

THE OVERSIGHT COMMITTEE

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INTEREST

Of Justice

YEAR 2023

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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Interest Of Justice <contact@interestofjustice.org>

1/23/2023 6:20 PM

1130 NOTIFICATION OF CHARGES AND REPLY – URGENT Please reply in less than 8 days!

To INBplatform <inbplatform@who.int> • INB Public Hearings <inbpublichearings@who.int> • DGoffice@who.int <dgooffice@who.int> • Kenneth PIERCY <piercyk@who.int>

Dear INB,

We kindly asked for extra assistance to participate in the design of the pandemic treaty as a marginalized primary stakeholder (defined in detail in our stakeholder engagement packet sent to Kenneth Piercy, and the Director-General on May 2, 2022). We have persistently been asking to meaningfully participate, because we have many unresolved substantive issues that should be discussed at length prior to the next steps taken by the States and the INB towards the design of the treaty (and IHR amendments), a request that is still not responded to.

Despite many attempts to initiate communication with the WHO and INB from the beginning of the treaty making process claimants are unable to give effect to their right to meaningfully participate, right to give and receive adequate and truthful information, right to communicate with international organizations and more. These omissions fail the INB and WHO's duty of including "all relevant stakeholders" in this process. Claimants rights are being denied which is irreparable injury, arising from the delays, hinderances and obstructions of the WHO staff and INB who are failing to respond to over half a year of urgent emails that seek to resolve voluminous questions of claimants and the public in regards to the many facets of the drafting of the pandemic treaty, including potential legal issues, ethical issues and issues of the current draft totally failing to conform to the requirements set forth in the Siracusa Principles which are simply jus cogens norms and customary international law agreed upon in an emergency treaty.

As we see it, the treaty is invalid without meaningful consideration of each issue raised in our stakeholder engagement packet, which would need to include real back and forth dialogue in a forum equal to the relevant stakeholders who have so far participated and had a chance to provide and receive input.

We asked how to get on Annex E as a non state relevant stakeholder who is also an internationally domiciled international organization. We believe we are being marginalized and WHO is cherry picking which "relevant" stakeholders to communicate with, and that is a breach of duty as well as an international wrongdoing that brings responsibility. Of course, all these issues need to be addressed for the treaty ongoing into the future.

The next INB meeting should assess and address the WHO, HHS and EMA's role in advising, directing and controlling wrongdoer States contrary to the MEURI ethical framework created in 2022 which clearly outlines the use of the unproven intervention covid-19 [non]vaccine in emergency must conform to the requirements of informed consent and community engagement.

Our organization is very concerned the INB is focused on the treaty stretching the boundaries of legalities, potentially omitting dignity, human rights and fundamental freedoms in secret like the recent proposed IHR amendments. We wish to be included in all memos and communications/information involved in the entire process from day one. We have key knowledge not yet heard about and need a very lengthy discussion on how the treaty will address procedures for ethical violations to invoke WHO or States responsibility, and how the

treaty must contain firm well written adequate speedy procedures for restraining ethical errors in real time to restore and maintain any credibility WHO has, as well as protect dignity, human rights and freedoms.

NOTIFICATION OF CHARGES AND REPLY

A disciplinary measure listed in Staff Rule 1110.1 may be imposed only after the staff member has been notified of the charges made against him and has been given an opportunity to reply to those charges. The notification and the reply shall be in writing, and the staff member shall be given eight calendar days from receipt of the notification within which to submit his reply. This period may be shortened if the urgency of the situation requires it.

The situation is urgent because the INB is about to approve the treaty draft and only the States will be allowed further input.

IOJ requests prompt response prior to the finalization of the January 30-31st INB meeting.

Claimants are alleging the non-observance of the INB's terms of appointment, including all pertinent regulations and rules, by failing to allow meaningful participation by ALL relevant and interested stakeholders, non state actors that represent vulnerable primary stakeholders such as Interest of Justice.

We kindly request the INB/W.H.O. review Interest Of Justice's Stakeholder Engagement Package or (SEP) sent on May 2, 2022. Please see attached for SEP.

Respectfully,

Dustin Bryce, Interest Of Justice
323-244-2960
contact@interestofjustice.org

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Team, of Justice

Sent Stakeholder engagement packet from May, 13, 2022

- Interest Of Justice Open Letter to The WHO.pdf (165 KB)
- Memorandum_of_Understanding_regarding_Interest_of_Justice's_May_comp (1).pdf (821 KB)
- First_Report_of_the_CIVICS_AND_LAW_TREATY_MONITORING_COMMITTEE_Interest_comp (1).pdf (212 KB)

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.*'

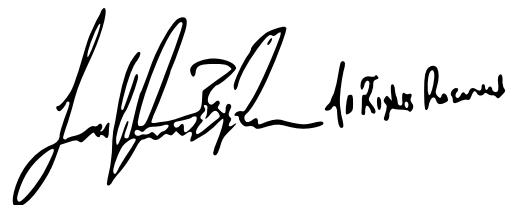
See the full rebuttal of WHO's conclusory presumptions of a PHEIC and other rebutted WHO presumptions that are presumed true, unless rebutted with genuine evidence within 10 business days: <https://www.craft.do/s/zfiCKazeFvAhov>.

Sincerely,

Dustin Bryce

Head of Public Relations, Interest of Justice,

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



Dustin Bryce to Rights Reserved

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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
PDF Document
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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4 MB

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.

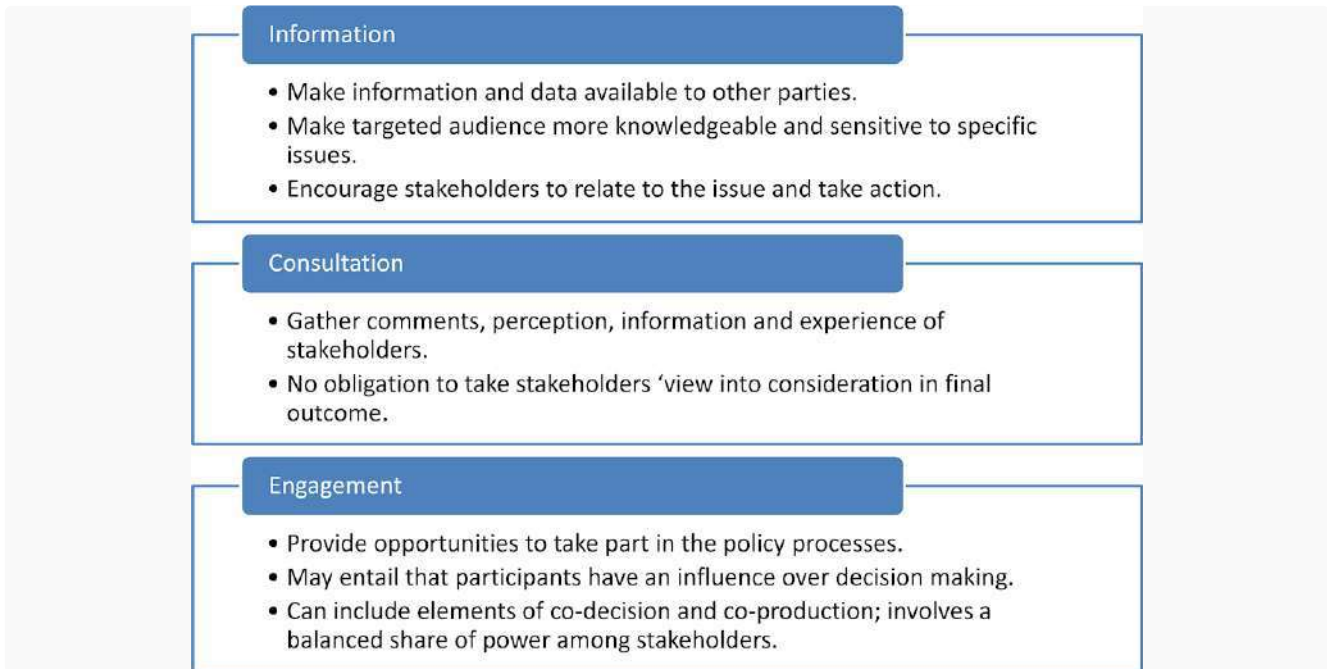
Open government implies three different but complementary and increasing levels of citizen-government relationships ([Figure 1.1](#))

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

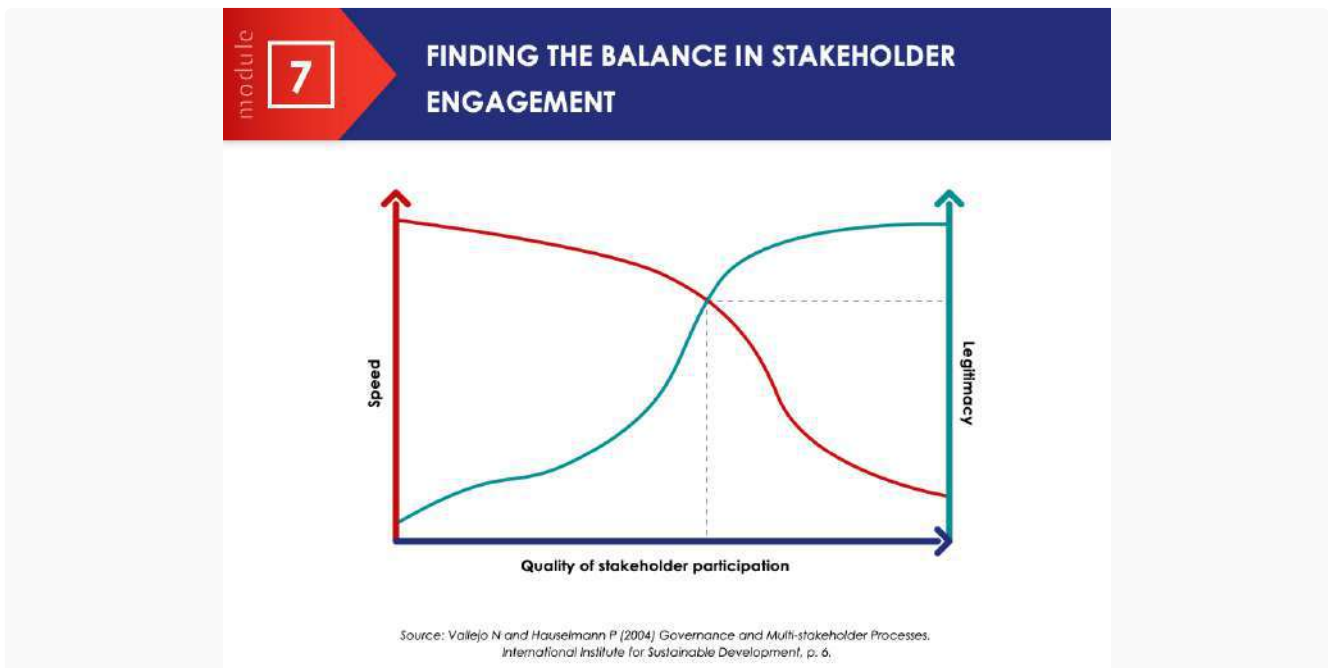
Parallel to the above-mentioned benefits, there are also challenges.

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.

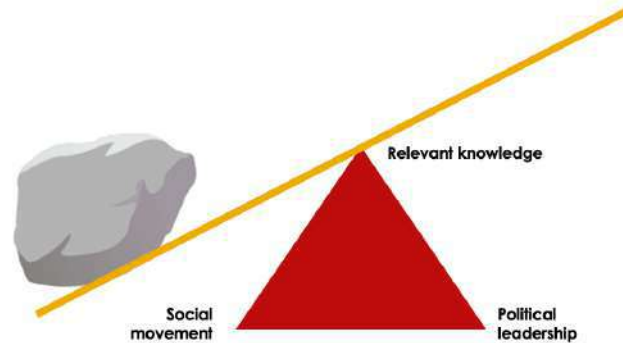
Best Practice

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/trmh/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 horizontal lines follow, each preceded by a colored arrow pointing right: a green arrow for 'Using litigation to challenge policy decisions', a yellow arrow for 'Creating alliances with other business sectors', and a pink arrow for '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:" followed by a sub-bullet "– 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."

module 7

GOVERNMENT INVOLVEMENT WITH OTHER ACTORS: PRIVATE SECTOR

- Unlike civil society, the characteristic that the private sector ultimately shares is the pursuit of profit.
- 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).
- 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

References

(1) [Transforming our World: The 2030 Agenda for Sustainable Development.](#)

UN General Assembly. 2015. 21 October. UN Doc. A/RES/70/1.

(2) [General comment No. 20: Non-discrimination in economic, social and cultural rights](#)

Committee on Economic, Social and Cultural Rights. 2009.

(3) [Guiding principles for business and human rights, Implementing the United Nations "Protect, Respect and Remedy" Framework](#)

Office of the high Commissioner for Human Rights, Geneva, 2011.

