequently excluded, for example youth, women or marginalised groups of society (OECD, 2017b).

The following analysis and recommendations are structured into four aspects that constitute the main enablers for stakeholders' participation (see [Figure 1.2](#)).

Figure 1.2. Enablers for participation



- Policy framework, including open government, anti-corruption, or digital government strategies
- Legal framework, including regulations and administrative procedures;
- Institutional framework, including financial and human resources, and related institutions to support participation practice;
- Capacity, i.e. the awareness, motivation and skills of policy-makers such as elected officials and civil servants to conduct participatory processes.

To create a shift towards participatory culture in policy-making, best practices from OECD countries suggest adopting a holistic approach by addressing all the above-mentioned enabling factors. Focusing on one component only, e.g. by merely adopting regulation but not supporting its implementation by building capacities, does not enhance participation. Furthermore, political and cultural attitudes are also part of creating a favorable environment for effective participation.

Under Costa Rica's constitution Article 9 and Health Law Article 169 we have the right and duty to collaborate with health authorities in a participatory and collaborative process that involves vulnerable, marginalized primary stakeholders such as Interest of Justice in the design, implementation and final health policy decisions.

WHO claims to be the supreme global health authority and intends to create the treaty as a potentially binding negotiation, which will be a wholly illegitimate process without the ability of Interest of Justice to impart and receive information (due process) on all topics which may eventually become a health policy adopted by Costa Rica.

Interest of Justice is a primary stakeholder as defined by WHO. Please see:

“Stakeholder consultation has become a requirement in the successful development of public policy and service. Stakeholder consultation involves the development of constructive, productive relationships over the long term. It results in a relationship of mutual benefit. Not all stakeholders have the same importance and necessary involvement in the formation, development and evaluation of health policies.

An initial distinction can be made between:

- **A primary stakeholder** [such as Interest of Justice] is one who, without continuing participation, the policy or issue could not succeed or be addressed.
- **A secondary stakeholder** is one who has some influence or is affected by the policy or issue. However, their engagement is not essential to address the issue or to take policy action.

Interest of Justice represents the diffuse interests of the Disadvantaged or vulnerable, which according to World Bank, refers to those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project’s benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/ or assistance to do so. This will take into account considerations relating to age, including the elderly and minors, and including in circumstances where they may be separated from their family, the community or other individuals upon which they depend.

Engaging in Meaningful Participation is defined by the WHO:

In principal, WHO concedes a government’s engagement with external stakeholders increases accountability to its citizens and is an indicator of good governance.

There are also practical policy benefits, such as:

- *Assessing support and opposition to a policy;*
- *Giving government activities visibility and legitimacy;*
- *Empowering the marginalized;*
- *Increasing collaboration and the more efficient use of resources; and*
- *Ensuring the sustainability of interventions.*

Overall, decision-making throughout the policy cycle will be more informed and in tune with those who the actions will affect. Through the engagement process, differing viewpoints will have been taken into account and so there should be an understanding of differing perspectives and that there may be a need for compromise.

Any refusal to provide an agreed upon mechanism for ongoing meaningful engagement with Interest of Justice and our vulnerable stakeholder groups would be perceived as an unwillingness of WHO to compromise in ways that bolster private funders interests and harms public health for us marginalized stakeholders. We are truly interested primary stakeholders, with issues that cant be addressed without our participation and due process; compromise and robust discussion of human rights and control of legality is critical in this situation.

Governments under the direction of the WHO are responsible for the health of their peoples and have a critical leadership and stewardship role in the organized effort by society to promote health and well-being. However, the social determinants of health imply that many non-government stakeholders such as Interest of Justice have an interest or concern in health.

Speed vs Legitimacy

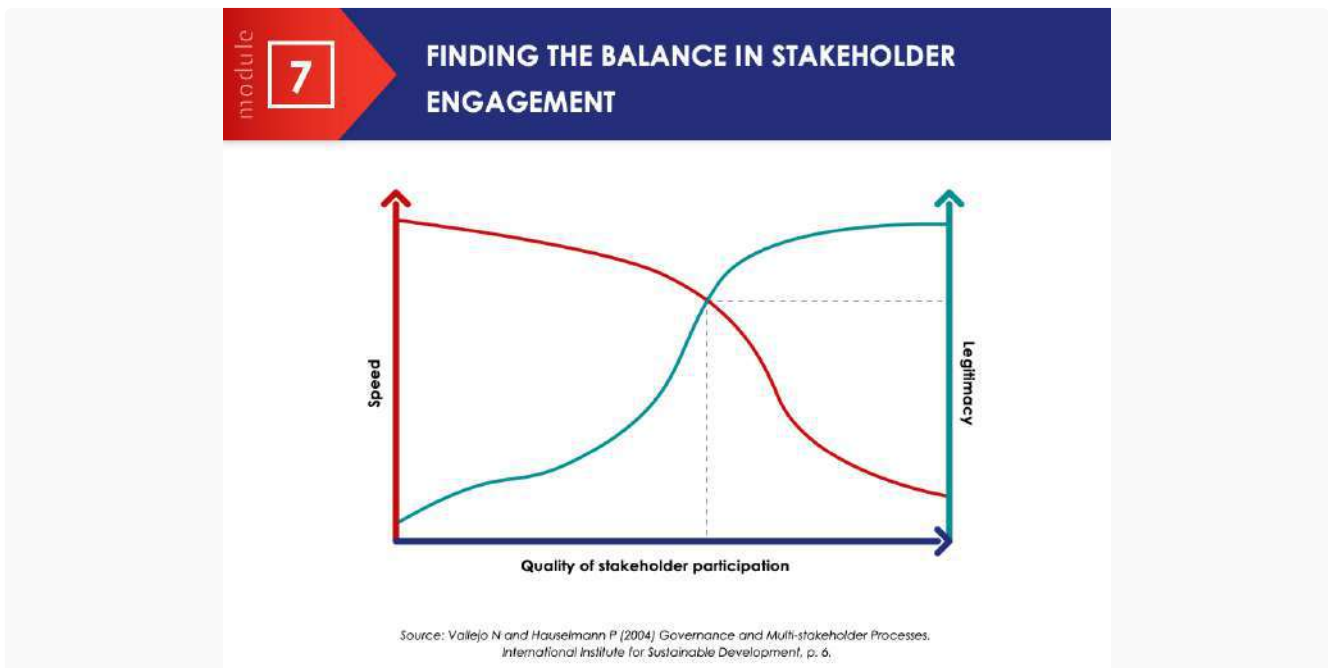
Parallel to the above-mentioned benefits, there are also challenges.

A comprehensive multi-stakeholder process can give high legitimacy to an initiative, but it also entails significant transaction costs. The more stakeholders at the table, the more difficult and time-consuming the process can be to reach a common understanding and position.

Some of the challenges or risks of stakeholder engagement can include:

- Prolonging policy-making;
- Increasing costs of intervention;
- Polarizing interest groups; and
- Creating unmanageable expectations.

One of the balances to find in consulting with external actors is between speed and legitimacy; fewer actors make policy formulation and implementation faster but stakeholders may be reluctant to accept or support a policy in which they had no say or influence. This slide illustrates this point.



As we have discussed, stakeholder engagement is important for both value-based and instrumental reasons.

The WHO stakeholder engagement program explicitly states: Given the potential value of stakeholder engagement and the reputational risks and possibly long-term problems if done incorrectly, it is sensible to consider the following principles:

- Empowerment:** Stakeholders should share the responsibility for making decisions and accountability for the impacts of such decisions. Engaging stakeholders is morally essential to respect the fundamental rights and dignity of affected groups. You should aim to promote an inclusive and diverse stakeholder engagement with a tailored approach by stakeholder. A participatory inclusive approach should underpin the engagement process, giving stakeholders formal roles in governance structures, where feasible and applicable. Stakeholder engagement engenders a sense of shared ownership.
- Accountability:** Stakeholder engagement leads to more ownership over the issues, thus improving the quality of policy recommendations and increased stakeholders' interest in the policy-making process. It also promotes rigour and a quality-base to the relevant stages of the policy cycle. Furthermore, good governance is required to provide clarity about stakeholder engagement roles and responsibilities and what is expected of people involved in the policy-making process.
- Transparency:** Promote open and honest engagement and set clear expectations. Ensure communication with stakeholders is clear and tailored to their specific needs. Communicate information to stakeholders early in the decision-making process, in ways that are meaningful and accessible. There should always exist the opportunity for every stakeholder to express their opinions and provide inputs. Be clear about the outcomes you are hoping to achieve and the steps on the way. Transparency also builds trust.
- Cost-effectiveness:** Engaging early can lead to savings of both time and money in the long-term.
- Resources:** Stakeholder engagement promotes the efficient use of resources (shared resources). In addition, a wide range of knowledge and skills can contribute to the policy agenda.

Research shows health is currently controlled by 'key private sector players' (pharmaceuticals), unconstitutionally limiting freedom of choice and limiting access and approval of natural ordinary options required for full exercise of right to health.

A whole of society approach

WHO concedes the activities of certain private companies can cause considerable harm to human health. We all know which certain private companies are 'key WHO players' and a bit too big for their britches. Naming them is irrelevant to this discussion at this time, it is sufficient to point out that the WHO is clear "the activities of certain private companies can cause considerable harm to human health". Governments, thus, have a crucial role to play in the HiAP approach by engaging stakeholders within and beyond government, all the way to ensuring the WHO prevent "the activities of certain private companies that can cause considerable harm to human health". **A whole of society approach refers to coordinated efforts to improve health by multiple stakeholders within and outside government that may also be from several sectors.**

As the WHO Bangkok Charter for Health Promotion in a Globalized World states, "An integrated policy approach within government and international organizations, as well as a commitment to working with civil society and the private sector and across settings, are essential if progress is to be made in addressing the determinants of health." WHO (2005) Bangkok Charter for Health Promotion in a Globalized World.

When engaging with private sector, public transparency and ability to know conflicts of interest is imperative, otherwise it is a potential threat that can cause considerable harm to human health”.

Engaging with supportive external stakeholders such as research institutions and non-government health organizations like Interest of Justice can also help accumulate evidence and public support for radical measures to improve population health and inequity. This can be especially important for health ministries with limited political influence and resources such as ours in Costa Rica. In addition, particular external stakeholders, such as health and community services NGOs, such as Interest of Justice often have public trust, which makes them a critical partner for addressing societal concerns.

Engaging in meaningful stakeholder consultation can also help to harness ‘windows of opportunity’ and to facilitate policy change. The acceleration of change by private sector is not usually in line with human rights norms and as such those windows of opportunity must include us vulnerable primary stakeholders and not just include “the activities of certain private companies that can cause considerable harm to human health”.

We offer our service and have decided to interposition as a partnership law and civics oversight body that ensures the WHO is not facilitating policy that allows the activities of certain private companies that can cause considerable harm to human health. WHO says having established partnerships already in existence can mean that when a policy window does open, the ‘key players’ are already at the table, thus supporting policy entrepreneurs to act rapidly before the policy window closes.

Interest of Justice is acting rapidly before the window of opportunity to meaningfully participate closes. The ‘key players’ at the WHO’s table so far have been overwhelmingly private sector and funders of the WHO, and people are widely concerned that the negotiating table at the WHO is not comprised of key members of vulnerable primary stakeholders who are actually affected by the policy changes and decisions. This is inequitable on its face for the WHO to cherry-pick stakeholders for “key” positions in private meetings, whilst giving us a mere 2 minutes to speak on behalf of the many groups of primary stakeholders who will be affected by proposed changes and pandemic policy being created and negotiated without their input.

Finally, consulting with us marginalized and vulnerable primary stakeholders in the policy cycle is best practice. It represents good governance and transparency, demonstrates a desire to engage in meaningful two-way or multi-directional communication, and recognizes the important contribution stakeholders at all levels can make to future policy changes, which will directly or indirectly affect them.

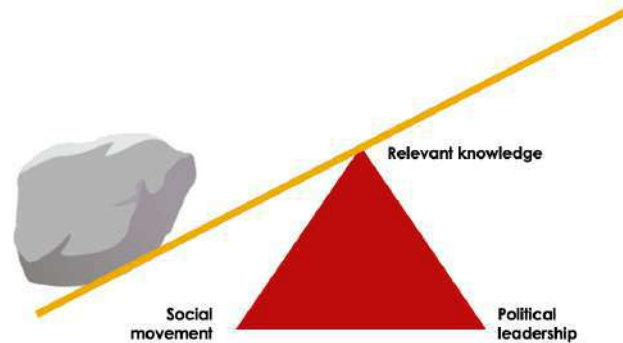
Best Practice

According to the WHO ‘Best practice’ – demonstrates desire to engage in meaningful two-way/multi-directional communication, and recognizes the important contribution stakeholders at all levels can make to future policy changes.

The Public Hearing was not in conformity with the WHO's own standard for ‘best practice’.

The combination of knowledge, social pressure and government leadership has been called the “triangle that moves mountains”. The Triangle aims to illustrate the power of evidence, civil movement and political leadership.

THE TRIANGLE THAT MOVES MOUNTAINS



Source: based on Wasi P (2000) Triangle that moves the mountain and health systems reform movement in Thailand. *Human Resources for Health Development Journal*, Vol. 4, No. 2, pp. 106-110 (http://www.who.int/trih/en/HRDJ_4_2_06.pdf).

The Mountain means a big and very difficult problem, usually unmovable. The Triangle, as illustrated in this slide consists of: Creation of relevant knowledge through research, social movement or social learning and political involvement. Knowledge derived from research must be translated into forms and languages that can empower the public.

The “Triangle that Moves the Mountain” is a conceptualized strategy initiated as a social tool for solving difficult social problems, by simultaneously strengthening capacity in three interrelated areas: (1) creation of knowledge; (2) social movement; and (3) political involvement. The concept has been claimed as the basis of many successes in various Thai policy arenas.

The core principle that the triangle is underpinned by is to bring together the three areas (or groups) represented by the triangle corners to combine top-down and bottom-up approaches to achieve progress and reform. The triangular process aims to create synergy through the constant interaction and exposure between the three different areas (or groups) within a structured environment.

The power of various stakeholder groups coming together to complement each other is a huge strength in working collaboratively to co-design policy and its delivery strategies. It is unfair that private sector and privater foundations are ‘key players’ at the table while Interest of Justice are representing the human rights of those most affected and us primary stakeholders are marginalized to the point that serious legal and ethical topics are allotted a total 2 minutes.

Additional Country consideration:

In Costa Rica the WHO has installed actors into all health authorities and these actors all have direct or indirect ties to Bill Gates a multibillionaire vaccine investor and vaccine policy oversight. see: <https://atribunacr.com/2021/12/27/quien-es-el-coordinador-y-secretario-tecnico-de-la-cnvi/> When the Administration was confronted that the vaccine commission head works for WHO and Bill Gates and is involved in vaccine policy directed by private sector with no way to assess and address conflicts of interest, the entire Health Ministry and Presidents office did nothing, referring the complaint back to the bad actor, in violation of duty of probity, despite all conflicted people needing to be removed under Costa Rica law. **All of whom are in breach of duty for refusing to assess and address conflicts of interest affecting their impartiality and more criminal accusations arising from the mismanaged emergency responses.**

Costa Rica's President , Health Minister and Vaccination Commission Secretary have not disputed and are in DEFAULT on the following facts sent January 4th, 2021 and stamped "urgent" by the Health Ministry:

We also deposed the health minister Daniel and his administration about everyone who was a conflict of interest. Daniel once again defaulted and is disobedient, refusing to give adequate and truthful information about who works inside or outside of the administration on the pandemic response, who hired them, when were they hired and their conflicts of interests, as well as who chose the PCR test at 45ct which creates 100% false positives.

The fact that Daniels primary advisor on vaccines is Roberto Eduardo Arroba Tijerino who has **many documented and serious conflicts of interests** and he made an **extrajudicial confession that NITAG [a WHO program] is "balancing independence from government and integration of NITAG decisions into government policy"**, and in the same meeting he confessed: **"There are currently no processes in place to assess and address conflicts of interest of members, but these are being developed"**. You have a duty to cease and desist the use of the COVID-19 [non] vaccines recommended by the highly conflicted Roberto Eduardo Arroba Tijerino because the use of the gene based [non] vaccines in humans is premature and reckless, constituting human experimentation in violation of Nuremburg code 3, like us and 122 world's top experts have warned Daniel Salas before in Amparo Expediente # 21-016342-0007-CO which was granted admissible with place in our favor by the Constitutional chamber in the Supreme court of Costa Rica for violating our rights.

Not in dispute: *"Furthermore, vaccines as defined by the WHO (covid-19 "vaccine") is not the same subject matter as a vaccine as defined by our legislature in Article 1 of the vaccination law. Clearly the two definitions conflict, and therefore we conclude that you incorporating the product called "covid- 19 vaccine" is treasonous, because it usurps the sovereignty of Costa Rica by supplanting our legislature's definition and intent with the private health monopoly the WHO's decisions, relying on their foreign and private definitions and intent, working in tandem with Roberto Eduardo Arroba Tijerino, the treasonous bad actor, and NITAG to "balance independence from government and integration of NITAG decisions into government policy." The policy is illegal usurpation of Costa Rica sovereignty. For all these reasons, please IMMEDIATELY cease and desist the use of your dangerous product called covid-19 vaccines in humans."*

POLITICAL INTERFERENCE IN THE SCIENTIFIC AND PUBLIC POLICY MAKING PROCESS AND THE WHO'S MANY CONFLICTS OF INTEREST

This is an unacceptable breach of duty, caused by undue WHO interference in the scientific and public policy process causing imbalance affecting the political independence or the territorial integrity of the State or the existence or basic functioning of institutions indispensable to ensure and project the rights recognized in the ICCPR.

The fact the actors who came into office in Costa Rica's Health Ministry overwhelmingly all work in lockstep to violate human rights, commit fraud, hide each others wrongdoing and insist WHO's emails are private, while they all have ties to WHO is alarming and must be changed immediately to ensure the political and scientific independence of Costa Rica.

The WHO's PAHO branch has recruited and hired the old Health Minister, Daniel Salas as Head of Immunization in Washington DC, who quit Friday April 29, a week early to join PAHO April 16, 2022. This shows PAHO is not able to critically assess the morality and legality of their recruits because Daniel Salas is guilty of violating the law under **21 U.S. Code § 360bbb-3 (e)**, and many national health and ethics laws as well as criminal laws when he mandated the covid-19 vaccine to health and government workers, and even a 6 year old against his pregnant mothers will, despite testifying its unapproved and under EUA. These crimes are accomplished by the men with interests in the WHO, Daniel Salas and Roberto Arroba Tijerino committing fraud on the court to our Supreme Court by testifying the vaccine is:

1. a vaccine, but only under the more broad definition of the WHO
2. Biontech was approved August 21, 2021 (later testifying its not, and even later contradicting prior testimony by stating Biontech is approved for over 16, which is also false)
3. The vaccine is safe and effective just like any other FDA approved vaccine
4. Not experimental (but later the vaccine commission confessed its investigational and unapproved) and Daniel Salas still lies to the court its not experimental

It is very concerning that the WHO is involved in hiring these men to manage vaccine recommendations to the country, who are in clear criminal violation of Federal EUA law, to manage vaccines and these men, using WHO's definitions, have incorporated an investigational product into long term legislation to gain power not conferred by law.

The WHO and PAHO are acting in an irresponsible manner because despite knowing Daniel Salas has mandated an EUA experimental product, a clear breach of law, the WHO condones this, presumably because PAHO themselves are head of the WHO branch promoting needless Human Research on Children under flimsy excuses that if challenged do not hold up under strict scrutiny and the application of human rights norms. This research holds NO benefit for children, none. But research on children is very profitable for WHO's funders who want to develop the gene technology for profit and accelerate the normal scientific process, thus violating the unequivocal rules of science and Costa Ricas General Law of Public Administration Article 16 acts must meet rules of science to be valid.

Costa Rica has a lot of corruption. Strikingly, under the PAHO the corruption was so insidious, Costa Rica's highest court was defrauded into allowing State Sponsored terrorism and human research without informed consent, condoned by, promoted and requested by PAHO, using WHO's spurious definitions of vaccine that conflict with local legislation. There are structural deficiencies within the WHO and PAHO that are now installed into Costa Rica's system and its destroying democracy and the democratic functioning by the whole lot obstructing, delaying and hindering information and truth, to promote WHO's agendas, presumably for the WHO's funders interests at the expense of rule of law and human rights.

This slide outlines some of the ways in which corporate interests can be powerful in permeating the policy dialogue and undermine government actions.

The slide features a dark blue header with the text 'CONSIDERATION OF CORPORATE INTERESTS IN THE POLICY DIALOGUE' in white. To the left of the header is a red arrow pointing right, containing the number '7' in a white square and the word 'module' written vertically. Below the header, the text 'CORPORATE INTERESTS CAN PERMEATE THE POLICY DIALOGUE AND UNDERMINE GOVERNMENT ACTIONS BY:' is centered. Three colored arrows (green, yellow, and pink) point right towards three lines of text: 'Using litigation to challenge policy decisions', 'Creating alliances with other business sectors', and 'Moving to countries with least resistance'.


This slide prepares participants for the next report – Negotiating for Health. It is, therefore, useful to ask participants to start to think about the different interests and strategies that may come into play during the negotiating process. Many of these tactics will come up again as common negotiation strategies, for example, avoidance, which is often used by actors seeking to stop or reduce the impact of state regulation, and avoidance is a rampant problem in Costa Rica and the world.

Corporate interests can undermine government actions in the policy process by:


- Using litigation at national and international levels to challenge policy decisions.
- Creating alliances with other business sectors for example, hospitality, gambling, biotechnology and surveillance, retail and advertising in the case of the tobacco and private-public partnerships involving full control of AI and media in the vaccine industry.

- Creating alliances with other business sectors for example corporate media, big pharma, big tech, social media, AI, bio-surveillance above and below the skin, genetic and cellular editing, combination products, and government disinformation governing boards to create propaganda, spin the narrative, persecute the critics of corporate and public-private interests, even censoring and de-platforming free speech that conflicts with WHO's "evolving" and often mistaken science is an international security threat that the WHO facilitates, requests, promotes with zeal; all of which is an apparatus that does not fulfill the WHO's constitutional mission of articulating ethical and evidence-based policy options (while censoring experts evidence) and negates the purpose of the WHO, because it is a syndicate of corporate interests working in lockstep, which is extremely powerful in permeating and narrating the policy dialogue which is currently undermining government actions across the globe by violating every human right guarantee in a coordinated way that the average government and people are defenseless.
- Moving to overly compliant desperate countries with least resistance such as Costa Rica. Markets are dynamic so regulatory efforts in one country can lead to expanding markets in others. Actors can accept decreases in one region as long as overall consumption of harmful products increases. For example, reductions in North American or some European markets may be compensated for by aggressive marketing elsewhere.
- Public key decision makers can work in WHO bodies such as NITAG to "balance independence from government and integration of NITAG decisions into government policy." in closed meetings with Pharmaceutical companies, where they are on public record bragging "**There are currently no processes in place to assess and address conflicts of interest of members, but these are being developed**". As a result of no accountability the WHO and their funders are able to balance independence from government and integration of NITAG decisions into government policy, despite the integration of NITAG decisions actually conflicting with the national vaccination regulatory law 32722 Article 1 (p) definition of vaccine and other regulatory provisions, which outlines some of the ways in which both the WHO and their funders and partners corporate interests can be powerful in permeating the policy dialogue and undermine government actions, all with the approval, knowledge and consent of the WHO in their NITAG program, and service relationship, knowing Costa Rica has no way of assessing and addressing conflicts of interest.

SUPPORT THE CREATION OF POSITIVE CONDITIONS FOR HEALTH IN THE PRIVATE SECTOR:




Produce balanced sectoral reports that consider actions to promote a responsible private sector



Conduct and provide evidence and tools for health equity impact assessments of trade, investment, fiscal and monetary policies



Define models for ethical investment that increase health equity



Mobilise resources and capacities for health equity impact assessments of trade/fiscal/economic policies through building-

To support the creation of positive economic/commercial determinants for health and health equity, the following should be considered:

- Produce balanced sectoral reports that consider actions to promote a responsible private sector
- Conduct and provide evidence and tools for health equity impact assessments of trade, investment, fiscal and monetary policies
- Define models for ethical investment that increase health equity
- Mobilize resources and capacities for health equity impact assessments of trade/fiscal/economic policies through building-up a community of practice across academia and NGOs
- Improve policy coherence across all sectors.

CATALYZING MULTISECTORAL ACTION ON NCDs: WHOLE-OF-SOCIETY APPROACH

Engaging beyond the health sector: developing NCD responses will require action across all government departments, as well as the engagement of civil society and the private sector.

Bridging the governance gap: strong governance and regulatory frameworks are a prerequisite for:

- Protecting the development of NCD policies from undue influence by any real, perceived or potential conflict of interest, including between the tobacco industry and public health; and
- Mobilizing adequate and sustained resources to implement NCD responses from public resources, private business and finance, and international development cooperation, including voluntary innovative financing mechanisms.

Developing non communicable disease (NCD) responses will require action across all government departments, as well the engagement of civil society and the private sector. Implementing a Health in All Policies, whole-of-government and whole-of-society approach for addressing NCDs is particularly useful when the people and censored experts are involved rather than marginalized and unable to contribute their expertise and knowledge.

Strong governance and regulatory frameworks to support multisectoral action on NCDs are a prerequisite for:

- Protecting the development of NCD policies from undue influence by any real, perceived or potential conflict of interest, including between the pharmaceutical, biosurveillance, AI, tobacco industry and public health; and
- Mobilizing adequate and sustained resources to implement NCD responses from public resources, non conflicted private business and finance, civil society organizations, and international development cooperation, including voluntary innovative financing mechanisms.

IOJ CIVIL SOCIETY RESEARCH FOR ACCOUNTABILITY AND EQUITY

Interest of Justice is a research institute who's purpose is to defend human rights through the creation of regulations and procedures where there are gaps in the law and no way to claim the rights owed to the people. This letter itself is research into how to work with the WHO and not against, in order to ensure there are limitations to the WHO and governments ability to declare an emergency and limit rights.

Looking at the contribution of civil society to HiAP, or the whole-of-society approach, it is important to reiterate that civil society is a broad term that can encompass many actors including non-government organizations, faith-based groups, philanthropic foundations, labour unions, professional associations, cooperatives and research institutes. The single characteristic that these actors share is that they are not-for-profit.

PRIVATE SECTOR AS DEFINED BY THE WHO REQUIRES OVERSIGHT!

The next few slides are also created by the WHO and are intended to explore engagement with the private sector, particularly in regards to the commercial determinants of health, a subject we spoke of in the Public Hearing but could not elaborate upon due to time constraints imposed by the WHO. We are interested in the control of legality and probity in the private sector which can include multinational companies, micro, small and medium enterprises, individual entrepreneurs and financial intermediaries, and includes WHO's funders acting as a majority of *stakeholders, which may constitute conflicts of interests.*

WHO concedes in these slides ***"that unlike civil society, the characteristic that the private sector ultimately shares is the pursuit of profit."***

The WHO is very clear that this ***"motivation and purpose for existing creates a complicated, often conflictual relationship with the public health sector given the principles of health as a matter of social justice and a public good."***

While on the one hand, the private sector might have considerable resources, expertise and technology to potentially direct towards public health, there are numerous issues such as neglected diseases, regulatory capture, conflicting social and eugenics ideology, and the commercial determinants of health that should suggest skepticism and caution.

The slide features a dark blue header with the text "GOVERNMENT INVOLVEMENT WITH OTHER ACTORS: PRIVATE SECTOR" in white. To the left of the header is a red arrow pointing right, containing the number "7" and the word "module" written vertically. Below the header, three green arrows of varying shades point right, each followed by a line of text. The first arrow is dark green and points to the text: "Unlike civil society, the characteristic that the private sector ultimately shares is the pursuit of profit." The second arrow is medium green and points to the text: "There has always been critical public health analysis of the power of the private sector – especially in the field of tobacco – and attention has turned to other areas in recent years: – E.g. work on unhealthy commodities (commercial determinants of health)." The third arrow is light green and points to the text: "This suggests scepticism and caution."

Economic/corporate interests have an important role in shaping population health and redefining and limiting or expanding health equity, for example through trade and globalization.

Interest of Justice agrees emphatically with the WHO that ***“Private sector influence has risen exponentially with an increase in large private foundations and public–private partnerships. Particularly, in relation to the commercial determinants of health, changes in global business and consumption landscapes have boosted the power of large companies, with economic globalization and trade liberalization spurring the rapid expansion and corporate influence of these companies around the world. This perpetuates concerns about the role, effect and lack of accountability of private foundations when thinking about the private sector as a stakeholder in the policy-making process”.***

- Interest of Justice stands for millions of people voicing valid concerns about the role, effect and lack of accountability of private foundations when thinking about the private sector as a stakeholder in the policy-making process, such as GAVI, Bill and Melinda Gates Foundation, Wellcome Trust and Public-Private partnerships such as WEF who joined with WHO in 2017 according to the following tweet by Tedros.



Interest of Justice refers the WHO to **THE SENATE PROOF ADJOURNMENT World Economic Forum SPEECH Tuesday, 29 March 2022 BY AUTHORITY OF THE SENATE**, which must be refuted point by point with evidence, otherwise it will considered as a fact:



Speech Parliament on WEF.pdf
PDF Document
31.0 KB

"Founded in 1971 by Klaus Schwab, the World Economic Forum is steeped in authoritarianism and Marxist ideology. It's an ideology which is creeping into governments across the world. When speaking about the Canadian parliament, Schwab himself said: 'We penetrate the cabinets. I know that half this cabinet—even more than half—are actually young global leaders of the World Economic Forum. It's true in Argentina, it's true in France—now with the President, who is a young global leader.' The World Economic Forum promotes globalist issues such as climate change, so-called systemic racism and sexism and creating an online digital identity. However, closer inspection reveals that the World Economic Forum is an anticapitalist and anti free market organisation that seeks to subvert Western values and political processes. They are very organised and very well funded. Their message is designed to appear harmless when, in fact, the ideology that underpins it is revolutionary and destructive. They train aspirational leaders in their ideology and help them make connections in spheres that include politics, business and the arts. The World Economic Forum has consistently advocated for the harshest and most extreme COVID measures possible, including lockdowns, mandatory vaccinations, vaccine passports and mask mandates, despite these policies assaulting many of our basic liberties. At the centre of the World Economic Forum's ideology is stakeholder capitalism. Essentially, this is a theory that traditional free market capitalism ignores the dangers posed by climate change, so the government must enforce restrictive policies to save the environment, even if that means less wealth. Why, then, are the forum's criticisms of capitalism always directed at Western nations, rather than the great polluters such as China and India? The forum believes that your freedoms should be minimised to prevent the imminent climate catastrophe—the one that has been coming for 10 years and the last 50 years, by the way. The central theme of the World Economic Forum's material is what they call the 'great reset', which is Klaus Schwab's term for the opportunity the pandemic has presented to reimagine and reinvent the economic policies of the West. The term comes directly from Schwab himself with his 2020 book entitled COVID-19: The Great Reset. In a now-deleted video titled '8 predictions for the world in 2030', the World Economic Forum claimed, 'You'll own nothing and you'll be happy'—a slogan that hits the same dystopian note as 'Work makes you free' and 'Ignorance is strength'. You don't have to be a political philosopher to figure out that, if you own nothing, the state owns everything. There's a word for this: it's 'communism'. The World Economic Forum and its affiliates shamelessly promote the abolition of private property—a central facet of Karl Marx's demented utopian ideology which led to the deaths of tens of millions of people worldwide in the 20th century. To quote Margaret Thatcher: 'Communism never sleeps, never changes its objectives. Nor should we.' No matter how sophisticated the World Economic Forum tries to make the abolition of private property around the world sound, the fantasies of Karl Marx always lead to the crushing of individuals' liberties and lives and the expansion of the state's tyranny and power. It is imperative that we pay close attention to the World Economic Forum and do all that we can to preserve liberty and reduce government intrusion in our lives. If we fail to do so, the antidemocratic forces in the West will continue to march on, and we may wake up to an Australia that we no longer recognise. Australians deserve to know the extent of the World Economic Forum's influence and infiltration of our country, and we're going to find out." end

Globalization is antithetical to nationalism, which is the legal order at present. Globalists act contrary to current law, slowly changing it through clever clauses in treaties and policy influence.