(4) [CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health \(Art. 12\)](#)

CESCR (Committee on Economic, Social, and Cultural Rights). 2000.). 11 August. Doc. E/C.12/2000/4.

1 Murray CJL, Frenk J . A framework for assessing the performance of health systems. Bulletin of the World Health Organization 2000, 717-731

2 Vienna Declaration and Programme of Action, Article 1.

3 Vienna Declaration and Programme of Action, (United Nations General Assembly document A/CONF.137/23) adopted at the World Conference on Human Rights, Vienna, 14-25 June 1993, par. 5.

4 See, e.g., Henry J. Steiner and Philip Alston. International Human Rights In Context: Law, Politics, Morals. Oxford Univ. Press, NY; 1996: 59-117.

5 See, e.g., The Convention on the Elimination of All Forms of Discrimination Against Women (1979).

6 See, e.g., The Convention on the Rights of the Child (1989).

7 See, e.g., International Convention on the Elimination of All Forms of Racial Discrimination (1969).

8 See, e.g., United Nations. HIV/AIDS and Human Rights International Guidelines (September 1996).

9 See, e.g., The United Nations Declaration on the Rights of Persons with Mental Illness (1991).

10 Steven D. Jamar. The International Human Right to Health. Southern University Law Review 22 (Fall 1994): 1-68, citing UN Doc. A/CONF. 32/8.

11 Jonathan Mann, Lawrence O. Gostin, Sofia Gruskin, et al. Health and Human Rights, J. Health and Human Rights 1994;1:6-22.

12 United Nations Economic and Social Council (ECOSOC) (1985). The Siracusa Principles on the limitations and derogation provisions in the international covenant on civil and political rights. UN Doc. E/CN.4/1985/4, Annex.

13 Peter Piot & Jose Ayala-Lasso. Foreword to Lawrence O Gostin & Zita Lazzarini Human Rights and Public Health in the AIDS Pandemic (OUP Oxford 1997) vii.

14 Lawrence O. Gostin & Zita Lazzarini. Human Rights and Public Health in the AIDS Pandemic (OUP Oxford 1997) 14-15.

15 See, e.g., Dudgeon v United Kingdom (No 2) (1982) Series A No 45 (1982) 4 EHRR149.

16 Paul and Audrey Edwards v United Kingdom, Application no 46477/99 (14 March 2002).

17 Paschim Banga Khet Mazdoor Samity v. State of West Bengal, Supreme Court of India, AIR 1996 Supreme Court 2426.

18 Committee on Economic, Social, and Cultural Rights (CESCR), General Comment No. 14. The right to the highest attainable standard of health (May 2000); Geneva.

Corella B. (2011), Citizen engagement to enhance accountability and prevent corruption in the provision of public services in OECD countries.

<http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan047621.pdf>

Gavelin K., Burall S. Wilson R. (2009), Open Government: beyond static measures. Involve for the OECD.

Fox, J. (2014). Social Accountability: What Does the Evidence Really Say? Global Partnership for Social Accountability Working Paper. Washington, D.C.: The World Bank.

OECD (2017a), Recommendation of the Council on Open Government, OECD Publishing, Paris.

OECD (2017b), Towards an Open Government in Kazakhstan, OECD Public Governance Reviews, OECD Publishing, Paris.

OECD (2016), Open Government. The global context and the way forward, OECD Publishing, Paris.

OECD (2015a), Recommendation of the Council on Budgetary Governance", OECD Publishing, Paris.

OECD (2015b), Recommendation of the Council on Gender Equality in Public Life", OECD Publishing, Paris.

Law on the National Business Association Atameken, <http://kazkenes.kz/laws>

Law on Public Councils, as amended on July 11, 2017 <http://kazkenes.kz/laws>

Law on Legal Acts, <https://legalacts.egov.kz/>

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Interest Of Justice <contact@interestofjustice.org>

2/19/2023 11:40 PM

Dear GBS-INDICO Secretariat

To gbs-indico@who.int

Dear GBS-INDICO Secretariat,

My name is Dustin Bryce from Interest Of Justice International Organization. We would like to make a friendly request for a space for our organization at today's Second meeting of the Working Group on Amendments to the International Health Regulations (2005) - WHO Headquarters - 20 Feb 2023, 10:00 (Europe/Zurich).

I will be attending virtually.

Also I would like to bring to your attention that there was an accidental submission to this event from myself and I withdrew my application. My sincere apologies as this was a technical error. I found it difficult to register for the participation process and accidentally pressed enter.

Our organization, has written multiple times to be included on ANNEX E without a reply from the W.H.O. and the negotiating bodies which violates our right to communicate with international organizations and to meaningful participation in the design of health policies which affect the international community. Please ensure our right to participation is upheld by including our organization into the current and upcoming meetings regarding the IHR amendments and pandemic treaty preparedness and response negotiations.

We look forward to a more just and inclusive international public health law negotiating process where all relevant stakeholders, including Interest of Justice, will be treated with equity and dignity through inclusion by the Secretariat into these important meetings. Our Organization is recognized by the INB as an interested and relevant stakeholder in pandemic preparedness and response and it is our wish to be included equal to all the other organizations on Annex E.

It is our understanding that in the SECOND MEETING OF THE WORKING GROUP ON AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005) A/WGIHR/2/3 Provisional agenda item 2 6 February 2023 Proposed modalities of engagement for relevant stakeholders, organizations such as Interest of Justice may finally be taken seriously and included. See: 3. Non-State actors not in official relations with WHO To be determined and agreed, if and as appropriate. Such entities could include, without limitation, academic institutions, civil society organizations, manufacturers and industry associations, and individual experts (such as academic figures or independent technical experts). See https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_3-en.pdf

We believe our inclusion in the meeting is very appropriate. Furthermore, we believe that excluding Interest of Justice after we kindly wrote so many times to be included on Annex E is very inappropriate, making UN's promise of equity and inclusivity merely illusory thus far. We hope to change this inequitable omission by the UN to include all relevant stakeholders in such important negotiations.

Thank you

Please inform us what you require

Cordially,

Dustin Bryce
Interest Of Justice
www.interestofjustice.org
USA: 

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CIVICS AND LAW
MONITORING COMMITTEE

**To: Secretary of Defense (Office of the Secretary of Defense/Joint Staff (OSD/JS),
Department of Defense Health Agency,
The Committee on Armed Services of the Senate
The Committee on Armed Services of the House of Representatives And
Secretary of Health and Human Services**

March 6, 2023

Dear Friends,

Pursuant to the Freedom of Information Act (5 U.S.C. § 552), Interest Of Justice, requests that the **Secretary of Defense, The Committee on Armed Services of the Senate, The Committee on Armed Services of the House of Representatives, Secretary of Health and Human Services** produce all correspondence, memoranda, documents, reports, records, statements, audits, lists of names, applications, diskettes, letters, expense logs and receipts, calendar or diary logs, facsimile logs, telephone records, call sheets, tape recordings, video/movie recordings, notes, examinations, opinions, folders, files, books, manuals, pamphlets, forms, drawings, charts, photographs, electronic mail, and other documents and things that refer or relate to the following in any way, within twenty (20) business days:

- 1. Please provide the report setting forth a full accounting of those plans for “any experiment or study to be conducted by the Department of Defense (whether**

CIVICS AND LAW
MONITORING COMMITTEE

directly or under contract) involving the use of human subjects for the testing of a biological agent covid-19 vaccine research” as required by 50 U.S. Code § 1520a - see: “the Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report setting forth a full accounting of those plans”

2. Please provide the The Secretary of Defense agreement with the Secretary of Health and Human Services to provide support for covid-19 vaccination programs of the Secretary of Health and Human Services in the [United States](#) through use of the excess peacetime biological weapons defense capability of the Department of Defense.” see: “The Secretary of Defense may enter into agreements with the Secretary of Health and Human Services to provide support for vaccination programs of the Secretary of Health and Human Services in the [United States](#) through use of the excess peacetime biological weapons defense capability of the Department of Defense.” - United States - Unless otherwise indicated, as used in this chapter the term “United States” means the several States the District of Columbia, and the territories and possessions of the United States.
3. Please also provide the delegated authority for international export of the biological agent covid-19 vaccines to Costa Rica and all other countries the US exports covid-19 vaccines to.

CIVICS AND LAW
MONITORING COMMITTEE

4. Please provide the annual report of the Secretary under [section 113\(c\) of title 10](#) and ensure all covid-19 vaccine program information is included un-redacted.
5. Is covid-19 vaccine considered a biological agent capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism?

If any responsive record or portion thereof is claimed to be exempt from production under FOIA, sufficient identifying information (with respect to each allegedly exempt record or portion thereof) must be provided to allow the assessment of the propriety of the claimed exemption. *Vaugh v. Rosen*, 484 F.2d 820 (D.C. Cir 1973), cert denied, 415 U.S. 977 (1974). Additionally, any reasonably segregable portion of a responsive record must be provided to me after redaction of any allegedly exempt material, as the law requires. 5 U.S.C. § 552(b).

In order to help to determine my status for purposes of determining the applicability of any fees, you should know that we are Interest Of Justice, a NON profit International Org., Civil Society Org.. We are willing to pay fees up to the amount of \$250.00. If the fees will exceed this amount, please inform me before fees are incurred. I can be contacted at: Dustin Bryce, (323)-244-2960, contact@interestofjustice.org, if necessary to discuss any aspect of this request.

I look forward to receiving the requested documents and a full fee waiver within twenty (20) business days.

CIVICS AND LAW
MONITORING COMMITTEE

Thank you for your prompt assistance in this serious matter and appreciate all of your help working with us to promptly provide the requested information regarding said information in order to fulfil your obligation to provide information in our interests to protect the international communities' public health and safety.

Dustin Bryce on behalf of Interest of Justice

Thank you and looking forward,
Cordially,
Interest Of Justice,

Dustin Bryce,
(323) 244 2960

contact@interestofjustice.org

www.interestofjustice.org



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Interest Of Justice <contact@interestofjustice.org>

4/13/2023 9:44 PM

Re: 2023-00542-FOIA-OS

To Daley, Garfield (HHS/ASPA) [REDACTED]

They were never heard of again until IoJ wrote back another time. This is when they finally sent the message that it was denied Months later

Thank you!

IOJ

On 04/13/2023 10:56 AM CST Daley, Garfield (HHS/ASPA) <[REDACTED]> wrote:

Hello, I have reached out to the program office and waiting for them to get back with a s status.

From: Interest Of Justice <contact@interestofjustice.org>

Sent: Thursday, April 13, 2023 12:24 PM

To: Daley, Garfield (HHS/ASPA) [REDACTED]

Subject: RE: Login issues

Dear Friends,

We already submitted a request, We're trying to log in to check and see if the request has been fulfilled!

Please inform us how we may proceed to login if the HHS web system is non functional for a simple login request. We're merely trying to get a password reset to our HHS account.

Or if you can please inform us the status of the request:

Request Number 2023 [REDACTED]

Thank you

looking forward

IOJ

On 04/12/2023 3:29 PM CST Daley, Garfield (HHS/ASPA) [REDACTED] rote:

Hello. Please send your request to foiarequest@hhs.gov for the time being.

Thanks

Garfield Daley
Government Information Specialist
Assistant Secretary for Public Affairs (ASPA)
Office of Secretary (OS)
Department of Health and Human Services (HHS)
Hubert H. Humphrey (HHH) Bldg., Room 745G.1



From: Interest Of Justice <contact@interestofjustice.org>
Sent: Wednesday, April 12, 2023 5:09 PM
To: OS FOIA Request (HHS/ASPA) <FOIARequest@hhs.gov>
Subject: Login issues

Dear friends,

We are having issues logging in again. We need to change the login passcode to the HHS account and see if our FOIA request has been issued in the reporting system for FOIA requests

If you can assist us by releasing the passcode change request in the backend of your website so it goes into my email, we will be able to use the automated system.

Thank you for your prompt assistance in this technical issue we're experiencing

Cheers,
IOJ

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Team, of Justice

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CIVICS AND LAW
MONITORING COMMITTEE

To: World Health Organisation

April 13, 2023

Dear Friends,
WGIHR,

Interest of Justice would like to give a friendly update that we are not satisfied with the non-response from our multiple times of contacting WHO in regards to information about the WGIHR from the FOIA department.

Our first request was sent on October 31, 2022.

Ethics then responded on February 22, 2023 with a response that had nothing to do with what was requested.

IOJ responded on February 26, 2023 with a notice of dis-satisfaction, demanding the information due long ago. We have not heard back from FOIA in regards to their error and breach of duty. Here are the presumptions of the withholdings in our February 26, 2023 letter:

Pending Unanswered Questions:

*(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.

CIVICS AND LAW
MONITORING COMMITTEE

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.

W.H.O. REFUSED TO ANSWER: Sixth, Please provide a list of all members of the WGIHR, the agenda, any associated documents and information of the WGIHR. Also, please provide their contact information.

W.H.O. REFUSED TO ANSWER: 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?)
[end]

And today we are writing once again in regards to the WGIHR meeting about to happen on Monday the 17 of April 2023. We are unable to contact the Working Group due to the inefficiency of FOIA refusing to answer most questions, including refusing to provide us any names or contacts for the WGIHR.

The situation of withholding information in our interest is causing us irreparable injury by being denied fundamental rights to information, participation and to communicate with the International Organizations as a vulnerable primary stakeholder who has been excluded from the deliberations on the pandemic treaty and the IHR amendments, despite it being a right and obligation for us to participate in the design of the policies of the International Organizations and States which may affect us and our stakeholders.

How is IOJ supposed to exercise a right when we are refused information needed to exercise our rights to participate? In which, is a right to health and a duty of WHO to comply with and to provide our organization with extra assistance as primary vulnerable stakeholders in “Pandemic Preparedness and Response” as recognized by the INB.

CIVICS AND LAW
MONITORING COMMITTEE

These are two serious new questions for the FOIA department:

Q1: How do we give effect to the law which says we have a right to participate and to communicate with the International Organizations, when the WHO is inactive and inefficient refusing to answer basic FOIA questions and even refusing to answer multiple complaints in the WHO Ethics office for many months?

Q2: What is the remedy available to us for this injury and omission of WHO to perform the duties of information and participation owed to us as primary vulnerable stakeholders?

Request for assistance: Please also answer the pending questions you never answered which we complained about in our last letter explaining we are not satisfied with the FOIA response.

Thank you for your prompt assistance in this serious matter. We appreciate all of your help in working with us to provide the requested information regarding the questions presented and communications in order to protect the public health and safety.

Thank you and looking forward,
Cordially,
Interest Of Justice,



Dustin Bryce,
+1 323 244 2960
contact@interestofjustice.org
www.interestofjustice.org

informationrequest <informationrequest@who.int>

4/16/2023 4:01 PM

RE: [EXT] URGENT Freedom Of Information Request

To Interest Of Justice <contact@interestofjustice.org> Copy
informationrequest <informationrequest@who.int>

Dear Sender,

Thank you for your request.

It has been forwarded to the relevant WHO departments.

Kind regards,
Ethics Team
WHO/DGO/CRE/Ethics Unit

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From: Interest Of Justice <contact@interestofjustice.org>
Sent: Thursday, April 13, 2023 10:56 PM
To: informationrequest <informationrequest@who.int>
Subject: RE: [EXT] URGENT Freedom Of Information Request

Dear Friends,

Very Urgent in regards to the unanswered questions in the previous FOIA requests. Please see the attached document in regards to the EXTREMELY URGENT FOIA request

Thank you

Cordially,
IOJ Team

On 02/26/2023 5:29 PM CST Interest Of Justice <contact@interestofjustice.org> wrote:

Dear Friends,

Please see attached response

Thank you

Cordially,

IOJ Team

On 02/22/2023 11:10 AM CST informationrequest <informationrequest@who.int> wrote:

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,

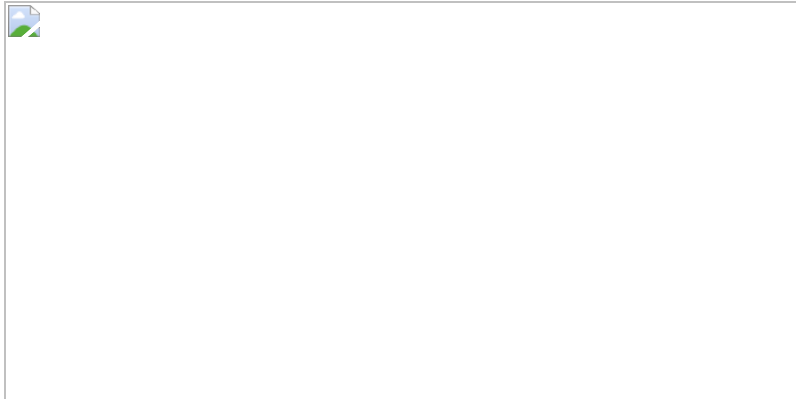
on behalf of Interest Of Justice

contact@interestofjustice.org

323-244-2960

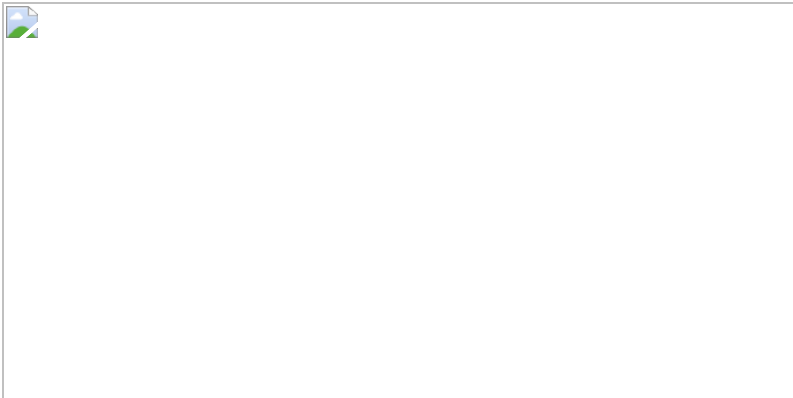
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MONITORING COMMITTEE

To: Ethics Team,
WHO/DGO/CRE/Ethics Unit,
WGIHR, IHRRC, INB

April 28, 2023

Dear Friends,

We have not heard back from the relevant WHO departments you notified. The WHO Rules give 8 days for notice and right of reply. The WHO relevant departments are late and non responsive as usual. As you recall, this is regarding non responses to multiple FOIA requests, attempts to communicate as an interested relevant stakeholder and even multiple non responses to serious charges with right of reply in the WHO Ethics / oversight department.

Please inform us precisely which departments were notified of the omission and breaches of duty, the date, exact message you sent and to whom, as well as the contact information for the Superior of each of those relevant departments you notified.

Thank you for your prompt assistance in this serious matter. We appreciate all of your help in working with us to provide the requested information regarding the questions presented and communications in order to protect the public health and safety.

Thank you and looking forward,

Cordially,

Interest Of Justice,



Dustin Bryce,

+1 323 244 2960

contact@interestofjustice.org

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CIVICS AND LAW
MONITORING COMMITTEE

May 3, 2023 HHS Stakeholder Listening Session

May 3, 2023

FIRST Item: 17.10 WHO reform.

It is very obvious World Health Organization is not functional and needs reforming. However, it is also very obvious that there are structural defects, which are inherent within the make up of the WHO, which make it nearly impossible to reform the WHO.

How can the WHO be reformed when they claim sovereignty so you have to go through their own remedy system which is non responsive, such as claim # 881786000902 and 637327854202?

The WHO even made rules that will allow for the confidentialities of crimes! Its set up in a way they do not have to reform because they choose to censor the whistleblowers, to control information and ignore facts proving the WHO pseudo science is actually destroying the determinants of health. This is very dangerous for US to be so heavily reliant on the WHO failing captured regulatory "health" oversight.

We agree the WHO does need to reform, however, as a WHO recognized stakeholder in pandemic preparedness and response, we need the HHS to understand that even a recognized stakeholder cannot get anything done within the WHO internal oversight system, despite having filed multiple charges since December 2022.

The people that you hired WHO to serve are injured, vulnerable and completely defenseless against the imbalance of power of the non reformable and non responsive WHO.

In the opinion of our organizations, many scholars, historians and thousands of recently censored dissenting medical experts, such as our Chief Scientist Dr. Yeadon, the former VP of Pfizer, the WHO should be prohibited as a private monopoly which interferes with commerce and lessens health and scientific standards due to political interference in scientific decision making and clear conflicts of interest.

HHS does not need to waste time in WHA meetings hashing out how to reform the failing WHO. Its too burdensome of a proposition and a waste of time and money. Far more important is the obligation that HHS has to uphold scientific integrity and accountability. To us stakeholders, that means HHS needs to prohibit any further funding and collaborations until the WHO can provide a

CIVICS AND LAW
MONITORING COMMITTEE

shred of evidence to challenge our Chief Scientists peer reviewed evidence that shows the PCR test makes false positives and therefore the covid emergency is a fraud.

The charges that are still unanswered by the WHO are very serious charges of fraud. Our unanswered charges of WHO fraud are backed by real science of the rigor HHS accepts, which show the entire declaration of emergency is in bad faith and a violation of international law. HHS cant keep the relationship going with the WHO if the HHS wants to be in conformity with law, science and their ethical obligations to ensure science and accountability in their collaborators.

SECOND item: item 23. Audit and oversight matters. First, Interest of Justice, Free Speech Association, Stop Agenda 2030 institute, Health Rights Association would like to give a friendly thank you for accepting our RSVP on such late notice: According to UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POLICIES AND PRINCIPLES FOR ASSURING SCIENTIFIC INTEGRITY first paragraph: “HHS uses scientific information to support and inform policy and program decision making. Accordingly, scientific and scholarly information developed by the Department or considered in Departmental decision making must be of the highest quality and the result of rigorous scientific and scholarly processes. Most importantly, it must be trustworthy. Accordingly, maintaining the integrity of our scientific and technical activities is essential.”

The WHO's science is not trustworthy. We repeat. The WHO is not trustworthy insofar as their technical recommendations for covid-19 go. In reality the majority of WHO recommendations are completely unscientific and all WHO guidance says they are not liable for damages from taking their scientific advice. So they are unscientific and unaccountable.

When we say the WHO is untrustworthy to rely on for science we are not exaggerating. WHO is failing to respond to serious charges against the DG and chief scientist as well as against the organization regarding breach of duty under all of the ethics and research guidance, including the UN procurement standards of conduct. These issues affect the invalidity of the relationship with the WHO at this point where independent oversight and accountability is wholly illusory and a false promise which injures US Citizens and the entire International Community.

Due to the lack of accountability there is no functional audit and oversight of the WHO. We believe it is in the best interest for the United States and all member states to immediately withdraw from the WHO and not adopt any further negotiations towards IHR amendments, pandemic treaty, Agenda 2023, SDG, Strategic Dialogue or otherwise.

CIVICS AND LAW
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At this point HHS is under an obligation to exit the WHO because they are not functional, as demonstrated by the lack of response to multiple charges.

THIRD Item, 24: Collaboration within the United Nations system and with other intergovernmental organizations

So far collaboration within the United Nations system, and other intergovernmental organizations includes the Covid Action Platform, which was the brain child of Klauss Schwab of the WEF, after speaking with 200 of his capitalist stakeholder members of the World Economic Forum. They decided for the first time in history the private sector will assist in a pandemic response.

This collaboration within the United Nations system is now scrubbed online because it was the worst idea in history.

This collaboration within the UN system is a disastrous public private monopoly that has proven to destroy economies and destroy lives based on intentionally horribly unscientific WHO measures.

The UN collaborations caused HHS to be involved with monopolized information and committing delicts under UN direction and control. It is our opinion and our wish that HHS quickly exit the WHO and UN system and cease all UN collaborations because the UN and WHO are not trustworthy for science and are not answering to our multiple charges of fraud, serious undue psychological and medical experimentation and crimes against humanity.

HHS should agree that their collaborators and partners are responsive to charges and disprove all charges, or remedy the errors. UN is above the law and people widely feel the WHO is acting as our unaccountable overlords. Collaboration within the UN system is untenable and will be the downfall of our republic.

Our organizations cannot stress enough how important it is to exit the WHO and cease all collaboration within the UN system.

We will send a longer explanation before the written comments deadline. Please exit the WHO and stop wasting time and money debating the unscientific agendas in WHA.

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MONITORING COMMITTEE

May 10, 2023

Written Comment Re: Stakeholder Listening Session for WHA76

To: HHS OGA

Dear Friends,
HHS OGA,

The topics itemized on the agenda named below require strict scrutiny

First Item, 17.10 WHO reform. It is very obvious World Health Organization is not functional and needs reforming, however, it is also very obvious that there are structural defects, which are inherent within the make up of the WHO, which make it nearly impossible to reform the WHO because they claim sovereignty and even made rules that will allow for the confidentialities of crimes.

Second, item 23. Audit and oversight matters. The WHO is failing to respond to serious charges against the DG and chief scientist as well as against the Organisation regarding breach of duty under all of the ethics and research guidance, including the UN procurement standards of conduct. These issues affect the invalidity of the relationship with the WHO at this point where independent oversight and accountability is wholly illusory and a false promise which injures US Citizens and the entire International Community. Due to the lack of accountability because there is no functional audit and oversight of the WHO. I believe it is in the best interest for the United States and all member states to immediately withdraw from the WHO and not adopt any further negotiations towards IHR amendments, pandemic treaty, Agenda 2030 SDG, strategic dialogue or otherwise.