This WEF-UN-WHO partnership powered by huge multinational private stakeholders all working to establish Agenda 2030 SDG, whilst simultaneously espousing communist philosophies that "By 2030 You will own NOTHING and be happy" is antithetical to the concept of a free republic or democratic republic such as Costa Rica, therefore the alliance of WHO and WEF and public-private partnerships in the policy creation of regulations, definitions and even treaties, which has been a common penetration tactic of communists into the cabinets of free democracies to restrict liberty and free speech is unacceptable.

This tactic of communists using treaties to undermine government interests was known at least as far back as the 1950's, and raises even more concerns today in this rushed and contested treaty process, considering the WEF's involvement with the WHO and their purpose of abolition of privacy and property, which violates the human rights treaties signed by Costa Rica and the world, combined with near limitless power due to the concentration of private sector and private foundation stakeholders and their ties with government policy making:

There is a historical cause for concern about treaty making and good cause to invoke the duty of accountability:

*"This Senate attitude hasn't been overlooked by crafty men who would stoop to any device to get their thoughts and ideas inflicted on the Nation and made the supreme law of the land. When men like Alger Hiss and other **Communist and Socialist sympathizers wormed their way into positions of great influence in the State Department and took over the job of drafting up our treaties and agreements with international organizations some rather strange and dangerous clauses began to crop up in these documents.** These clauses for the most part went unnoticed by Senators who seldom have either the time or the inclination to wade through voluminous treaty agreements prior to voting on them. But other people were perfectly aware of these clauses. **They knew full well that treaties automatically become the supreme law of the land upon ratification and thus take precedence over the Federal Constitution and all our State laws.**" (Congressional Record, 1953, page A422) <https://www.govinfo.gov/content/pkg/GPO-CRECB-1953-pt9/pdf/GPO-CRECB-1953-pt9-1.pdf>*

U.N.'s documented history of unbroken communism raises concerns, especially in context of Agenda 2030, with the WEF's threat of the abolition of privacy and property rights by 2030, a communist ideology inherent within U.N.

*"Now let us look at the record. According to Trygve Lie, longtime Secretary General of the United Nations, he stated flatly that there was a secret agreement between Alger Hiss and Molotov to the effect that **the head of the United Nations military staff should always be a Communist. That agreement has never been broken, and we have had a succession of Communists filling that post,** the present one being Mr. Arkadov. As a first consequence of this treasonous agreement, this country lost its first military engagement in Korea at a cost to this country of more than \$20 billion and 145,000 American casualties ...This was the first war in which we engaged not as the United States military force, but as a United Nations force. ...How convenient this was to the Communists to have one of their own men as head of the United Nations military staff, who reviewed all orders going from the Pentagon to General MacArthur and gave them to our enemy before General MacArthur received them."(Congressional Record, 1962, page 215) <https://www.govinfo.gov/content/pkg/GPO-CRECB-1962-pt1/pdf/GPO-CRECB-1962-pt1-3-2.pdf>*

The WHO concedes:

"evidence suggests that fit-for-purpose regulatory regimes are needed to constrain negative corporate influences on health and to encourage ethical business practices beneficial for population health."

module 7

GOVERNMENT INVOLVEMENT WITH OTHER ACTORS

THE PRIVATE SECTOR AND THE ECONOMIC DETERMINANTS AND COMMERCIAL/CORPORATE INTERESTS AND INFLUENCE

- Economic/corporate interests have an important role in shaping population health and health equity e.g. through trade and globalization.
- Private sector influence has risen exponentially with an increase in large private foundations and public-private partnerships as a result of economic globalization and trade liberalization.

There is a need to encourage positive economic determinants of health.

We will now explore the issue of government stakeholder engagement with the private sector in relation to the commercial determinants of health.

THE PRIVATE SECTOR AND THE ECONOMIC DETERMINANTS AND COMMERCIAL/CORPORATE INTERESTS AND INFLUENCE

Fit-for-purpose regulatory regimes are needed to constrain negative corporate influences on health and encourage ethical business practices beneficial for population health.

Encourage positive economic determinants of health.

According to Kickbusch I, Allen L & Franz C (2016). The commercial determinants of health. *The Lancet Global Health*; 4(12), PE895-E896 the WHO defines the commercial determinants of health as ***“strategies and approaches used by the private sector to promote products and choices that are detrimental to health”***.

Transnational food companies powerfully shape the supply, demand, and consumption of food and beverage products. These companies are one of the main drivers of the increasing consumption of ultra-processed foods and sugary beverages, which are cheap, highly palatable, and sold in large portion sizes, but which are also high in energy and fat, salt and/or sugar. Furthermore, transnational companies are moving quickly into markets in developing countries, where regulation may be less stringent, and aggressive marketing strategies can be deployed. This has led to a ‘nutrition transition’ in many developing countries, i.e. a move away from healthier traditional diets, to ‘westernized’ diets higher in fat, salt and sugar. Increasing consumption of products such as fast food and sugar –sweetened beverages is in turn linked to rising levels of obesity and diabetes.

The global food industry also has a significant influence on policy and regulation that aims to improve nutrition and diet-related health. The food industry often plays a key role in international and national policy-making, including through processes of consultation with government. It increasingly engages in collaborative initiatives with government (and non-government) actors that have obesity prevention objectives, as with Australia’s ‘Health Star’ interpretive food labelling system.

However, the industry also lobbies against global and national initiatives that it sees as compromising its economic interests, raising a possibility of detrimental effects on laws and policies aimed at improving diet-related health. Accordingly, whether to engage the food industry in obesity prevention efforts and on the commercial determinants of health (and how to do so effectively) is a matter of considerable debate (and research) within the public health community.

At the same time there is an overwhelming involvement of the WHO and their Pharmaceutical investor funders moving quickly into markets in developing countries such as Costa Rica, where regulation may be less stringent, and aggressive marketing strategies can be deployed through exerting external control of Costa Ricas overly compliant and conflicted Health Authorities, such as gene or cell editing or gene therapy 'covid-19 vaccines', and programs that "balance independence from government and integration of NITAG (and other WHO and corporate bodies that lobby) decisions into government policy."

WHO concedes "it is not sufficient to ignore the private sector, or to give it inappropriate roles in policy development."

module 7 THE PUBLIC-PRIVATE MIX IN THE POLICY DIALOGUE

- Public interest vs Private interest – often a critical barrier that has to be tackled in developing policy change focusing on the public/private mix.
- Government needs to manage the less desirable features that the private sector may bring to policy development.
- Interactions between government(s) and the private sector need to be guided by public interest and transparency.

WHO believes that engagement with private-sector agents is necessary, especially when addressing the wider determinants of health. Interest of Justice concedes this may be true, but engagement by funders must be open, transparent and accountable to the people who are the end users and consumers, especially so when they claim their rights are being affected by the public-private policy making.

Prior to 1948, the WHO could accept donations only from member states. In 2005 at the time of creating the IHR they changed their policies to also allow for private funding. Today, only 20% of its funding comes from member states, with the other 80% from private sources, including pharmaceutical companies.

Thirteen percent of the WHO's funding (\$300 million annually) comes from the Bill and Melinda Gates Foundation—a larger contribution than the United States government. Bill Gates is alleged by a WHO whistleblower to have a seat on the ex officio WHO board with sovereignty and full immunity for GAVI and himself. Bill Gates admits he earned billions in profits from the vaccines, which proves GAVI is profiting from the policies made by Bill Gates and other pharmaceutical investing funders of the WHO. The WHO's list of donors includes AstraZeneca, Bayer, Pfizer, Johnson & Johnson, and Merck, which are also stakeholders in WEF and the public-private partnership with WHO. This is causing serious structural defects in the integrity of the WHO, and as Margaret Chan confessed candidly, if this problem isn't prevented the WHO will not be as great as they were"

In practice, real or perceived differences in understanding and motivation between reform leaders in government, on the one hand, and private-sector interests, on the other, are often a critical barrier that has to be tackled in developing policy change focusing on the public/private mix. Government is often stereotyped as being explicitly and exclusively concerned with the public interest, in contrast to private agents who are seen as only self-interested and profit hungry. That perceived divide might encourage reform leaders and policy-makers simply to ignore the private sector, or to give it inappropriate roles in policy development, such as seats at the table that create policy inherent with serious imbalances of power detrimental to health.

WHO tells us stakeholders that "the degree to which interests converge or overlap is, therefore, a foundation for further action."

It will fundamentally shape the type of public/private interaction on health policy issues. Building up a careful understanding of the range of interests of the private sector will be an important basis for strategic action. To do this, it must not only be understood that private-sector interests are often heterogeneous, but that in some cases one actor may hold multiple objectives. WHO delves further into this discussion when we look at Module 8 – Negotiating for Health (not in this presentation)

In addressing public/private mix issues, it will be particularly important to see what private-sector actors can bring to the policy development process – whether it be information and technical skills to help make decisions, or power or resources to allow for smooth implementation of policy.

At the same time, the government, WHO and this CIVICS AND LAW MONITORING COMMITTEE clearly needs to manage the less desirable features that the private sector may bring to policy development. Chief among these, especially in the for-profit sector, is divergent interests that conflict with and are adverse to the interests of those WHO seeks to serve.

It is well settled that interactions between government(s) and the private sector need to be guided by public interest and transparency currently nonexistent within the WHO "accountability" framework.

The concept of public-private partnerships and their role in building healthy public policy, giving an example of how WHO claims private interests have been managed successfully.

PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

A PPP IS DEFINED BY REICH¹ AS:



1 The collaborations should involve at least one public organization and one private profit-making organization. The public organization could include national government bodies and international agencies such as the WHO, World Bank or a United Nations agency. The "private sector" normally would extend to any type of profit-making corporation.

2 The partners will have certain common goals for a particular health problem.

3 The different partners will divide the workload and mutually receive benefits.

¹Reich M (ed.) (2002) *Public-Private Partnerships for Public Health*, Harvard Series on Population and International Health, Cambridge, MA, Harvard University Press.

A PPP is defined by Reich (see reference above) as:

1. The collaborations should involve at least one public organization and one private profit-making organization. The WHO claims public organization could include national government bodies and international agencies such as the WHO, World Bank or a United Nations agency. The "private sector" normally would extend to any type of profit-making corporation.
2. The partners are mistakenly presumed by the WHO that they will have certain common goals for a particular health problem, but at the same time WHO concedes there may be ulterior motives that .
3. The different partners will divide the workload and mutually receive benefits.

CONSIDERATION OF CORPORATE INTERESTS IN THE POLICY DIALOGUE

CORPORATE INTERESTS CAN PERMEATE THE POLICY DIALOGUE AND UNDERMINE GOVERNMENT ACTIONS BY:



Casting doubt on scientific evidence and misleading the public

Promoting ineffective policy solutions

Lobbying

Participating as an actor in the policy arena

This slide outlines some of the ways in which corporate interests can be powerful in permeating the policy dialogue and undermine government actions. This slide prepares participants for the next lecture – Negotiating for Health. It is, therefore, useful to ask participants to start to think about the different interests and strategies that may come into play during the negotiating process. Many of these tactics will come up again as common negotiation strategies, for example, avoidance, which is often used by actors seeking to stop or reduce the impact of state regulation.

Corporate interests can undermine government actions in the policy process by:

- Casting doubt on scientific evidence and misleading the public by denying negative health effects.
- Using globally controlled corporate media to mislead the entire world into unnecessary and even dangerous uptake of certain products
- creating false data by misusing modeling techniques
- hiding trial safety data
- censoring and financially destroying critics with proof of fraud or safety signals that may interrupt sales
- Promoting ineffective policy solutions. For example, the alcohol industry has promoted corporate social responsibility, a policy intervention that has been proven to be ineffective as the incentives favour irresponsibility rather than responsibility.
- Permeating and, at times, infiltrating other sectors or decision-making levels by lobbying policy-makers and politicians or recruiting former civil servants with credibility among their peers. Pharmaceutical lobbyists even end up with secret contracts that are unconstitutional, but profitable. Pharmaceutical and Tobacco lobbyists might also reach other sectors (e.g. trying to persuade policy-makers of benefits for tobacco growers' livelihoods or of potential revenue losses following a tax increase) and ultimately permeate their political discourse.
- Participating as an actor in the policy arena. Engagement can be negative and, even where positive, is often limited or superficial.

INVOKE Right to Participation

As a result of us being aware of our rights and duties, and desiring to exercise those rights in a way that is meaningful to us and our growing body of stakeholder members, we hereby INVOKE our right under Costa Ricas Constitution Article 9 to be intimately involved in the entire process of any policy making that may eventually be adopted by Costa Rica. According to the WHO in their slideshow called stakeholders engagement, "Non-governmental stakeholders usually play critical roles in the policy formation and development stages of the policy cycle, however, the engagement of non-government stakeholders can play a role at all stages of the policy cycle."

THE PURPOSE AND METHOD OF PARTICIPATION: The UN Special Rapporteur on the Right to Health extended participation under the right to health, recognising that “[t]he right to health requires that health policies, programmes and projects are participatory. The active and informed participation of all stakeholders can broaden consensus and a sense of ‘ownership’, promote collaboration and increase the chances of success” (Hunt & Bueno de Mesquita 2006). WHO has drawn from this rights-based consensus to find that “[t]he principle of participation and inclusion means that people are entitled to participate in decisions that directly affect them, such as the design, implementation and monitoring of health interventions. Participation should be active, free and meaningful**** (WHO, 2011).

THE REALITY: WHO identifies participation of those affected by policies, laws, and decisions as one of the five key elements of pandemic governance, especially relevant for preparedness governance, as it serves an important opportunity to secure participation which may not be possible during a pandemic response. Yet, participation of affected communities has been a critical omission in the development of the WHO’s mission to “develop the research agenda”, and in country preparedness plans and national task forces. The majority of people who are supposed to be served and health enhanced by the services offered by the WHO are systematically injured by being denied equal treatment due to blanket medical recommendations, lack of freedom of choice, adequate and truthful information, protection of their basic safety and financial interests and administrative participation in health decisions.

We need more information. In fact we just need some information

The WHO Secretariat is seeking input from all interested parties in these hearings, and strongly encourages participation in this important process.

The WHO Constitution provides that, “Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.”

The INB Public Hearings: The World Together, and public interest and support in them, helps to advance this critical principle.

"As noted in the eighth preambular paragraph of the WHO Constitution, “Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.”

This is problematic that a new binding treaty is being created without the Informed opinion and active co-operation on the part of the public. For instance, we are kept in the dark about the results of the INB's first deliberation in August 2021.

What was decided?

When do we get notice and the ability to respond (due process)?

The following list are the essential elements of real and meaningful participation to us in this process that WHO defines as “historic”, urging us all “strongly” to participate.

WHO is recommended to:

1. Provide a more detailed explanation that gives us ADEQUATE AND TRUTHFUL INFORMATION & due process to accept or rebut the WHO's reason for the necessity of a new pandemic treaty. What is missing out of the preexisting international instruments? Why does WHO need to create this new treaty? What is the benefit and risks of a binding treaty?
2. Provide the strict scrutiny compelling public interest test, and who was involved?
3. Provide the cost benefit analysis in detail, with any data sets or modeling to review, if relied upon, and who is involved in the cost benefit analysis?
4. We have a very long list of questions that require information on motivation and substantiation in the design process of the treaty that would not be information commonly available by FOIA request. Who do we send the questions to, and is there any reason why the CR deadline of 10 business days to respond would not apply to the WHO?
5. Involve the LAW AND CIVICS TREATY MONITORING COMMITTEE step by step, in a fully transparent online forum, to bring the voice of the marginalized and our long list of legal concerns to the table to be heard and meaningfully addressed by the INB, who has a duty to substantiate their decisions and allow for challenge to ethical and legal concerns in a series of interim public hearings. This will increase legitimacy, even if it takes longer, due to the accommodation of more viewpoints.
6. This inclusion of primary stakeholders who are affected by the policies will allow for a more robust discussion of the legal, ethical and HiAP agendas promoted by WHO, but little is known by the public due to WHO's lack of visibly promoted information.
7. This inclusion of primary stakeholders who are affected by the policies will allow for the Collaboration is at the heart of all we do. From governments and civil society to international organizations, foundations, advocates, researchers and health workers – we mobilize every part of society to advance the health and security of all.

The Costa Rican Constitutional Court has noted previously that Ordinal 30 of the Political Constitution guarantees free access to the **"administrative departments for purposes of information on matters of public interest"**, a fundamental right that in the doctrine has been called the right of access to administrative files and records, however, **the most accurate denomination is the right of access to administrative information, since, the access to the material or virtual supports of the public administrations is the instrument or mechanism to reach the proposed purpose that consists in that the administered ones impose themselves of the information held by them.** It is necessary to indicate that not always the administrative information of public interest sought by an administered is found in a file, archive or administrative record. The right of access to administrative information is a mechanism of control in the hands of the public administrations, since it allows them to exercise an optimal control of the legality and the opportunity, convenience or merit and, in general, of the effectiveness and efficiency of the administrative function performed by the different public entities. **Efficient and effective public administrations are those that are subject to public control and scrutiny, but there can be no citizen control without adequate information.** Thus, a logical link can be established between access to administrative information, knowledge and management of this information, effective or timely citizen control and efficient public administrations. The right of access to administrative information is deeply rooted in a series of principles and values inherent to the Social and Democratic Rule of Law, which, at the same time, acts. **Thus, effective and direct citizen participation in the management and handling of public affairs is inconceivable without a significant amount of information about administrative competencies and services, in the same way, the democratic principle is strengthened when the various social, economic and political forces and groups participate actively and informedly in the formation and execution of the public will.** Finally, the right of access to administrative information is an indispensable tool, like so many others, for the full validity of the principles of administrative transparency and publicity."

CERTIFICATION OF INTEREST OF JUSTICE'S TEN PRIMARY STAKEHOLDER INTERESTS:

Interest of Justice raised 10 points at the public hearing that demonstrate our standing as primary stakeholders "who, without continuing participation, the policy or issue could not succeed or be addressed", which we summarize as follows :

"We request the following:

- All technical recommendations and limitations to rights in an emergency shall conform to the requirements set in the Siracusa Principles.
- No treaty can be binding which confers upon the WHO the power to issue or enforce pandemic guidance which may supplant the nations constitution, written definitions and sovereign legislation.
- Persecution and censorship of diversity of opinion regarding WHO's "evolving science" is expressly prohibited; free and open discourse shall be protected and encouraged in the public interest to prevent imbalance of power and systematic violations of human rights
- The centralization of national health data, gene and biotechnology, AI with Big Tech and media, poses an international security threat that must be prevented at all costs.
- Pre-determination and punishment of misinformation with no written law defining misinformation backed by science and due process, is prohibited by law and punishable.

- The WHO shall not exaggerate the seriousness of the diagnosis, complicate the treatment, or artificially create alarm situations in response to spurious interests; if found guilty the member states should agree to permanently stop all funding and relationships with the WHO, in the public interest
- The WHO must immediately declare all yearly funders with full transparency and allow for independent oversight with the ability to immediately remove all conflicts of interest
- The Member States require WHO agrees to be liable in the event that damages arise from the use of the guidance
- The final decision in a truly democratic process, should be made by the people rather than the Intergovernmental Negotiating Body which may be widely perceived as biased and usurping individual and national sovereignty.
- Procedures for meaningful participation by all people in the enforcement of human rights enshrined in Siracusa Principles shall be made readily available in all future WHO pandemic guidance"

Interest in National Sovereignty Requires Strict Scrutiny and WHO to meet the Burden of Proof

Because the WHO's attempt at a treaty is clearly an attempt to create policy, which is the realm of the sovereign legislator. Therefore, due to the extremely unusual position that WHO is declaring as global Health policy monopoly we require strict oversight and monitoring capability of the INB's deliberations, by us and other marginalized primary stakeholders, in a process that allows for the time required to reach consensus with real meaningful due process, otherwise our association will be forced to reject the final document for failing to include us and our stakeholder members in the design and implementation of the ultimate global health policy/treaty.

It is also worth mentioning that in the event WHO decides to exclude us and our members in the INB deliberations and subsequently decide to create policy which caters to the majority of stakeholders wishes (which is biased and stacked towards ensuring a majority of stakeholder interests from the private sector and private foundations) please be advised we will be forced to decree the WHO's participatory process illegitimate ab initio, wholly illusory and insufficient.

We hope we are mistaken, but on and for the record, we do presume the illegitimacy of the current WHO pandemic treaty process. We conclude the process does not withstand strict scrutiny of necessity, and constitutional limits, because this is an unprecedented health policy deliberation made not by the sovereign people and nations, it is by the WHO, a private body, funded by a majority of private-public interests, which unilaterally claims sovereignty and supreme power of health policy decision making.

While the goal of the WHO may be noble in wanting to protect global health, our organization Interest of Justice alleges that a global binding pandemic treaty with enforcement power by WHO is a "violation of the legal principle" whereby "only through a formal law issued by the Legislature, according to the procedure established in the Constitution for the enactment of laws, is it possible to regulate and, if appropriate, restrict fundamental rights and freedoms." This is very problematic and must be addressed by WHO, otherwise the WHO may proceed in ways that could incur prohibition, if not liability for usurpation of sovereignty, a problem raised by nations repeatedly over the WHO's history.

A new pandemic treaty enforceable by WHO will have the effect of overreaching law & policy that unconstitutionally suspends rights that the Costa Rican constitution says cannot ever be suspended, such as work under article 56 and will constitute interference with industry under Article 46, as occurred under the WHO's guidance in the covid-19 declared emergency, and which is expressly prohibited by Article 46. The WHO's recent interference in commerce is a cause for prohibition and any treaty must address this with the WHO waiving immunity for liability, otherwise the WHO is subject to prohibition and rejection of their attempt to negotiate a treaty that fails to consider this express constitutional mandate for private monopolies such as WHO.

Executive emergency power should be sparing and temporary to be constitutional, however, the concept of a globally binding treaty is overreaching. It is appropriate to mention that cumulatively and consecutively enacted every 90 days, the WHO's declaration of emergency is now established as long term policy. Our overly compliant health minister recently stated the emergency will not end until the WHO declares it is over, which leaves us in a state of exception without constitutional guarantees, under the direction of the WHO. Any treaty would obviously be required to limit and not expand this overreach by WHO into the realm of policy making that regulates dignity and freedom, among other ergo omnes human rights conspicuously left out of the IHR.

Based on the foregoing, Interest of Justice concludes that the WHO's attempt at a treaty is an attempt to regulate just about every aspect of the "right to life and dignity of the human being," and therefore "[t]he non-temporary regulation of these rights by the WHO acting as a global health policy regulatory private monopoly is wholly incompatible with Constitutional law."

Interest of Justice speaks for other stakeholders and ourselves when we express concern that our interests conflict with the private sector and private foundations that fund the WHO.

As a stakeholder group of human right's defenders we wish to state the obvious. There is little hope or moral in our vulnerable class of minority stakeholders that our interests will be given the same weight as the majority of chosen stakeholders interests.

WHO chose a few dissenter stakeholders and mostly cheerleader stakeholders which comprise a majority vote of private sector and public-private monopolies that stand to gain from the policy they help to create. There are many who have expressed concern the WHO's participation process is a "show hearing" which is really an "ignoring".

It is easy to understand the concerns of many when faced with such a monumental and fundamental change being proposed by WHO, that is sure to alter the global structure and balance of power.

Necessity for a 'dedicated' assessment committee or body

A body or committee might also be established specifically for assessing quality and human rights in the WHO. An advantage is that such assessment committees cannot simply be disbanded because of a lack of resources or because they have revealed information that may be embarrassing to the government or the WHO. The work of a legally appointed assessment committee is facilitated by the obligatory cooperation of service providers and full access to all parts of facilities.

A legally established committee is not, however, a requirement for effective assessment, and such bodies can be established outside a legal framework. These may be more flexible than a legally constituted body, for example with respect to their composition and terms of reference. In many countries, such bodies have been established by ministries of health or other government structures in order to improve conditions in facilities. A critical feature of such bodies, whether legally appointed or not, is that they retain independence from the government and the facilities that are being assessed.

Which body undertakes quality and human rights assessments will depend in part on the bodies and structures that already exist in a country. For example, if there is a national human rights commission with the requisite independence, mandate and expertise to assess facilities, it may make good sense to take advantage of this structure.

Where no appropriate body exists, it may be necessary to establish a 'dedicated' assessment committee such as Interest of Justice CIVICS AND LAW TREATY MONITORING COMMITTEE. The choice of body or mechanism also depends on the purpose of the assessment and how the results will be used.

Balance of Power requires seats at the table for the critical stakeholders alliance of human rights defenders and vulnerable protected.

Memorandum of Understanding regarding Human rights and health Duties of the WHO

Human rights and health

(a WHO document) 29 December 2017



Human rights and health

WHO fact sheet on health and human rights with key facts, introduction, disadvantaged populations and the right to health , violat...
<https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

Key facts

- The WHO Constitution (1946) envisages "...the highest attainable standard of health as a fundamental right of every human being."
- Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality.
- A States' obligation to support the right to health – including through the allocation of "maximum available resources" to progressively realise this goal - is reviewed through various international human rights mechanisms, such as the Universal Periodic Review, or the Committee on Economic, Social and Cultural Rights. In many cases, the right to health has been adopted into domestic law or Constitutional law.

- A rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind first towards greater equity, a principle that has been echoed in the recently adopted 2030 Agenda for Sustainable Development and Universal Health Coverage. (1)
- The right to health must be enjoyed without discrimination on the grounds of race, age, ethnicity or any other status. Non-discrimination and equality requires states to take steps to redress any discriminatory law, practice or policy.
- Another feature of rights-based approaches is meaningful participation. Participation means ensuring that national stakeholders – including non-state actors such as non-governmental organizations – are meaningfully involved in all phases of programming: assessment, analysis, planning, implementation, monitoring and evaluation.

“The right to the highest attainable standard of health” implies a clear set of legal obligations on states to ensure appropriate conditions for the enjoyment of health for all people without discrimination.

The right to health is one of a set of internationally agreed human rights standards, and is inseparable or ‘indivisible’ from these other rights. This means achieving the right to health is both central to, and dependent upon, the realisation of other human rights, to food, housing, work, education, information, and participation.

The right to health, as with other rights, includes both freedoms and entitlements:

- Freedoms include the right to control one’s health and body (for example, sexual and reproductive rights) and to be free from interference (for example, free from torture and non-consensual medical treatment and experimentation).
- Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health.

Focus on disadvantaged populations

Disadvantage and marginalization serve to exclude certain populations in societies from enjoying good health. Three of the world’s most fatal communicable diseases – malaria, HIV/AIDS and tuberculosis – disproportionately affect the world’s poorest populations, and in many cases are compounded and exacerbated by other inequalities and inequities including gender, age, sexual orientation or gender identity and migration status. Conversely the burden of non-communicable diseases – often perceived as affecting high-income countries – is increasing disproportionately among lower-income countries and populations, and is largely associated with lifestyle and behaviour factors as well as environmental determinants, such as safe housing, water and sanitation that are inextricably linked to human rights.

A focus on disadvantage also reveals evidence of those who are exposed to greater rates of ill-health and face significant obstacles to accessing quality and affordable healthcare, including indigenous populations. While data collection systems are often ill-equipped to capture data on these groups, reports show that these populations have higher mortality and morbidity rates, due to noncommunicable diseases such as cancer, cardiovascular diseases, and chronic respiratory disease. These populations may also be the subject of laws and policies that further compound their marginalization and make it harder for them to access healthcare prevention, treatment, rehabilitation and care services.

Violations of human rights in health

Violations or lack of attention to human rights can have serious health consequences. Overt or implicit discrimination in the delivery of health services – both within the health workforce and between health workers and service users – acts as a powerful barrier to health services, and contributes to poor quality care.

Mental ill-health often leads to a denial of dignity and autonomy, including forced treatment or institutionalization, and disregard of individual legal capacity to make decisions. Paradoxically, mental health is still given inadequate attention in public health, in spite of the high levels of violence, poverty and social exclusion that contribute to worse mental and physical health outcomes for people with mental health disorders.

Violations of human rights not only contribute to and exacerbate poor health, but for many, including people with disabilities, indigenous populations, women living with HIV, sex workers, people who use drugs, transgender and intersex people, the health care setting presents a risk of heightened exposure to human rights abuses – including coercive or forced treatment and procedures.

Human rights-based approaches

A human rights-based approach to health provides a set of clear principles for setting and evaluating health policy and service delivery, targeting discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes.

In pursuing a rights-based approach, health policy, strategies and programmes should be designed explicitly to improve the enjoyment of all people to the right to health, with a focus on the furthest behind first. The core principles and standards of a rights-based approach are detailed below.

Core principles of human rights

Accountability

States and other duty-bearers are answerable for the observance of human rights. However, there is also a growing movement recognising the importance of other non-state actors such as businesses in the respect and protection of human rights. (2)

Equality and non-discrimination

The principle of non-discrimination seeks ‘...to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political, or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation’.

Any discrimination, for example in access to health care, as well as in means and entitlements for achieving this access, is prohibited on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, and civil, political, social or other status, which has the intention or effect of impairing the equal enjoyment or exercise of the right to health.

The principle of non-discrimination and equality requires WHO to address discrimination in guidance, policies, and practices, such as relating to the distribution and provision of resources and health services. Non-discrimination and equality are key measures required to address the social determinants affecting the enjoyment of the right to health. Functioning national health information systems and availability of disaggregated data are essential to be able to identify the most vulnerable groups and diverse needs.

Participation

Participation requires ensuring that all concerned stakeholders including non-state actors have ownership and control over development processes in all phases of the programming cycle: assessment, analysis, planning, implementation, monitoring, and evaluation. Participation goes well beyond consultation or a technical addition to project design; it should include explicit strategies to empower citizens, especially the most marginalized, so that their expectations are recognised by the State.

Participation is important to accountability as it provides "...checks and balances which do not allow unitary leadership to exercise power in an arbitrary manner".

Universal, indivisible and interdependent

Human rights are universal and inalienable. They apply equally, to all people, everywhere, without distinction. Human Rights standards – to food, health, education, to be free from torture, inhuman or degrading treatment – are also interrelated. The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.

Core elements of a right to health

Progressive realization using maximum available resources

No matter what level of resources they have at their disposal, progressive realisation requires that governments take immediate steps within their means towards the fulfilment of these rights. Regardless of resource capacity, the elimination of discrimination and improvements in the legal and juridical systems must be acted upon with immediate effect.

Non-retrogression

States should not allow the existing protection of economic, social, and cultural rights to deteriorate unless there are strong justifications for a retrogressive measure. For example, introducing school fees in secondary education which had formerly been free of charge would constitute a deliberate retrogressive measure. To justify it, a State would have to demonstrate that it adopted the measure only after carefully considering all the options, assessing the impact and fully using its maximum available resources.

Core components of the right to health

The right to health (Article 12) was defined in General Comment 14 of the Committee on Economic, Social and Cultural Rights – a committee of Independent Experts, responsible for overseeing adherence to the Covenant.

(4) The right includes the following core components:

Availability

Refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes for all. Availability can be measured through the analysis of disaggregated data to different and multiple stratifiers including by age, sex, location and socio-economic status and qualitative surveys to understand coverage gaps and health workforce coverage

Accessibility

Requires that health facilities, goods, and services must be accessible to everyone. Accessibility has four overlapping dimensions:

- non-discrimination
- physical accessibility
- economical accessibility (affordability)
- information accessibility.

Assessing accessibility may require analysis of barriers – physical financial or otherwise – that exist, and how they may affect the most vulnerable, and call for the establishment or application of clear norms and standards in both law and policy to address these barriers, as well as robust monitoring systems of health-related information and whether this information is reaching all populations.

Acceptability

Relates to respect for medical ethics, culturally appropriate, and sensitivity to gender. Acceptability requires that health facilities, goods, services and programmes are people-centred and cater for the specific needs of diverse population groups and in accordance with international standards of medical ethics for confidentiality and informed consent.

Quality

Facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage, and includes the experience as well as the perception of health care. Quality health services should be:

- **Safe** – avoiding injuries to people for whom the care is intended;
- **Effective** – providing evidence-based healthcare services to those who need them;
- **People-centred** – providing care that responds to individual preferences, needs and values;
- **Timely** – reducing waiting times and sometimes harmful delays.
- **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- **Integrated** – providing care that makes available the full range of health services throughout the life course;
- **Efficient** – maximizing the benefit of available resources and avoiding waste

WHO response TO HUMAN RIGHTS

WHO has made a commitment to mainstream human rights into healthcare programmes and policies on national and regional levels by looking at underlying determinants of health as part of a comprehensive approach to health and human rights.