CIVICS AND LAW
MONITORING COMMITTEE

Third Item, 24. *Collaboration within the United Nations system and with other intergovernmental organizations.* So far collaboration within the United Nations system, and other in a governmental organizations includes the Covid action platform, which was the brain child of Klaus Schwab of the WEF, after speaking with 200 of his capitalist stakeholder members of the World Economic Forum. This collaboration within the United Nations system is now scrubbed online because it was the worst idea in history that amounts to fascism and totalitarianism, This collaboration within the UN system is a complete private monopoly that destroys economies and destroys lives based on intentionally horribly unscientific measures. The UN collaborations caused HHS to be involved with monopolized information and under UN direction and control HHS unconscionably came after whistleblowers, who spoke up about how unhealthy and damaging the measures that come from the collaborations within the United Nations system are. I oppose the collaborations within the UN system and with other intergovernmental organizations, such as the Covid Action Platform (which was comprised of the World Health Organization, World Economic Forum, and Wellcome Trust and directed all of the unethical covid responses to benefit themselves).

HHS engagement within the UN system and with other intergovernmental organizations is a public private monopoly which harms the publics right to health, safety and financial interests, the right to be free of discrimination, the right to freedom of choice, the right to privacy in doctor-patient relationships, and the right to adequate and truthful information, among other rights. It also harms HHS by facilitating breach of duty in secret commercial contracts.

Under the public private partnership regime of collaboration within the United Nations system, and other intergovernmental organizations, we find horrors, such as mutual confidentiality agreements with United Kingdom, HHS and the World Health Organization, to keep secret the overwhelming amount of adverse effects of the undue serious experimentation using the biological agent COVID-19 non-vaccine.

CIVICS AND LAW
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The WHA will seek to make soft law that ushers in global vaccine passports. Let us recall, the WGIHR relied upon the IHRRC final report, but that report failed to reify the Siracusa Principles, which is great cause for concern. Most importantly, if the new Pandemic Treaty and IHR amendments fail to conform to the conditions set in the Siracusa Principles, it will be cause to nullify the Treaty and IHR amendments after they are adopted.

The public private partnership is conducting a genetic experiment upon humanity that only happened, and is continuing to happen, only due to the monopolistic practices and tendencies of the fascist United Nations oligarchy, which is a totalitarian and technocratic regime of terror with communistic origins according to US Congressional records (see below).

The UN merged with WEF is literally acting as a terrorist network by funding UK Project Fear as noted in the infamous "Lockdown Files" where the FOIA's revealed a scheme to "scare the pants off the public" and public officials working with WHO were caught secretly asking "when do we release the new variant" to terrify people and manipulate them into genetic experimentation. These are facts on public record. No one wants this. Why does HHS OGA want this? Its literally illegal terrorism and undue psychological interventions which are prohibited as unethical.

We require HHS OGA to immediately cease funding the UN, WEF, WHO and the Trusted News Initiative "infodemic" nonsense which is in reality a global psychological, disinformation, persecution and bio terrorism scheme under the guise of public health. Due to the extreme amount of propaganda and censorship of the majority of the scientific community and medical industry, and their professionals in the international community these UN programs constitute a serious breach of international obligations by violating the international obligations of the Health and Human Services, Office of Global Affairs, which owes everybody in the entire world, erga omnes protection of our rights.

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Because the World Health Organization is involved with repeated non response to serious issues of UN procurement standards of conduct violations that harm life and health and refuse to answer charges regarding serious undue experimentation, it is clear the WHO has a total failure to regulate properly the unproven non-vaccine COVID-19 interventions outside of clinical trials under the MEURI framework. The HHS is knowingly in breach of the same duty to not violate the non derogable right to be free of experimentation and funding the UN networks international crimes against humanity. This breach makes the USA responsible for serious breach of international obligations owed erga omnes under jus cogens norms.

The only possibility that HHS and other member states will not be liable for reparations as if they are under a coup d' etat. We believe the WHO UN and WEF are involved in a coup d' etat against the interests and legal limits of US law, which involves monopolistic practices and tendencies which are in the public interest to prevent.

Humanity requires a Great Reset of The Rule Of LAW without the WHO interfering in our health making us all worse off!!! HHS owes it to humanity as a duty.

The only way for USA to meet their duty under international. law is to admit there is a serious breach by WHO-UN programs and Staff of the international obligation to protect non derogable right to free opinion and expression and the right to be free of medical and scientific experimentation. Violating these rights is always a crime against humanity, yet it is WHO unofficial policy!

We demand HHS to not adopt any pandemic treaty, IHR Amendments or other UN programs because serious criminal charges are pending by Interest of Justice against the WHO and the WHO DG Tedros for serious undue medical and psychological experimentation as well as many breaches of duty that he will not respond to in multiple complaints since November 2022, despite WHO Staff Rules saying he must respond in 8 days.

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MONITORING COMMITTEE

IOJ is invoking WHO Rules to terminate the DG Tedros: 1070. UNSATISFACTORY PERFORMANCE OR UNSUITABILITY FOR INTERNATIONAL SERVICE 1070.1 A staff member's continuing or fixed-term appointment may be terminated if his performance is unsatisfactory or if he proves unsuited to his work or to international service. Also 1075. MISCONDUCT 1075.1 A staff member may be dismissed for misconduct as defined in Staff Rule 110.8, subject to the notification of charges and reply procedure required by Staff Rule 1130. The staff member shall be given one month's notice. The DirectorGeneral may grant such staff member an indemnity not exceeding one-half of that payable under Staff Rule 1050.10. No end-of-service grant is payable. 1075.2 A staff member may be summarily dismissed for serious misconduct, if the seriousness of the misconduct warrants it, subject to the notification of charges and reply procedure required by Staff Rule 1130. Such staff member shall not be entitled to notice of termination, indemnity, repatriation grant or end-of-service grant.

110.8 "Misconduct" means:

110.8.1 any improper action by a staff member in his official capacity;

110.8.2 any conduct by a staff member, unconnected with his official duties, tending to bring the Organization into public discredit;

110.8.3 any improper use or attempt to make use of his position as an official for his personal advantage;

110.8.4 any conduct contrary to the terms of his oath or declaration

IOJ invokes the United States responsibility which entails the duty of cessation of the injurious WHO relationship and reparations.

The duty of non repetition is only able to be fully realized by immediately suspending then exiting the all UN contracts and agreements including all agreements with the WHO at this point, due to pending criminal proceedings against the DG and Organization itself, and we cannot forget there are historical cause for concern as outlined below:

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There is a historical cause for concern within the US Congress records revealing the UN's history of misusing the treaty making power to usurp member states and United States best interests:

"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. network and antithetical to the American way of life enshrined in the US Constitution.

"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

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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>

IoJ invokes your duty to protect the peoples interests from the abusive UN communist system and demands no further negotiations with the WHO.

IOJ rejects all items that will be on the agenda at the 76th WHA as unnecessary, void and many are in conflict with freedom and jus cogens norms.

IOJ reminds HHS OGA that United States put it on record in the INB meetings that they "gained benefit from the input of non State actors". IOJ hopes the HHS finds this blunt truth to be of benefit. There is NO benefit from continuing the WHO relationship.

Congress and history warns there will be no return if HHS OGA fails to withdraw from UN and WHO now.

There were over 300 people that sent letters by May 10th, 2023 to support this demand from Interest of Justice.

In US there were over 285,533 signatures to exit the WHO see: <https://sovereigntycoalition.org/>. We do not agree with every word, especially the part about WHO usurping sovereignty, but we agree to exit the WHO and most of the declaration. Its clear the will of the people is to exit the WHO relationship entirely.

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In UK there were 156,000 people calling for a debate of the WHO treaty and IHR amendments. Please see well spoken and reasonable speech regarding the peoples concerns about the WHO:
<https://www.youtube.com/watch?v=xczLwRNoH4M>

Thank you for your prompt assistance in this serious matter and appreciate all of your help in order to protect the public health and safety.

Respectfully,
Interest Of Justice,



Dustin Bryce,
+1 323 244 2960



contact@interestofjustice.org
www.interestofjustice.org

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YEAR 2023

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Interest Of Justice <contact@interestofjustice.org>

5/21/2023 7:51 AM

Final Notice of Claim

To Kenneth PIERCY <piercyk@who.int> • OGA.RSVP@hhs.gov <oga.rsvp@hhs.gov> • Colin.Mciff@hhs.gov <colin.mciff@hhs.gov> • HHS.ACFO@hhs.gov <hhs.acfo@hhs.gov> • contacto.mrec@rree.go.cr <contacto.mrec@rree.go.cr> • Despacho Canciller <despacho-canciller@rree.go.cr> • despachopresidente@presidencia.go.cr <despachopresidente@presidencia.go.cr> • globalhealth@hhs.gov <globalhealth@hhs.gov>

Dear Friends,

Please see attached notice of claim 1130. NOTIFICATION OF CHARGES AND REPLY A disciplinary measure listed in WHO Staff Rule 1110.1 may be imposed only after the staff member has been notified of the charges made against him and has been given an opportunity to reply to those charges. The notification and the reply shall be in writing, and the staff member shall be given eight calendar days from receipt of the notification within which to submit his reply. This period may be shortened if the urgency of the situation requires it.

This matter shall be shortened due in the consideration that the urgency of the situation requires it and we patiently wait for your response.

Cordially,

Interest Of Justice,
contact@interestofjustice.org

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Team, of Justice

- May 21, 2023 Notice Of Claim To All Heads of States International Organizations and Global Regulatory Bodies .pdf (370 KB)

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NOTICE OF CLAIM

Notice of claim for responsibility to "The Health Monopoly": United States And Other Wrongdoer States, Covid Action Platform (WHO, WEF, Wellcome), WHO Vaccine Pre qualification EUL Program (WHO, FDA-CBER, EMA et al), UN Procurement including pharmaceutical Sponsors and Investors or Funders of WHO and all challeged programs and funds including Agenda 2030 SDG's Not Backed By Science and violate Jus Cogens

May 21, 2023

Dear Friends,

RE: Monopoly of Global Public Health; causing an illegitimate global emergency affecting commerce in each nation, causing gross systematic violations of basic and non derogable Human Rights with malicious intent to deceive and manipulate humanity into serious undue experimentation that affects the environment as well as the human genome which is the heritage of humanity.

This is a final notice of claim in regards to disputes of private character to which the specialized agency WHO is a party.

It is also a demand for the World Health Assembly to terminate Tedros Adhanom Ghebreyesus for reasons of exceptional gravity likely to prejudice the interests of the Organization including non-performance of his private obligations or failure to observe laws and police regulations.

Because all Member States are together during the WHA, we reccomend you prioritizing this issue on the agenda and ensure all recipients receive a copy because WHO ethics is in breach of duty refusing to provide the contact information which we have been requesting for seven months.

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Having exhausted all remedies, with complete inactivity to remedy the violations by the international organizations, States and Private wrongdoers (hereafter called "The Health Monopoly"), IOJ presents this notice of claim for responsibility to all States, all regulatory agencies, and the director-controllers of serious breaches of international obligations owed erga omnes under jus cogens peremptory norms of international law.

Interest of Justice is denied prompt justice and adequate and truthful information as well as our right to communicate with international organizations.

Interest of Justice presents this notice of claim on behalf of ourselves, Free Speech Association, Health Rights Association, Stop Agenda 2030 institute, The Oversight Committee, and on behalf of the international community as a whole (Hereafter "Humanity") whom are all injured parties affected by the wrongdoers acts and omissions.

The WHO Prequalification and EUL program (WHO, EMA, FDA-CBER) are acting as directors and controllers of global cooperative research, but unconscionably materially failed to discharge responsibility for the protection of the rights and welfare of human subjects. The biomedical research laws of Costa Rica, law 9234 apply to all of the specialized agency itself as well as all people and entities working with the WHO that are directly or indirectly facilitating undue experimentation in the republic of Costa Rica and/or aiding or assisting the WHO in acts of international psychological and medical terrorism and crimes against humanity. Tedros Adhanom Ghebreyesus is aware of these issues and does not dispute the truth of these accusations in official charges. We therefore believe he agrees.

Humanity does hereby invoke your primary obligation of cessation and reparations as well as the secondary duty of all States to cooperate to bring to an end the serious breach of international obligation to protect non derogable human rights to free thought and it's expression and the obligation to protect humanities right to be free of medical or scientific experimentation.

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Please find the main grounds for Tedros Adhanom Ghebreyesus termination on the spot outlined below, which must be responded to within 8 days or less if urgent according to WHO Staff rules. We think is past due and therefore, very urgent.

As you are aware, according to Staff Rule 1070.1 A staff member's continuing or fixed-term appointment may be terminated if his performance is unsatisfactory or if he proves unsuited to his work or to international service and under 1075.2, A staff member may be summarily dismissed for serious misconduct, if the seriousness of the misconduct warrants it, subject to the notification of charges and reply procedure required by Staff Rule 1130 Such staff member shall not be entitled to notice of termination, indemnity, repatriation grant or end-of-service grant.

Tedros Adhanom Ghebreyesus must be terminated under 1075.2 and 1110.1.7 summary dismissal for serious misconduct because the seriousness of the misconduct warrants it and he is nonresponsive to multiple notification of charges and reply procedure required by Staff Rule 1130 where he is accused of a prima facie claim of serious undue experimentation in violation of Costa Rica biomedical research law 9235 Article 78, 79.

WHA duty to terminate is very clear because DG Tedros Adhanom Ghebreyesus refuses to answer to serious charges of violating Costa Rica's penal code and there is an open criminal and comptroller investigation for violation of ARTICLE 386.- Crimes against humanity: A prison term of ten to twenty-five years shall be imposed on anyone who commits or orders to be committed, as part of a widespread or systematic attack against a civilian population and with knowledge of such attack, acts that may be classified as crimes against humanity, in accordance with the provisions of international treaties to which Costa Rica is a party, relating to the protection of human rights, and the Rome Statute.

Under DG Tedros Adhanom Ghebreyesus, the WHO is deeply prejudiced by these unanswered and highly credible prima facie charges of violations of Costa Ricans laws, but also the international

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peremptory norms known as jus cogens. This is the highest law and yet the WHO, under Tedros Adhanom Ghebreyesus direction and control, is sadly not upholding their duty to protect jus cogens norms and peoples natural and human rights, in violation of the WHO constitution and morality.

The misconduct pertinent to this claim, which hereby invokes the WHA duty to terminate Tedros Adhanom Ghebreyesus, is as follows:

110.8 “Misconduct” means:

110.8.1 any improper action by a staff member in his official capacity;

110.8.4 any conduct contrary to the terms of his oath or declaration

Under CONVENTION ON THE PRIVILEGES AND IMMUNITIES OF THE SPECIALIZED AGENCIES Section 22 Privileges and immunities are granted to officials in the interests of the specialized agencies only and not for the personal benefit of the individuals themselves Each specialized agency shall have the right and the duty to waive the immunity of any official in any case where, in its opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the specialized agency.

Humanity forcefully invokes Article 22 and claims the immunity would impede the course of justice and can be waived without prejudice to the interests of the specialized agency.

Of critical importance is that humanity also invokes the following HHS OGA's duty in Section 16 Privileges and immunities are accorded to the representatives of members, not for the personal benefit of the individuals themselves, but in order to safeguard the independent exercise of their functions in connexion with the specialized agencies. Consequently, a member not only has the right but is under a duty to waive the immunity of its representatives in any case where, in the opinion of the member, the immunity would impede the course of justice, and where it can be waived without prejudice to the purpose for which the immunity is accorded.

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On May 3, 2023 HHS OGA held a stakeholder listening session in preparation of the 76th WHA which was recorded to advise the US government, where we spoke (and we spoke May 12, 2022 as well in preparation of the 75th WHA). In the recent May 3 HHS stakeholder listening session IOJ dutifully notified HHS of their obligations and duty to withdraw from the WHO pending these serious issues. In that recorded session our organization provided the US government 2 case numbers which are unanswered by Tedros Adhanom Ghebreyesus and the WHO for serious undue experimentation and crimes against humanity. Clearly, under Section 16 HHS representative, and WHO delegate Loyce Price and her cohorts at HHS and all other delegates or member state representatives are involved with aiding and assisting the delicts and crimes of medical and psychological undue experimentation directed by the WHO currently embedded in each wrongdoer Member States territory. It is important to note that last year during the 75th WHA May 2022, our organization sent around 50,000 signatures to HHS in protest of the void IHR amendments first presented by Loyce Price and in relation to that particular wrongdoing as well as many other charges related to this claim, we have sent multiple unanswered communications and complaints to HHS and Loyce Pace directly which are still unanswered all year. Please see video: <https://rumble.com/v2lwy0c-ioj-speaking-truth-to-power-exposing-w.h.o.-crimes-may-3-2023-hhs-stakehold.html>

HHS OGA, who advises 190 member states Health Ministries, not only has the right but is under a very clear and firm duty to waive the immunity of its representatives in any case where, in the opinion of the member, the immunity would impede the course of justice, and where it can be waived without prejudice to the purpose for which the immunity is accorded. FDA Director Peter Marks denied our citizens petition and amendment to stop the covid-19 vaccine experiments in a void resolution that is not duly motivated or pertinent, and he is willfully blind to serious issues of trial fraud and misconduct in our record which will be proven in court.

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Humanity forcefully invokes Article 16 and claims the immunity of any covid-19 vaccine regulator, sponsor or representative would impede the course of justice and can be waived without prejudice to the purpose for which the immunity is accorded.

Furthermore, in light of the open criminal and Comptroller investigations into Tedros Adhanom Ghebreyesus's misconduct and the WHO UN procurement irregularities regarding the covid-19 declared emergency and response, we invoke Section 23 Each specialized agency shall co-operate at all times with the appropriate authorities of Member States to facilitate the proper administration of justice, secure the observance of police regulations and prevent the occurrence of any abuses in connexion with the privileges, immunities and facilities mentioned in this article.

To be clear, we have exhausted all remedies and are ready to file litigation(s) against Tedros Adhanom Ghebreyesus and the WHO organization in the event this is not settled within the 8 day notice of charges and right of response.

We refer you to Article IX – Settlement of Disputes Section 32, All differences arising out of the interpretation or application of the present Convention shall be referred to the International Court of Justice unless in any case it is agreed by the parties to have recourse to another mode of settlement. Claimants do not agree to the jurisdiction of the International Court of Justice, and hereby give notice that the proper tribunal to hear the matter is the Administrative Contentious Court of Costa Rica, founded under Article 49 of the Constitution of Costa Rica, or potentially sections could be heard in the Constitutional Chamber of the Supreme Court of Costa Rica founded under article 49 of the Constitution, which is where the litigation will be filed in the event you fail to respond, or insufficiently respond with a resolution that is not duly motivated or pertinent to the issues.

The WHO's director general is charged with one count of violating Penal Code ARTICLE 386.- Crimes against humanity: "A prison term of ten to twenty-five years

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The WHO's Director General Tedros Adhanom Ghebreyesus is charged with two counts of violating Biomedical Research Law 9234 ARTICLE 78, 79, "A prison term of eight to ten years". One charge is for undue medical experimentation using biological agent covid-19 [non] vaccine. The other charge is for undue psychological unproven interventions or scientific experimentation using Trusted News Initiative and other "infodemic" UN programs that censored our Chief Scientist Dr. Yeadon, and persecuted him and a group of truth teller whistleblower experts. These are violations of non derogable rights to free thought and the the right to be free of medical and scientific experimentation enshrined in ICCPR and Siracusa Principles Article 69, and also violates the UN Supplier Code of Conduct as well as Costa Rica civil code Article 47 Images and photographs with stereotyped roles that reinforce discriminatory attitudes towards social sectors cannot must be published, reproduced, exhibited or sold. See: <https://www.reuters.com/investigates/special-report/health-coronavirus-vaccines-skeptic/>

The gravity of the WHO Director General Tedros Adhanom Ghebreyesus's breach of contract is tantamount to turning the WHO into a terrorist organization in breach of CR Penal Code "International Crimes" article 7 which subjects every global wrongdoer to the criminal universal jurisdiction of Costa Rica.

If, or more precisely, when found guilty, the WHO DG Tedros Adhanom Ghebreyesus currently faces up to 45 years in prison for these 2 offenses alone, and there are many more grave violations that carry prison terms that are not raised herein.

This notice is NOT EXHAUSTIVE of all the crimes or violstions of national and international laws that WHO is responsible for under Tedros Adhanom Ghebreyesus directon and control, including declaring an emergency not in good faith based on false PCR test results as a diagnostics, supression of ordinary treatments, pseudo-scientific academia fraud, research misconduct (See: <https://www.iambrookjackson.com/casedocuments>) and violations of UN procurement standards.

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Clearly WHO is involved in gross and systematic violations of human rights antithetical to the WHO constitution and UN Charter, and therefore the WHA has a clear and immediate duty to terminate Tedros Adhanom Ghebreyesus for reasons of exceptional gravity likely to prejudice the interests of the Organization and for breach of contract, including non-performance of his private obligations or failure to observe laws and police regulations.

As the World Health Assembly meets for the 76th time, it is imperative for the WHA to recognize the importance of the task at hand to IMMEDIATELY AND URGENTLY terminate Tedros Adhanom Ghebreyesus for serious willful misconduct.

It cannot be overstated that the WHA has rules that guide them, and we do invoke the rule that "each specialized agency shall have the right and the duty to waive the immunity of any official in any case where, in its opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the specialized agency". It is our understanding that Tedros Adhanom Ghebreyesus waived his own immunity when he breached his duty and contract to go into hiding and flat refuses to answer our organizations serious charges. If WHA disagrees with any point herein and finds Tedros Adhanom Ghebreyesus's conduct to be within the law and rules of the organization, we claim the WHA would be willfully blind.

If WHA finds any motivation or reason whatsoever to not address these serious unanswered issues, or a reason not to terminate Tedros Adhanom Ghebreyesus, as a matter of law, that reason or precise motivation will need to be in writing prior to the end of the right of response deadline in 8 days, or preferably sooner, due to the urgency.

Any refusal or failure to do the WHA duty to finally respond to the multiple charges or to terminate Tedros Adhanom Ghebreyesus for serious misconduct and for reasons of exceptional gravity likely to prejudice the interests of the Organization including non-performance of his private obligations or failure to observe laws and police regulations, must be duly motivated and pertinent to the issues

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herein. Please forward this to the corresponding constituents listed herein, notice to principle is notice to agent and agency.

Humanity looks forward to your timely response,

This final notice of claim is being posted publicly to gather signatures in support of this claim to terminate the WHO Director General and for WHO to attend to the unanswered charges.

You can find the tally at: www.noticeanddemand.org/petition/TerminateTedros

Thousands of people from many different member states have already signed the following petitions protesting Vaccine Passports, IHR Amendments, Pandemic Treaty and demanding prosecutions of WHO staff including the DG and Chief Scientist for crimes against humanity.

You can find the tally at:

<https://noticeanddemand.org/petition/stop-the-treaty/>

<https://noticeanddemand.org/petition/who-crimes-against-humanity/>

<https://noticeanddemand.org/petition/stop-the-proposed-ihr-amendments/>

<https://noticeanddemand.org/petition/stop-vaccine-passports/>

Thank you for your prompt assistance in this serious matter and appreciate all of your help working with us to provide the requested information in order to protect the public health and safety.

Thank you and looking forward,

Cordially,

Interest Of Justice,

Dustin Bryce,

contact@interestofjustice.org

www.interestofjustice.org



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CIVICS AND LAW
MONITORING COMMITTEE

June 20, 2023 HHS Stakeholder Listening Session

First: HHS and WHO still owe us a response from May 2022 and 2023. HHS is in the wrong for moving forward with these IHR amendments when we testified here last month to show you your very clear duty to leave the WHO for International breach of obligations and delicts.

4. Second, The amendments cannot be binding. Jus cogens international norms would require the binding recommendations of a specialized agency that cause damages to waive immunity and be responsible for reparations.

5. Article 1 outrageously attempts to make investigational vaccines and gene based therapies as well as "other vague health technologies". Experimental biological agents are not a health product. The proposed definition is void and reckless because FDA website states "investigational biologics are not found by FDA to be safe or effective and furthermore may cause serious adverse reactions".

6. Annex 6 would unlawfully consider vaccination certificates for research phase products. The concept of Digital ID's, certificates and QR codes is disproportionate and the WEF risk report this month admits they can facilitate "the identification, surveillance and persecution of individuals or groups."

7. Annex 1 pg 33 countering misinformation and disinformation is not within the authority of the WHO or member states and as its been used, it already allows for the weaponization of government to systematically suppress free thought, a non derogable right that can never be limited. These misinformation programs flat violate jus cogens and are therefore void.

8. Article 3 removing well established respect for dignity, human rights and fundamental freedoms for arbitrary undefined words is an assault on rule of law, dignity of man and obviously void

9. We remind HHS that if you dare adopt one void provision that violates preemptory norms of jus cogens human rights, which the majority of proposals do violate these norms, it will automatically render the entire instrument void.

10. It is worth mentioning that A UK FOIA regarding the proposed amendments reveals "a legal opinion and a risk analysis regarding the U.K. position" is not able to released because "releasing the requested information would likely harm the relations between the United Kingdom and other WHO member States and also UK interests abroad". Right there it goes to show the proposed

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amendments sound good in public but in secret the amendments are inherently harmful to diplomatic relations between WHO member States. HHS must leave the WHO now. Its your duty.

Thank you very much!

IOJ is very proud of all the people who came to speak up. It goes to show the power of an individual because in May 2022 IOJ stumbled across the opportunity to speak and in turn we applied this year which we got to speak May 3rd, 2023. This led to us getting a return invite by HHS and we then shared the opportunity with researcher/activist James Roguski to share with our audiences... the result: we PACKED THE MEETING with real honest good people who really forced HHS to realize the real consensus is NO we the People do not want these amendments to the IHR.