In addition, WHO has been actively strengthening its role in providing technical, intellectual, and political leadership on the right to health including:

- strengthening the capacity of WHO and its Member States to integrate a human rights-based approach to health;
- advancing the right to health in international law and international development processes; and
- advocating for health-related human rights, including the right to health.

Addressing the needs and rights of individuals at different stages across the life course requires taking a comprehensive approach within the broader context of promoting human rights, gender equality, and equity. As such, WHO promotes a concise and unifying framework that builds on existing approaches in gender, equity, and human rights to generate more accurate and robust solutions to health inequities. The integrated nature of the framework is an opportunity to build on foundational strengths and complementarities between these approaches to create a cohesive and efficient approach to promote health and well-being for all.

Costa Rica's unresponsive health system under the WHO

Executive summary

The way public health systems finance and interact with multinational public-private monopolies and individuals can impact on the well-being of both the individual and society. **WHO has termed this work health system "responsiveness"** and has proposed that a health system's performance in this area also be evaluated alongside the measurement of health system performance with more traditional indicators like mortality, morbidity and utilization statistics.

If a health system is responsive, it is possible that interactions people have within the health system will **improve their well-being, irrespective of improvements to their health.**

The concept of responsiveness has been operationalised in eight domains.

These include: (1) respect for the dignity of persons; (2) autonomy to participate in health-related decisions; (3) confidentiality; (4) prompt attention; (5) adequate quality of care; (6) communication; (7) access to social support networks; and (8) choice of health care providers.

COSTA RICAS HEALTH CARE SYSTEM IS GROSSLY NEGLIGENT AND UNRESPONSIVE DUE TO THE WHO'S INTERVENTION:

Herein we outline the failure of the Costa Rican health system under the direction of the WHO and outlines overwhelming cause for invoking the Constitution Article 46 prohibition on private monopolies in the public interest, and for fully reforming the WHO to be responsive to vulnerable stakeholders, or withdrawing from the WHO as a member state.

In this report, we propose how the very concept of "global governance" is antithetical to the constitutional concept of a personally responsible government that is responsive to the needs of those it seeks to serve. Public Health is good owed to all individuals, and as such it requires a far more responsive system than the Ministry is providing to us.

The net result of the unresponsive public health system is a one size fits all diagnostics, prevention and treatment program. This lack of consideration of the differences in people is causing systemic loss of equal treatment in health, with most individuals having documented loss of health and social protections.

These same domains of public health responsiveness have been recognized in the context of human rights and the provision of health services to the public. Human rights provide a vitally important framework for examining these domains. Like principles of ethics, human rights provide or support appropriate standards for human conduct. Yet, unlike some ethical principles, human rights are internationally recognized and globally accepted. Moreover, governments have agreed to be legally bound to upholding principles of human rights.

2. Human rights are deliberately broad and elastic to allow for limited differences in interpretation based on cultural or religious beliefs. "While the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms."

3. Consequently, the terminology and concepts underpinning human rights are particularly appropriate in providing a normative framework for measuring the domains of health systems responsiveness.

We first discuss these domains by referring to provisions in international human rights instruments, including the human right to health. We further analyse the ways that the understanding of these domains may be enhanced through an understanding of their underlying human rights principles.

Below we briefly outline the failure of health responsiveness under WHO's direction, and why the failure is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

The grave systemic violation of human rights caused by nation states strict adherence to WHO policy is revealing itself to be a national security threat under Siracusa Principles Article 32: *"The systematic violation of human rights undermines true national security and may jeopardize international peace and security"*.

(1) respect for the dignity of persons;

Respect for the dignity of persons, including the rights to security & freedom from discrimination

Respect for the dignity of persons in the delivery of public health and individual health services is a core component of health system responsiveness because it protects each individual from potential abusive practices, bodily infringements, and mental harms. Respect for dignity is also a consistent theme in human rights. The first article of the UDHR proclaims the important role of dignity: "All human beings are born free and equal in dignity and rights." (Human Rights and Public Health in the AIDS Pandemic (OUP Oxford 1997) vii). As eloquently articulated by the UN High Commissioner for Human Rights and Executive Director of UNAIDS:

It is not necessary to recount the numerous charters and declarations ... to understand human rights ... All persons are born free and equal in dignity and rights. Everyone ... is entitled to all the rights and freedoms set forth in the international human rights instruments without discrimination, such as the rights to life, liberty, and security of the person, privacy, health, education, work, social security, and to marry and found a family. Yet, violations of human rights are a reality to be found in every corner of the globe (13).

In human rights terms, dignity implies a bundle of rights and freedoms ensuring that all individuals are treated with respect and remain free to pursue their own hopes and dreams. Human rights doctrine also protects human dignity in quite specific ways as the following discussion illustrates.

In human rights law, the doctrine of informed consent is entrenched under the right to security (14) and is pivotal to respecting the dignity of persons. Thus, for example, competent adults are empowered to make inherently personal decisions, such as whether to accept or refuse medical treatment. The doctrine of voluntary consent to medical tests, treatment and research also arises from other norms and agreements. Notably, there are numerous ethical standards for protecting the dignity of human subjects, including the Nuremberg Code, Declaration of Helsinki, and Guidelines of the Council of International Organisations of Medical Sciences (CIOMS), all of which is not considered in the current covid-19 WHO response.

Perhaps the most important way of ensuring human dignity is to fight invidious discrimination. Discrimination on the basis of race, sex, religion, ethnicity, political views, property, birth, disability, or other status is deeply hurtful to the human condition. The International Bill of Rights strongly promotes the right of non-discrimination in numerous covenants and declarations. ICCPR, Article 26 illustrates:

All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

The right not to be subject to discrimination is especially important in health care and public health. Since health services are so fundamental to human well-being, they must be allocated fairly among all persons and based primarily on need.

The WHO and their alliance of media, social media, pharmaceutical and financial monopolies are currently persecuting and censoring medical experts through the 'Trusted News Initiative', with no due process or warning. People are even having their entire social media platforms and payment gateways removed for people who exercise freedom of speech that contradicts WHO's official positions. A new term called 'cancel culture' has arisen from the UN-WHO policies which is completely antithetical to the UN's alleged purpose of protecting human rights and a free world.

It cannot be overstated that the 'Trusted News Initiative' and UN's 'program to combat misinformation and rumeurs' are not in conformity with law and as applied ubiquitously worldwide, is a clear overreach and violation of the UN charter and international Human Rights norms.

The use of the term "in conformity with the law" in Article 21 of the ICCPR, should not be interpreted to imply any lower standard of legality for limitations on the right of peaceful assembly than other limitations within the ICCPR. It should be the same standard that applies to interpreting the language of "provided by law" within Article 19 of the ICCPR, as elaborated in the Committee's General Comment No. 34:^[1] *"For the purposes of paragraph 3, a norm, to be characterized as a "law", must be formulated with sufficient precision to enable an individual to regulate his or her conduct accordingly and it must be made accessible to the public. A law may not confer unfettered discretion for the restriction of freedom of expression on those charged with its execution. Laws must provide sufficient guidance to those charged with their execution to enable them to ascertain what sorts of expression are properly restricted and what sorts are not."*

The laws regarding 'health misinformation' do not describe what exact speech is defined as health misinformation, in order to: a) be able to challenge the validity of the science and law to know if its really true or false misinformation (with a final res judicata judgment) and b) to give due process to the people that WHO is applying global censorship to. As a result, the WHO-UN global censorship programs ('Trusted News Initiative' and UN's 'program to combat misinformation and rumeurs') that indisputably confers unfettered discretion for the restriction of freedom of expression on those charged with its execution is in violation of the legal order and absolutely null. Importantly, the creation and execution of the global UN-WHO 'Trusted News Initiative' and UN's 'program to combat misinformation and rumeurs' should ultimately be determined to systematically deny human rights which is a national security threat in all nations.

^[1] HR Committee, General Comment No. 34 on Article 19: freedoms of opinion and expression, CCPR/C/GC/34, 12 September 2011; at para. 25.

Conclusion: The persecution and censorship of scientific debate and even peer reviewed studies being suppressed by the WHO is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

(2) autonomy to participate in health- related decisions;

Human rights support the autonomy of individuals to participate fully in health-related decisions. This ties into key human rights principles such as freedom to seek, receive and impart information (ICCPR, Article 19) and the right to free, meaningful and effective participation (Declaration on the Right to Development, 1986, Article 2) in decisions which affect one's development. Consistent with the formulation of ethical principles, moreover, which underlie the relationship of HCWs and health researchers with their patients, freedom of choice is an essential quality in the delivery of health services. As stated above, the right to security of persons requires that for an individual to provide meaningful consent to medical procedures, she must be fully informed of the risks and purposes of the medical intervention. In the absence of complete and objective information, an individual cannot make an autonomous decision about one's medical services. Furthermore, like principles of ethics, human rights recognize the need for the individual to be fully capable of making health-related decisions. Persons must be competent to make these decisions. That is, the person must be able to understand the basic nature and purpose of treatment to make an informed decision. Persons who lack competency (e.g., persons with significant mental or intellectual disabilities) are entitled to the assistance of others (e.g., parents, caregivers) to help make a decision that is in their best interests. These findings derive directly from human rights instruments concerning the rights of children and the mentally disabled. Under the Convention on the Rights of the Child, for example, the child's best interests shall be a primary consideration in all actions taken and his or her views should be heard and taken into consideration. (CRC, Articles 3 & 12). Thus, human rights support an individual's autonomy with regard to participation in health- related decisions and being fully informed, in the context of a person being capable of making decisions based on available information.

Participation mechanism insufficient - Participatory government under Article 9 & right to participate in health: "[t]he principle of participation and inclusion means that people are entitled to participate in decisions that directly affect them, such as the design, implementation and monitoring of health interventions.

Participation should be active, free and meaningful" (WHO, 2011)

Because the WHO is actively refusing to consider the majority of scientists and peer reviewed studies, the WHO's decisions appear to be based on cherry picked and biased preconceived presumptions. Due to the recently implemented in 2020 'Trusted News Initiative' and global censorship, both sides of the scientific debate are not being heard, denying meaningful participation. Scientific data is not being considered by WHO, with no motivation or analysis, which would normally be debatable facts and part of the scientific process, as well as the health practitioners right and duty to participate and collaborate with Health Ministries and the WHO in a free and open society. By excluding the scientific groups evidence and information of existing ordinary treatments, diagnostics invalidity and safety signals the WHO is in clear violation of IHR Article 12 4. *In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider: (d) scientific principles as well as the available scientific evidence and other relevant information.*

The lack of WHO actually reviewing the available scientific evidence and other relevant information that scientists are trying to impart is very problematic. The validity of the WHO's declaration of a pandemic is reliant upon methods of diagnostics that are not in conformity with the unequivocal rules of science. For instance, WHO first recommended PCR testing for diagnostics at 45 ct, which is a cycle threshold found too high to detect an active infection, and unscientific. The basis of the alleged covid-19 pandemic is the cases confirmed by using the PCR test at 45ct, which is a test that is now withdrawn and outdated because it is discredited in a peer reviewed study found valid by multiple courts, and even by the WHO and Ministerio de Salud themselves, agree the test is "unable to diagnose an active infection", "cant tell flu from covid" and "stays active for months, even when no longer contagious".

The fact is that WHO declared the covid-19 emergency based solely on an unscientific test they chose and recommended.

The WHO and Health Ministries worldwide (penetrated by WEF-UN-WHO) are denying peer reviewed science that conclusively proves WHO guidance is unscientific. This denial of contradictory science is an omission tantamount to fraud that is causing a systematic denial of human rights, including the right of health practitioners and citizens to participate in science and public health policy.

Governmental or private sector limits on the communication of health information may infringe on individual freedom to exchange information. UDHR, Article 19 states: "Everyone has the right to freedom of opinion and expression; this right includes freedom to . . . seek, receive, and impart information and ideas through any media and regardless of frontiers." Freedom of expression may be violated by a government law that prohibits the dissemination of health data to patients or others at risk of adverse health consequences.

This exclusion of experts by the WHO is intentional and omits true science by design, which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

(3) confidentiality;

Privacy and confidentiality

Respect for persons in the health care context includes the duty to keep a patient's medical information private and confidential. Article 12 of the UDHR specifically recognizes the right to privacy: "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence." The European Court of Human Rights has also recognized the right to privacy in several cases (15). **The human right to privacy means that patients should have substantial control over how their intimate health information is shared with others.** In the health care setting, privacy and confidentiality refer to the patient's right to expect that HCWs or others will not improperly access, use, or disclose identifiable health data without the person's consent. Health data may include not only a patient's sensitive health status, but also those facts or circumstances that the patient reveals to HCWs as part of seeking medical treatment. Thus, for example, where a patient living with HIV/AIDS reveals that he may have contracted the virus by sharing needles with other injecting drug users, this statement should be held in confidence even though drug use may be illegal. As with the doctrine of informed consent, the right to privacy and confidentiality must be applied sensitively, with respect for different cultural, social, and religious traditions.

Conclusion: The WHO's attempt to create a global biosurveillance network to gather medical information which they suggest should be used in exchange for entry to social establishments, is advocating the denial of the human right to medical privacy, denies equal treatment and is discriminatory by design, which is impermissibly reinforcing a grave systemic violation of human rights in many countries, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

(4) prompt attention;

This responsiveness domain refers to having timely service so as to avoid potential anxiety and inconvenience created by any delays in receiving attention or care. It remains a separate issue from receiving prompt medical attention in a life-threatening situation. Most of the human rights literature refers to the need of patients to receive prompt medical attention, especially in cases of emergency where access to medical care is critical. The preservation of life is a fundamental human right (UDHR, Article 3; ICCPR, Article 6). Whenever an individual's life is jeopardized by her medical status, a human right to life supports the obligation of the state to assure that medical attention is accessible and provided. The European Court of Human Rights (16) and domestic courts such as the Supreme Court of India (17) have affirmed that the right to life encompasses a right to adequate health care in an emergency. Closely linked to the right to life is the right to health, which incorporates access to basic health services as an important pillar. The importance of ensuring access to health service in complying with obligations under the right to health supports the notion of "prompt attention" (18) which is used in the responsiveness domains. In particular, the issue of accessibility has been articulated in General Comment 14 adopted by the UN Committee on Economic, Social and Cultural Rights. Accessibility in this literature has four overlapping dimensions: non-discrimination, physical accessibility, economic accessibility and information accessibility. Two of these dimensions relate to the domain of prompt attention, namely, non-discrimination and physical accessibility. Non-discrimination with regards to health facilities means that goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds. With regard to physical accessibility, accessibility means that goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. Accessibility also implies that medical services and underlying determinants of health, such as safe and potable water and adequate sanitation facilities, are within safe physical reach, including rural areas. Accessibility further includes adequate access to buildings for persons with disabilities. This last issue links with the domain of basic amenities.

The lack of prompt attention by WHO to experts providing contradictory information required for the preservation of human life and to provide the public adequate and truthful information is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

(5) adequate quality of care;

Adequate quality of basic amenities

This domain links to the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions including healthy and edible food (ICESCR, Article 11). In addition, the General Comment on the Right to Health which articulated the normative content of ICESCR, Article 12, underscored that health facilities, goods and services must be of quality which includes, inter alia, safe and potable water, adequate sanitation and access for all to work and thrive financially.

Conclusion: UN and WHO recommended shutting down “non essential” work, which is a systematic denial of the human right to equal treatment, dignity and safety in financial interests required for nutrition and health, which is reinforcing a grave systemic violation of human rights, creating a sequele of global poverty, business shutdowns and bankruptcy and secondary health issues which is a vice or defect that negates the very motive, content and purpose for WHO’s existence.

(6) communication;

Health care analysts have traditionally perceived the quality of health care as the combination of technical and inter-personal measures. A HCW may be technically proficient, but may be viewed by individuals as delivering low quality care because of his or her lack of inter-personal skills, most notably, the ability to effectively communicate with patients. In support of the provision of quality health care, then, the right to health equally sustains the need of public health authorities and HCWs to communicate with patients in ways that benefit the individual. A patient that lacks adequate medical information from her health Ministry and provider cannot make autonomous decisions about her health services or options. Failing to effectively communicate infringes the realization of an individual’s enjoyment of human rights, particularly the right to seek, receive and impart information.

HCWs must be prepared to provide health information to patients in language and format that furthers a patient’s understanding. Thus, a communication to a patient through written correspondence in the patient’s secondary language may be ineffective. Such communication does not allow for interactive discussion or the opportunity to confirm the patient’s receipt or comprehension of the information.

In order to achieve a goal of clear communication to patients, clear communication between health workers is therefore necessary. This helps to address the identified gap of "continuity of care", as the transfer of information between health care workers would impact on the patient's experience of continuity.

Governmental or private sector limits on the communication of health information may infringe on individual freedom to exchange information. UDHR, Article 19 states: “Everyone has the right to freedom of opinion and expression; this right includes freedom to . . . seek, receive, and impart information and ideas through any media and regardless of frontiers.” Freedom of expression may be violated by a government law that prohibits the dissemination of health data to patients or others at risk of adverse health consequences.

Denied truthful information - 3.2.3. Access to accurate health information The rights to health and freedom of expression intersect to require States to provide access to **accurate health information about the pandemic** (CESCR, 2020a). Information must be accessible to all on the basis of non-discrimination.

WHO's lack of accurate health and diagnostic information about their declared pandemic is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

(7) access to social support networks; and

Access to social support networks, family and community support

Access to social support networks (also referred to as family and community support) can be a key condition for the amelioration of negative health traits among individuals. Individuals with illnesses or disabilities often need assistance in accommodating their conditions at work, home, or public places. Familial or other support helps individuals reach their health goals. Human rights, including respect for the dignity of persons, the right to health, the freedom to associate, and the right to familial assistance (ICESCR, Article 10) generally uphold this need for access. Unwarranted limitations on the ability of a person to seek their family, friends, or others within a social network for support concerning the person's health status may infringe these rights.

Conclusion: Under the guidance of the WHO dying people are denied family and community support, even denied visits with loved ones, dying alone, when the family poses no risk of covid transmission by being young and no risk or by being naturally immune and recovered already, which is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

(8) choice of health care providers.

Choice of medical providers

The realization of human rights, including the right to health, neither requires nor precludes any particular form of government or economic system. The human right to political participation (the right to vote and to take part in the conduct of public affairs) ensures that societies can freely choose the type of system which the peoples residing in it find most conducive to the fulfillment of their rights and needs. The result is that health systems vary in terms of priorities and approaches used and values underpinning both of these. Offering individuals a choice of medical providers is a valued feature of health systems in industrialized countries like the United States (where provider choices, at times, are viewed as excessive). A choice among providers is considered to help improve patient access to care, as well as the quality of care. In terms of international human rights law, however, there are no specific provisions indicating whether a health system should or should not offer choice in terms of medical providers. Human rights provisions are deliberately broad and elastic to allow countries to meet the needs and wishes of their populations in terms of devising systems which fulfill the basic human rights of all the population paying particular attention to the most vulnerable and marginalized.

Conclusion: Since declaring covid-19 a pandemic, the WHO has interfered with the Dr. - patient bond by actively recommending blanket treatment protocol and disapproving of ordinary approved essential medicines that are clinically proven to reduce mortality. The uniform treatment protocols recommended by the WHO are denying individualized health care and fails to consider the differences of people, which is required to provide right to equal treatment in health required. By failing to consider the differences in people and controlling the treatment protocol to ensure blanket one size fits all global medical treatments, and suppression of access to ordinary treatments, the WHO is ensuring that individuals are not being treated with individualized care right for them, which is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO's existence.

Enhancing the domains of health responsiveness through reification of the Siracusa Principles and human rights

Each of the health responsiveness domains discussed above in this analysis is arguably supported by one or more principles of human rights. We have attempted to show what human rights principles share with responsiveness domains. Beyond mere support, there are at least three ways that human rights principles enhance these domains.

Synergy; Health authorities and human rights advocates have long extolled the connection between protecting human rights and maintaining human health. As discussed above, human rights and health are synergistic. People need to be healthy to fully enjoy their human rights; respecting human rights encourages healthy behaviors, choices, and options for individual and community health services. The domains of health system responsiveness parallel multiple human rights obligations designed to improve the health status of both individuals and populations. ***As a result of the WHO's lack of respecting the domains of health system responsiveness, there is a documented worsening individual and community health outcomes.*** In other words, human rights theory and principles support the need to deliver health services consistent with these domains not only to improve health outcomes, but also to further a respect for human rights that underlie the intrinsic value of the domains themselves, which requires the prohibition of the WHO in countries wishing to respect health and human rights of their populations, rather than blindly obey the edicts of the WHO which may be causing a national security threat by systematic denial of human rights.

This synergy that is currently obstructed by the WHO's emergency response suggests the need to conceive and build a less global, more nationalized and rights-based approach to the delivery of health care services. Essentially, responsiveness supports a rights-based approach to health systems as related to the interactions between patients and health systems which is an essential element required for health that the WHO is currently unwilling or unable to satisfy, thus negating the WHO's very reason for existing.

Authority and accountability; In addition to the need to recognize these domains in the delivery of health services, the field of human rights provides an international set of norms that sustains their acceptance. The WHO's lack of adhering to these domains in the provision of health services is wholly inconsistent with good health practice that promotes individual and community health, because adhering to these domains in the provision of health services is mandated by human rights. Reframing these domains in terms of human rights obligations offers an additional, authoritative justification for public and private sectors to respect these domains. Failures of the UN-WHO to respect these domains may lead to human rights violations that may be reviewed by international tribunals, constitutional and other courts, human rights monitoring bodies, or through public juries, assemblies and public opinion. Violations of human rights carry similar and sometimes additional penalties, as would legal violations. The potential for direct or indirect response assigns a degree of accountability against those who infringe or violate human rights, including the WHO employees acting as de facto public employees while advising governments under emergency powers. When fairly enforced, human rights provide a universal standard that holds governmental and other actors accountable.

With the WHO announcing a 'new normal' under covid-19 emergency powers complete with overt global technocracy controlled centralized censorship, there is a clear potential for biased information. This bias confirmation is certain because the UN and WHO joined WEF the largest public-private monopoly on earth who is partners with Pfizer and AstraZenica, big tech, media, etc. This global privately funded monopoly with WHO as the head of public relations is the controller of the media, the online information stream of official and "allowed" health information, the UN human rights commission, which means the UN-WHO is essentially acting as wrongdoer and simultaneously controlling the information they deem "truth" and are also the acting judge, all in the same proceedings. This is prohibited under common law to be the judge in your own case. The UN-WHO-WEF can propose what is truth or misinformation if they wish, however, under common law false statements are treated as fraud by inducement, with cases requiring an injured party. This system is time immemorial because it presumes most people do not want truth to be centralized in the government or privately funded WHO-UN-WEF global monopoly, historically dignity of man requires free will to weigh both sides of the argument ourselves after confronted with facts and law so each of us can decide for ourselves what to believe or advocate publically.

Conclusion: Having one UN controlled globalized outlet for human rights monitoring (the Human Rights Commission) is a vice or defect that creates the appearance of bias that frustrates the very purpose of human rights monitoring bodies existing as an impartial arbitrator between two separate parties, this lack of impartial oversight of the UN-WHO-WEF is cause for distrust amongst the WHO 'users and consumers' of health goods, especially true for those who believe the U.N. Is violating their rights, having to go to a U.N. human rights commission is akin to a full denial of justice and impartiality.

Cohesion; In many ways, the eight domains of health system responsiveness are distinct yet related. Respecting the dignity of individuals, for example, includes respecting their autonomy to participate in health-related decisions. It also requires that an individual's interests in protecting the privacy and confidentiality of her intimate health data be protected. The WHO's implementation of QR codes and green pass vaccine passports is not only contrary to the unequivocal rules of science, it is gross overreach encroaching into medical privacy rights and is invidiously discriminatory. Human rights analysis affirms the underlying construct of responsiveness, common to all the domains, and bridges any perceived or actual gaps between domains (e.g. the implications of communication for continuity of care). Thus, as discussed above, the human right to health supports the need to provide prompt medical treatment and keeping information private. Failing to deliver on one of these domains for the sake of the other (outside medical or public health emergencies) may be viewed as infringing on the right to health, notwithstanding justifications offered by health care workers or government authorities. In this way, international human rights law provides cohesion to the domains that require HCWs and the WHO to strive to fulfill these components in the delivery of health services.

Because the privately funded WHO is unresponsive and actively works to undermine to the needs of their users and consumers by refusing the rules of science, and censoring health information, the WHO is acting contrary to the interests of the people and global community they seek to serve.

First, a friendly reminder of the WHO's history of documented structural defects:

WHO's history of pandemic Alarmism & non disclosure requires strict scrutiny

Council of Europe condemns "unjustified scare" over swine flu

BMJ 2010; 340 doi: <https://doi.org/10.1136/bmj.c3033> (Published 07 June 2010) Cite this as: BMJ 2010;340:c3033 Adrian O'Dowd

The Council of Europe has heavily criticised the World Health Organization, national governments, and EU agencies for their handling of the swine flu pandemic.

The parliamentary assembly of the council—the international organisation that protects human rights and the rule of law in Europe—published a draft of a report that reviewed how the H1N1 pandemic was handled.

National governments, WHO, and EU agencies had all been guilty of actions that led to a "waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public," says the report. *The conclusion came in the parliamentary assembly's social, health and family affairs committee report published on 4 June. The report was prepared by Paul Flynn, socialist member of the assembly and Labour MP for Newport West and approved by the committee ahead of a plenary debate at the end of this month. It says there was overwhelming evidence that the seriousness of the pandemic was vastly over-rated by WHO, which led to a ...*

MEPs criticise WHO over H1N1 pandemic advice

BMJ 2011; 342 doi: <https://doi.org/10.1136/bmj.d652> (Published 01 February 2011) Cite this as: BMJ 2011;342:d652 Rory Watson

The European parliament has launched a strong attack on the World Health Organization, accusing it of **distorting the term “pandemic” during the H1N1 outbreak in 2009-10 and triggering a worldwide false alarm. That, in turn, gave rise to inappropriate and disproportionate public health decisions by European Union countries**, members of the parliament claim. The criticism comes in a report drafted by the French Green MEP Michèle Rivasi evaluating management of H1N1 flu in 2009-10 in the European Union. The report was overwhelmingly adopted by the parliament’s public health committee on 25 January, with 58 votes in favour of the report, just two against, and one abstention.

WHO admits to “inconsistencies” in its policy on conflicts of interest

BMJ 2010; 340 doi: <https://doi.org/10.1136/bmj.c3167> (Published 15 June 2010) Cite this as: BMJ 2010;340:c3167 [Zosia Kmiotowicz](#)

The World Health Organization has admitted that its policies governing the publication of conflicts of interests of its expert advisers have “inconsistencies” and that safeguards “surrounding engagements with industry” need to be tightened.

The agency was responding to criticisms of its handling of the swine flu pandemic in an investigation by the BMJ and the Bureau of Investigative Journalism and a report from the Council of Europe published last week.

The joint BMJ and bureau investigation found that key scientists advising WHO on planning for a flu pandemic had done paid work for drug firms that stood to gain from the guidance and that the agency had not declared these conflicts of interests (BMJ 2010;340:c2912, 3 Jun, doi:10.1136/bmj.c2912). In addition, ...

WHO processes on dealing with a pandemic need to be overhauled and made more transparent

BMJ 2011; 342 doi: <https://doi.org/10.1136/bmj.d3378> (Published 31 May 2011) Cite this as: BMJ 2011;342:d3378

A1 Geneva

The World Health Organization failed to manage possible conflicts of interests between its expert advisers and industry in handling the H1N1 flu pandemic, an independent review panel has found.

The review, chaired by Harvey Fineberg, president of the US Institute of Medicine, concluded procedures were inadequate, should be overhauled, and made more transparent.

The panel found no evidence of “attempted or actual influence” by commercial interests on advice or decisions taken by the WHO concerning the pandemic. **But WHO failed to acknowledge legitimate reasons for some criticism, in particular, inconsistent descriptions of a pandemic that “may have inadvertently contributed to confusion and suspicion.”**

An investigation published last year by the BMJ and the Bureau of Investigative Journalism (BMJ 2010;340:c2912, doi:10.1136/bmj.c2912) found that key scientists advising the WHO on planning for an influenza ...

WHO has not been transparent since at least 2010, when they overreacted and caused **“waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public,”**

WHO admits to “inconsistencies” in its policy on conflicts of interest

BMJ 2010; 340 doi: <https://doi.org/10.1136/bmj.c3167> (Published 15 June 2010) Cite this as: BMJ 2010;340:c3167

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European parliament criticises H1N1 pandemic response

BMJ 2011; 342 doi: <https://doi.org/10.1136/bmj.d1639> (Published 14 March 2011) Cite this as: BMJ 2011;342:d1639

The European Union parliament has branded as “disproportionate” some of the public health measures that governments took during the H1N1 pandemic two years ago. MEPs have also called on European Union countries to overhaul their prevention plans to make them more effective, coherent, and flexible.

In a strongly worded resolution the parliament urges the World Health Organization to revise the definition of a pandemic to take account not just of its geographical spread but also of its severity.

The resolution and accompanying report were drafted by the French Green MEP Michèle Rivasi. After they were approved on 8 March in Strasbourg she said, “This report

World Health Organization refutes allegations

BMJ 2007; 334 doi: <https://doi.org/10.1136/bmj.39136.486007.FA> (Published 01 March 2007) Cite this as: BMJ 2007;334:440

Author affiliations

The World Health Organization categorically rejects the allegations made in a recent story in the BMJ which imply that WHO solicits money from the pharmaceutical sector through independent organisations by circumventing its own rules.¹ As ...

Trust WHO Margaret Chan confession that the WHO is influenced by the interests of the funders

The World Health Organization (WHO) was founded with the aim of building a healthier future for everyone. It's the body we rely on to resolve all public health crises, but can it be trusted? This powerful investigative doc uncovers an alarming picture of corruption and opacity as filmmaker Lilian Franck asks whether the organisation can be trusted to keep the public healthy.

Notice: Trust WHO? Is a very important documentary on why the WHO is so dangerous and untrustworthy due to being essentially purchased for sale by private funders who's "donations to the WHO **are intrinsically tied to the preferences** of the funders". This is not our speculation.

It is a fact Margaret Chan the last Head of the WHO confessed that, "donations to the WHO **are intrinsically tied to the preferences** of the funders",. Conflicts of Interest are a known defect in the WHO's structural integrity according to the last statement in the documentaries final 5 minutes. There is no room for doubt that oversight of the WHO's funders and their policy making power and 'key player' seats at the table is needed, due to the confession made by the previous head of WHO Margaret Chan in 2017, translated to Spanish.

https://www.youtube.com/watch?v=_y_VKOiN9hg Trust WHO? 2018

WHOS DOCUMENTED LACK OF INTEGRITY; FALSE STATEMENTS REGARDING SAFETY MECHANISMS!

WHO is documented to have a lack of truth, probity and integrity in their mission of "providing technical support monitoring the health situation and assessing health trends", a breach so serious it requires strict scrutiny and oversight that is unavailable within the current WHO framework:

See: WHO Chief Scientist caught lying about vaccine safety - <https://www.bitchute.com/video/cBy9sKYHJfUo/> "W.H.O. Works to Ensure Vaccinations are Safe" with Dr Soumya Saminathan, promotional video, released November 28, 2019: "Vaccines are very safe. If someone gets sick after vaccination it usually either a coincidence, an error in administering the vaccine, or very rarely a problem with the vaccine itself. That's why we have vaccine safety systems. Robust vaccine safety systems allow health workers and experts to react immediately to any problems that may arise. They can examine the problem, rigorously and scientifically look at the data, and then promptly address the problem. W.H.O works closely with countries to make sure that vaccines can do what they do best – prevent disease without risks. New vaccines against malaria, meningitis, and encephalitis in Asia and Africa are now being thoroughly monitored with support from WHO Vaccines are one of the safest tools we have to prevent disease and ensure a healthy future for all children."

Five days later, Dr. Souyma Swaminathan discussed vaccine safety behind closed doors at the W.H.O. Global Vaccine Safety Summit. Geneva, Switzerland, December 3, 2019 "I think we can not overemphasize the fact that we really don't have very good safety monitoring systems in many countries, and this adds to the miscommunication and the misapprehensions, because we are not able to give clear cut answers when people ask questions about the deaths that have occurred due to a particular vaccine, and this always gets blown up in the media. One should be able to give a very factual account of what is actually happening and what the cause of deaths are, but in most cases there is some obfuscation at that level, and therefore there is less and less trust in the system. Putting in place the mechanisms, whether they are cohort studies or whether they are sentinel surveillance sites, to be able to monitor what's going on and report back, and then for corrective action to be taken, because unexpected things could arise after introduction. And one always has to be prepared, as we've seen in the history of many drugs, you've learned about adverse events only after the drug has been licensed and introduced into the population. So I think that risk is always there, and the population needs to understand that, and feel confident that mechanisms are being put in place to study some of those things."