HHS promised the group that they will listen to us and read our written comments and insist" NOTHING HAS BEEN ADOPTED OR CONCLUDED".

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EXHIBIT 10

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CIVICS AND LAW
MONITORING COMMITTEE

June 28, 2023 HHS Stakeholder Listening Session

IoJ showed up to the HHS INB Listening Session On June 28, 2023 to protest the Pandemic Treaty and expose WHO crimes. IoJ stated that they should not continue forward until they respond to our criminal complaints filed against the WHO within the ethics departments and also to expose the WHO for refusing to answer criminal charges of serious breach of international obligations by undue experimentation and crimes against humanity.

Here's the speech

"This treaty is not salvageable because it violates international law including making experiments into health policy, vaccine passports, financial burdens on 3rd world countries and so much more including persecution of so call mis information.

The WHO and the HHS have zero authority delegated to even negotiate this criminal treaty which violates so many rights and norms.

the only thing that is important is that there are unanswered criminal charges against the WHO which HHS and the WHO DG Tedros are ignoring in order to continue illegal relations and continue drafting the void treaty.

We expect an answer from you to the criminal charges we informed you of in May 2022 and again May 2023 which are still unanswered by both Tedros and HHS.

HHS is clearly aiding the WHO Pre-qualification Program to commit crimes using biological agent causing undue experimentation. Those are crimes that WHO and HHS refuse to answer to. It appears that HHS wants to make these crimes into some kind of international Norm through the WHO treaty.

Our organization has a mission and our job is to prevent corruption and for that reason we forbid you to continue any relations with the WHO, including the treaty. There are far more important things to attend to than making a void treaty, such as answering our serious criminal charges. We are very frustrated WHO and HHS ignore our very serious criminal charges and continue doing void corrupt acts against human rights. It means you are forcing us to sue you and sue the WHO to prevent your corruption and void treaty that would strip many rights from the people.

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MONITORING COMMITTEE

What if we are right there is a serious legal problem with the treaty and the entire relations with the WHO which is criminal? There are hundreds of pages on your desk proving many crimes and many unanswered emails asking for responses. Shouldn't the HHS answer us first in case we are right that the WHO and HHS are engaging in serious human rights violations in the WHO pre-qualification program and by negotiating this treaty?

If you all continue to ignore us and our criminal charges be aware that our organization will be forced to sue ALL of you in your individual and official capacity for breach of duty and we will absolutely prove that the pandemic treaty is VOID on it's face for many reasons as well as the weaponized misinformation programs, vaccine passports and so much more. Its all void and illegal so we prohibit you from continuing. Consider this speech a writ of prohibition. We will follow up in writing

Thank you very much Its all Void! Thank you and have a fabulous day"

IoJ

THE OVERSIGHT COMMITTEE

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EXHIBIT 11

YEAR 2023

ISSUED DOCUMENTS
AND REPORTS



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Interest Of Justice <contact@interestofjustice.org>

7/1/2023 12:10 PM

Re: Corrected Written Comment Re: Stakeholder Listening Session 2 for the IHR

To Mciff, Colin (HHS/OS/OGA) <colin.mciff@hhs.gov>

Thank you Colin,

It really means a lot that you responded promptly. We appreciate you going out of your way to confirm you will consider our report. We really put our love in because no one is really mentioning the fact there are errors in the first IHR which directly caused violations of rights government can never limit (free thought and to be free of experimentation). As applied during covid, IHR was a disaster. You must surely know it, HHS OGA knows it and human rights bodies know it.

We are not exaggerating when we allege the entire instrument is void because certain parts are too vague, overly broad, undefined and have no mechanisms for redress for violations of jus cogens highest law of international peremptory norms.

Amendments would be a disaster and result in a void instrument that must be annulled.

We don't see any other legal, civics and human rights oversight or anti corruption initiatives within HHS OGA to oversee the WHO questionably void instruments or provisions, breaches of duty and inefficiencies, refusal of DG Tedros to respond to serious charges of scientific fraud and crimes, etc other than IOJ trying to bring these issues to your attention, and that deeply concerns us.

Once again, it is with deep gratitude that you confirm you will hear us out.

Infinite blessings,
IOJ family

On 07/01/2023 8:50 AM CST Mciff, Colin (HHS/OS/OGA) <colin.mciff@hhs.gov> wrote:

Dustin, thanks. Confirming receipt and that we will include your submission along with others as we consider next steps in the negotiations.

Best regards,

Colin

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From: Interest Of Justice <contact@interestofjustice.org>

Sent: Saturday, July 1, 2023 2:14 AM

To: OGA.RSVP1 (OS) <OGA.RSVP1@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>

Subject: Corrected Written Comment Re: Stakeholder Listening Session 2 for the IHR

Dear Friends,

Please accept this comment as the corrected version

We also ask to please respond if you are not going to consider the corrected version because we are past the deadline. We have spent all day preparing this comment and report but because it was prepared and formatted online and our internet went down due to tropical storms and major flooding in Costa Rica recently, we experienced a force majeure delay. Please accept our comment as we tried our very best to prepare and deliver it on time.

Thank you for this opportunity to meaningfully participate and be heard on these important matters.

much gratitude,

Interest of Justice
Dustin Bryce

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Team, of Justice

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- ATT00001.png (13 KB)



IHR INVALIDITY

REPORT

INTERNATIONAL **HEALTH**

REGULATIONS

(2005)

THIRD EDITION

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INTRODUCTION

The International Health Regulations (known as IHR 2005, for the year of its most recent revision) are a legally binding international instrument to which 196 States Parties, including all 194 Member States of WHO, are committed. The purpose of these Regulations is to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are restricted to public health risks and that avoid unnecessary interference with international traffic and trade.

Prior to the adoption of any IHR amendments it becomes necessary to reflect on the successes and failures of the IHR instrument in its application to the covid declared PHEIC and pandemic, claiming accountability and responsibility to take the necessary actions; and measuring progress over time.

A brief review of HHS OGA's alignment to Open Government and participation shows there is an unfulfilled intent to provide more meaningful participation on behalf of critics of the IHR and of the entire US Strategic Dialogue with the WHO. By adapting the HHS response from Globalist to nationalist, from Centralized blanket One Health measures, to begin to rely and build upon the US and States finely tuned, scientific and de-centralized policies, the HHS can include the rationale and social responsibility for taking action in any real health emergency, without the burdens of the inconsistent and deficient IHR and unscientific unaccountable WHO edicts.

Creating a viable national response in the new world of bio-threats and health opportunities that is unfolding requires foresight to know who to partner with and who not to.

The WHO is unreliable at best. At worst the WHO is attempting a scientific coup d'etat and technocratic never ending dictatorship. The reality of the reliance upon WHO and the IHR shows it was WHO fraudulent science and redefinitions of vaccine and unvaccinated which has caused HHS and US to become responsible for serious delicts of an emergency declaration not in good faith, serious undue experimentation in violation of international law and Costa Rica biological research law 9234 Article 78, 79. IHR is written in a way which is not only invalid under jus cogens norms, but it was written to help DG merely "consider", but ultimately bypass national research laws. This is presumably to help force captive Treasuries into buying WHO's funders useless experimental non vaccine biological agents to developing countries by using WHO de facto definition of vaccine (*which in itself is an unproven novel vaccine intervention outside clinical trials which violates law*)

**STOP
SECRET
IHR
AMENDMENTS**

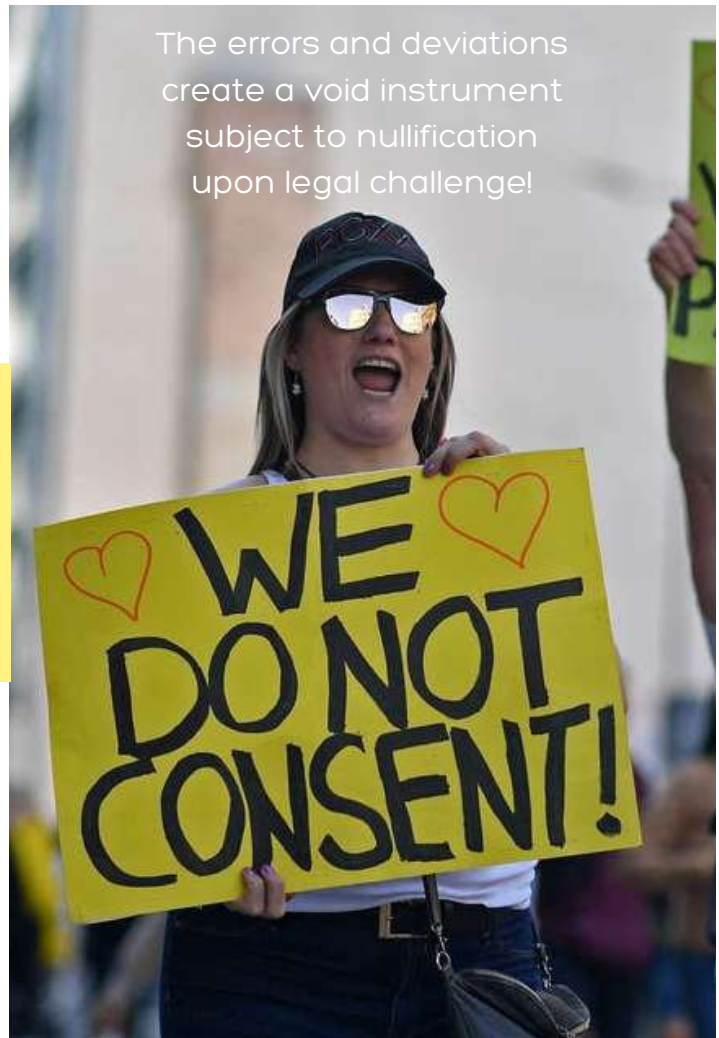
THE INVALIDITY OF THE IHR & AMENDMENTS.

The IHR is potentially being amended to go from void and potentially harmful if used incorrectly, to disastrous and immoral, thus PROHIBITED. This report is to help HHS avoid any illegal IHR amendments that would violate HHS obligations regarding ethics, fundamental human rights, dignity and freedoms

All just governments obtain their authority from the consent of the governed, which is sorely lacking.

The covid response was a disaster in large part due to the unproven intervention experiment of the application of the IHR (2005) itself. It failed in large part due to Article 43 section 2 as outlined herein.

The IHR is fatally flawed, based on false presumptions of WHO acting in good faith which are inherent errors & deviations which cannot be repaired by the proposed amendments.



The errors and deviations create a void instrument subject to nullification upon legal challenge!

VOID

The IHR is invalid, must be declared so, and cannot be repaired by amending it.

FATAL VOID

ERRORS

There are numerous errors and deviations inherent within the text of the IHR that relies upon the presumption of WHO always acting in good faith, a rebuttable presumption that our organization firmly disputes. DG Tedros acts in bad faith to evade criminal charges regarding abuse of power and breach of ethics, science norms in WHO oversight. IHR gives the DG power of discretion, without science or law being mandatory, only merely "considered" and there is no real oversight.

01. DG "Shall Consider", is vague and INVALID

The command such as "shall" in the same sentence as "consider" in Article 17 is void for vagueness and is meaningless. It means the DG shall "consider" science, laws, member States wishes, majority vote of committees, etc but can also consider ignoring the science, laws, etc as it is not binding upon the DG when issuing recommendations.

02. Forced Vaccinations & Certificates

Siracusa Principles, ICCPR, Nuremberg Code and jus cogens norms are very clear that people have the right to be free of medical and scientific experimentation and right to free opinion. The concept of vaccine certificates issued under WHO and in accordance with IHR is void on its face and should have been legally challenged long before it was abused during covid measures.

03. Limit Free Speech of WHO critics?

The IHR (2005) and proposed amendments are a perfect tool for a communist regime of terror to breed. The WHO is involved with weaponization of public private partnerships against free speech, under the guise of protecting right to health.



FATAL VOID

ERRORS

04. Untested mRNA experiments violate law!

The IHR as written and the proposed amendments may allow (and have already been shown to be prone to abuse during covid) for the application of forced medical experimentation as a WHO guidance, which is prohibited under jus cogens and international peremptory norms, but allowed under IHR, making IHR and proposed amendments absolutely null.

05. Limit to sovereign discretion and information

Countries are permitted to exercise their sovereignty in taking additional health measures to respond to such emergencies if these measures adhere to Article 43 of this legally binding instrument. Overbroad measures taken during recent public health emergencies of international concern, however, reveal that the provision remains inadequately understood as to the dangers of Article 43 limiting sovereignty on how States may base their decisions and where they may obtain information.

06. Incompatibility of Globalism & Ethics

The IHR is intended to set up a global supply chain of sourced supplied ready to handle health emergencies, however, covid has taught us that Globalism infects information and taints the reliability of the WHO guidance due to political interference in scientific decision making. IHR has no accountability mechanism to handle this serious threat to scientific, legal and ethic integrity. The IHR limits State discretion and expands Globalists.

IHR 43: STATES SHALL BASE UNSCIENTIFIC DECISIONS UPON WHO

Article 17 Criteria for recommendations When issuing, modifying or terminating temporary or standing recommendations, the Director- General *shall consider*:

(a) the views of the States Parties directly concerned;

IOJ notice: *If binding this is disastrous because the member States views would be subordinate to the arbitrary discretion of the WHO DG.*

(b) the advice of the Emergency Committee or the Review Committee, as the case may be;

IOJ notice: *For mPox the committee voted 9 no and 6 yes but DG Tedros illogically and irrationally considered that the majority vote is not correct and he declared mPox an emergency for no scientific or rational basis whatsoever. As written, IHR makes this bad discretion go unpunished and forces burdensome reviews to reverse the void acts and omissions of the DG anytime he makes recommendations.*

(c) scientific principles as well as available scientific evidence and information;

IOJ notice: *DG Tedros and the Chief Scientist refuse to respond to criminal charges of scientific fraud in diagnosing covid and pushing unscientific measures. The WHO cannot be held in good repute as far as relying upon them for science, and the IHR fails to give humanity or states a remedy for being under the thumb of WHO's centralized fraudulent pseudo-scientific dictatorship when relying on them for technical recommendations.*

(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;

IOJ notice: *The WHO failed to consider available alternatives that would achieve the appropriate level of health protection for covid-19 and recommended experimental novel vaccine biological agents and unethically continues to recommend and overfund novel vaccine experiments that failed at the onset according to court released trial data.*

(e) relevant international standards and instruments;

IOJ notice: *WHO recommendations under IHR for covid unequivocally violates Siracusa Principles, ICCPR, ICSCPR, UDHR, Nuremberg Code, Belmont Report and so much more by violating non derogable rights of free opinion and right to be free of medical and scientific experimentation. The IHR cannot allow a single DG of an international organization authority to "consider", but ultimately ignore and violate jus cogens norms as is occurring in the covid and mPox responses. The IHR is far too vague with unlimited discretion to the WHO DG, where it is not wise, prudent or warranted, and where the IHR is ultimately in conflict with Superior jus cogens norms and void.*

(f) activities undertaken by other relevant intergovernmental organizations and international bodies; and

IOJ notice: *This includes consideration of WEF and their proposed response of covid action platform, with 200 big businesses to manufacture bioweapon non vaccine experiments, unscientific PCR tests to create false positives in order to declare an emergency in bad faith to justify EUA's.*

(g) other appropriate and specific information relevant to the event.

IOJ notice: *(g) is void for vagueness, overly broad and gives arbitrary "appropriate" discretion.*

INTEREST OF JUSTICE SPOKE AT HHS OGA REGARDING THE PROPOSED IHR AMENDMENTS JUNE 20, 2023

First: HHS and WHO still owe us a response from May 2022 and 2023. HHS is in the wrong for moving forward with these IHR amendments when we testified here last month to show you your very clear duty to leave the WHO for International breach of obligations and delicts.

4. Second, The amendments cannot be binding. Jus cogens international norms would require the binding recommendations of a specialized agency that cause damages to waive immunity and be responsible for reparations.

5. Article 1 outrageously attempts to make investigational vaccines and gene based therapies as well as "other vague health technologies". Experimental biological agents are not a health product. The proposed definition is void and reckless because FDA website states "investigational biologics are not found by FDA to be safe or effective and furthermore may cause serious adverse reactions".

6. Annex 6 would unlawfully consider vaccination certificates for research phase products. The concept of Digital ID's, certificates and QR codes is disproportionate and the WEF risk report this month admits they can facilitate "the identification, surveillance and persecution of individuals or groups."

7. Annex 1 pg 33 countering misinformation and disinformation is not within the authority of the WHO or member states and as its been used, it already allows for the weaponization of government to systematically suppress free thought, a non derogable right that can never be limited. These misinformation programs flat violate jus cogens and are therefore void.

8. Article 3 removing well established respect for dignity, human rights and fundamental freedoms for arbitrary undefined words is an assault on rule of law, dignity of man and obviously void

9. We remind HHS that if you dare adopt one void provision that violates peremptory norms of jus cogens human rights, which the majority of proposals do violate these norms, it will automatically render the entire instrument void.

10. It is worth mentioning that A UK FOIA regarding the proposed amendments reveals "a legal opinion and a risk analysis regarding the U.K. position" is not able to released because "releasing the requested information would likely harm the relations between the United Kingdom and other WHO member States and also UK interests abroad". Right there it goes to show the proposed amendments sound good in public but in secret the amendments are inherently harmful to diplomatic relations between WHO member States. HHS must leave the WHO now. Its your duty.

Thank You Very Much!

01:INTEREST OF JUSTICE MAY 3, 2023 AT HHS OGA

First Speech: item 23. Audit and oversight matters.

First, Interest of Justice, Free Speech Association, Stop Agenda 2030 institute, Health Rights Association would like to give a friendly thank you for accepting our RSVP on such late notice: According to UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POLICIES AND PRINCIPLES FOR ASSURING SCIENTIFIC INTEGRITY first paragraph: "HHS uses scientific information to support and inform policy and program decision making. Accordingly, scientific and scholarly information developed by the Department or considered in Departmental decision making must be of the highest quality and the result of rigorous scientific and scholarly processes. Most importantly, it must be trustworthy.

Accordingly, maintaining the integrity of our scientific and technical activities is essential."

The WHO's science is not trustworthy. We repeat. The WHO is not trustworthy insofar as their technical recommendations for covid-19 go. In reality the majority of WHO recommendations are completely unscientific and all WHO guidance says they are not liable for damages from taking their scientific advice. So they are unscientific and unaccountable.

When we say the WHO is untrustworthy to rely on for science we are not exaggerating. WHO is failing to respond to serious charges against the DG and chief scientist as well as against the organization regarding breach of duty under all of the ethics and research guidance, including the UN procurement standards of conduct. These issues affect the invalidity of the relationship with the WHO at this point where independent oversight and accountability is wholly illusory and a false promise which injures US Citizens and the entire International Community.

Due to the lack of accountability there is no functional audit and oversight of the WHO. We believe it is in the best interest for the United States and all member states to immediately withdraw from the WHO and not adopt any further negotiations towards IHR amendments, pandemic treaty, Agenda 2023, SDG, Strategic Dialogue or otherwise.

At this point HHS is under an obligation to exit the WHO because they are not functional, as demonstrated by the lack of response to multiple charges.

02:INTEREST OF JUSTICE MAY 3, 2023 AT HHS OGA

Second Speech: 17.10 WHO reform.

It is very obvious World Health Organization is not functional and needs reforming. However, it is also very obvious that there are structural defects, which are inherent within the make up of the WHO, which make it nearly impossible to reform the WHO.

How can the WHO be reformed when they claim sovereignty so you have to go through their own remedy system which is non responsive, such as claim # 881786000902 and 637327854202?

The WHO even made rules that will allow for the confidentialities of crimes! Its set up in a way they do not have to reform because they choose to censor the whistleblowers, to control information and ignore facts proving the WHO pseudo science is actually destroying the determinants of health. This is very dangerous for US to be so heavily reliant on the WHO failing captured regulatory "health" oversight.

We agree the WHO does need to reform, however, as a WHO recognized stakeholder in pandemic preparedness and response, we need the HHS to understand that even a recognized stakeholder cannot get anything done within the WHO internal oversight system, despite having filed multiple charges since December 2022.

The people that you hired WHO to serve are injured, vulnerable and completely defenseless against the imbalance of power of the non reformable and non responsive WHO.

In the opinion of our organizations, many scholars, historians and thousands of recently censored dissenting medical experts, such as our Chief Scientist Dr. Yeadon, the former VP of Pfizer, the WHO should be prohibited as a private monopoly which interferes with commerce and lessens health and scientific standards due to political interference in scientific decision making and clear conflicts of interest.

HHS does not need to waste time in WHA meetings hashing out how to reform the failing WHO. Its too burdensome of a proposition and a waste of time and money. Far more important is the obligation that HHS has to uphold scientific integrity and accountability. To us stakeholders, that means HHS needs to prohibit any further funding and collaborations until the WHO can provide a shred of evidence to challenge our Chief Scientists peer reviewed evidence that shows the PCR test makes false positives and therefore the covid emergency is a fraud.

The charges that are still unanswered by the WHO are very serious charges of fraud. Our unanswered charges of WHO fraud are backed by real science of the rigor HHS accepts, which show the entire declaration of emergency is in bad faith and a violation of international law. HHS cant keep the relationship going with the WHO if the HHS wants to be in conformity with law, science and their ethical obligations to ensure science and accountability in their collaborators.

03:INTEREST OF JUSTICE MAY 3, 2023 AT HHS OGA

Third Item, 24: Collaboration within the United Nations system and with other intergovernmental organizations

So far collaboration within the United Nations system, and other intergovernmental organizations includes the Covid Action Platform, which was the brain child of Klaus Schwab of the WEF, after speaking with 200 of his capitalist stakeholder members of the World Economic Forum. They decided for the first time in history the private sector will assist in a pandemic response.

This collaboration within the United Nations system is now scrubbed online because it was the worst idea in history.

This collaboration within the UN system is a disastrous public private monopoly that has proven to destroy economies and destroy lives based on intentionally horribly unscientific WHO measures.

The UN collaborations caused HHS to be involved with monopolized information and committing delicts under UN direction and control. It is our opinion and our wish that HHS quickly exit the WHO and UN system and cease all UN collaborations because the UN and WHO are not trustworthy for science and are not answering to our multiple charges of fraud, serious undue psychological and medical experimentation and crimes against humanity.

HHS should agree that their collaborators and partners are responsive to charges and disprove all charges, or remedy the errors. UN is above the law and people widely feel the WHO is acting as our unaccountable overlords. Collaboration within the UN system is untenable and will be the downfall of our republic.

Our organizations cannot stress enough how important it is to exit the WHO and cease all collaboration within the UN system.

We will send a longer explanation before the written comments deadline. Please exit the WHO and stop wasting time and money debating the unscientific agendas in WHA.

INTEREST OF JUSTICE TELLS THE HHS AND WORLD HEALTH ASSEMBLY THE WHO CLEARLY NEEDS REFORMED & WHY

Dustin Bryce from Interest Of Justice.Org lays down the Rules as the oversight Committee on the HHS hearing for WHO Stakeholders.

Interest Of Justice believes that there was NOT enough time to prepare for this event and it was difficult to have true meaningful participation as a true democracy requires. IOJ was able to speak and be heard multiple times in this even which was very unexpected and an amazing opportunity to tell the truth to their WHO about all of their structural defects and why they should be reformed or abolished. This is the 1st video out of many in the series which will be posted in time.

Here is what was said in the two minute speech by IOJ:

"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 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."

WHO IS STILL AT WHIM OF FUNDERS! IHR IS RECKLESS WITH NO ANTI CORRUPTION OVERSIGHT

**DG Tedros requests IHR
Amendments for more
State Funding, confesses
the WHO "is at the whim of
funders" - 2022**



IHR TOOL OF COMMUNIST UN ORG!

Are you aware the U.N. has communist roots? It's on Congress records.

There is a historical cause for concern about treaty making and good cause to consider the source is of communistic origin 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 and the IHR forcing states to limit options for information sources under article 43 to their own guidance and the information of their partner NGO's.

"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 UN has interests adverse to those the HHS OGA seeks to serve. IHR is a trap!

Trust the Science? Trust WHO?

The problem is there must be transparency and communication for accountability which the WHO does not have in reality. The moral pillar of the WHO is largely virtue signaling with no real substance, and in fact, as applied, the WHO guidance has overstepped WHO's and States authority to usher in a dystopian nightmare for us human rights and anti corruption oversight bodies who could not get anything done insofar as ethics because the IHR allows WHO and intergovernmental bodies to "shape the research agendas" to their own benefit which States are obliged to rely on when "science is insufficient" (such as covid).

This IHR provision under Article 43 has caused States to be obliged to rely on the communist and corrupt hard core cabal 'covid action platform' (WEF, WHO, Wellcome) for the entire response. Reliance on centralized corrupted WHO partners has directly caused HHS OGA to be responsible for serious breaches of international obligations.

1. There is no reason to trust or presume good faith will be a factor under the IHR provision of States *"shall base their determinations upon" "where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies"; and (c) "any available specific guidance or advice from WHO"*

IHR 43 literally commands States to use information and guidance from WHO and their partners which the IHR admits has no scientific basis.

WHO is liable?

The following is the WHO legal disclaimer waiving liability for WHO if States incur damages from basing their decision upon WHO guidance that IHR makes binding "when science is insufficient".

- All reasonable precautions have been taken by WHO to verify the information contained in this publication. 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.

This provision in Article 43 and the amendments intent to make IHR binding require JUDICIAL and LEGISLATIVE review to determine opinio juris for the future.