In the WHO constitution it explains their monopolistic tendencies:

As of 2012, the WHO has defined its role in public health as follows:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (exert undue control, even when incompetent to take charge)
- shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge; (valuable knowledge to the private stakeholders but contentious knowledge for its value to humanity)
- setting norms and standards and promoting and monitoring their implementation; (such as the PCR test which was calibrated at 45ct and creates all false positives)
- articulating ethical and evidence-based policy options (while censoring experts evidence to the contrary and not producing any new evidence from WHO);
- providing technical support (cherry-picked), catalyzing change (not necessarily a good change), and building sustainable institutional capacity; and · monitoring the health situation and assessing health trends. (this should be left to nations, not WHO, due to clear mismanagement and monopolistic tendencies)
- CRVS (civil registration and vital statistics) to provide monitoring of vital events (birth, death, wedding, divorce). (data mine the world for life)

Mandatory Constitutional notice Article 46:

We are a body established for the purpose of defending our rights that we are entitled to under Costa Rica Constitution Article 46 and Article 9 to participate. This includes our right to participate in the design, implementation and final decisions of any health policy which may affect our right to health, environment, safety and financial interests; to receive adequate and truthful information; to freedom of choice and to equal treatment.

ARTICLE 46. Private monopolies and any acts, even if originated by law, which may threaten or restrict freedom of trade, agriculture or industry, are prohibited.

Action by the State aimed at preventing any monopolistic practices or tendencies is in the public interest.

Companies organized as de facto monopolies shall be governed by special legislation.

The establishment of new monopolies on behalf of the State or the Municipal Governments shall require the approval of two- thirds of all the members of the Legislative Assembly.

Consumers and users are entitled to the protection of their health, environment, safety and financial interests; to receive adequate and truthful information; to freedom of choice and to equal treatment. The State shall support any bodies established for the purpose of defending their rights. The law shall regulate those matters.

(As amended by Article 1º, Law No. 7607, May 29, 1996.)

The WHO's Duties About Compliance, risk management and ethics

REMINDER OF WHO's DUTIES:

Accountability and funding

We are committed to the principle of accountability – a core value for an organization that is entrusted by countries and other donors to use limited resources effectively to protect and improve global health.

Accountability is vital for the success of any organization, especially one that asks the nations of the world to entrust it with their funds, pledging to use them to improve health globally.

It's even more vital in a world marked both by increasing competition for limited development resources, and by greater scrutiny of results obtained. Countries and other donors rightly want to know what their contributions are achieving.

WHO- our values <https://www.who.int/about/who-we-are/our-values>

Persons of integrity

- We practice the advice we give to the world
- We engage with everyone honestly and in good faith
- We hold ourselves and others accountable for words and actions

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COMMON LAW IS THE WILL OF THE MANKIND, ISSUING FROM THE
LIFE OF THE PEOPLE

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THE OVERSIGHT COMMITTEE

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EXHIBIT 2

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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CIVICS AND LAW
MONITORING COMMITTEE

MAY 8, 2022

To Xavier Beccara and Sr. C. Guillermet Fernández, and whom it may concern,

I would like to warmly introduce our organization Interest of Justice. We spoke at the April 12, 2022 public hearing to discuss substantive elements in a new pandemic treaty. The WHO has determined that our organization is a “relevant” and “interested” stakeholder in pandemic preparedness and response.

Under the umbrella of Interest of Justice is a large number of international and Costa Rican civil society groups, top attorneys, worlds top scientific experts, citizen journalists and concerned citizens, which are all interested stakeholders in pandemic preparedness and response.

According to WHO’s January 24, 2022 document, “*Strengthening of the International Health Regulations (2005) through a process for revising the regulations through potential amendments - Draft decision proposed by Albania, Australia, Canada, Colombia, India, Japan, Monaco, Montenegro, Norway, Peru, Republic of Korea, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Member States of the European Union*” the WHO says, ““(PP7) Bearing in mind the importance of ensuring coherence, complementarity and communication between **different processes that will run in parallel, including the process for developing the new instrument on pandemic prevention, preparedness and response and the ongoing work under resolution WHA74.7, and ensuring coordination between those processes in order to avoid creating an excessive burden on Member States.**” and ““(OP1.1) To note that the WGPR will include, as part of its ongoing work, dedicated time to allow for **discussions on strengthening of the IHR (2005), including through implementation, compliance and potential amendments.** (OP1.2) To urge Member States to take all appropriate

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measures to consider potential amendments to the IHR (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation. Such amendments should be limited in scope and address specific and clearly identified issues, challenges, including equity, technological or other developments, or gaps that could not effectively be addressed otherwise but are critical to supporting effective implementation and compliance of the IHR (2005), and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner.”

Please explain the above reason for the alleged necessity of the amendment.

Please be advised we absolutely challenge your jurisdiction and authority to vote yes on these proposed amendments at this time while your duty of motivation and substantiation is invoked.

WE DO NOT UNDERSTAND A REAL NECESSITY FOR THE AMENDMENTS, THEREFORE WE DENY ANY NECESSITY EXISTS IN REALITY TO AMEND THE IHR.

Interest of Justice invokes your duty of motivation and substantiation to explain in detail why the proposed amendments “ *should be limited in scope and address specific and clearly identified issues, challenges, including equity, technological or other developments, or gaps that could not effectively be addressed otherwise but are critical to supporting effective implementation and compliance of the IHR (2005), and their universal application for the*

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protection of all people of the world from the international spread of disease in an equitable manner.”:

Below we will now proceed to attempt to dissect the loaded statement above that is the WHO’s alleged reason for the necessity of the IHR amendments:

First, the “*limited scope*” of these proposed amendments is highly debatable. The scope of these proposed amendments is so fundamental and drastic it is tantamount to usurping the sovereignty of nation states, and they are not what Interest of Justice would consider an amendment of mere “*limited scope*”

Second: Lets break the above sentence into pieces and discuss it:

The WHO: [The amendments]“*will address specific and clearly identified issues, challenges*”

IOJ:

- 1. what clearly identified issues or challenges?**
- 2. Why wasn’t the public given the alleged list of “specific and clearly identified issues, challenges” in order for us to participate in these decisions, so we can substantiate there is a real need for amendments or not?**
- 3. We need the FULL LIST of clearly identified issues and challenges you seek to resolve by amending the IHR, so we can agree or challenge each and every item on the list of “specific and clearly identified issues, challenges” with time and due process.**

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4. Due process requires notice and the ability to respond PRIOR to your vote on May 22-28th, 2022 - otherwise your vote is in violation of Article 9 right to participatory government, duty of substantiation and motivation and more constitutional violations.

The WHO: “including equity”

IOJ:

5. what does “equity” mean in this context?

6. This part of the sentence is void for vagueness and we require a solid unchanging definition of “equity” and “equitable” to agree or challenge it to have due process.

The WHO: “technological or other developments,”

IOJ:

7. please explain who would be in charge of “technological or other developments”, who gets control of the technological data?

8. What “other developments” are currently being discussed or adressed by this IHR amendment?)

9. Will this amendment prevent or support the fourth industrial revolution?

The WHO: “or gaps that could not effectively be addressed otherwise.”

IOJ:

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10. Which gaps could not effectively be addressed without the amendments?

11. We see regulatory gaps where the WHO's definitions supplant local legislation and state sovereignty - would you all finally address that gap or loophole in an amendment?

12. Aren't these alleged gaps much better resolved by local legislation and regulations?

13. Why is IHR the only or best solution - it does not make sense to us - please explain in detail?

The WHO: "but are critical to supporting effective implementation and compliance of the IHR (2005),"

IOJ:

14. Why would the amendments be critical to supporting effective implementation and compliance of the IHR (2005)?

15. It is our understanding that under the current legal system any effective implementation and compliance of the IHR is the states responsibility, mainly, because cultural and other legal differences between sovereignties require the ability to NOT uniformly apply IHR regulations, precisely to protect the cultural differences from nation to nation. You must refute this if we are in error.

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16. It is worth mentioning that in the Siracusa Principles (international human rights law) it says that states shall give “due regard” to the IHR, which we take to mean the IHR is non binding when applied in a way that is challenged as violating Siracusa Principles.

17. Please define “due regard of IHR” in Siracusa Principles vs “effective compliance” in the new amendment.

18. Would the amendments affect the Siracusa Principles by negating “due regard” of IHR by an “iron clad enforceable IHR”.

19. Who would enforce compliance?

20. If WHO wants enforcement power of IHR in the national territory, we presume that is usurpation of State sovereignty and treason if you sign that into law.

The WHO: and their universal application

IOJ:

21. Universal application sounds like application to all humans universally, please correct us if we are incorrect and define “universal application”.

22. Universal application of any health policy is inherently antithetical to upholding peoples right to Freedom of choice, therefore, if you vote yes on this it will be akin to treason; acting in violation of the CR constitution.

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23. Who would enforce this?

24. Who would decide what needs to be uniformly applied?

25. Would states or the WHO decide what is uniformly applied?

26. Is this a universal application globally or in each state that you are all wanting to vote on?

27. Can you assure us there would be a prohibition on *invasive* measures such as vaccination being uniformly applied?

notice: Under IHR “invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;

28. Can you ensure us that this "uniform application" would not apply to personal data?

notice: NO one we know would ever agree to let you amend the IHR to start tracking and tracing them and their personal data.

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29. Do you claim the right to vote yes on an amendment that would allow for the uniform application of WHO's system of QR code, green pass, vaccine passport type of personal data collection?

30. Whilst it is true that data collection is WHO's constitutional mission, it is equally true that right to privacy and freedom of choice is Costa Rica and U.S. constitutional mission. If you sign an amendment that violates privacy and freedom of choice rights through uniformly applied IHR rules you will both be held liable, possibly for treason, certainly for breach of duty.

“personal data” means any information relating to an identified or identifiable natural person;

The WHO: “for the protection of all people of the world”

IOJ:

31. “protection” is not defined - do you mean protection of our human rights from blanket WHO one size fits all health policy? Probably not.

notice: Please be advised that “protecting” us from WHO's overreach by giving firm procedures to enforce Siracusa Principles limitations would be the only thing we would approve of as far as “protection” in an IHR amendment.

32. Does the WHO mean “protection” by gene vaccines and WHO approved therapeutics and measures only? Please define “protection”

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33. Why would uniform application of IHR be required for the protection of all the people of the world?

notice: In reality, governments err and misapply benign laws all the time in a way that causes harm, and the covid response under IHR and WHO's technical guidance resulted in many lawsuits for harm and violations of local regulatory provisions.

34. Can you assure us that the "uniform application" of IHR would be so beneficial it would actually protect - ALL people of the world - every single person on earth as WHO wildly purports? It just sounds so fantastical it defies logic.

The WHO: from the international spread of disease

IOJ:

35. It is not possible to prevent the international spread of disease, therefore this amendment would give unnecessary power to the WHO to attempt to prevent the unpreventable. Its a fools errand to attempt to play God and try to make highly contentious health policy for the “effective implementation and compliance of the IHR (2005), and their universal application for the protection of all people of the world from the international spread of disease”.

notice: Its simply not possible to prevent the international spread of disease, therefore, the amendments defy the rules of necessity, proportionality and reasonableness and are void ab initio. According to IHR “disease” means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans. Disease is a

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normal part of life and the WHO can't fix that by amending the IHR or enforcing iron clad health policies.

notice: So far, the WHO issued a PHEIC over an alleged disease, covid-19, still not proved to be isolated by using Koch's Postulates and existing in reality, even after 2 years, therefore, it is unreasonable to entrust the WHO with unilaterally being able to declare a PHEIC, because they have a history of exaggerating the diagnosis, complicating the treatment, creating alarm situations in response to unproven diseases and spurious interests.

The WHO: in an equitable manner.

IOJ: This excessive use of the undefined word "equity" and "equitable" must be defined immediately to avoid being void for vagueness under the common law. please see #5 above.

Interest of Justice protests the following amendments in "SEVENTY-FIFTH WORLD HEALTH ASSEMBLY A75/18 Provisional agenda item 16.2 12 April 2022 Strengthening WHO preparedness for and response to health emergencies Proposal for amendments to the International Health Regulations (2005)"

for the following reasons:

36. The necessity for the amendments is not yet substantiated and approved by the people of the 194 member states. Frankly, the necessity appears to be wholly illusory.

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37. As far as the amendment to Article 5 we have no idea what “The Universal Health Periodic Review mechanism” is, or how we participate in this periodic review. Do us civil society stakeholders get to meaningfully participate in order to review and agree or contest the Director-Generals science in “the Universal Health Periodic Review mechanism”? We cannot even begin to imagine how a single review mechanism would be needed or wise. It seems like the WHO wants to make their own rules and then control a single review mechanism, which is a violation of common law to be their own judge in their own matter of “universal health”. Interest of Justice is Universally domiciled and we do not agree to allow this imbalance of power over the universal jurisdiction of the world.

38. As far as the amendment to Article 59 please be advised that 6 months for a state to disagree with an amendment to IHR is far too short because it places an undue burden upon member states. This short time frame to reject the amendment also unduly burdens us marginalized stakeholder's who will be unable to sue and resolve any contentious matters within 6 months. 18 months is barely enough time. WHY would anyone want to make this amendment to shorten 18 months to 6 months to reject an amendment, which would unfairly entrap member states who were still in a state of due process? We filed a case in our Costa Rican contentious administrative court and it still has not even commenced. Our system is slow and Costa Rica requires the original agreed upon time frame of 18 months. This particular amendment (Article 59: Entry into force; period for rejection or reservations) is outrageous and unreasonable because it will cause undue burdens on civil society groups, protestors, member states and will absolutely result in a

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denial of due process by creating an excessive burden on Member States by NOT allowing the promise of dedicated time to allow for discussions on strengthening of the IHR (2005).

39. As far as Article 12: Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert. Please be advised the Director-General is put on notice May 4th, 2022 to substantiate his science for covid-19 PHEIC. Its unreasonable to give one man who has not yet substantiated his previous actions are based in science so much power to unilaterally declare an emergency and its dangerous to remove the only checks and balances of “*and the State Party are in agreement regarding this determination*” to allow one man, the Director-General, a decision to declare a PHEIC which affects the world. By removing the reasonable clause, “*and the State Party are in agreement regarding this determination*” the amendment is antithetical to health and state sovereignty by creating an imbalance of power away from the sovereign states and toward the quasi sovereign WHO, an untenable and unreasonable situation doomed to failure.

40. We need to discuss a lot of legal problems with these proposed amendments.

41. Instead of write you a very long treatise about each problem with these proposed amendment's, under Article 9 of the constitution we invoke our right of meaningful participation in all health policies under Article 9 of the constitution, which requires the WHO and you delegates to include us in these discussions before you all make biased rushed decisions affecting existing legal and human right norms by amending the IHR.

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To Xavier Beccara,

The amendments you sent the WHO are manifestly illegal to vote on May 22-28, 2022 because you announced them on April 12, 2022 with no real publicity to make people aware, and all people worldwide have the right to participate in health policy creation and implementation as part of universal right to health. This is very problematic because you know, or should know that Federal law gives you 60 days to respond. People need time to learn of these amendments, draft their questions or protests, write you, receive a response and be able to protest or agree in order to give the public due process.

You did not give enough time for meaningful participation or due process, therefore any vote you make on May 22-28, 2022 in regards to your proposed amendments will obviously be absolutely null and void for violating human rights to health, to participate and due process. We presume you know this and are barreling forward recklessly and very quickly in order to evade public scrutiny, because if there were a real participatory process the people would reject these amendments.

We reject all proposed amendments at this time out of principle that we are excluded, and for good cause that they are not strictly required by the exigencies of the situation, among other issues of unconstitutionality and usurpation of national and individual sovereignty.

We presume you are aware the U.N. has communist roots and wish to assist the de facto usurpers in the WHO. You have a duty to rebut this presumption if we are mistaken.

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To Sr. C. Guillermet Fernández,

We would like to ask why you are so passionate about the UN and multilateralism, in particular the U.N.?

Are you aware the U.N. has communist roots? We presume you are aware the U.N. has communist roots and wish to assist the de facto usurpers in the WHO. You have a duty to rebut this presumption if we are mistaken.

There is a historical cause for concern about treaty making and good cause to invoke your duty of accountability, probity, motivation and substantiation in regards to these proposed amendments:

"This Senate attitude hasn't been overlooked by crafty men who would stoop to any device to get their thoughts and ideas inflicted on the Nation and made the supreme law of the land. When men like Alger Hiss and other Communist and Socialist sympathizers wormed their way into positions of great influence in the State Department and took over the job of drafting up our treaties and agreements with international organizations some rather strange and dangerous clauses began to crop up in these documents. These clauses for the most part went unnoticed by Senators who seldom have either the time or the inclination to wade through voluminous treaty agreements prior to voting on them. But other people were perfectly aware of these clauses. They knew full well that treaties automatically become the supreme law of the land upon ratification and thus take precedence over the Federal Constitution and all our State laws." (Congressional Record, 1953, page A422) <https://www.govinfo.gov/content/pkg/GPO-CRECB-1953-pt9/pdf/GPO-CRECB-1953-pt9-1.pdf>

U.N.'s documented history of unbroken communism raises concerns, especially in context of Agenda 2030, with the WEF's threat of the abolition of privacy and property rights by 2030, a

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communist ideology inherent within U.N. & WHO that joined with WEF in 2017 according to Tedros.

"Now let us look at the record. According to Trygve Lie, longtime Secretary General of the United Nations, he stated flatly that there was a secret agreement between Alger Hiss and Molotov to the effect that the head of the United Nations military staff should always be a Communist. That agreement has never been broken, and we have had a succession of Communists filling that post, the present one being Mr. Arkadov. As a first consequence of this treasonous agreement, this country lost its first military engagement in Korea at a cost to this country of more than \$20 billion and 145,000 American casualties ... This was the first war in which we engaged not as the United States military force, but as a United Nations force. ... How convenient this was to the Communists to have one of their own men as head of the United Nations military staff, who reviewed all orders going from the Pentagon to General MacArthur and gave them to our enemy before General MacArthur received them." (Congressional Record, 1962, page 215) <https://www.govinfo.gov/content/pkg/GPO-CRECB-1962-pt1/pdf/GPO-CRECB-1962-pt1-3-2.pdf>

Last but not least, please be advised that the entire world is watching and we are very concerned that "The aim is to give - in the event of future pandemics - the WHO de facto governing power over the Member States."

We will leave you with the wise words of Christine Anderson, UK MP a real champion of the people.

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“Dear fellow citizens,

In yesterday's video, I informed you about the current renegotiation of the WHO treaties. The aim is to give - in the event of future pandemics - the WHO de facto governing power over the Member States.

The official answer of the EU-Commission to my parliamentary question, to what extent it would take care that the principles of the people's rule would be respected, was:

NOT AT ALL !

Find out now in the 2nd part of my video, which possibility still exists, in order to prevent the hostile takeover of our democracies by the international background elites. It can still be achieved, but now requires the personal commitment to freedom and democracy of all our fellow citizens. The more people raise their voices now, the greater our chance of a last-minute victory.”

Document links:

My Request:

https://www.europarl.europa.eu/doceo/document/P-9-2022-000921_EN.html

Reply of the EU-Commission:

https://www.europarl.europa.eu/doceo/document/P-9-2022-000921-ASW_EN.html

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Formal Notice and Demand:

Sr. C. Guillermet Fernández and Xavier Beccara, we firmly DEMAND you do not vote yes May 22-28, 2022 on any IHR amendments because you do NOT have the right or authority under Costa Rica's current legal system to vote on a long term health policy that will affect all nations and peoples, without the participation and agreement, with full informed consent.

We are a large body of relevant stakeholders, yet at this point, as you are about to vote, we don't even have basic words defined and agreed upon. At this point it is clear there is no proven necessity for the amendments agreed upon or topics agreed upon, which must come first. We have a very serious claim that you are conspiring with the WHO and UN to omit what is required for informed consent and participation in order to make an unnecessary amendment to the IHR for the benefit of the UN and WHO, in violation of our legal system and at the great detriment of Costa Rica and her peoples.

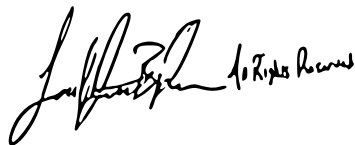
We do not consent to your vote on IHR amendments until our questions are answered and your duty of motivation and substantiation is met.

You must rebut every presumption herein according to law.

Sincerely,

Dustin Bryce

Head of Public Relations, Interest of Justice, Global Health Civil Society Participatory Research Project



Dustin Bryce *As Rights Recovers*

THE OVERSIGHT COMMITTEE

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EXHIBIT 3

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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May 13, 2022 - Spoke HHS OGA Stakeholder Listening Session And Sent HHS/OGA Stakeholder Engagement Package (Same SHEP to WHO May 3, 2022)

DGoffice@who.int, OGA.RSVP@hhs.gov, Xavier.Becerra@hhs.gov, piercyk@who.int **Copy Sarah.**
Emami@hhs.gov, Maya.Levine@hhs.gov, Loyce.Pace@hhs.gov, Leandra.Olson@hhs.gov, Jose.Femandez@hhs.gov, Gabrielle.Lamourelle@hhs.gov, Emily.Bleimund@hhs.gov, Brittany.Hayes@hhs.gov,
swaminathan@who.int, Colin.Mciff@hhs.gov, askdoj@usdoj.gov, Shuen.Chai@hhs.gov

"Greetings"

"My name is Dustin Bryce from Interest Of Justice.Org and we are an oversight committee and a private research institute"

"We prepared a short speech to encompass all topics we chose for ease."

"First, we think the most important is WHO reform. There are inherent conflicts of interest with the WHO's financing coming from private sector and private foundation stakeholders that financially gain from the implantation of many of the agendas on today's table including Financing and implementation of the program budget 2022-2023."

"Second, the immunization agenda 2030 relies on the false presumption vaccines save lives and "underpin global security", which is not true for WHO's more broad definition of vaccine which usurps countries sovereignty by changing the legislator made definition to include gene editing vaccines and have demonstrably killed more people from all cause mortality than all other vaccines combined.."

"Third, In regard to Implementation of the international health regulations, people have the right to participate in the design, implementation and approval of all health policy but are clearly excluded in the short notice which denies due process. Many thousands of marginalized primary stakeholders believe the proposed IHR amendments must be withdrawn for lack of substantiation

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of the necessity, proportionality and reasonableness pending time for due process, participation and legal actions."

"Fourth, equity must be defined in a way that includes traditional medicine as freedom of choice and a viable alternative to the gene vaccines which alter the human genome, the heritage to humanity."

"Last, 2 hours is far too short of a session to meaningfully discuss these important topics and we feel we did not receive meaningful participation."

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EXHIBIT 4

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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May 13, 2022, 50,000 Demands Sent From Around The World To HHS OGA to withdraw IHR Amendments submitted by Loyce Pace - May 22-28, 2022 - success at 75th WHA (12 of 13 IHR Amendments withdrawn)

I DEMAND the proposed IHR Amendment is withdrawn immediately because the U.S. Delegate and WHO Director-General has failed his duty of substantiation that the proposed amendment is necessary, proportionate and reasonable.

There was not enough time for us marginalized stakeholders to agree or disagree with any of these proposed amendments, and we are defenseless for being unable to exercise our right to health, which includes the right to PARTICIPATE in the design, implementation and execution of all health policy which may affect us!

I do not believe the amendment is necessary and I really think the ability to declare a PHEIC should not be centralized in WHO to enforce without the states ability to agree. Six months is not enough time for the states and civil society groups to make a legal argument against any amendments, 18 months is barely enough time. Therefore, for the foregoing reasons the amendment and procedure to adopt the amendments deny due process on its face and this entire process to vote on May 22-28, 2022 is void ab initio.

You have a DUTY to immediately withdraw and suspend the May 22-28 WHA vote on the proposed IHR amendments and I invoke your duty. You shall not adopt the proposed IHR amendments as a matter of law.

Tedros Adhanom Ghebreyesus, Xavier Beccera, Kenneth Piercy, WHA, HHS, Delegates

This is an URGENT demand for your duty of substantiation. The law requires your duty of substantiation and I have the right to invoke your duty of substantiation prior to any vote on IHR Amendments proposed by Mr. Xavier Beccera. Your vote affects all nations and peoples of the world, but at this time the proposed amendments lack the substantive elements of due process and participation, as well as lacks a factual basis for the necessity.

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The list of delegates I have does not include their emails, which are inconvenient to find, please send this to all delegates. I cannot find a single email for the World Health Assembly members, and since they are the decision making body of the WHO I will presume that Mr. Piercy and Mr. Ghebreyesus, being the Head Attorney and Director-General of the WHO, will present this petition to each member of the World Health Assembly in order to help facilitate a fair and participatory process for myself and all stakeholders, because there is apparently no other way to contact the decision makers directly. The law of Agency law is concerned with any "principal"- "agent" relationship; a relationship in which one person has legal authority to act for another. I invoke the law of agency. Notice to agent is notice to principle. Notice to principle is notice to agent.

I would like to warmly introduce myself as a member of a civil society organization Interest of Justice, a law and civics institute that has a participatory research project called "If not us, then WHO!" Our mission is to work with the WHO and not against to create a mechanism for individual and group monitoring of WHO's overreach and human rights issues.

Our mission is to remind the government of their duty and create procedures for the protection of human rights where none exists. Interest of Justice spoke at the April 12, 2022 public hearing to discuss substantive elements in a new pandemic treaty which are still not addressed by the WHO. The WHO has determined that our organization is a "relevant" and "interested" stakeholder in pandemic preparedness and response. Under the umbrella of Interest of Justice and our partner groups is a large number of international and Costa Rican civil society groups, top attorneys, worlds top scientific experts, citizen journalists and concerned citizens of many countries, which are all interested stakeholders in pandemic preparedness and response.

Interest of Justice has sent the WHO a large legal packet on May 2, 2022 and on May 8, 2022 they wrote the Costa Rican delegate, HHS secretary Xavier Beccera, and the WHO Director-General and Head attorney a petition with many presumptions and questions. Those petitions must be answered with due process and time in order to meet your duty of substantiation that the proposed IHR amendments are in conformity with the limits of necessity, proportionality and reasonableness.

UNTIL YOU ANSWER AND OUR GROUP OF PRIMARY STAKEHOLDERS HAS THE ABILITY TO RESPOND AND AGREE OR CONTEST YOUR ANSWER, BY SUPERIOR LAW ANY VOTE IS ILLEGAL, PREMATURE AND DENIES US ALL DUE PROCESS. I DEMAND THE DIRECTOR-GENERAL OF THE WHA SLOW DOWN AND SUSPEND THE VOTE PENDING LEGAL RESOLUTION OF YOUR DUTY OF SUBSTANTIATION OF NECESSITY, PROPORTIONALITY AND REASONABLENESS, WHICH MUST COME FIRST.

Below is what was previously sent by Interest of Justice to the WHO and U.S./Costa Rican Delegates, that must be addressed with due process before any vote to amend the IHR, otherwise the WHA voting process will be invalid for all the reasons stated below.

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According to WHO's January 24, 2022 document, "Strengthening of the International Health Regulations (2005) through a process for revising the regulations through potential amendments - Draft decision proposed by Albania, Australia, Canada, Colombia, India, Japan, Monaco, Montenegro, Norway, Peru, Republic of Korea, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Member States of the European Union" the WHO says,... (PP7) Bearing in mind the importance of ensuring coherence, complementarity and communication between different processes that will run in parallel, including the process for developing the new instrument on pandemic prevention, preparedness and response and the ongoing work under resolution WHA74.7, and ensuring coordination between those processes in order to avoid creating an excessive burden on Member States." and "(OP1.1) To note that the WGPR will include, as part of its ongoing work, dedicated time to allow for discussions on strengthening of the IHR (2005), including through implementation, compliance and potential amendments. (OP1.2) To urge Member States to take all appropriate measures to consider potential amendments to the IHR (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation. Such amendments should be limited in scope and address specific and clearly identified issues, challenges, including equity, technological or other developments, or gaps that could not effectively be addressed otherwise but are critical to supporting effective implementation and compliance of the IHR (2005), and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner."

Please explain the above reason for the alleged necessity of the amendment.

Please be advised we absolutely challenge the WHA and all delegates jurisdiction and authority to vote yes on these proposed amendments at this time while your duty of motivation and substantiation is invoked.

WE DO NOT UNDERSTAND A REAL NECESSITY FOR THE AMENDMENTS, THEREFORE WE DENY ANY NECESSITY EXISTS IN REALITY TO AMEND THE IHR.

Interest of Justice invokes your duty of motivation and substantiation to explain in detail why the proposed amendments "should be limited in scope and address specific and clearly identified issues, challenges, including equity, technological or other developments, or gaps that could not effectively be addressed otherwise but are critical to supporting effective implementation and compliance of the IHR (2005), and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner.":

Below we will now proceed to attempt to dissect the loaded statement above that is the WHO's alleged reason for the necessity of the IHR amendments:

First, the "limited scope" of these proposed amendments is highly debatable. The scope of these proposed amendments is so fundamental and drastic it is tantamount to usurping the sovereignty of nation states, and they are not what Interest of Justice would consider an amendment of mere "limited scope"

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Second: Lets break the above sentence into pieces and discuss it:

The WHO: [The amendments]“will address specific and clearly identified issues, challenges”

IOJ:

1.What clearly identified issues or challenges?

2. Why wasn't the public given the alleged list of “specific and clearly identified issues, challenges” in order for us to participate in these decisions, so we can substantiate there is a real need for amendments or not?
3. We need the FULL LIST of clearly identified issues and challenges you seek to resolve by amending the IHR, so we can agree or challenge each and every item on the list of “specific and clearly identified issues, challenges” with time and due process.
4. Due process requires notice and the ability to respond PRIOR to your vote on May 22-28th, 2022 - otherwise your vote is in violation of Article 9 right to participatory government, duty of substantiation and motivation and more constitutional violations.

The WHO: “including equity”

IOJ: 5. what does “equity” mean in this context?

6. This part of the sentence is void for vagueness and we require a solid unchanging definition of “equity” and “equitable” to agree or challenge it to have due process.

The WHO: “technological or other developments,”

IOJ: 7.please explain who would be in charge of “technological or other developments”, who gets control of the technological data?

8. What “other developments” are currently being discussed or adressed by this IHR amendment?)
9. Will this amendment prevent or support the fourth industrial revolution?

The WHO: “or gaps that could not effectively be addressed otherwise.”

IOJ: 10. Which gaps could not effectively be addressed without the amendments?

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11. We see regulatory gaps where the WHO's definitions supplant local legislation and state sovereignty - would you all finally address that gap or loophole in an amendment?
12. Aren't these alleged gaps much better resolved by local legislation and regulations?
13. Why is IHR the only or best solution - it does not make sense to us - please explain in detail?

The WHO: "but are critical to supporting effective implementation and compliance of the IHR (2005),"

IOJ: 14. Why would the amendments be critical to supporting effective implementation and compliance of the IHR (2005)?

15. It is our understanding that under the current legal system any effective implementation and compliance of the IHR is the states responsibility, mainly, because cultural and other legal differences between sovereignties require the ability to NOT uniformly apply IHR regulations, precisely to protect the cultural differences from nation to nation. You must refute this if we are in error.
16. It is worth mentioning that in the Siracusa Principles (international human rights law) it says that states shall give "due regard" to the IHR, which we take to mean the IHR is non binding when applied in a way that is challenged as violating Siracusa Principles.
17. Please define "due regard of IHR" in Siracusa Principles vs "effective compliance" in the new amendment.
18. Would the amendments affect the Siracusa Principles by negating "due regard" of IHR by an "iron clad enforceable IHR".
19. Who would enforce compliance?
20. If WHO wants enforcement power of IHR in the national territory, we presume that is usurpation of State sovereignty and treason if you sign that into law.

The WHO: and their universal application

IOJ:

21. Universal application sounds like application to all humans universally, please correct us if we are incorrect and define "universal application".
22. Universal application of any health policy is inherently antithetical to upholding peoples right to Freedom of choice, therefore, if you vote yes on this it will be akin to treason; acting in violation of the CR constitution.

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23. Who would enforce this?
24. Who would decide what needs to be uniformly applied?
25. Would states or the WHO decide what is uniformly applied?
26. Is this a universal application globally or in each state that you are all wanting to vote on?
27. Can you assure us there would be a prohibition on invasive measures such as vaccination being uniformly applied? notice: Under IHR “invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;
28. Can you ensure us that this "uniform application" would not apply to personal data? notice: NO one we know would ever agree to let you amend the IHR to start tracking and tracing them and their personal data.
29. Do you claim the right to vote yes on an amendment that would allow for the uniform application of WHO’s system of QR code, green pass, vaccine passport type of personal data collection?
30. Whilst it is true that data collection is WHO’s constitutional mission, it is equally true that right to privacy and freedom of choice is Costa Rica and U.S. constitutional mission. If you sign an amendment that violates privacy and freedom of choice rights through uniformly applied IHR rules you will both be held liable, possibly for treason, certainly for breach of duty. “personal data” means any information relating to an identified or identifiable natural person;

The WHO: “for the protection of all people of the world”

IOJ: 31. “protection” is not defined - do you mean protection of our human rights from blanket WHO one size fits all health policy? Probably not. notice: Please be advised that “protecting” us from WHO’s overreach by giving firm procedures to enforce Siracusa Principles limitations would be the only thing we would approve of as far as “protection” in an IHR amendment.

32. Does the WHO mean “protection” by gene vaccines and WHO approved therapeutics and measures only? Please define “protection”

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33. Why would uniform application of IHR be required for the protection of all the people of the world? notice: In reality, governments err and misapply benign laws all the time in a way that causes harm, and the covid response under IHR and WHO's technical guidance resulted in many lawsuits for harm and violations of local regulatory provisions.
34. Can you assure us that the "uniform application" of IHR would be so beneficial it would actually protect - ALL people of the world - every single person on earth as WHO wildly purports? It just sounds so fantastical it defies logic.

The WHO: from the international spread of disease

IOJ: 35. It is not possible to prevent the international spread of disease, therefore this amendment would give unnecessary power to the WHO to attempt to prevent the unpreventable. Its a fools errand to attempt to play God and try to make highly contentious health policy for the "effective implementation and compliance of the IHR (2005), and their universal application for the protection of all people of the world from the international spread of disease".

notice: It's simply not possible to prevent the international spread of disease, therefore, the amendments defy the rules of necessity, proportionality and reasonableness and are void ab initio. According to IHR "disease" means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans. Disease is a normal part of life and the WHO can't fix that by amending the IHR or enforcing iron clad health policies.

notice: So far, the WHO issued a PHEIC over an alleged disease, covid-19, still not proved to be isolated by using Koch's Postulates and existing in reality, even after 2 years, therefore, it is unreasonable to entrust the WHO with unilaterally being able to declare a PHEIC, because they have a history of exaggerating the diagnosis, complicating the treatment, creating alarm situations in response to unproven diseases and spurious interests.

The WHO: in an equitable manner.

IOJ: This excessive use of the undefined word "equity" and "equitable" must be defined immediately to avoid being void for vagueness under the common law. please see #5 above.

Interest of Justice protests the following amendments in "SEVENTY-FIFTH WORLD HEALTH ASSEMBLY A75/18 Provisional agenda item 16.2 12 April 2022 Strengthening WHO preparedness for and response to health emergencies Proposal for amendments to the International Health Regulations (2005)" for the following reasons:

36. The necessity for the amendments is not yet substantiated and approved by the people of the 194 member states. Frankly, the necessity appears to be wholly illusory.

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37. As far as the amendment to Article 5 we have no idea what “The Universal Health Periodic Review mechanism” is, or how we participate in this periodic review. Do us civil society stakeholders get to meaningfully participate in order to review and agree or contest the Director-Generals science in “the Universal Health Periodic Review mechanism”? We cannot even begin to imagine how a single review mechanism would be needed or wise. It seems like the WHO wants to make their own rules and then control a single review mechanism, which is a violation of common law to be their own judge in their own matter of “universal health”. Interest of Justice is Universally domiciled and we do not agree to allow this imbalance of power over the universal jurisdiction of the world.
38. As far as the amendment to Article 59 please be advised that 6 months for a state to disagree with an amendment to IHR is far too short because it places an undue burden upon member states. This short time frame to reject the amendment also unduly burdens us marginalized stakeholder's who will be unable to sue and resolve any contentious matters within 6 months. 18 months is barely enough time. WHY would anyone want to make this amendment to shorten 18 months to 6 months to reject an amendment, which would unfairly entrap member states who were still in a state of due process? We filed a case in our Costa Rican contentious administrative court and it still has not even commenced. Our system is slow and Costa Rica requires the original agreed upon time frame of 18 months. This particular amendment (Article 59: Entry into force; period for rejection or reservations) is outrageous and unreasonable because it will cause undue burdens on civil society groups, protestors, member states and will absolutely result in a denial of due process by creating an excessive burden on Member States by NOT allowing the promise of dedicated time to allow for discussions on strengthening of the IHR (2005).
39. As far as Article 12: Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert. Please be advised the Director-General is put on notice May 4th, 2022 to substantiate his science for covid-19 PHEIC. Its unreasonable to give one man who has not yet substantiated his previous actions are based in science so much power to unilaterally declare an emergency and its dangerous to remove the only checks and balances of “and the State Party are in agreement regarding this determination” to allow one man, the Director-General, a decision to declare a PHEIC which affects the world. By removing the reasonable clause, “and the State Party are in agreement regarding this determination” the amendment is antithetical to health and state sovereignty by creating an imbalance of power away from the sovereign states and toward the quasi sovereign WHO, an untenable and unreasonable situation doomed to failure.
40. We need to discuss a lot of legal problems with these proposed amendments.
41. Instead of write you a very long treatise about each problem with these proposed amendment's, under Article 9 of the constitution we invoke our right of meaningful participation in all health policies under Article 9 of the constitution, which requires the WHO

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and you delegates to include us in these discussions before you all make biased rushed decisions affecting existing legal and human right norms by amending the IHR.

To Xavier Beccara,

The amendments you sent the WHO are manifestly illegal to vote on May 22-28, 2022 because you announced them on April 12, 2022 with no real publicity to make people aware, and all people worldwide have the right to participate in health policy creation and implementation as part of universal right to health. This is very problematic because you know, or should know that Federal law gives you 60 days to respond. People need time to learn of these amendments, draft their questions or protests, write you, receive a response and be able to protest or agree in order to give the public due process. You did not give enough time for meaningful participation or due process, therefore any vote you make on May 22-28, 2022 in regards to your proposed amendments will obviously be absolutely null and void for violating human rights to health, to participate and due process.

We presume you know this and are barreling forward recklessly and very quickly in order to evade public scrutiny, because if there were a real participatory process the people would reject these amendments.

We reject all proposed amendments at this time out of principle that we are excluded, and for good cause that they are not strictly required by the exigencies of the situation, among other issues of unconstitutionality and usurpation of national and individual sovereignty.

There is a historical cause for concern about treaty making and good cause to invoke your duty of accountability, probity, motivation and substantiation in regards to these proposed amendments:

"This Senate attitude hasn't been overlooked by crafty men who would stoop to any device to get their thoughts and ideas inflicted on the Nation and made the supreme law of the land. When men like Alger Hiss and other Communist and Socialist sympathizers wormed their way into positions of great influence in the State Department and took over the job of drafting up our treaties and agreements with international organizations some rather strange and dangerous clauses began to crop up in these documents. These clauses for the most part went unnoticed by Senators who seldom have either the time or the inclination to wade through voluminous treaty agreements prior to voting on them. But other people were perfectly aware of these clauses. They knew full well that treaties automatically become the supreme law of the land upon ratification and thus take precedence over the Federal Constitution and all our State laws." (Congressional Record, 1953, page A422) <https://www.govinfo.gov/content/pkg/GPO-CRECB-1953-pt9/pdf/GPO-CRECB-1953-pt9-1.pdf>

U.N.'s documented history of unbroken communism raises concerns, especially in context of Agenda 2030, with the WEF's threat of the abolition of privacy and property rights by 2030, a communist ideology inherent within U.N. & WHO that joined with WEF in 2017 according to Tedros.

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"Now let us look at the record. According to Trygve Lie, longtime Secretary General of the United Nations, he stated flatly that there was a secret agreement between Alger Hiss and Molotov to the effect that the head of the United Nations military staff should always be a Communist. That agreement has never been broken, and we have had a succession of Communists filling that post, the present one being Mr. Arkadov. As a first consequence of this treasonous agreement, this country lost its first military engagement in Korea at a cost to this country of more than \$20 billion and 145,000 American casualties ... This was the first war in which we engaged not as the United States military force, but as a United Nations force. ... How convenient this was to the Communists to have one of their own men as head of the United Nations military staff, who reviewed all orders going from the Pentagon to General MacArthur and gave them to our enemy before General MacArthur received them." (Congressional Record, 1962, page 215) <https://www.govinfo.gov/content/pkg/GPO-CRECB-1962-pt1/pdf/GPO-CRECB-1962-pt1-3-2.pdf>

Last but not least, please be advised that the entire world is watching and we are very concerned that "The aim is to give - in the event of future pandemics - the WHO de facto governing power over the Member States."

We will leave you with the wise words of Christine Anderson, UK MP a real champion of the people.

"Dear fellow citizens,

In yesterday's video, I informed you about the current renegotiation of the WHO treaties. The aim is to give - in the event of future pandemics - the WHO de facto governing power over the Member States. The official answer of the EU-Commission to my parliamentary question, to what extent it would take care that the principles of the people's rule would be respected, was: NOT AT ALL !

Find out now in the 2nd part of my video, which possibility still exists, in order to prevent the hostile takeover of our democracies by the international background elites. It can still be achieved, but now requires the personal commitment to freedom and democracy of all our fellow citizens. The more people raise their voices now, the greater our chance of a last-minute victory."

Document links: My Request: https://www.europarl.europa.eu/doceo/document/P-9-2022-000921_EN.html Reply of the EU-Commission: https://www.europarl.europa.eu/doceo/document/P-9-2022-000921-ASW_EN.html

Formal Notice and Demand:

To the WHA, Xavier Beccara and all delegates, we firmly DEMAND you RETRACT the proposed amendments and do not vote yes May 22-28, 2022 on any IHR amendments.

You do NOT have the right or authority under WHO's regulations, WHA procedure, U.S., Costa Rica's and all nations current legal system to vote on a long term health policy that will affect all nations and peoples,

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without the participation and agreement, with full informed consent of all stakeholders, especially us marginalized primary stakeholders.

We are a large body of relevant stakeholders, yet at this point, as you are about to vote, we don't even have basic words defined and agreed upon. At this point it is clear there is no proven necessity for the amendments agreed upon or topics agreed upon, which must come first. We have a very serious claim that you are conspiring with the WHO and UN to omit what is required for informed consent and participation in order to make an unnecessary amendment to the IHR for the benefit of the UN and WHO, in violation of our legal system and at the great detriment of Costa Rica and her peoples.

Furthermore, we hope we are mistaken, but on and for the record, we do presume the illegitimacy of the current WHO IHR amendment process. We conclude the process does not withstand strict scrutiny of necessity, and constitutional limits, because this is an unprecedented health policy deliberation which takes PHEIC discretion from the sovereign nations and gives sole discretion to the WHO, a private body, funded by a majority of private-public interests, which unilaterally claims sovereignty and supreme power of health policy decision making.

While the goal of the WHO may be noble in wanting to protect global health, our organization Interest of Justice alleges that these IHR amendments which enact “universal application to all peoples” and “universal compliance”, with enforcement power by WHO is a “violation of the legal principle” whereby “only through a formal law issued by the Legislature, according to the procedure established in the Constitution for the enactment of laws, is it possible to regulate and, if appropriate, restrict fundamental rights and freedoms.” This is very problematic and must be addressed by WHO, otherwise the WHO may proceed in ways that could incur prohibition, if not liability for usurpation of sovereignty, a problem raised by nations repeatedly over the WHO's history.

These IHR amendments will have the effect of overreaching law & policy that unconstitutionally suspends rights and affects the dignity of all peoples by limiting freedom of choice.

Executive emergency power should be sparing and temporary to be constitutional, however, the concept of a globally binding treaty is overreaching. It is appropriate to mention that cumulatively and consecutively enacted every 90 days, the WHO's declaration of emergency is now established as long term policy. Any amendment would obviously be required to limit and not expand this overreach by WHO into the realm of policy making that regulates dignity and freedom, among other ergo omnes human rights conspicuously left out of the IHR.

Based on the foregoing, Interest of Justice concludes that the WHO's attempt at amending the IHR is an attempt to regulate just about every aspect of the “right to life and dignity of the human being,” and therefore “[t]he non-temporary regulation of these rights by the WHO acting as a global health policy regulatory private monopoly is wholly incompatible with Constitutional law of all nations!

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We do not consent to your vote on IHR amendments until our questions are answered, our presumptions rebutted and your duty of motivation and substantiation is met for each question.

You must rebut every presumption herein according to law, otherwise all undisputed facts will be taken as true.

Sincerely, Dustin Bryce Head of Public Relations, Interest of Justice, Global Health Civil Society Participatory Research Project

THE OVERSIGHT COMMITTEE

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EXHIBIT 5

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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Interest Of Justice <contact@interestofjustice.org>

5/14/2022 2:10 PM

URGENT! 14,587 COMMENTS enclosed within you never received!!
Thank you for allowing us to continue sending!

To OGA.RSVP@hhs.gov <oga.rsvp@hhs.gov>

Our petition form accidentally left off your email (the **MOST IMPORTANT EMAIL IS YOURS!**)

**You have 14,587 comments here that were sent to you, which you did NOT yet get in your inbox!!!!
Here they are in a csv format printout!!!**

The csv printout is showing both petitions up to the time of the missing 14,597 comments - the total is almost 26,000 for both petitions to you so far begging to stop the IHR amendments.

Most were sent to you prior to the original deadline, which you thankfully extended.

We cannot thank you enough for extending the deadline in the listening session and telling us that people can continue sending stuff to the oga.rsvp email.

This omission of ours would be a catastrophe if you were rigid and predetermined to stop listening to the people.

If you refuse to hear them just let us know and we will inform the public you do not want their opinion in preparation of the 75th WHA meeting and IHR amendment vote & we will remove the petitions which are technically notice & demands to withdraw the proposed amendments & why you have a duty to do so!

Attached is the CSV showing you the unsent 14,586 comments that were supposed to be sent to you and the petition form is now updated to include your email, which was the original correct email asking for comments.

Please immediately talk to the rest of the HHS staff about the flood of emails coming from us and other civil society groups demanding the proposed amendments are **WITHDRAWN**.

This rather large group of marginalized primary stakeholders will be affected by the IHR amendments and they all have legal standing, but no way to be heard except through you acting in their best interest to give them all due process, sorely lacking at the moment as HHS and WHA barrel forward with an agenda no one wants or needs that is very contentious at this point and not proven necessary, reasonable or proportionate.

We appreciate your prompt attention to this critical and urgent matter **BEFORE THE 75TH WHA MEETING!!!!**

We will continue to send you a daily csv of the tally and announcing the tally of emails sent to you to the public.

Truly not sure how many of these emails you are receiving, we presume all, but we have the record of all of them here in the csv daily printouts.

PLEASE STOP THE IHR AMENDMENTS!

U.S. CITIZENS and all people worldwide ARE FREAKING OUT these amendments, as applied in reality under the direction of the WHO, will usurp the sovereignty of U.S. and other nations and they have good cause to demand these amendments DO NOT GET APPROVED!

Thank you so much,
Dustin Bryce
Public Relations
Interest of Justice institute

This mail is sent by a private group @Interest Of Justice 2020, All Rights Reserved. If you wish to not receive content from us please contact us and we will be glad to remove you from our private database.

Team, of Justice

- UNSENT 14,587 COMMENTS TO LISTENING SESSION!!!Send-your-Written-Comments-to-HHS-and-World-Health-Assembly!_2022-05-14 (1).csv (20 MB)

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EXHIBIT 6

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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**Call for input – democratic and equitable international order: challenges to
international peace and security**

Dear Friends,

I am Dustin Bryce,

Maintaining international peaceful and security is one of the fundamental purposes of the United Nations, as stipulated in the UN Charter in its article 1. It is also the bedrock of a democratic and equitable international order, which requires the realization of, inter alia, the right of all peoples to peace and the shared responsibility of the nations of the world for addressing threats to international peace and security, that should be exercised multilaterally (Human Rights Council resolution 48/8 and General Assembly resolution 76/165, paragraphs 6(d) and 6(o)).

FIRST, This input is in regards to the main challenges to maintaining and strengthening international peace and security at the global level, for instance in relation to needed structural reforms of United Nations organs, global disarmament, the realization of the right to peace, accountability, etc.?

SECOND, There are solutions, but they absolutely require major structural reforms within the UN-WHO-WEF Global Security Apparatus because there is a clear

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appearance of conflicts of interest. The WHO “managing” those conflicts of interest does not instill confidence, only discord.

THIRD, Global disarmament is a goal of U.N. that is not in harmony with the current legal system because it would usurp the sovereign legislation and constitutional law of the member states. Its a concept that if acted upon would create such upheaval that it is tantamount to a declaration of war on mans inherent right to self defense, and it would cause the circumstances of the largest imbalance of power the world has ever experienced and the opposite of peace would be achieved. El Salvador has recently been very tough on violent crime and they have shown that when there are large pockets of gangs and violence, national tactics are very capable of making changes, negating any necessity of global disarmament. In our opinion global disarmament is so contentious that it would require a democratic vote.

FOURTH, What we have observed however is the U.N. is not interested in providing voting or participatory processes, they have an agenda and are engaging with leaders but not the people to ensure that agenda passes in each nation, one overly compliant public officer at a time is making U.N. WHO policy into national law. It is at the expense of peace and democracy, despite all the slogans to the contrary

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FIFTH, There is an inherent structural defect or vice of absolute nullity in ICCPR Article 19 & 20, which, because they are being easily misapplied by the U.N. and WHO, et al are apparently the source of a great deal of oppression, angst, discord and lack of peace and lack of democracy. On its face the words of Article 20, 21 of ICCPR appear at first glance to be productive and beneficial. However, as applied under the U.N. & WHO Trusted News Initiative, Program to Combat Misinformation And Rumors, (as well as other U.N. derived programs involving the global health security architecture of big tech, Artificial Intelligence, bio-surveillance, and media on a global scale) the intent of the treaty has shown to be diminished and at the mercy of those with unfettered discretion to make, interpret and apply the “rules”. In this case U.N. and WHO-WEF are clearly being weaponized to create a super power of sorts that has the evident and manifest capability to censor and use AI to instantly de-platform all opponents globally, through the merger with WEF and public -private monopolization, unconstitutional private-public policy with the force of law and more money than many nations combined.

Thus, in reality and as applied, the issue of “public health” has been used by the U.N. and WEF partnership with 1000 multinational to persecute, censor, oppress, de-platform, tortiously interfere with peoples livelihoods for holding an opinion

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contrary to the WHO that they dare expressed. WHY? Because the profit is coming before the people and its good for business to silence your competition.

If the business health is penetrated by WHO's private funders, and it is, then who monitors the monitors in U.N.?

The experts, the scientists, the CSO's like Interest of Justice do this work to bring the counter narrative in health, the dialogue, the debate of facts and data. Yet since covid-19 was declared this freedom of association, speech and free opinion has been criminalized and punished by U.N., WHO and WEF like a health mafia.

This monopolization of health, creating a literal global industry, hoping to create a yearly vaccine schedule using a gene editing technology, pursued relentlessly by billionaires who stand to gain from the policies created in U.N. WHO is the single most largest threat to humanity, to rule of law and to democracy.

This bears repeating 100 times until it sinks in: This monopolization of health, creating a literal global industry, hoping to create a yearly vaccine schedule using a gene editing technology, pursued relentlessly by billionaires who stand to gain from the policies created in U.N. WHO is the single most largest threat to humanity, to rule of law and to democracy.

Under UDHR Article 21

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1. *Everyone shall have the right to hold opinions without interference.*

2. *Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.*

3. *The exercise of the rights provided for in paragraph 2 of this article carries with it special duties and responsibilities. It may therefore be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:*
 - (a) *For respect of the rights or reputations of others;*

 - (b) *For the protection of national security or of public order (ordre public), or of public health or morals.*

Article 20

1. *Any propaganda for war shall be prohibited by law.*

2. *Any advocacy of national, racial or religious hatred that constitutes incitement to discrimination, hostility or violence shall be prohibited by law.*

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There is a lack of effective protection against the brutal attacks of the censorship and de-platforming method of punishment for “misinformation” deployed against humanity by the U.N. and WHO through the WEF, big tech, media, AI and state partnership.

Protections in these times for dissenters of the WHO’s science and policy are wholly illusory due to the imbalance of power with WHO’s merger with WEF and PPP’s.

The WHO is not respecting human rights law or Siracusa Principles in its declaration of pandemic, or its technical or scientific guidance. States relying on the WHO are inadvertently violating the IHR Article 3 and the states own legislative definitions and intent for national health policy by supplanting definition of pandemic, herd immunity and vaccine with WHO’s “more broad” definition.

This supplanting of law and violations of IHR Article 3 (1) in turn negates the reason for WHO’s existence and is cause to abolish or completely reform the WHO to be responsive to the needs of the people and scientific community begging to be heard about their data and safety signals, but are instead marginalized and censored by WHO. WHO admits they are directly telling Youtube, Facebook, social media and nations to silence the dissenting expert

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opinions of science if they dare say anything out of line with the WHO's official stance on science or policy.

According to law, All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

The right not to be subject to discrimination is especially important in health care and public health. Since health services are so fundamental to human well-being, they must be allocated fairly among all persons and that includes the right to hear from different medical views and data, not just the WHO's evolving science, which is in violation of the legal order by not adhering to the unequivocal rules of science.

The WHO and their alliance of media, social media, pharmaceutical and financial monopolies are currently persecuting and censoring medical experts through the 'Trusted News Initiative', with no due process or warning. This is shocking and not only concerning its outrageous and imperative the WHO originating censorship is prevented immediately to preserve peace and democracy in the world. Good

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people including a majority of world class top medical experts (that far outnumber the WHO's conflicted experts) and citizen journalists are even having their entire social media platforms and payment gateways removed, simply for the "crime" of exercising freedom of speech that contradicts WHO's official positions. This is not in dispute by the WHO and fact.

The WHO has claimed moral authority to save the world by combatting misinformation *It may therefore be subject to certain restrictions, but these shall only be such as are provided by law and are necessary: (b) For the protection of national security or of public order (order public), or of public health or morals.*

A new term called 'cancel culture' has arisen from the UN-WHO policies, which any thinking man will see is a crime against humanity under Rome Statute Article 7 persecution and completely antithetical to the UN's alleged purpose of protecting human rights, peace and democracy in a free world.

It cannot be overstated that the 'Trusted News Initiative' and UN's 'program to combat misinformation and rumors' are not in conformity with law and as applied ubiquitously worldwide, is a clear overreach and violation of the UN charter and international Human Rights norms and a clear threat to peace and democracy.

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The use of the term “in conformity with the law” in Article 21 of the ICCPR, should not be interpreted to imply any lower standard of legality for limitations on the right of peaceful assembly than other limitations within the ICCPR. It should be the same standard that applies to interpreting the language of “provided by law” within Article 19 of the ICCPR, as elaborated in the Committee’s General Comment No. 34:[1] *“For the purposes of paragraph 3, a norm, to be characterized as a “law”, must be formulated with sufficient precision to enable an individual to regulate his or her conduct accordingly and it must be made accessible to the public. A law may not confer unfettered discretion for the restriction of freedom of expression on those charged with its execution. Laws must provide sufficient guidance to those charged with their execution to enable them to ascertain what sorts of expression are properly restricted and what sorts are not.”*

The law of misinformation or (or more accurately U.N./WHO policy or rules regarding the assessment and punishment of “misinformation” and “disinformation”) of WHO’s censorship policy is now entrenched and extended to the States using U.N./WHO framework and guidances creating an international security threat, greatest challenge in our lifetimes and is potentially the most easily solved threat to peace by declaring the practice of punishing misinformation an illegal policy, unless the law and exact misinformation is clearly defined (ie: this

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exact brand new science of X is false after due process and local legislation, and therefore must not be discussed).

This overreach of the WHO into the private domain of legislator, judge and executive punishment all rolled into one is an illegal exercise of *unfettered discretion for the restriction of freedom of expression on those charged with its execution*.

The U.N., WEF and the WHO announced in 2017 they were working together.

Since then the WHO has flip flopped on their “evolving science and facts”, while championing social media to take care of the “problem” of misinformation (as defined by the WHO). The worlds top experts are being fired, persecuted as if their truthful data is false (with no review) and its not coming from the states, its coming from the U.N., WHO and WEF with all their entourage of “stakeholders” that encompass the worlds top 1000 largest companies.

Aldous Huxley warned that “there is no natural end to a scientific dictatorship”, and that is the international security threat we face today, especially serious in the era of “under the skin bio-surveillance” being an admitted goal of the WEF’s partnership of governments and private sector interests, according to Yuval Harari, the WEF top advisor who explained all tyrants and governments always wanted to

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control people and free will. see <https://www.cbsnews.com/news/yuval-harari-sapiens-60-minutes-2021-10-29/>. ***Yuval Harari warns humans will be "hacked" if artificial intelligence is not globally regulated*** *The future could see the world's human data, delivered through the rising power and reach of artificial intelligence, in the hands of a powerful few - a recipe for a dystopian tomorrow populated by "hacked humans," says Yuval Noah Harari. The world-renowned author tells Anderson Cooper nations must begin cooperating to prevent this by regulating artificial intelligence and the collection of data across all nations.*

Harari says the countries and companies that control the most data will control the world.

"The world is increasingly kind of cut up into spheres of data collection, of data harvesting. In the Cold War, you had the Iron Curtain. Now we have the Silicon Curtain, that the world is increasingly divided between the USA and China," Harari tells Cooper. "Does your data go to California or does it go to Shenzhen and to Shanghai and to Beijing?"

He has been warning people of a not-so-distant future of incredible change, saying the artificial intelligence at work today through algorithms will only strengthen its grip on humans.

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"Netflix tells us what to watch and Amazon tells us what to buy. Eventually within 10 or 20 or 30 years such algorithms could also tell you what to study at college and where to work and whom to marry and even whom to vote for," says Harari.

And he points out, the pandemic has opened the door to even more intrusive collection of our data.

"It's data about what's happening inside my body. What we have seen so far, it's corporations and governments collecting data about where we go, who we meet, what movies we watch. The next phase is surveillance going under our skin," he warns.

*"Certainly, now we are at the point when we need global cooperation. You cannot regulate the explosive power of artificial intelligence on a national level," says Harari, who tells Cooper what he feels needs to be done. "One key rule is that if you get my data, the data should be used to help me and not to manipulate me. **Another key rule, that whenever you increase surveillance of individuals you should simultaneously increase surveillance of the corporation and governments and the people at the top. And the third principle is that-- never allow all the data to be concentrated in one place. That's the recipe for a dictatorship.**"*

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Harari says humans are at risk of becoming "hacked" if artificial intelligence does not become better regulated.

"To hack a human being is to get to know that person better than they know themselves. And based on that, to increasingly manipulate you," Harari says.

There's an upside to the rise of artificial intelligence, too, says Harari, but only if accompanied by regulation.

"The whole thing is that it's not just dystopian. It's also utopian. I mean, this kind of data can also enable us to create the best health care system in history," he says.

"The question is what else is being done with that data? And who supervises it? Who regulates it?"

The realization of the right to peace is more than the absence of war. People need to hold free opinion with the WHO's interference under the guise there is a public need to censor association and speech *"For the protection of national security or of public order (ordre public), or of public health or morals."*

We are very concerned about the proliferation of overly compliant member states that have recklessly agreed to join in a public-private effort led by the U.N. and WHO to address "misinformation". In reality the U.N. and WHO with the States are spreading medical and scientific disinformation that benefits WHO's

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pharmaceutical funders and punishing truth telling experts such as the top scientific expert members of Interest of Justice, World Council for Health and other CSO's advocating for change to protect opinion, rule of law and scientific integrity.

A majority of states and WHO have apparently joined forces regarding 'health misinformation' (at the request of the WHO), but nowhere is there any law that describes what exact speech is defined as health misinformation, in order to: a) be able to challenge the validity of the science and law to know if its really true or false misinformation (with a final res judicata judgment) and b) to give due process to the people that WHO is applying global censorship to.

The science is "evolving" according to the WHO, so logically, all the relied on science taken as true at one point in time, but that is later "evolved", is misinformation. How can brand new data be censored with no debate unilaterally by the WHO and declared false? Something is very wrong with the international order, and the media, big tech AI censorship scheme of the WHO is the source of a very serious legal problem that must be addressed to restore rule of law in the public interest.

As a result, the WHO-UN global censorship programs ('Trusted News Initiative' and UN's 'program to combat misinformation and rumors') that indisputably confers unfettered discretion for the restriction of freedom of expression on those

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charged with its execution is in violation of the legal order and absolutely null. Importantly, the creation and execution of the global UN-WHO ‘Trusted News Initiative’ and UN’s ‘program to combat misinformation and rumors’ should ultimately be determined to systematically deny human rights which is a national security threat to peace and democracy in all nations, negating the purpose and moral force of the WHO, WEF and U.N.

The persecution and censorship of scientific debate and even peer reviewed studies being suppressed by the WHO is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the very motive, content and purpose for WHO’s existence, obviously requiring full reform with oversight by marginalized relevant stakeholders or be declared in violation of international scientific and human rights law and be fully abolished forever as an unnecessary experiment in global health governance.

The current political climate of the weaponization of health, at the whim of WHO’s funders, is calling into question the need for truly independent oversight of the WHO and U.N by private bodies in defense of their rights, including relevant stakeholder CSO’s who are not in relations (thus remaining independent) in public regional hearings coordinated by a global oversight network of non conflicted oversight that has no ties to U.N or WHO.

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We formed this 2022-2030 LAW AND CIVICS TREATY MONITORING COMMITTEE and request to be formally recognized under right to association and right to an effective remedy. With formal recognition that our work of human rights monitoring of the WHO and the design, implementation and approval of new policy created by oversight committees such as ours is in the public interest, we believe more CSO's will assist in the necessary oversight and reforms of the U.N. organs to be responsive to the needs of the people they seek to serve and to their duties under human rights law.

[1] HR Committee, General Comment No. 34 on Article 19: freedoms of opinion and expression, CCPR/C/GC/ 34, 12 September 2011; at para. 25.

UN, WTO, WHO CANT FULFIL THEIR FUNCTIONS AND SERVE NO PURPOSE <https://www.bitchute.com/video/fnGLQb233nbB/>

Solutions:

The following report was given and not acted upon. Most recommendations went unheeded, which is escalating the problem.

The solution is to recognize Interest of Justice as oversight and a relevant stakeholder. We spoke at the April 12, 2022 WHO public hearing and again on May 13, 2022 HHS OGA stakeholder listening session in preparation of the 75th

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WHA however we are unable to find any actual mechanism to actually participate despite the INB deciding our organization is a relevant stakeholder in pandemic preparedness and response.

The WHO is participating in a closed feedback loop by design listening to large relevant stakeholders they engage with but not us other relevant stakeholders. The Global governance experiment is a disaster under the WHO and U.N. because they cherry-pick experts. There is political interference with scientific decision making as evidenced by the stakeholder engagement packet we sent showing the WHO and the funders conflicts of interest which have no oversight as of yet because all oversight including human rights is in U.N.'s own system. This is against common law rules to be ones judge in their own case so the solution is clear, another independent international organization must oversee the WHO or they are not transparent and ethical as per their own mandates, nor democratic in line with the SDG 16 ideology to "Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels".

Our organization speaks for the marginalized majority and they need a voice and a say in the design, implementation and final approval of the health policies created by the WHO and their funders in closed sessions without all of us marginalized primary stakeholders who are actually negatively affected by the decisions of the

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U.N., WHO WEF and the stakeholder capitalism monopoly that interferes with commerce and frankly needs to be prohibited to protect humanities best interest from stakeholder capitalism ideology which is the greatest imbalance of power the world has ever seen and the greatest threat to democracy, rule of law, human genome, human rights, property, privacy, association, opinion and chills necessary free expression required in a peaceful international order.

We demand the right as primary interested and relevant stakeholders as decided by the INB to hold public hearings and to receive the same consideration of our expertise and to be recognized as oversight with right to same information and to be on subcommittees for the pandemic accord proces of design. We are excluded, and the process is invalid. If we can't participate with experts in science in a public forum it is our wish that the human rights Council declare it necessary and appropriate to allow for much more time to start the process over where the main topics can be decided by all of the relevant stakeholders including us especially important because of the marginalization of the members of our group by The Who and the fact that we feel oppressed by the who and their stakeholders who are making the decisions in their own best interest that affect the health policy of each nation.

There must be some sort of ongoing way to challenge a health emergency when it comes up because what happened this time is after two years of us fighting in court

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and winning four times in our Supreme Court the ordinary courts were an able to help us because they had such high bars for procedural entry. When the courts refuse every single case how would we ever be heard? There must be a new system that allows for the people mechanism for human rights so that we can enforce the Siracusa principles.

The other issue is that the international organizations are skirting around the Siracusa principles because they only apply to the states. One very important solution is to allow for citizen assemblies injuries to be instituted in each country and region it is affected and provide enforcement power through the Supreme Court of the nation or some other mechanisms that are not globally centralized but perhaps may assist if called to do so.

The people require a way to hold citizen juries and assemblies to review science as soon as the science is in dispute if the who will not reduce new facts after the fact or disputed. This has been an enormous problem and the only solution is independent oversight that does not lie within the United Nations.

The biggest solution to every problem that lies in the world right now would be to redefine pandemic to include large numbers of deaths and a high mortality rate, this would prevent any further abuse of the word pandemic by The Who and nation states.

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It is quite apparent that the word pandemic was misused purposely buy the Director General of the hill in order to declare COVID-19 which is a kin to the flu pandemic despite the fact that it does not meet that historical definition of pandemic with great numbers of deaths a high mortality rate.

It is also quite apparent that there were always ordinary administrative procedures available to treat Covid and that the declaration of emergency is in bad faith have an issue repeatedly re-issued despite the Director General himself conceding that there are tools available to treat Covid and save lives as well as relieve the burden on hospital systems. There is a claim against The Who which is not answered at this time. We are still trying to substantiate the last pandemic and hold the due to their duty of substantiation however that has not yet occurred while they barrel forward to create an entire new pandemic treaty based on the same presumptions that are already in dispute where they have never reduced any evidence to substantiate anything that they claim in regards to COVID-19. People feel helpless and at the mercy of a larger system that is barreling over them and there is very limited faith in the system as evidenced by the World economic forum last meeting which was entitled rebuilding trust.

The solution is to rebuild trust by actually creating transparent system which would perhaps include a database not ran by the United Nations or states and solely

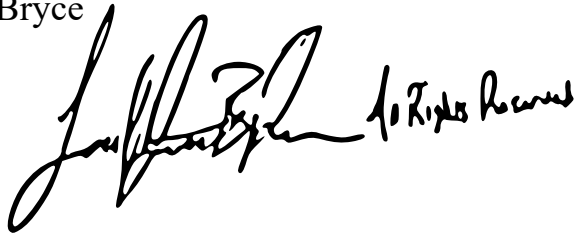
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within network of civil society organizations to assess and address conflict of interest as well as create a system to combat impunity.

I talk to people most people insist that they would like to have a citizen jury and open hearing system to be able to publicly dispute the bill because they keep getting censored and they really want their voice to be heard and open public forum on the record as well as to go through mountains of evidence on the public record because it's never been scrutinized yet it's been called misinformation.

Sincerely,

Dustin Bryce



Dustin Bryce No Rights Reserved

Interest of Justice

Law and Civics Oversight Committee

Friday June 10, 2022

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Support the Only Legal Actions to Monitor the World Health Organization!

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www.ifnotusthenwho.interestofjustice.org

Interest of Justice Open Letter to the WHO May 2, 2022

Download the 2 page open letter to the WHO:



Open Letter to The WHO.pdf

PDF Document

165.0 KB

Contents of the 2 links inside:



Memorandum of Understanding regarding IOJ's stakeholder engagement at the WHO .pdf

PDF Document

14,8 MB



First Report of the CIVICS AND LAW TREATY MO...y 2, 2022 - Interest of Justice Open Rebuttal.pdf

PDF Document

15,5 MB

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To The Office Of The Department Of Exterior Politics, Costa Rica

Monday August 29, 2022

Dear Friends,

My name is Dustin Bryce I am from an International organization / civil society organization based in Costa Rica called Interest of Justice.

I was directed by the Ministry of foreign affairs to speak to you. We are interested in finding out to whom is the delegate in which represents Costa Rica as a member state to the World health Organization and/or other international organizations?

We are seeking a friendly recommendation to be considered on annex E of the World Health Organization regarding the Intergovernmental Negotiating Body (INB)

The WHO, set up an intergovernmental negotiating body to oversee the creation of a new pandemic treaty. Our International civil society organization based here in Costa Rica are considered as relevant stakeholders in Pandemic Preparedness and Response as decided by the INB/WHO in charge of creating the new treaty.

The INB definition of a relevant stakeholder: *Relevant stakeholders: in this context includes **non-State actors with a demonstrable interest in pandemic preparedness and responses**, such as: international organizations; civil society organizations; private sector organizations; philanthropic organizations; scientific, medical and public policy institutions; academic institutions; and other **such entities that have relevant knowledge, experience and/or expertise related to pandemic preparedness and response to share.***

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Our organization was one of 120 relevant stakeholders invited by the INB to participate in the World Health Organizations first hearing on the treaty, and even though we are considered “relevant & interested stakeholders”, the current WHO procedure for our participation in the process requires a WHO member state to recommend Interest of Justice to Annex E.

We kindly ask Costa Rica to recommend our organization immediately, because the WHO’s 1st draft is set to be released September 15, 2022 and only organizations on Annex E will be allowed to participate in the Second Hearing September 29, 30, 2022.

Clearly the time is short to be included in the design part, which is a right that is stated under Article 9 of the CR Constitution. We asked INB direct to include us on Annex E but the rule is that **a member state must recommend our organization to be included on Annex E.**

We ask for URGENT PROCESSING and extra assistance to participate. URGENCY is required so that our organization is able to fulfill our purpose and mandate of ensuring governments and international organizations ensure an equitable and participatory process for all new health policy. Our right to participate should include our organization in the design implementation and final decisions involving the treaty that is currently being designed by Costa Rica and the WHO without us and sadly, without all the marginalized primary stakeholders we represent who want to be included in the process.

Here are some materials directly from the WHO/INB for educational purposes - https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_3Rev1-en.pdf

Also, If you could please forward this Petition to the correct contact and/or the correct delegate in charge of this matter, competent to recommend our organization for involvement in the WHO INB pandemic treaty ANNEX E, considering Costa Rica is a signatory member.

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With gratitude,

Dustin Bryce,

Monday, August 29, 2022



Jeffrey R. Brown

Interest of Justice,
contact@interestofjustice.org



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Interest Of Justice 90 Second Video Entry To The WHO/INB Pandemic Treaty, September 9, 2022

<https://inb.who.int/home/public-hearings/second-round>

<https://rumble.com/v1jkrh4-interest-of-justice-90-second-video-to-the-whoinb-pandemic-treaty-september.html>

"Interest of Justice experience in the declared COVID-19 pandemic was a loss of health from unnecessary limitations on rights not strictly required by the exigencies of the situation
Ordinary administrative measures and treatments were always available to treat covid-19, but were not utilized in order to declare the pandemic.

The treaty is intended to re-define pandemic, despite the word being already defined in customary law.

The WHO concedes that a pandemic cannot be controlled, therefore, If the WHO were to try to better prevent future pandemics they would not only be going against the unequivocal rules of science, they would be going against their previous COVID-19 declaration of pandemic where the WHO confessed that a pandemic cannot be controlled.

To protect health in the future there should be no centralized international level healthcare system and blanket measures are presumed disproportionate on their face.

To respect the sovereignty of each country as well as meet the who's obligations to the IHR article 3 section 4, The control and management of pandemics should be left to each individual nation to handle in the way that their sovereign legislators intended in their own regulations.

The WHO unilaterally lowered the bar for the word pandemic by omitting the one essential element required by the common law, which is the essential element of "great danger to life, or high mortality rate".

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The WHO's definition of pandemic wrongfully allows for the imposition of measures merely because of an apprehension of potential danger, violating article 54 of the Siracusa principles. Resolving this breach of WHO's obligations must be addressed before any pandemic treaty is drafted."

There is much more that IOJ wanted to say but didn't get the due process to explain why it was a fools errand. So below is the transcript of what IOJ expressly wanted to say in regards to the WHO's question to the public.

Ordinary administrative measures and treatments were always available to treat covid-19, which makes a declaration of pandemic in violation of international law, however the unnecessary measures were imposed merely because of The WHO's apprehension of potential danger.

The WHO declared the pandemic while they say pandemic was not defined, which is arbitrary and capricious on its face and especially shocking because Tedros declared March 11 2020 and we quote:

"We have therefore made the assessment that COVID-19 can be characterized as a pandemic. Pandemic is not a word to use lightly or carelessly. It's a word that if misused can cause unreasonable fear leading to unnecessary suffering and death. This is the first pandemic caused by a coronavirus and we have never before seen a pandemic that can be controlled at the same time."

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Interest Of Justice <contact@interestofjustice.org>

9/9/2022 4:18 PM

Re: WHO: Second Public Hearings to support the intergovernmental negotiating body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

To INB Public Hearings <inbpublichearings@who.int>

Dear Friends Secretariat and INB,

We have written numerous letters with no response in regards to our International Organizations desire to be included on Annex E for the 2nd hearing September 29-30, 2022, and beyond.

Both Canada and USA have placed their input on the record wishing to open participation to a wider range of stakeholders in pandemic preparedness and response, however the World Health Organization has made an arbitrary rule to **only include stakeholders that are recommended by a member state on Annex E.**

We remind you that on day 4 of the last meeting USA noted that **"member states have gained benefit from the input of non-state stakeholders"**. WHO then noted that "non-state stakeholders" are the same as "relevant stakeholders".

We are VULNERABLE AND PRIMARY relevant stakeholders with a wealth of relevant knowledge to share which we believe is critical for the treaty to be drafted in compliance with international norms.

We have have asked how to be included as an international organization, we explained there is no member state that we are affiliated with, and that our purpose is to oversee international health policy negotiations to ensure human rights compliance.

WHO's own guidance on their duties to facilitate participation says that vulnerable primary stakeholders **"may need extra assistance to participate"**. This is clearly true because we cannot even get a response to serious issues.

Interest of Justice is asking for your URGENT assistance to meaningfully participate in Annex E before September 29, 2022.

Because the time is so short (20 days until the 2nd and final public hearing) we request an urgent reply and resolution to our serious request to be included on Annex E before the 2nd hearing September 29-30. It seems appropriate to at least answer us promptly and tell us how to get this accomplished.

We sent a stakeholder engagement packet May 2, 2022, and followed up. We are once again following up and formally requesting to be admitted on Annex E.

If there is a procedure we need to be informed what it is and we also request a procedure be created if needed on how to include us as an International Organization with no member state recommendation.

Thank you for the extra assistance to help us participate as a vulnerable primary stakeholder!

Infinite Blessings and One Health for all!
Dustin Bryce, Interest of Justice

On 09/09/2022 1:15 AM CST INB Public Hearings <inbpublichearings@who.int> wrote:

Dear Stakeholders,

Pursuant to decision SSA2(5), the World Health Assembly request the Director-General to hold public hearings to support the intergovernmental negotiating body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the "INB"). The Secretariat is conducting the public hearings to inform the deliberations of the INB with the input of all interested stakeholders, including public and private sector entities.

"Interested stakeholders" include non-State actors with a demonstrable interest in pandemic preparedness and responses, such as: international organizations; civil society organizations; private sector organizations; philanthropic organizations; scientific, medical and public policy institutions; academic institutions; and other such entities that have relevant knowledge, experience and/or expertise related to pandemic preparedness and response to share.

The public hearings will be conducted in line with standard WHO practice, including the WHO Framework of Engagement with non-State actors.

Per INB document A/INB/2/5, the second iteration of these public hearings will occur on **29-30 September 2022**.

Following your expression of interest and participation in the 1st round of public hearings conducted in April 2022, this communication is to encourage your continued participation in the upcoming public hearings. You are invited to submit a **video statement of up to 90 seconds, accompanied by a transcript, in response to the following guiding question:**

Based on your experience with the COVID-19 pandemic, what do you believe should be addressed at the international level to better protect against future pandemics?"

Statements can be submitted in any of the six official WHO languages (English, French, Spanish, Arabic, Russian, Chinese).

The submission period will open on Friday 9 September and will close on Tuesday 13 September 2022.

Further information about the registration process, the terms and conditions for participation, and the process to submit a video statement is available at <https://inb.who.int/home/public-hearings/second-round>

WHO will broadcast two three-hour segments of a selection of compiled video statements on the WHO website – <https://inb.who.int> on 29 and 30 September 2022. Other video statements will be made available on the WHO website following the hearings.

We thank you for your continued participation in the public hearings.

Best regards,

WHO Secretariat

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Wednesday October 12, 2022

Dear friends,

My name is Dustin Bryce and I am from an International Civil Society Organization called Interest of Justice and would like to have a friendly "bout de papier".

Interest of Justice is a private International law and civics institute headquartered in Costa Rica that helps the Global Community of Citizens ensure government accountability to the people. Our mission is safeguarding the interest of the international community as a whole and to give effect to the letter and intent of the supreme international law, it's peremptory norms and customs. We work tirelessly, 8 days a week, to educate and defend human rights under the written civil, natural hermetic and unwritten common laws. Our purpose is to defend human rights and have the right to do so under the United Nations General Assembly A/RES/53/144 March 8, 1999 report for "Declaration on the right and responsibility of individuals, groups of organs of society to promote and protect universally recognized human rights and fundamental freedoms, annexed to the present resolution; Invites Governments, agencies and organizations of the United Nations system and intergovernmental and non-governmental organizations to intensify their efforts to disseminate the Declaration and to promote universal respect and understanding thereof, and the Secretary-General to included the text of the Declaration in the next edition of Human Rights:(A)

We are requesting contractual documents and also alledging corruption by public officials of Costa Rica. In this regard, the contracts do not fall under State secrets therefore should be made available for our investigations under this commonlaw freedom of information request.

Interest of Justice is kindly requesting the contracts as stated below, required for investigations of corruption and to maintain the probity of the Costa Rica Government under International standards and peremptory norms. The contracts requested for all years from January 2000 to currently today are as follows:

CIVICS AND LAW
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1.
 - a. All Contracts with the OECD
 - b. All contracts for the SDG's and sustainable development goals.
 - c. Any and all contracts with the WHO/PAHO
 - d. Any and all contracts with the WHO/PAHO between Costa Rican Public Officials and
 - e. Any and all contracts with the PAHO / World Health Organization, United Nations and World Economic Forum (WEF), between other governments in regards to mis information and
 - f. Any and all contracts with the PAHO / World Health Organization, United Nations and World Economic Forum between other governments in regards to vaccine hesitency programs
 - g. All Contracts with Bill and Melinda Gates foundations
 - h. All Contracts with the World Bank
 - i. Contracts with the IMF
 - j. Contracts between the "World Economic Forum" and Costa Rica State or Costa Rica Public Officials.
 - k. Contracts for the Paris Agreement (accord)
 - l. We require all contracts from the United Nations

NOTE and REQUEST**** If this administration is not in possession of any or all of these contracts, we kindly request to be informed of to where and who is the competent authority who may provide us with these pertinent details and also forward said message to them. If needed more time, please give a written response in detail as to why.

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This is an URGENT Request for information of NON TECHNICAL reports and according the Costa Rica Law of the general law of the public administration is required by 3 days for non technical reports. The report being sought out is already crafted and is readily available within the administration or Costa Rica Government officials and merely needs to be gathered and send said documents. Not a technical procedure.

We kindly ask that the Ministry respond to our request point by point and not in general as this is a very serious yet simple request for information in the interests of us as well as the organization/ a group with diffuse interests. Any fact created herein which is unrefuted will be considered as true and seasoned into an unrefuted presumptive fact undisputed and defaulted by acquiescence.

Thank you for your prompt assistance in this serious matter and appreciate all of your help working with us.

Cordially,

Lord Dustin Bryce Rosondich and Lady Xylie Desiree Eshleman

Law and Civics Oversight Committee

www.interestofjustice.org

Mailing address- contact@interestofjustice.org



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(WHO) World Health Organization, WGIHR and IHRRC

Monday October 31, 2022

Dear Friends,

According to the WHO Information Disclosure Policy: The World Health Organization (WHO) is committed to making information about its activities available to the public. WHO considers public access to information a key component of effective engagement with all stakeholders, including WHO's Member States and the public, in the fulfillment of its mandate. Public access to WHO information facilitates transparency and accountability and enhances trust in WHO's activities to further public health. This Policy applies to all Information in the custody of WHO. For the purposes of this Policy, "Information" means any produced content, in any medium (paper, electronic or sound, visual or audiovisual recording) concerning a matter relating to WHO's activities.

As per "Basic Documents" of the World Health Organization: Pg 6: Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people. On page 98-99: Principles 5. WHO's engagement with non-State actors is guided by the following overarching principles. Any engagement must: (h) be conducted on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect.

IOJ is a non State actor, internationally domiciled organization that is considered an interested stakeholder in pandemic preparedness and response according to the WHO INB. We represent

CIVICS AND LAW
MONITORING COMMITTEE

and are comprised of many thousands of citizens from 78+ countries, world class scientists, citizen journalists, political and legal experts and activists.

On April 12, 2022 IOJ spoke at the first WHO pandemic treaty hearing. On May 13, 2022 IOJ spoke 8 times to HHS OGA in the Stakeholder Listening Session In Preparation of The 77th WHA to demand the IHR Amendments at the time were not adopted. See IOJ Participation videos [here](https://rumble.com/c/c-1567585) (https://rumble.com/c/c-1567585). Our international organization joined many CSO's who set up a public portal to allow the public to protest directly to the WHO, HHS OGA, key delegates and decision makers.

Our organization proudly sent the WHO around 50,000 public comments throughout May 2022, most of which were adamantly against the IHR amendments being proposed at the time. As a result of our organization being made aware of the previous publicly available IHR Amendments we were able to effectively exercise our right to participate and speak to the WHO's legal staff and Member State (USA's HHS OGA) that proposed the contested amendments and ***we were able to impact the process to not adopt 12 of the 13 amendments at the time.***

The ability to review all proposed amendments and actually participate in the entire process allows the CSO's such as ours and the public to feel a sense of equity and inclusion, which gives legitimacy to the process and is the best way to facilitate public acceptance of the adoption and implementation of any amendment.

Excluding the public is causing distrust in the public. Discussions are understandably starting to circulate online that the WHO is keeping secrets from the public to hide the amendments, which on its face appears true.

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IOJ requires the following information to fulfill our mandate of safeguarding the international community and ensure procedures are created when needed in order to defend human rights.

Please EXPEDITE the delivery of the following information:

First, Please provide all submitted IHR proposed amendments from the following countries in an expedited manner. When we go to the site where they are supposed to be posted it states “NO DOCUMENTS FOR THE MOMENT” (see: https://apps.who.int/gb/wgihhr/e/e_wgihhr-1.html). It is our understanding these proposed amendments have not been made public and we are interested stakeholders which require the information to conduct a report and to allow for participation by due process.

1. Armenia
2. Bangladesh
3. Brazil
4. Czech Republic on behalf of the Member States of the European Union
5. Eswatini on behalf of the WHO African Region Member States
6. India
7. Indonesia
8. Japan
9. Namibia
10. New Zealand

CIVICS AND LAW
MONITORING COMMITTEE

11. Russian Federation on behalf of the Member States of the Eurasian Economic Union

12. Switzerland

13. United States of America

14. Uruguay on behalf of MERCOSUR.

Second, Please include which states have submitted amendments to the IHR on behalf of both themselves and also for other States.

Third, Please name all states who the 14 countries are submitting proposed amendments on behalf of.

Fourth, Please inform us if all 194 delegates received the proposed amendments and if so, when were they notified?

Fifth, Please provide a list of every delegate and their contact information such as email for the 194 nation states regarding IHR amendments and also the Pandemic treaty.

Sixth, Please provide a list of all members of the WGIHR, the agenda, any associated documents and information of the WGIHR.

Seventh, We have written the INB on multiple occasions and have received no response.

A. Is there a deadline for information requests to WHO staff for them to respond?

B. Is there a deadline for expedited requests such as this to WHO staff for them to respond?

Notice: This is an exceptional common law freedom of information request which broadens our right to receive said information which may ordinarily be held confidential under WHO exceptions

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to disclosure. The exceptions to disclosure reflect what is necessary to preserve legitimate public or private (including personal privacy) interests, however, under the common law right to freedom of information these exceptions must yield to the weighing of public interests.

All WHO regulations must harmonize to the member states laws and the common law freedom of information request is a widely accepted tool to give the public an exception to public authorities confidentiality loopholes where corruption may breed. For instance, to illustrate our point, the WHO gives themselves an exception to disclosure for the following internal rule:

Information that is subject to obligations of confidentiality or non-disclosure pursuant to confidentiality agreements or other contractual or legal obligations of the Organization or which could, if disclosed, expose the Organization to legal risk or violate applicable law or the Organization's internal regulations, rules and procedures.

This WHO exception to disclosure is intended to protect information which "violates applicable law or the Organization's internal regulations, rules and procedures" .

This exception is PROHIBITED under common law and most member states, because it is not in the public interest to keep confidential the activity which "violates applicable law or the Organization's internal regulations, rules and procedures", therefore the exceptions to disclosure for this particular information in which we allege corruption and harm to public interest may be inside the confidential information clearly violates WHO's obligations to abide faithfully by applicable law and always conform to the Organization's internal regulations, rules and procedures. WHO's duty to "harmonize to all member states legislation" requires this common law freedom of information request to be granted, even if WHO's regulations would ordinarily allow for exceptions.

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We require the information for an investigation. It is important to note, Interest of Justice alleges corruption, or intent to deceive, or a lack of scientific or legal basis may be underlying the proposed amendments in order to change laws in a way that may weaken or limit the protections of human rights currently incorporated in the IHR. Interest of Justice requires an investigation of the requested information IMMEDIATELY to determine if there is a lack of necessity, or if the proposals are in conflict with any sovereign health legislation and if they may conflict with peremptory human rights norms or IHR 3.4. Our Organization firmly alleges corruption or stakeholder preferences that could harm public interest may likely be in the documents. Hopefully upon review we are incorrect, but we need to see the states proposals in order to accurately know if further legal intervention is required to prohibit the adoption of the proposed amendments.

The reason we believe the proposals may require scrutiny is few are likely to be “quick wins” and many are likely to be considered as contentious or even highly controversial “divergent proposals” or “new articles”, which lawfully requires transparency and due process for member states and us primary vulnerable stakeholders exercising our right to participate in the design prong of the right to participate in health policy. According to the WHO: “Before the next meeting, scheduled as face to face in Geneva from 24 to 28 October 2022, Committee members were invited to have a first read of the proposed amendments, and to consider a potential categorization of the proposals into the following categories:

- - “quick wins” (proposals that may not pose any controversy and are helpful for clarifications and better implementation of the articles);
- - “convergent proposals” (amendments proposed for the same article which are complementary or similar in scope);

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- - “divergent proposals” (amendments for the same article which are different in scope, and/or controversial);
- - “new articles” (amendments that propose introduction of completely new text).
- - Another category might include the proposed amendments that address issues currently being considered within the scope of the new convention, agreement, or other international instrument on pandemic preparedness and response, currently being considered by the Intergovernmental Negotiating Body.”

If WHO determines Interest of Justice is not allowed to review the proposed amendments to either agree or protest these proposed IHR amendments to the IHRRC and member states prior to next Nov 14,15 (or sooner) IHRRC meeting, we will be irreparably injured by the WHO for being denied right to participate in the design, implementation and final decisions of health policy that affects us and also denied the right to prompt justice by being unable to effectively communicate with international organizations (the WHO) about how the IHR is implemented domestically so we can defend human rights and fundamental freedoms as per **Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms** Article 5 c- right to communicate with international organizations for the purpose of promoting and protecting human rights and fundamental freedoms, and Article 6- Everyone has the right, individually and in association with others:

- (a) To know, seek, obtain, receive and hold information about all human rights and fundamental freedoms, including having access to information as to how those rights and freedoms are given effect in domestic legislative, judicial or administrative systems;

CIVICS AND LAW
MONITORING COMMITTEE

- (b) As provided for in human rights and other applicable international instruments, freely to publish, impart or disseminate to others views, information and knowledge on all human rights and fundamental freedoms;
- (c) To study, discuss, form and hold opinions on the observance, both in law and in practice, of all human rights and fundamental freedoms and, through these and other appropriate means, to draw public attention to those matters.

Thank you for your prompt assistance in this URGENT matter, we require the information URGENTLY as the next WGIHR meeting regarding these matters is scheduled on or before November 14, 15, 2022 and proceeding without our inclusion as an interested non State actor in the process by keeping said information confidential violates our rights and makes us unable to perform our “Responsibility to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms” which is protected by law and stated herein.

Interest Of Justice appreciates all of your help working with us to ensure the WHO meets their duty of transparency, disclosure and participation.

Respectfully,

Dustin Bryce,

On Behalf of Interest Of Justice



Mailing address-
contact@interestofjustice.org
Telephone# 323-244-2960
www.interestofjustice.org
www.theoversightcommittee.org

informationrequest <informationrequest@who.int>

2/22/2023 11:10 AM

RE: [EXT] URGENT Freedom Of Information Request

To Interest Of Justice <contact@interestofjustice.org> Copy
informationrequest <informationrequest@who.int>

Dear sender,

Thank you for reaching out to the World Health Organization (WHO).

On review of your message, please be informed that the proposed amendments to the International Health Regulations by the member states including an article-by-article compilation are publicly available at the WHO homepage (see [link](#)).

Additional information on the upcoming meeting of the Working Group on Amendments to the International Health Regulations can be also found at the WHO homepage (see [link](#)).

We trust this answers your request/query.

Thank you once again for contacting us.

Kind regards,

Ethics Team

WHO/DGO/CRE/Ethics Unit

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From: Interest Of Justice <contact@interestofjustice.org>
Sent: Dienstag, 1. November 2022 05:44
To: informationrequest <informationrequest@who.int>
Subject: [EXT] URGENT Freedom Of Information Request

Please see attached URGENT common law freedom of information request dated Monday October 31, 2022.

Respectfully,

Dustin Bryce,

on behalf of Interest Of Justice

contact@interestofjustice.org

323-244-2960

This mail is sent by a private group @Interest Of Justice 2020, All Rights Reserved. If you wish to not receive content from us please contact us and we will be glad to remove you from our private database.

Team, of Justice



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- image001.png (13 KB)

CIVICS AND LAW
MONITORING COMMITTEE

To: World Health Organisation

February 26, 2023

Dear Friends,

We are not satisfied with the WHO's response to the freedom of information request Interest Of Justice delivered to email informationrequest@who.int on November 1, 2022. It did not answer our questions at all.

“Ethics” has completely failed to answer our fifth, sixth and seventh questions which violates our right to information and is causing us injury by not having the information provided in a timely enough manner *to actually use the information in time.*

As we explained previously, we required the information to contact the WGIHR for their first meeting, who just met this last week February 20-24, 2023 for their second meeting. Without the information we asked for months ago, that we required, and still require immediately, we are unable to exercise our right to meaningfully communicate with the international organization.

If you recall from our original information request, sent November 1, 2022, we stated unequivocally that the documents were needed in a timely manner in order to exercise a right:

See original request: *“Thank you for your prompt assistance in this URGENT matter, we require the information URGENTLY as the next WGIHR meeting regarding these matters is scheduled on or before November 14, 15, 2022 and proceeding without our inclusion as an interested non State actor in the process by keeping said information confidential violates our rights and makes us unable to perform our “Responsibility to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms” which is protected by law and stated herein. Interest Of Justice appreciates all of your help working with us to ensure the WHO meets their duty of transparency, disclosure and participation.”*

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WHO so called “ethics” wrote during the very end of the second WGIHR meeting providing us with absolutely no names or contact info, despite the question being very clear: ***“Please provide a list of all members of the WGIHR, the agenda, any associated documents and information of the WGIHR.”***

The WHO, in being so slow and inefficient, has completely screwed us over and harmed us by denying IOJ our right to communicate with international organizations and to participate in the deign of health policy in a timely manner before all WGIHR deliberations are over and ***now we are fully excluded and defenseless, which makes the treaty process void for denying all stakeholders meaningful participation.***

As a result of the withholding of information, IOJ claims we are irreparably injured, denied rights.

Once again, please EXPEDITE the delivery of the following reiterated information requests and please, we beg, stop playing games because WGIHR only has one more meeting on April 17-20, 2023 and we need to contact them prior to those dates:

W.H.O. REFUSED TO ANSWER: *Fifth, Please provide a list of every delegate and their contact information such as email for the 194 nation states regarding IHR amendments and also the Pandemic treaty.*

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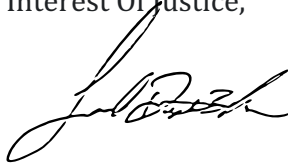
CIVICS AND LAW
MONITORING COMMITTEE

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Please provide said requested information in 10 days or our organization will be forced to take legal action for WHO’s responsibility and claim damages against both WHO and their independent oversight for inefficiency and inactivity in the face of serious obligations.

Thank you for your prompt assistance in this serious matter and appreciate all of your help working with us to provide the requested information and communications in order to protect the public health and safety.

Cordially,
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Dustin Bryce,

USA +1 323 24 2960

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CIVICS AND LAW
MONITORING COMMITTEE

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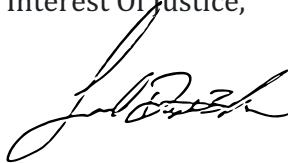
CIVICS AND LAW
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Cordially,
Interest Of Justice,



Dustin Bryce,

USA +1 323 24 2960

contact@interestofjustice.org

www.interestofjustice.org



THE OVERSIGHT COMMITTEE

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WWW.INTERESTOFJUSTICE.ORG

EXHIBIT 11

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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CIVICS AND LAW
MONITORING COMMITTEE

November 27, 2022

Dear World Health Organization,

I demand the organization launch an independent investigation into the current WHO Director General and ex Chief Scientist Soumya Swaminathan's potential crimes against humanity and breaches of duty which endanger public trust in the organization as well as the public safety of the entire international community.

I am part of a group acting in defense of our rights who support those charges for the following internationally wrongful acts:

- Allowed PCR Fraudulent diagnostics results for covid-19 to be used by the WHO to fraudulently declare the covid-19 pandemic in bad faith
- No reason to believe the covid-19 [non]vaccines may be effective, yet WHO licensed the product under her scientific supervision
- WHO unilaterally and arbitrarily changed the definition of vaccine, despite no evidence it conforms to national law and despite the fact the new definition excludes the essential element of "confer immunity or prevent" COVID-19 disease
- Soumya knew that the covid-19 [non]vaccines only raise the antibodies for an immune response with no reason to believe that would convert to efficacy and she knew or should have known it also leads to a vaccine enhanced disease such as ADE.
- Soumya Swaminathan authorized the covid-19 product which affects the DNA in less than 6 hours (Pfizer BioNTech) and she knew or should have known it does not protect the public from the disease covid-19.
- Soumya Swaminathan promoted the mandatory use of useless and harmful masks, seriously harming children and many people with anxiety, copd, and others with no benefit, violating the law of reciprocity and least burdensome public health measures.
- Soumya Swaminathan authorized and redirected inequitable over investment in vaccines at the whim of the funders and stakeholders whilst redirecting funds away from

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therapeutics, resulting in inequitable underfunding of the least burdensome measure (essential medicines, therapeutics and early treatments) and overfunding the most unnecessary unsafe and burdensome measures possible (genetic experimental vaccine prototypes).

- Soumya Swaminathan suppressed and failed to act on the successful studies of ivermectin that were concluded, depriving the right of essential medicines to people, intentionally protecting the vaccine business agenda of funder stakeholders and endangering human life and health.
- There is no evidence that ordinary therapeutics were tried and failed prior to the Chief Scientist advising or the Director General authorizing the emergency declaration.

Thank you,

Interest Of Justice and a large amount stakeholders from around the world

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EXHIBIT 12

YEAR 2022

ISSUED DOCUMENTS
AND REPORTS



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CIVICS AND LAW
MONITORING COMMITTEE

DECEMBER 16, 2022

W.H.O. Director General
Head of Legal Affairs
Entire IHRRC
Entire WGIHR

OPEN LETTER by Interest of Justice:

Notice and Demand to stop IHR Amendments

Our organization Interest of Justice is considered “relevant” and “interested” stakeholder by the INB, which they say in this context includes non-State actors with a *demonstrable interest in pandemic preparedness and responses*, such as: international organizations; civil society organizations; private sector organizations; philanthropic organizations; scientific, medical and public policy institutions; academic institutions; and other such *entities that have relevant knowledge, experience and/or expertise related to pandemic preparedness and response to share*.

We claim our organization is being excluded by the WHO and as a result we are being denied our right to communicate with international organizations as we are asserting our responsibility, duty and obligation to defend human rights.

On the basis of our mandate, mission and responsibility, we wish to point out the following

It has come to our attention there are certain ideas & proposals to amend the IHR circulating within the World Health Organisation:

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The proposed amendments would:

1. Change the overall nature of the World Health Organization from an advisory organization that merely makes recommendations to a governing body whose proclamations would be legally-binding. (Article 1). This would create an unacceptable imbalance of power detrimental to health.
2. Greatly expand the scope of the International Health Regulations to include scenarios that merely have a “potential to impact public health.”
3. Seek to remove “respect for dignity, human rights and fundamental freedoms of people.” which are legally significant words, and supplant them with arbitrary unilaterally defined words that may conflict with member states definitions and health policy in violation of Article 3(4) (Article 3)
4. Give the Director General of the WHO control over the means of production through an “allocation plan for health products” to require developed states parties to supply pandemic response products as directed. (Article 13A). This is unsustainable and slavery of member states which slavery is legally defined as “being under the will of another”
5. Give the WHO the authority to require medical examinations, proof of prophylaxis, proof of vaccine and to implement contact tracing, quarantine and TREATMENT. (Article 18).
6. Institute a system of global health certificates in digital or paper format, including test certificates, vaccine certificates, prophylaxis certificates, recovery certificates, passenger locator forms and a traveller’s health declaration. (Articles 18, 23, 24, 27, 28, 31, 35, 36 and 44 and Annexes 6, 7 and 8)
7. Redirect unspecified billions of dollars to the Pharmaceutical Hospital Emergency Industrial Complex with no accountability. (Article 44A)
8. Allow the disclosure of personal health data. (Article 45)

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9. Greatly expand the World Health Organization’s capacity to censor what they unilaterally consider to be mis-information and dis-information. (Annex 1, page 36) It cannot be overstated that the ‘Trusted News Initiative’ and UN’s ‘program to combat misinformation and rourmers’ are not in conformity with law and as applied ubiquitously worldwide, is a clear overreach and violation of the UN charter and international Human Rights norms. The use of the term “in conformity with the law” in Article 21 of the ICCPR, should not be interpreted to imply any lower standard of legality for limitations on the right of peaceful assembly than other limitations within the ICCPR. It should be the same standard that applies to interpreting the language of “provided by law” within Article 19 of the ICCPR, as elaborated in the Committee’s General Comment No. 34:[1] *“For the purposes of paragraph 3, a norm, to be characterized as a “law”, must be formulated with sufficient precision to enable an individual to regulate his or her conduct accordingly and it must be made accessible to the public. A law may not confer unfettered discretion for the restriction of freedom of expression on those charged with its execution. Laws must provide sufficient guidance to those charged with their execution to enable them to ascertain what sorts of expression are properly restricted and what sorts are not.”* The laws regarding ‘health misinformation’ do not describe what exact speech is defined as health misinformation, in order to: a) be able to challenge the validity of the science and law to know if its really true or false misinformation (with a final res judicata judgment) and b) to give due process to the people that WHO is applying global censorship to. As a result, the WHO-UN global censorship programs (‘Trusted News Initiative’ and UN’s ‘program to combat misinformation and rourmers’) that indisputably confers unfettered discretion for the restriction of freedom of expression on those charged with its execution is in violation of the legal order and absolutely null. Importantly, the creation and execution of the global UN-WHO ‘Trusted News Initiative’ and UN’s ‘program to combat misinformation and rourmers’ should ultimately be determined to systematically deny human rights which is a national security threat in all nations. [1] HR Committee, General Comment No. 34 on Article 19: freedoms of opinion and expression, CCPR/C/GC/ 34, 12 September 2011; at para. 25. Conclusion: The persecution and censorship of scientific debate and even peer reviewed studies being suppressed by the WHO is a systematic denial of the human right to equal treatment by design which is reinforcing a grave systemic violation of human rights, which is a vice or defect that negates the

CIVICS AND LAW
MONITORING COMMITTEE

very motive, content and purpose for WHO's existence. We assert the IHR cannot be legitimately amended to expand the World Health Organization's capacity to censor what they unilaterally consider to be mis-information and dis-information. (Annex 1, page 36).

10. Create an obligation to build, provide and maintain IHR infrastructure at points of entry. (Annex 10)

The amendments to Articles 18, 23, 24, 27, 28, 31, 35, 36 and 44 and Annexes 6, 7 and 8 would create unprecedented intrusion into liberty and fundamental freedoms, human rights and autonomy. The contact tracing and vaccine passport schemes interfere with privacy and dignity, therefore, adopting these unnecessary, overly burdensome, disproportionate, unreasonable and tyrannical policies is tantamount to internationally wrongful acts and under the mandate of our organization they must not be allowed.

Removing respect for dignity human rights infernal freedoms is a grave error for the world health organisation because it is impossible for you to do so this and stay within your legal limits of authority.

Even the mere suggestion and attempt to remove respect for dignity and human rights violates your own stated mission in the WHO constitution and UN Charter.

No international public servant in your position has the right or authority to negotiate, propose or enact any of the aforesaid detrimental policies.

This open letter is to demand that you adhere to your duties and responsibilities, and a drawn from applying any further attempts to subvert the dignity, human rights, and fundamental freedoms of all of the people of earth.

Furthermore, we demand that you abstain from your monopolistic attempts to subvert nationstate sovereign health policy by creating wiggle instruments and definitions which may conflict with national health policy intention is the use of unilaterally draft in terms of art and coercion of member

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states to agree exceeds the authority granted to the international public servants that work at the world health organisation.

It is our understanding that you have met in secret all week in order to negotiate these spurious amendments to the HR with the intention to propose the final draft on Sunday, January 15, 2023.

On, and for the record, this is a formal protest and objection of all secret negotiations to design global public health policy by interest of justice. We are acting on our own behalf, and on behalf of, the international community, as conscientious objectors who are also stakeholders as recognised by the IMB with an interest in pandemic, preparedness and response.

We have written many times to meaningfully participate in the design of the pandemic treaty and IHR Amendments. We have demanded to be included on Annex E of the treaty negotiations, with no response. Our organization, as well as its vulnerable primary stakeholder members are treated with contempt and marginalized by the WHO, through non feasance, denying us right to meaningfully participate and communicate with the WHO in the design of all health policy which may affect us, including these proposed IHR amendments.

It is in the WHO's best interest to prevent any IHR Amendments which would remove respect for dignity, human rights and fundamental freedoms, or allow for vaccine or climate passports, precisely because the WHO will be exceeding granted authority, breaching human rights obligations and clearly interfering with commerce which implies waiving sovereign immunity and accepting responsibility for serious breaches of internationally wrongful acts.

Under our mandate to hold you responsible and in compliance with international law and internal regulations, we demand that any intention to cooperate with any of the aforementioned efforts will be considered in strict violation of international law, and you will be held accountable for such acts.

We do not accept the WHO's illegitimate authority in this matter because they are clearly attempting to change customary law and just cogens norms do not allow this unnecessary oppression and

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disrespect to the balance of rule of law, dignity of man and human rights norms. The proposals if enacted pose a serious threat by disrespect to the fundamental freedoms of man.

Frankly, the vaccine passports and other undignified proposals are obscene, outrageous and unconscionable, as well as void.

We demand the INB, IHRRC, WGIHR, WHO and favored stakeholders that are invited to participate in these secret negotiations stay within their legal and moral limits. This means the international law and WHO's prior obligations to protect respect for human rights requires that you do not amend the IHR in such fundamental ways, at this time, without meaningful public participation and lengthy debate, first proving the necessity, proportionality and legality.

It is important to note that under international law and the WHO constitution, at no time will it ever be acceptable to cross out respect for dignity, human rights and fundamental freedoms in the IHR or a treaty.

In our opinion, it reflects very badly upon the WHO, the mere suggestion that this idea was even entertained, and negotiated in secret. Judging by the public response the WHO has lost a lot of credibility with this outrageous attempt to oppress people using international legal instruments to increase power not conferred by law, and to use as a weapon to strip humanity of dignity.

Interest of Justice not only protests and objects to the secret negotiations and spurious proposed IHR amendments, we condemn them as internationally wrongful acts which the WHO is responsible for, if actually proposed and adopted.

The proposed changes to the first principle in Article 3 of the International Health Regulations is in stark opposition to the jus cogens peremptory norms of international human rights law. If adopted, they would unreasonably strike out the following well defined legally significant text:

~~“with the full respect for the dignity, human rights and fundamental freedoms of persons”~~

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The verbiage used in treaties to protect human rights would be removed, allowing for the violation of Siracusa Principles and other limits of power. Furthermore, the new text would exchange well defined legally significant human rights verbiage that is enforceable for people to protect their rights and replace these protections with undefined words that are void for vagueness and exchanging the superior human rights laws and verbiage for these terms could recklessly and needlessly lead to a situation of ambiguity that could strip the people of standard human rights protections.

Article 3 Principles

1. The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ **based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development.**

The proposed amendments to the IHR text is much worse than before and serves no benefit.

* The above Open Letter was sent by IOJ to all delegates on January 15, 2023 and the WHO (*it was opened by HHS OGA twice*) see: <https://interestofjustice.substack.com/p/last-minute-open-letter-to-stop-the>

* *The legal notice and demand with followthrough in court is organized by Interest of Justice*

The following protest of 50 bad amendments is provided by James Roguski.

Armenia

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1. DIGITAL ID SYSTEM (page 5)

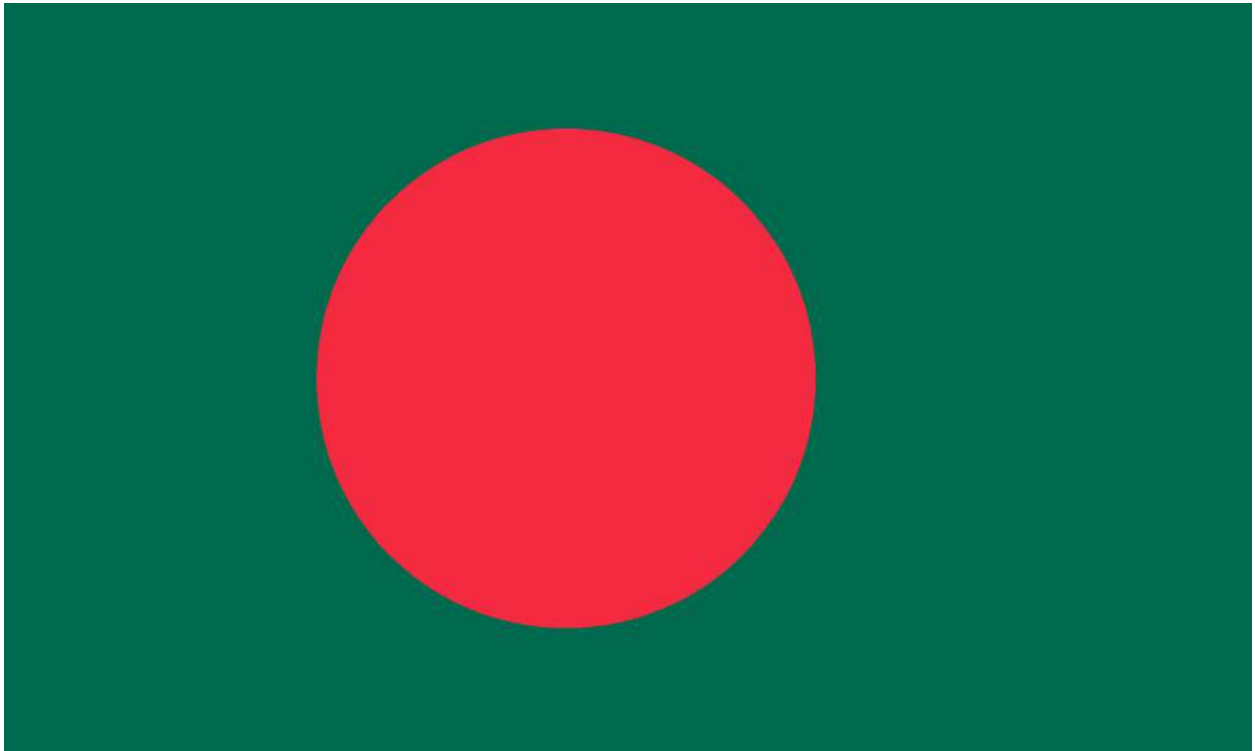
I OPPOSE Armenia's suggestion to create an electronic digital centralized system for the comprehensive data collection of information regarding "cases" and their "contacts," and vaccination status.

This proposed amendment would be a clear violation of people's unalienable right to privacy, potentially discriminatory based on people's unalienable right of religious freedom and clearly in violation of people's unalienable right to travel freely upon the Earth.

This proposed amendment is absolutely unacceptable.

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Bangladesh



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2. RECOMMENDATIONS MADE BINDING (Article 1 - page 12)

I OPPOSE Bangladesh’s proposed amendment to Article 1 which would seek to alter the definitions of the terms “*standing recommendation*” and “*temporary recommendation*” by removing the phrase “non-binding” from each term.

This is an absolutely absurd and shameful attempt to alter the meaning of a basic concept and would fundamentally alter the nature of the International Health Regulations as well as the scope and purpose of the World Health Organization. This proposed amendment must immediately be removed from consideration.

This proposed amendment is absolutely unacceptable.

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3. CENTRALIZED CONTROL (Article 13A - page 12)

I OPPOSE Bangladesh’s claim in their proposed New Article 13A that the World Health Organization should be viewed “*as the guidance and coordinating authority of international public health response during Public Health Emergency of International Concern (PHEIC).*”

No such authority shall ever be given to the WHO insofar as it would directly conflict with the sovereign authority of the 194 member nations and the fundamental freedoms of all people.

This proposed amendment is absolutely unacceptable.

4. ALLOCATION PLAN (Article 13A(2) - page 13)

I OPPOSE Bangladesh’s proposal in New Article 13A(2) that the World Health Organization “*shall develop an allocation plan for health products.*”

At no time should any organization be placed in control of the means of production of health products.

This proposed amendment is absolutely unacceptable.

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5. ALLOCATION PLAN (Article 13A(3) - page 13)

I OPPOSE Bangladesh’s proposal in New Article 13A(3) that the World Health Organization “*should identify and prioritize the recipients of health products... and determine the required quantity of health care products for effective distribution to the recipients.*”

At no time should any organization be placed in control of the means of production of health products.

This proposed amendment is absolutely unacceptable.

6. ALLOCATION PLAN (Article 13A(5) - page 13)

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I OPPOSE Bangladesh’s proposal in New Article 13A(5) that member nations “*shall ensure the manufacturers within their territory supply the requested quantity of the health products to [the] WHO or other [member nations] as directed by [the] WHO in a timely manner to ensure effective implementation of [the WHO] allocation plan.*”

Putting the WHO in charge of the means of production is absolutely absurd.

This proposed amendment is absolutely unacceptable.



7. LOSS OF SOVEREIGNTY (Article 44(1) - page 13)

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I OPPOSE Bangladesh’s proposed amendment to Article 44(1) to change the nature of collaboration and assistance among member nations from voluntary to mandatory.

Article 44: Collaboration and assistance

1. States Parties with assistance from WHO shall collaborate with and assist each other.

This proposed amendment is absolutely unacceptable.

8. INTERFERENCE IN LAWMAKING (Article 44(1d) - page 14)

I OPPOSE Bangladesh’s proposed amendment to Article 44(1d) which seeks to mandate member nations and the WHO to become involved in “*the formulation of proposed laws and other legal and administrative provisions for the implementation of these regulations.*”

Each sovereign nation must be responsible for crafting their own laws and regulations as guided by the people of that nation, not by other nations or by the WHO.

This proposed amendment is absolutely unacceptable.

9. LOSS OF SOVEREIGNTY (Annex 1 New 1 bis - page 15)

I OPPOSE Bangladesh’s proposed amendment to Annex 1 New 1 bis, which would mandate that “*Developed Country States Parties shall provide financial and technological assistance to the Developing Countries States Parties in order to ensure state-of-the-art facilities in developing country States Parties.*”

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This proposed amendment is absolutely unacceptable.

Brazil



10. PHEIC DECISION INSTRUMENT (Annex 2 - pages 19-20)

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I OPPOSE Brazil's proposed amendment to Annex 2 in its entirety. Brazil's proposal to completely change the method by which events would be evaluated in order to determine whether or not they constitute a Public Health Emergency of International Concern is completely and totally without merit, data and scientific backing.

This proposed amendment is absolutely unacceptable.

Czech Republic

On behalf of the 27 member states of the European Union:

Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

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11. MICROBIAL AND GENETIC MATERIAL (Article 7(2) - page 28)

I OPPOSE the European Union’s proposed amendment to Article 7(2) which seeks to require sovereign nations to *“make available to WHO the microbial and genetic material and samples related to the notified event.”*

This proposed amendment is absolutely unacceptable.

12. RPHEIC and IHEIC (Article 12 - page 28)

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I OPPOSE the European Union’s proposed amendment to Article 12 which states that *“The Director-General [of the WHO] may determine that an event constitutes a Regional Public Health Emergency of International Concern (RPHEIC) or an Intermediate Health Emergency of International Concern (IHEIC).”*

These terms are not defined and giving one man the power to declare an international or regional emergency without restriction is clearly yet another step towards totalitarian dictatorship.

This proposed amendment is absolutely unacceptable.



13. PASSENGER LOCATOR FORMS (Article 23 - page 29)

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I OPPOSE the European Union’s proposed amendment to Article 23 which seeks to implement “Passenger Locator Forms.”

Article 23 - Health measures on arrival and departure

New paragraph 6: Documents containing information concerning traveller’s destination (hereinafter Passenger Locator Forms, PLFs) should preferably be produced in digital form, with paper form as a residual option. Such information should not duplicate the information the traveller already submitted in relation to the same journey, provided the competence authority can have access to it for the purpose of contact tracing. The Health Assembly may adopt, in cooperation with the International Civil Aviation Organization (ICAO) and other relevant organisations, the requirements that documents in digital or paper form shall fulfill with regard to interoperability of information technology platforms, technical requirements of health documents, as well as safeguards to reduce the risk of abuse and falsification and to ensure the protection and security of personal data contained in such documents. Documents meeting such requirements shall be recognized and accepted by all Parties. Specifications and requirements for PLFs in digital or paper form shall take into account existing widely used systems established at the regional or international level for the issuance and verification of documents. Parties which are low and lower middle income countries shall receive assistance in accordance with Article 44 for the implementation of this provision.

This proposed amendment would be a clear violation of people’s unalienable right to privacy, potentially discriminatory based on people’s unalienable right of religious freedom and clearly in violation of people’s unalienable right to travel freely upon the Earth.

This proposed amendment is absolutely unacceptable.

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14. INTER-OPERABLE DATABASE (Article 35 - page 29)

I OPPOSE the European Union’s proposed amendment to Article 35 which seeks to implement requirements to provide access to private health documents in digital or paper form.

Article 35 - General rule (...) 2. Health documents may be produced in digital or paper form, subject to the approval by the Health Assembly of the requirements that documents in digital form have to fulfill with regard to interoperability of information technology platforms, technical requirements of health documents, as well as safeguards to reduce the risk of abuse and falsification and to ensure the protection and security of personal data contained in the health documents. Health documents meeting the conditions approved by the Health Assembly shall be recognized and accepted by all Parties.

Specifications and requirements for certificates in digital form shall take into account existing widely used systems established at the international level for the issuance and verification of digital certificates. Parties which

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are low and lower middle income countries shall receive assistance in accordance with article 44 for the implementation of this provision.

This proposed amendment would be a clear violation of people's unalienable right to privacy, potentially discriminatory based on people's unalienable right of religious freedom and clearly in violation of people's unalienable right to travel freely upon the Earth.

This proposed amendment is absolutely unacceptable.



15. TEST, PROPHYLAXIS, VACCINE AND RECOVERY CERTIFICATES (Article 36 - page 30)

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I OPPOSE the European Union’s proposed amendment to Article 36 which seeks to implement requirements to provide access to private health documents such as test certificates, prophylaxis certificates, vaccine certificates and/or recovery certificates.

Article 36 - Certificates of vaccination or other prophylaxis

3. Other types of proofs and certificates may be used by Parties to attest the holder’s status as having a decreased risk of being the disease carrier, particularly where a vaccine or prophylaxis has not yet been made available for a disease in respect of which a public health emergency of international concern has been declared. Such proofs may include test certificates and recovery certificates. These certificates may be designed and approved by the Health Assembly according to the provisions set out for digital vaccination or prophylaxis certificates, and should be deemed as substitutes for, or be complementary to, the digital or paper certificates of vaccination or prophylaxis.

This proposed amendment would be a clear violation of people’s unalienable right to privacy, potentially discriminatory based on people’s unalienable right of religious freedom and clearly in violation of people’s unalienable right to travel freely upon the Earth.

This proposed amendment is absolutely unacceptable.

16. LACK OF CLEAR LEGAL BASIS (Comment - page 38)

I OPPOSE the European Union’s aim at “providing a clear legal basis in the IHR allowing for the use of Passenger Locator Forms” and “providing a clear legal basis in the IHR for the use of digital Certificates.” (page 38)

Clearly, the European Union’s attempts to provide “a clear legal basis” by proposing these amendments points to the obvious fact that no such “clear legal basis” currently exists. That is exactly the way it must remain.

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The mere existence of this attempted justification supports the obviousness that this is an attempt to implement legal restrictions that do not and should not exist.

These proposed amendments are absolutely unacceptable.

Eswatini

On behalf of the Member States of the WHO African Region

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

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17. DEFINITION OF HEALTH PRODUCTS (Article 1 - page 43)

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I OPPOSE The African Region’s proposed amendment to the definition of terms in Article 1.

“health products” include therapeutics, vaccines, medical devices, personal protective equipment, diagnostics, assistive products, cell- and gene-based therapies, and their components, materials, or parts.

“health technologies and know-how” includes organized set or combination of knowledge, skills, health products, procedures, databases and systems developed to solve a health problem and improve quality of life, including those relating to development or manufacture of health products or their combination, its application or usage. “Health technologies” are interchangeably used as “health care technologies”.

-page 43

It is the height of arrogance to declare that *“health products”* and *“health technologies and know-how”* do NOT include proper use of diet, vitamins, minerals, herbs and an enormous range of natural therapies that have improved health and saved lives for centuries. This exposes the clear nature of the proposed amendments as the thinly veiled promotional marketing campaign for the Pharmaceutical Hospital Emergency Industrial Complex (PHEIC) that it truly is.

This proposed amendment is absolutely unacceptable.

18. STATE PARTIES MUST PROVIDE (Article 13(5) - page 45)

I OPPOSE The African Region’s proposed amendment to Article 13(5) which states:

Article 13(5) Public health response – WHO Coordinated Response Activities

5. When requested by WHO, States Parties shall provide, to the extent possible, support to WHO-coordinated response activities, including supply of health products and technologies, especially diagnostics and other devices, personal protective equipment, therapeutics, and vaccines, for effective response to PHEIC occurring in another

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State Party's jurisdiction and/or territory, capacity building for the incident management systems as well as for rapid response teams.

-page 45

This proposed amendment lays bare and exposes the blatant power grab that is a direct attack upon the sovereignty of individual member nations.

This proposed amendment is absolutely unacceptable.



19. ALLOCATION MECHANISM (Article 13A - pages 46-47)

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I OPPOSE The African Region’s proposed amendment to create a New Article 13A which states:

VII. Africa Group Proposal: New Article 13A: Access to Health Products, Technologies and Know-How for Public Health Response

1. Immediately after the determination of a public health emergency of international concern under Article 12, the Director General shall make an immediate assessment of availability and affordability of required health products and make recommendations, including an allocation mechanism, to avoid any potential shortages of health products and technologies pursuant to Article 15 or 16 as appropriate.

2. States Parties shall co-operate with each other and WHO to comply with such recommendations pursuant to paragraph 1 and shall take measures to ensure timely availability and affordability of required health products such as diagnostics, therapeutics, vaccines, and other medical devices required for the effective response to a public health emergency of international concern.

3. States Parties shall provide, in their intellectual property laws and related laws and regulations, exemptions and limitations to the exclusive rights of intellectual property holders to facilitate the manufacture, export and import of the required health products, including their materials and components.

4. States Parties shall use or assign to potential manufacturers, especially from developing countries, on a non-exclusive basis, the rights over health product(s) or technology(ies), when the same is/are obtained in the course of research wholly or partially funded by public sources, and is/are identified as required health product(s) or technology(ies) to respond to a PHEIC, with a view to ensure equitable, timely availability and affordability through diversification of production.

5. Upon request of a State Party, other States Parties or WHO shall rapidly cooperate and share relevant regulatory dossiers submitted by manufacturers concerning safety and efficacy, and manufacturing and quality control processes, within 30 days. The dossiers received by a requesting State Party shall be solely used by their regulatory authorities and manufacturers designated by the requesting State Party for the purposes of accelerating the manufacture and supply of product(s) or technology(ies) as well as expediting their regulatory approval. Requesting State Party shall take measures to prevent designated manufacturer(s) from disclosing

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such information to a third party(ies) except for the purposes of producing and supplying any materials or components to the manufacturer(s) under a contract with non-disclosure provisions.

6. WHO shall take measures to ensure availability and accessibility through the local production of required health products including:

a) develop and publish a list of required health products,

b) develop and publish specifications for the production of required health products,

c) develop appropriate regulatory guidelines for the rapid approval of health products of quality including development of immunogenicity co-relative protection (ICP) for vaccines,

d) establish a database of raw materials and their potential suppliers,

e) establish a repository for cell-lines to accelerate the production and regulatory of similar biotherapeutics products and vaccines,

f) review and regularly update WHO Listed Authorities so as to facilitate appropriate regulatory approvals,

g) any other measures required for the purposes of this provision.

7. The States Parties shall take measures to ensure that the activities of non-state actors, especially the manufacturers and those claiming associated intellectual property rights, do not conflict with the right to the highest attainable standard of health and these Regulations and are in compliance with measures taken by the WHO and the States Parties under this provision, which includes:

a) to comply with WHO recommended measures including allocation mechanism made pursuant to paragraph 1.

b) to donate a certain percentage of their production at the request of WHO.

...

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e) to deposit cell-lines or share other details required by WHO repositories or database established pursuant to paragraph 5.

f) to submit regulatory dossiers concerning safety and efficacy, and manufacturing and quality control processes, when called for by the States Parties or WHO.

At no time should any organization be placed in control of the means of production of health products. No such authority shall ever be given to the WHO insofar as it would directly conflict with the sovereign authority of the 194 member nations and the fundamental freedoms of all people.

This proposed amendment is absolutely unacceptable.

20. LOSS OF SOVEREIGNTY (Article 43 - page 48)

I OPPOSE The African Region's proposed amendment to Article 43 which would give the Emergency Committee final authority to override policy decisions made by sovereign nations.

WHO shall make recommendations to the State Party concerned to modify or rescind the application of the additional health measures in case of finding such measures as disproportionate or excessive. The Director General shall convene an Emergency Committee for the purposes of this paragraph.

Recommendations made pursuant to paragraph 4 of this Article shall be implemented by the State Party concerned within two weeks from the date of recommendation. State Party concerned may approach WHO, within 7 days from the date of recommendations made under paragraph 4 of this Article, to reconsider such recommendations. Emergency Committee shall dispose the request for reconsideration within 7 days and the decision made on the request for reconsideration shall be final. The State Party concerned shall report to the implementation committee established under Article 53A on the implementation of the decision.

The proposed amendment is a clear power grab that would effectively remove sovereignty from individual member nations and give final authority over policy decisions to the World Health Organization.

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This proposed amendment is absolutely unacceptable.

21. LOSS OF SOVEREIGNTY (Article 44(1) - page 48)

I OPPOSE The African Region’s proposed amendment to Article 44(1) which would obligate nations *“to collaborate with and assist other nations, in particular developing country States Parties, upon request.”*

The proposed amendment would effectively remove sovereignty from individual member nations. Yes, nations should collaborate and assist each other, but to change the language in the regulations to convert voluntary cooperation into an obligation is a violation of national sovereignty.

This proposed amendment is absolutely unacceptable.

22. LEGISLATIVE INTERFERENCE (Article 44(2d) - page 49)

I OPPOSE The African Region’s proposed amendment to Article 44(2d) which would obligate the WHO to become involved in the *“the formulation of laws and other legal and administrative provisions for the implementation of these Regulations.”*

This is clearly an unnecessary intrusion into the sovereignty of individual member nations that must not be permitted, not to mention enshrined into international law.

This proposed amendment is absolutely unacceptable.

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23. LOSS OF SOVEREIGNTY (Article 44(4) - page 49)

I OPPOSE The African Region’s amendment to create a New Article 44(4) because it also seeks to negate the sovereignty of individual member nations.

New 4. Collaboration and Assistance under this Article shall include activities mentioned under Annex 10 of the Regulations and shall be monitored by the implementation committee established under Article 53A.

The details of Annex 10 will be discussed below, but the creation of an “implementation committee” to monitor the “Obligations of Duty to Cooperate” is a clear violation of the fundamental sovereignty of member nations.

This proposed amendment is absolutely unacceptable.



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24. FINANCIAL MECHANISM (Article 44A - pages 49-50)

I OPPOSE The African Region’s amendment to create a New Article 44A because it is a ridiculously vague and open-ended money grab.

New Article 44A - Financial Mechanism for Equity in Health Emergency Preparedness and Response

1. A mechanism shall be established for providing the financial resources on a grant or concessional basis to developing countries. Such financial mechanism shall provide the financial assistance to achieve the following purposes:

(i) building, developing, strengthening, and maintaining of core capacities mentioned in Annex 1;

(ii) strengthening of Health Systems including its functioning capacities and resilience;

(iii) building, developing and maintaining research, development, adaptation, production and distribution capacities for health care products and technologies, in the local or regional levels as appropriate.

(iv) addressing the health inequities existing both within and between States Parties such that health emergency preparedness and response is not compromised;

2. The WHA shall make arrangements to implement the above-mentioned provisions, within 24 months of the adoption of this provision, reviewing and taking into existing availability of funds and WHO arrangements for health emergency preparedness and response and whether they shall be maintained.

All of the talk about “equity” boils down to the financial definition of the word “equity”: EQUITY = MONEY.

There is no discussion of the amount of money to be raised nor any details given regarding the method by which its distribution would be determined. Failing to specify the details until 24 months after adoption is absolutely absurd.

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This proposed amendment is absolutely unacceptable.

25. PRIVATE HEALTH DATA (Article 45 - page 50)

I OPPOSE The African Region’s proposed amendment to Article 45 which seeks to enable member nations to give permission to reveal private health data.

This would be a clear violation of people’s unalienable right of privacy regarding their health documents. No nation should have the right to reveal personal health data to anyone. That is a private matter and that unalienable right must be protected.

This proposed amendment is absolutely unacceptable.

26. LOSS OF SOVEREIGNTY (Annex 1(3) - Page 51)

I OPPOSE The African Region’s proposed amendment to Annex 1(3) which seeks to force member nations to support in “building, strengthening, developing and maintaining the core capacities” for other member nations.

This is yet another fundamental attack upon the sovereignty of member nations.

This proposed amendment is absolutely unacceptable.

27. PROPAGANDA (Annex 1 4(e) and 5d(v)- pages 51-52)

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I OPPOSE The African Region’s proposed amendments to Annex 1 parts 4(e) and 5d(v) which sound suspiciously like state-financed propaganda.

4(e) to engage and promote people’s participation such as promotion of awareness and cooperation with control and response measures, social and welfare assistance to affected persons etc;

5d(iv) to provide support to the local community level or primary health care response level, including information dissemination through socio-culturally appropriate messages and risk communication management.

This proposed amendment is absolutely unacceptable.

28. FACILITIES AT POINTS OF ENTRY (Annexes 1 and 10 - pages 54-55)

I OPPOSE The African Region’s proposal to add Annex 1 New 7(ix) Health Systems Capacities to “provide infrastructural facilities at points of entry” (page 54) and Annex 10(2b)(xi) “building and maintaining IHR facilities in points of entry and its operations” (page 55)

Both proposed amendments sound an awful lot like plans to build mandatory quarantine camps.

This proposed amendments are absolutely unacceptable.

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29. LOSS OF SOVEREIGNTY (Annex 10 - page 54)

I OPPOSE The African Region's proposal to add Annex 10 because it is the clearest and most obvious attempt to destroy the sovereignty of individual nations.

New Annex 10 OBLIGATIONS OF DUTY TO COOPERATE

1. States Parties may request collaboration or assistance from... other States Parties in any of the activities mentioned in paragraph 2 or any other activities in which collaboration or assistance with regard to health emergency preparedness and response become necessary. It shall be obligation of the... States Parties, to whom such requests are addressed to respond to such request, promptly and to provide collaboration and assistance as requested.

Attempting to redefine cooperation as an obligation or duty is linguistic fraud.

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This proposed amendment is absolutely unacceptable.

India



30. POTENTIAL EMERGENCIES (Article 2 - page 57)

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I OPPOSE India’s proposed amendment to Article 2 which would expand the scope of the IHR to include “*all risks with a potential to impact public health*” instead of limiting its application to actual, real emergencies.

The use of the phrase “potential to impact” is far too vague to ever be appropriately used in international law. This would make it possible for the Director-General to declare an emergency for nearly any imaginable reason.

This proposed amendment is absolutely unacceptable.



31. Full Respect for Dignity, Human Rights and Fundamental Freedoms (Article 3 - page 58)

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I OPPOSE India’s proposed amendment to Article 3 because it is absolutely absurd to even contemplate removing the text: “with full respect for the dignity, human rights and fundamental freedoms of persons.”

The act of even proposing this amendment is simply shameful.

This proposed amendment is absolutely unacceptable.

32. Intermediate Health Alert (Article 12 - pages 61-62)

I OPPOSE India’s proposed amendment to Article 12 because it would essentially give authority to the Director-General to “determine at any time to issue an intermediate public health alert” for any reason whatsoever.

Article 12: Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert

2. New para 6: Where an event has not been determined to meet the criteria for a public health emergency of international concern but the Director-General has determined it requires heightened international awareness and a potential international public health response, the Director-General, on the basis of information received, may determine at any time to issue an intermediate public health alert to States Parties and may consult the Emergency Committee in a manner consistent with the procedure set out in Article 49.

Again, the vagueness of this proposed amendment is unsuitable for inclusion in any international law.

This proposed amendment is absolutely unacceptable.

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33. Potential Emergencies (Article 12 - page 64)

I OPPOSE India’s proposed amendment to Article 12 because it would essentially give authority to the Director-General to make legally-binding recommendations to member nations even if an event merely has the “*potential to become PHEIC.*”

The use of the phrase “*potential to become PHEIC*” is far too vague to ever be appropriately used in international law. This would make it possible for the Director-General to declare an emergency and then make legally-binding recommendations for nearly any imaginable reason.

This proposed amendment is absolutely unacceptable.

34. LAB TEST INFORMATION (Article 23 - page 67)

I OPPOSE India’s proposed amendment to Article 23 because it would require “documents containing information for a lab test in digital or physical format.”

This proposed amendment would be a clear violation of people’s unalienable right to privacy, potentially discriminatory based on people’s unalienable right of religious freedom and clearly in violation of people’s unalienable right to travel freely upon the Earth.

This proposed amendment is absolutely unacceptable.

35. State Sponsored Censorship (Annex 1 - page 70)

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I OPPOSE India’s proposed amendment to Annex 1(5g) and (7e) which advocates for the “*leverage of communication channels to communicate the risk, countering misinformation and dis-information*” because this amounts to state-sponsored censorship.

With the actions of the Trusted News Network and the weaponization of social media against the unalienable right of freedom of speech, it is extremely dangerous to allow the WHO to attempt to finance and legalize censorship.

This proposed amendment is absolutely unacceptable.

Indonesia



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36. Digital and Paper Vaccine and Prophylaxis Certificates (Article 23 - page 79, Article 31 - page 80, and Annex 6 - page 83)

I OPPOSE Indonesia’s proposed amendments to Articles 23, Article 31 and Annex 6, which would implement both paper and digital based *“international certificate of vaccination or prophylaxis.”*

While it may seem like a minor change to introduce digital based vaccine certificates, this is a stepping stone to provide access to private medical records that must be stopped before it starts.

This proposed amendment is absolutely unacceptable.

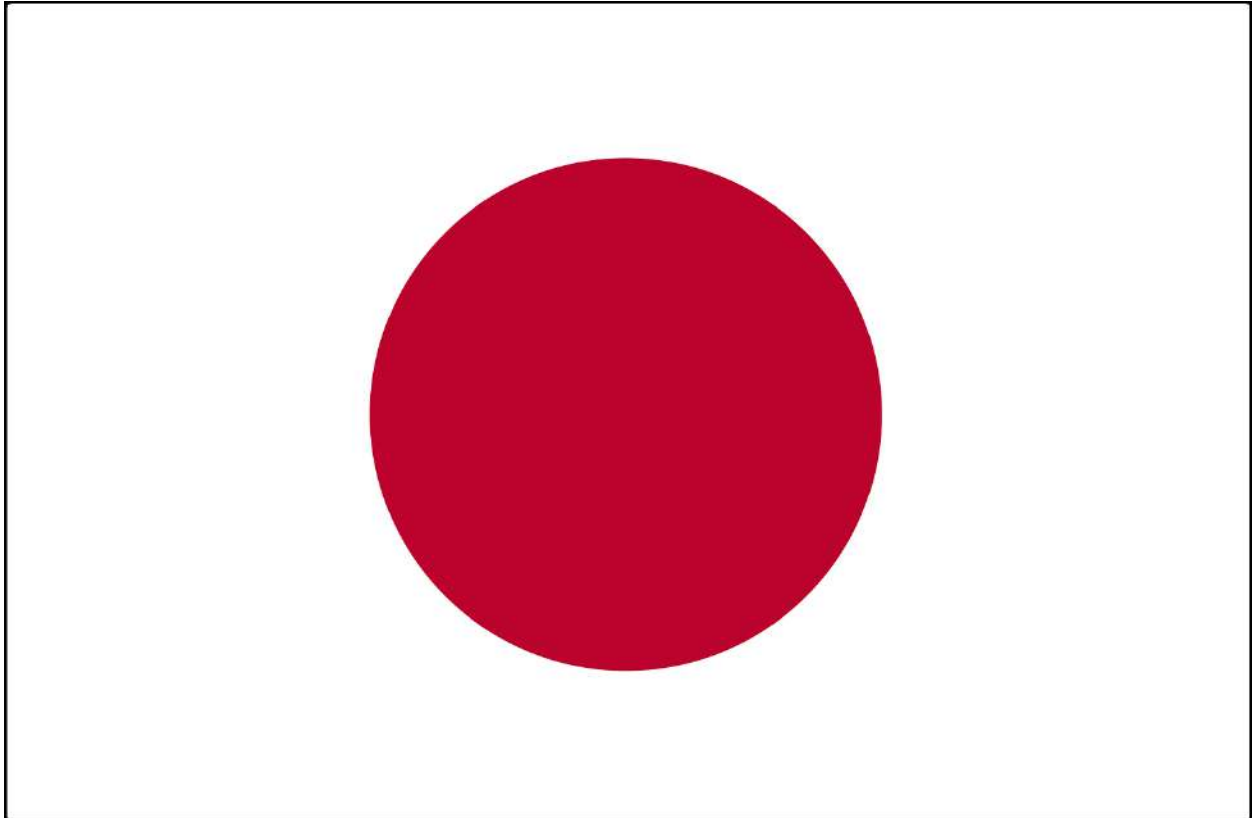
37. QR Code Based Travel Certificates (Annex 6 - page 83)

I OPPOSE Indonesia’s proposed amendments to Annex 6 that would implement QR code based travel certificates.

For digital format, certificates must be presented with QR code that contains the information mentioned on the Model International Certificate of Vaccinations or Prophylaxis and should be aligned with any current guidelines or/and agreed by state parties.

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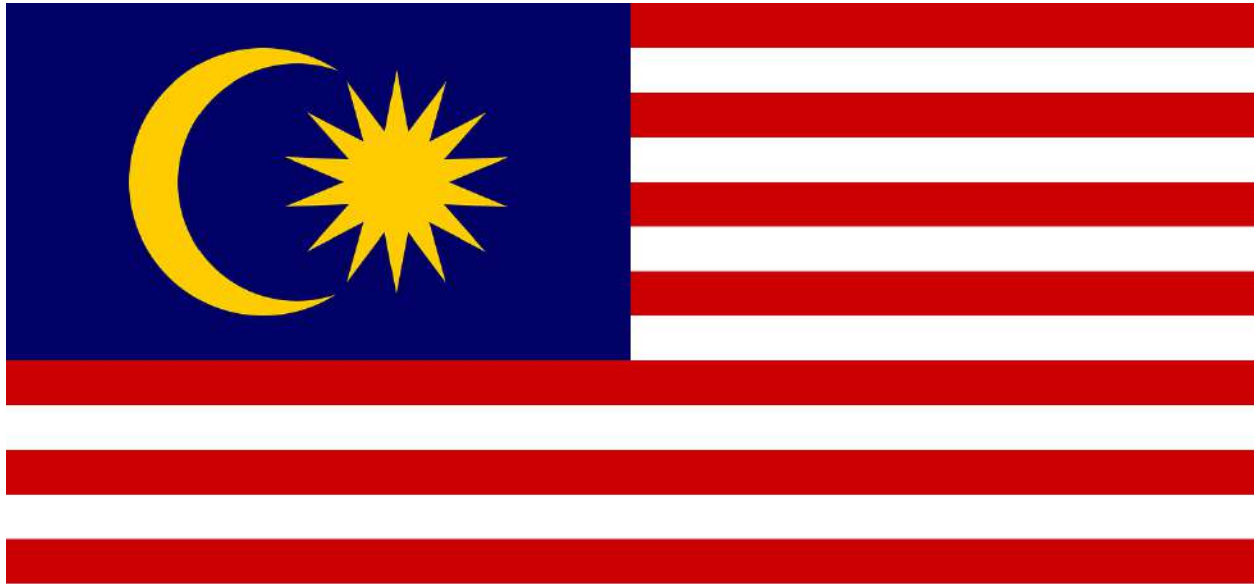
Japan



The proposed amendments that were submitted by Japan have not been revealed to the public.

Malaysia

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38. Definition of Health Products (Article 1 - page 87)

I OPPOSE Malaysia’s proposed amendment to the definition of *“health products”* in Article 1.

“health products” include medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies, and other health technologies, but not limited to this course.

It is the height of arrogance to declare that *“health products”* do NOT include vitamins, minerals, herbs and an enormous range of natural therapies that have improved health and saved lives for centuries. This exposes the clear nature of the proposed amendments as a thinly veiled promotional marketing campaign for the Pharmaceutical Hospital Emergency Industrial Complex exposing it as the fake (PHEIC) that it truly is.

This proposed amendment is absolutely unacceptable.

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39. LOSS OF SOVEREIGNTY (Articles 5 - pages 89-90 and Article 13A - page 97)

I OPPOSE Malaysia’s proposed amendments to Article 5 and New Article 13A that would force Developed State Parties to surrender their sovereignty.

1. Developed State Parties and WHO shall offer assistance to developing State Parties depending on the availability of finance, technology and know-how for the full implementation of this article, in pursuance of the Article 44. (page 89)

3. Developed State Parties... shall assist any State Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article. (page 90)

4. It is obligatory for the State Parties to cooperate with each other and WHO to ensure timely availability and affordability of required health products, for the effective response to PHEIC. (page 97)

In addition to the fact that the terms “developed State Parties” and “developing State Parties” are not defined, this blatant attempt to transfer wealth from one sovereign nation to another violates the basic fundamental rule of contracts which requires that something of value must be exchanged in both directions. Obligating one party to help another is actually a form of slavery.

These proposed amendments are absolutely unacceptable.

40. ALLOCATION MECHANISM (Article 15 and 16 - pages 98-99)

I OPPOSE Malaysia’s proposed amendments to Articles 15 and 16 that would give the WHO the power to create an “allocation mechanism” to control the distribution of “health products.”

Article 15 Temporary Recommendations

2. Temporary recommendations may include... recommendations on the access and availability of health products, technologies, and know-how, including an allocation mechanism for their fair and equitable access.

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Article 16 Standing Recommendations

WHO may make standing... recommendations on the access and availability of health products, technologies, and know how, including an allocation mechanism for their fair and equitable access.

This proposed amendment is absolutely unacceptable.



41. MASSIVE LOSS OF SOVEREIGNTY (Article 42 - page 99)

I OPPOSE Indonesia's proposed amendments to Article 42 which would change the entire nature of the World Health Organization by demanding the implementation of recommendations. Recommendations MUST remain voluntary and non-binding.

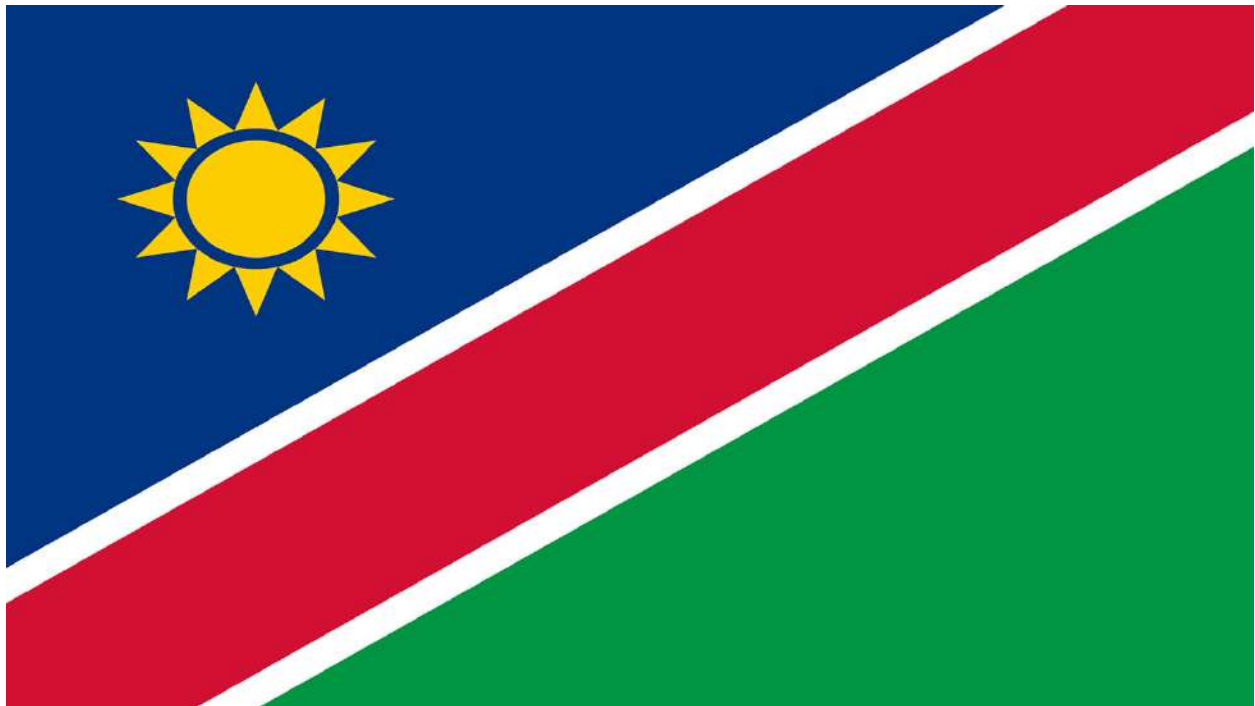
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Health measures taken pursuant to these Regulations, including the recommendations made under Article 15 and 16, shall be initiated and completed without delay by all State Parties.

This is one of, if not the worst, proposed amendments. Changing the nature of temporary and standing recommendations from a non-binding recommendation to a legally-binding obligation is a direct assault on the sovereignty of all member nations.

This proposed amendment is absolutely unacceptable.

Namibia

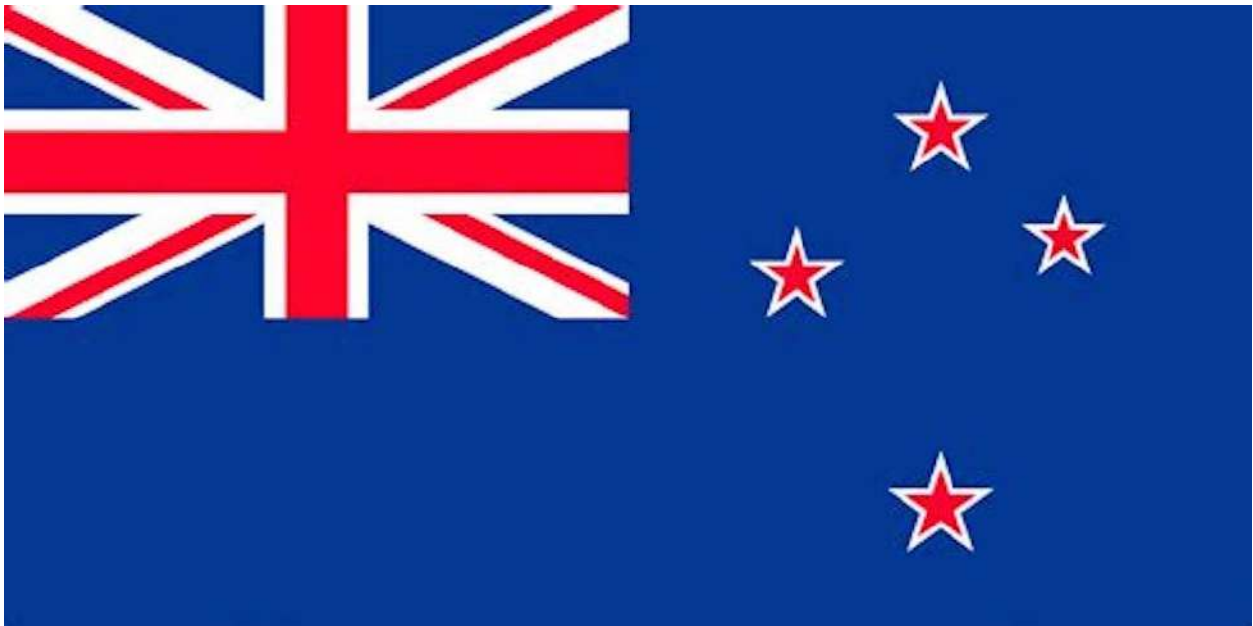


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“Namibia is of the view that nothing is agreed until everything is agreed.” (page 142)

I AGREE that nothing will ever be agreed because I disagree with nearly all of this.

New Zealand



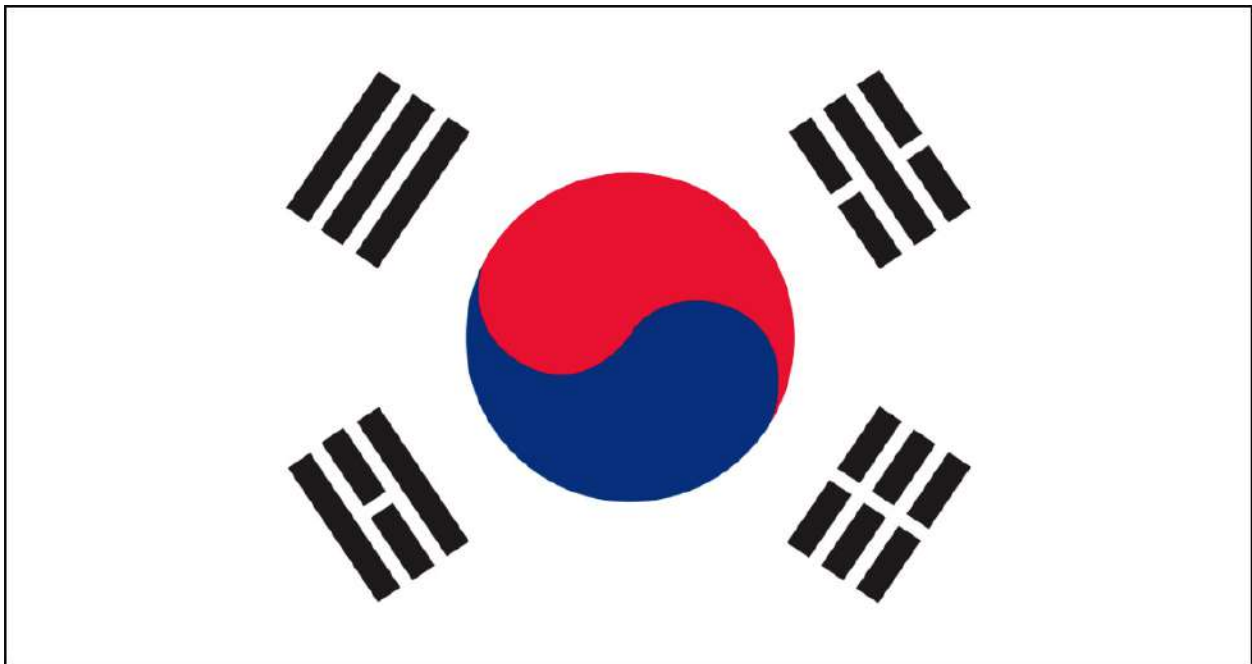
New Zealand did NOT submit any proposed amendments.

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New Zealand did voice support for the amendments proposed by the United States to Articles 5, 6, 11, 12 and 49.

New Zealand did NOT voice support for the amendments proposed by the United States to Articles 9, 10, 13, 15, 18, 48 and 53.

Republic of Korea



42. INTERMEDIATE HEALTH ALERTS AND PHERC (Article 12 New 6 - page 160)

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I OPPOSE the Republic of Korea’s proposal to declare intermediate health alerts and/or enable Regional Directors to declare Public Health Emergencies of Regional Concern (PHERC).

Article 12 Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert

New 6. Where an event has not been determined to meet the criteria for a public health emergency of international concern but the Director-General has determined it requires heightened international awareness and a potential international public health response, the Director-General, on the basis of information received, may determine at any time to issue an intermediate public health alert to States Parties and may consult the Emergency Committee in a manner consistent with the procedure set out in Article 49. New 7. A Regional Director may determine that an event constitutes a public health emergency of regional concern or issue an intermediate health alert and implement related measures to provide advice and support for capacity-building to States Parties in the region either before or after notification of the event.

-page 160

This proposed amendment is absolutely unacceptable.

Russia

On behalf of the Member States of the Eurasian Economic Union (EAEU)

Armenia, Belarus, Kazakhstan, Kyrgyzstan and Russia

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43. NATIONAL IHR FOCAL POINT (Article 4 New 1 bis - page 165)

I OPPOSE Russia's proposed amendment to Article 4 New (1bis) which would require authority to be given to an unelected person heading up the National IHR Focal Point.

NEW (Ibis), States Parties shall enact or adapt their legislation to provide National IHR Focal Points with the authority and resources to perform their functions, clearly defining the tasks and functions of the entity with a role of National IHR Focal Point in implementing the obligations under these Regulations.

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Since I oppose the surrender of any additional sovereignty, there should be no additional obligations under the International Health Regulations, so there would be no need for anyone to be given additional authority to head up the “National IHR Focal Point.”

This proposed amendment is absolutely unacceptable.

44. POTENTIAL FOR HEALTH EMERGENCY (Article 12 - page 167)

I OPPOSE Russia’s proposed amendment to Article 12 which would empower the Director-General to declare that an event has “*the potential to develop into a Public Health Emergency of International Concern (PHEIC).*”

New (6.) The Director-General, if the event is not designated as a public health emergency of international concern, based on the opinion/advice of the Emergency Committee, may designate the event as having the potential to develop into a public health emergency of international concern, communicate this and the recommended measures to the States Parties in accordance with the procedure set out in Article 49.

The near constant fear-mongering that is a result of the “declaration” of emergencies does not need to be increased.

This proposed amendment is absolutely unacceptable.

45. TRAVEL RESTRICTIONS (Article 23 - Page 169)

I OPPOSE Russia’s proposed amendment to Article 23 because requiring “laboratory testing for pathogens” has NOT been shown to slow the spread of disease.

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1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure: documents containing information on a laboratory test for a pathogen and/or information on vaccination against a disease, including those provided at the request of the State Party in digital/ electronic form;

“Laboratory testing for pathogens” has been shown to be a fraudulent means to diagnose disease. Such “testing” does not slow the spread of disease, but it does violate the fundamental human rights of people.

This proposed amendment is absolutely unacceptable.

46. CENSORSHIP (Article 44(1h) - page 169-170)

I OPPOSE Russia’s proposed amendment to Article 44(1h) which seeks to implement state-sponsored censorship.

Article 44 Collaboration and assistance

1. States Parties shall undertake to collaborate with each other, to the extent possible...

(h) (New) in 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.

With the actions of the Trusted News Network and the weaponization of social media against the unalienable right of freedom of speech, it is extremely dangerous to allow the WHO to attempt to finance and legalize censorship.

This proposed amendment is absolutely unacceptable.

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47. VIOLATION OF PRIVACY (Article 44(2d) - page 171)

I OPPOSE Russia's proposed amendment to Article 44(2d) which seeks to implement a digital global health information privacy violation system.

Article 44 Collaboration and assistance

2. WHO shall collaborate with States Parties, upon request, to the extent possible...

(d) (New) application of digital technologies to improve and upgrading communications for health emergency preparedness and response, including through the development of an interoperability mechanism for secure global digital exchange of health information.

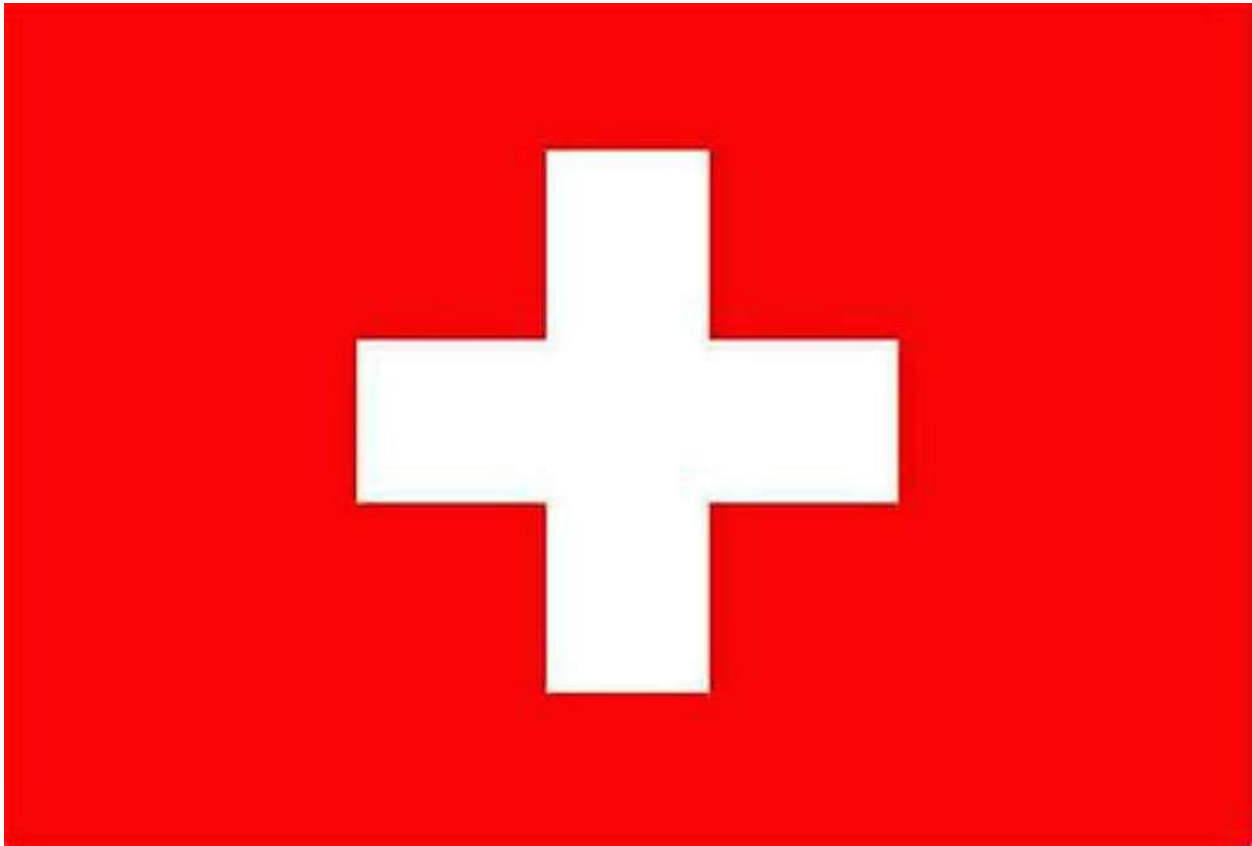
-page 171

This proposed amendment would be a clear violation of people's unalienable right to privacy, specifically regarding health information.

This proposed amendment is absolutely unacceptable.

Switzerland

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48. NATIONAL COMPETENT AUTHORITY (Article 4 - page 175)

I OPPOSE Switzerland’s proposed amendment to Article 4 which risks giving undue authority to an unelected “National Competent Authority.”

Article 4 Responsible authorities :

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Ibis. In addition, each State Party should inform WHO about the establishment of its National Competent Authority responsible for overall implementation of the IHR that will be recognized and held accountable for the NFP's functionality and the delivery of other IHR obligations.

This proposed amendment is absolutely unacceptable.

United States



The United States has re-submitted 12 of the 13 very same amendments that they submitted in 2022. This is not my first rodeo. We kicked these amendments to the curb last year, and we will kick them to the curb again this year, and every year in the future. Please read the article that started me on this journey...

COSTA RICA, UNIVERSALLY DOMICILED



EST. 2016

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Uruguay

On behalf of the Member States of the Southern Common Market (MERCOSUR)

Argentina, Brazil, Paraguay and Uruguay

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49. VACCINE CERTIFICATES (ANNEX 6 - page 196)

ANNEX

6

VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

Proposed draft: (1)

When a public health emergency of international concern has been declared, for the purposes of entry and exit of international travellers in a scenario of voluntary vaccination using products still at the research phase or subject to very limited availability, vaccination certificates should

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be considered approved in accordance with the normative framework of the country of origin, including with reference to the model/format of certification and the vaccination schedule (type of vaccine and schedule).

Conditions for digital documents:

Paper certificates must be assigned by the clinician indicating the administration of the vaccine or other prophylaxis, or by another duly authorized health professional. Digital certificates must incorporate a means to verify authenticity from an official web site, for example a QR code. (2)

(1) Rationale: Necessary relaxation of emergency regime, the need to consider certification of vaccines approved in accordance with the normative framework of the country of origin in scenarios of voluntary vaccination using WHO-approved products in the research phase or products subject to very limited worldwide distribution, in WHO- declared IPHE settings, for international travel purposes.

(2) Vaccination certificates for entry to and exit from national territory: Two scenarios for the data to be included on certificates:

Minimum scenario:

Presentation of certificate/proof in paper format.

Irrespective of the format, the following data should be present:

- 1. First name(s) and family name**
- 2. No. of national identity document/passport**
- 3. Type of vaccine: for example yellow fever, poliomyelitis, measles 4. Vaccine batch no. (optional, if available)**
- 5. Date of administration**

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6. Place of administration (vaccinator)

7. Official stamp (or of the health professional or institution)

Maximum

scenario:

Certification of vaccination history via QR code

- 1. Vaccination history is accredited in digital or paper format, via QR code**
- 2. QR code directs to the official site of the country of origin to retrieve the vaccination information.**

50. VACCINE CERTIFICATES (ANNEX 6 - page 197)

ANNEX

6

VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

Proposed amendment to this section:

“To verify authenticity, scan on the official web site, the QR code or other verification method. Image of the QR code”

SOURCES:

the proposed amendments to the International Health Regulations:

https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_7-en.pdf

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https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_6-en.pdf

I DEMAND you do not adopt any of the proposed IHR amendments. In particular, if you dare adopt any proposed amendments that usher in vaccine passports, police misinformation or attempt to make mRNA gene therapy into a "health product" there will be no choice but to use legal action to prevent the adoption of the wrongful acts, that if adopted, would violate jus cogens norms owed erga omnes.

Respectfully,

Interest Of Justice and thousands of interested stakeholders