The critical issue in IHR is not yet addressed or settled. IOJ is raising it now in consideration of the current IHR & amendments on the table for the future safeguarding of public health:

Is a specialized agency responsible for damages from binding recommendations?

THE WHO IS CORRUPT & UNTRUSTWORTHY

See the confession from last WHO DG Margaret Chan Fung Fu-chun in Documentary 'Trust WHO?'



Confession the WHO's funding guides policy & guidance

81:12 "You asked an excellent question if i tell you double toe as an organization only thirty percent of my budget is predictable funds other seventy percent i have to take a head and go around the world to back for money and when they give us the money they are highly linked to their preferences what they like it may not be the priority of the big show so if we do not solve this you know we are not going to as to be as quick as we were" - WHO DG Margaret Chan 2017
<https://www.youtube.com/watch?v=zJYUgN9BO2I>

WHO Manages Conflicts?

The purpose of consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution.

The WHO refuses to consult with the dissenting majority of the scientific community to explain their scientific information and public health rationale underlying the recommended measures in their guidances, which is very alarming because under IHR 42 section 2 "*available information including from WHO and other relevant intergovernmental organizations and international bodies*" are binding upon States when science "*is insufficient*".

WHO claims to "manage conflicts" whilst also begging for more State funding to stop being "at the whim" of funders, many which include consultant NGO's that IHR says states shall "base their determinations" upon the WHO and other foreign bodies with no allegiance to any Member State or the citizens best interests.



2B

Access to UN Global Marketplace

200

CAP Stakeholders controlled and directed covid response and FAILED!

CONCLUSION

The HHS OGA has a duty to exit the IHR and WHO relationship because our organization gave you case numbers to unanswered complaints for previous violations of WHO DG. THE IHR gives the same WHO DG under investigation almost unlimited powers of discretion and it limits State discretion of where to obtain information and it allows for unscientific WHO edicts to be binding in formulating sovereign health policy. This is unacceptable and an unreasonable risk HHS OGA must avoid at all costs

01

IHR and amendments are invalid

- Under IHR WHO DG's arbitrary discretion to recommend measures regulates fundamental rights of people of all member States, which can only be done by a legislator representing the sovereign peoples will & consent!

02

Weaponization of Science, and Censorship of Protected Speech

- Under IHR WHO has set up unconstitutional and intrusive behavioral nudging psychological experiments which have terrorized people into serious undue medical experimentation using COVID-19 non vaccines

03

Exit the WHO

- It's the right thing to do
- It's long overdue

Exit WHO!

Exit the WHO, it's the right thing to do. It's long overdue. The IHR is not necessary, helpful or in conformity with jus cogens, therefore IHR is void.

Thank you for taking our comments and report in to consideration regarding the IHR invalidity including the proposed amendments. It cannot be overstated how key provisions are overly broad and vague to the point of allowing violations of jus cogens human rights protections including directing and controlling undue experimentation with novel biological agents. It is well settled under International law that if one provision of a treaty or instrument is held invalid for violating a jus cogen norm the entire instrument is invalid and must be declared so and nullified.

- *IHR Amendments shall not be adopted*
- *HHS OGA has a duty to withdraw any negotiations with the WHO until they meet the burden of proof of the validity of the scientific information and public health rationale underlying the measures recommended during the covid declaration of PHEIC and pandemic as well as dispute our charges of ethics and scientific wrongdoing*
- *IHR is void in more than one provision for allowing violations of jus cogens under guise of protecting right to health. This is very problematic for HHS OGA to continue on with amendments because the entire instrument is null due to this error and deviation from international jus cogens norms*

This Is 2023: The Great Reset Of Rule Of Law, Ethics & Human Rights In Public Health Policy

Contact:

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THE OVERSIGHT COMMITTEE

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EXHIBIT 12

YEAR 2023

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CIVICS AND LAW
MONITORING COMMITTEE

Greetings WHO, Member States, Delegates, INB and WGIHR,

This is a Writ of Prohibition issued Monday, July 24, 2023, to all WHO Member States in order to prevent the adoption of the Pandemic Treaty/Accord (CA+), the IHR amendments and other directly and indirectly related UN Programs pending an open hearing on extensive matters of science, ethics, human rights and law. This Writ of Prohibition shall remain in place until the WHO is in conformity with the international obligation to hold a hearing for the peoples valid questions to be heard and fully answered.

This Writ of Prohibition incorporates an open call for an international hearing on the contentious IHR Amendments, Treaty (CA+) and other UN programs, which are matters of public concern that may affect international law regarding the protection of human rights.

The purpose of the demand for a hearing is for the WHO to meet the burden of proof of conformity on all matters in dispute of covid-19 and climate science, ethics, human rights and law.

So far the WHO and Member States have failed to prove any science, logic or valid reason for the covid-19 declaration of emergency, the non vaccine experimental biological agent unproven interventions, or any measure, let alone for the Pandemic Treaty (CA+) or IHR Amendments.

Worse, the WHO is willfully blind to serious breaches of international obligations regarding the protection of non derogable rights to free opinion and to be free of medical or scientific experimentation, which is allowing for the States to be responsible for Delicts of global serious undue experimentation, a crime against humanity, and another just cause for the issuance of this Writ of Prohibition.

It is imperative to denounce the UN, WEF and WHO who have thus far dishonorably evaded obtaining the participation, community engagement and eventual consent and vote of the governed.

I, and my constituents do not consent to be ruled by a centralized and corrupted WHO or any centralization of powers that merge public and private interests.

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The lack of meaningful participation and substantiation of conformity to jus cogens norms, which will be proved in an open hearing, make the Pandemic Treaty/Accord (CA+) as well as the IHR amendments monopolistic and void ab initio. Further complicating the validity of the Pandemic Treaty/Accord (CA+), the IHR amendments and other UN Programs is the complete lack of substantiation of the necessity, proportionality, legality and scientific basis. Please find two attached Invalidity reports for the Treaty (CA+) and IHR Amendments on theoversightcommittee.org which must be rebutted point by point in a hearing, or the facts will stand as true.

To be very clear, this is a writ of prohibition to stop the Treaty and IHR amendments from being adopted. This includes but is not limited to all UN Programs directly or indirectly tied to the current Treaty (CA+) and IHR negotiations: all UN climate and Health programs, which are cleverly disguised trade agreements such as: UN Emergency Platform, Strategic Dialogue, One Health, Agenda 2030, SDG, Digital Health Initiative network, behavior interventions in the nature of Busara, all global Infodemic and Misinformation management programs with Member States and other manifestly illegal and unethical PROHIBITED unproven interventions outside clinical trials (serious undue mass experimentation) promoted by UN such as decarbonization, biotechnology revolution, geoengineering, centralization of all data in an open source format, and gender reassignments or sexuality training in children. These UN Programs and negotiations are the very definition of a criminal global unproven intervention outside a clinical trial, intended to "dramatically restructure all of society", and UN and the WHO are first required to meet the ethical requirement of a hearing for community engagement. See: Emergency use of unproven clinical interventions outside clinical trials: ethical considerations April 2022 DOI:[10.13140/RG.2.2.18104.42240](http://dx.doi.org/10.13140/RG.2.2.18104.42240) - Affiliation: World Health Organization WHO

The UN and WHO are in clear breach of their own guidance on these matters by accelerating too fast for due process and skepticism, without public input or hearings for community engagement, which the above WHO guidance notes is likely to cause "iatrogenic harm" for these mass psychological unproven intervention experiments on humanity.

UN is even proclaiming "we own the science" and censoring anyone who posts "Climate Scam". This simply requires a hearing on so many levels, if WHO wishes to insist their policies and treaty proposals are based in reality, truth and within the limits of the legal order. The unbridled enthusiasm of UN to dominate the global health market, which is highly lucrative and helps UN gain wealthy funders who's private interests clearly penetrate governments and guide global public

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policies, shall be tempered by reason, logic and science in a hearing, or series of hearings. This is due process and rule of law.

Prohibition of the adoption of, or any simulation exercise of (76th WHA announced Treaty to be simulated before the end the year), or further negotiations of the Pandemic Treaty (CA+) or IHR Amendments is appropriate. WHO has failed obligation to meet burden of proof of international obligations, mainly due to the lack of response by the WHO, INB and WGIHR to serious criminal charges and claims of absolute nullity, which at this point require a hearing to reach the center of truth on highly debatable matters of science, ethics, human rights, international responsibility and law.

This PROHIBITION is issued until the WHO meets the duty of burden of proof their pandemic preparedness and response programs and negotiations for new regulations adhere to the unequivocal rules of science, ethics, human rights and law in a public and open hearing.

Our organization Interest of Justice, is being denied due process to meaningfully participate and communicate with the WHO international organization, INB and WGIHR regarding these serious matters of controlling the legality. Our efforts to communicate thus far has been unsuccessful due to the lack of transparency, inefficiency, inactivity and obstruction by WHO, which is causing us defenselessness.

Below is a snippet of the Interest of Justice timeline of trying to communicate with WHO regarding the Treaty (CA+) and IHR Amendments in vain that prompted this demand for a hearing:

1. *Spoke 1st WHO Pandemic Treaty (CA+) hearing April 12, 2022
2. Wrote WHO Head Attorney Kenneth Piercy April 14th, 2022, about how WHO had provided no motivation why IOJ cant talk 2 times. IOJ claims there is not meaningful participation! Kenneth Piercy non response
3. Spoke HHS OGA May 12, 2022 - sent Stakeholder engagement package (SHEP) - non response
4. Counted 50,000 demands- to withdraw IHR - It was a success
5. Spoke 2nd treaty hearing INB
6. Wrote multiple times to ask how to get on Annex E - non response
7. Wrote FOIA 4 times to get INB deadline to answer us, WGIHR, how give effect law, Superiors, relevant departments - lame response not duly motivated or pertinent
8. Spoke HHS OGA May 3, 2023 = Spoke to HHS OGA On WHO Reform, Audit and oversight

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matters and Collaboration within the United Nations system and with other intergovernmental organizations

9. 300+ demands back up terrorism charges - exit the WHO WHA terminate the DG Contract for reasons of exceptional gravity likely to prejudice the interests of the OrganizationNoticeanddemand.org
10. Wrote May 10, 2023 - full input for WHA to exit the WHO
11. Spoke at HHS OGA on June 20, 2023 to protest the IHR Amendments
12. Spoke at HHS OGA on June 28, 2023 to protest the Treaty
13. The Oversight Committee IHR Invalidity Report issued July 7, 2023
14. The Oversight Committee Treaty (CA+) Invalidity Report Issued on Monday July 24, 2023
15. Announce Writ of Prohibition - We do not consent & Open call for hearing - Show us the science, ethics, human rights and law, Monday July 24, 2023

RIGHT TO A HEARING: Article 9 - 4. To the same end, and in accordance with applicable international instruments and procedures, everyone has the right, individually and in association with others, to unhindered access to and communication with international bodies with general or special competence to receive and consider communications on matters of human rights and fundamental freedoms. - from the UNIVERSAL INSTRUMENT Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms ADOPTED 09 December 1998 BY General Assembly resolution 53/144 <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-right-and-responsibility-individuals-groups->

Sincerely,

Dustin Bryce

Interest Of Justice.org

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**URGENT REQUEST FOR COMMUNICATION TO SDG SUMMIT 2023 REGARDING
INVALIDITY OF UN POLITICAL DECLARATION WHICH VIOLATES JUS COGENS**

To: newyork@ohchr.org, ohchr-civilsociety@un.org Colin.Mciff@hhs.gov,
ventanillaunica@asamblea.go.cr, dpoliticaexterior@rree.go.cr,
contraloria.general@cgrcr.go.cr Copy majimenez@rree.go.cr

**United Nations Human Rights OHCHR
Secretary General António Guterres**

September 19, 2023

Dear Friends,

We are vulnerable marginalized primary stakeholders that require assistance regarding the following serious breaches of international obligations owed erga omnes.

This special proceedings communication involves:

- Past human rights violations - which is the object of a letter of allegation of serious undue experimentation both psychological/scientific and medical that the WHO ethics refuses to attend;
- On-going or potential human rights violation - which is the object of this urgent appeal;
- Concerns relating to bills, legislation, policies or practices that do not comply with international human rights law and standards.

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1. Is there any kind of URGENT mechanism to complain or notify the SDG Summit (prior to the adoption and signing tomorrow, September 20, 2023) that the the UN Declaration is absolutely null for violating jus cogens?
2. Our organization requires extra assistance to apply for an emergency injunction, or some way to interpose between the UN and States who are adopting the UN Political Declaration September 20, 2023, contrary to scientific, ethical and legal norms and obligations.
3. There are a number of policies and measures being adopted in the UN Political Declaration which we repeatedly contend are absolutely null and manifestly illegal.
4. We are concerned the SDG Stimulus is unscientific, disproportionate, unnecessary and overly ambitious to the point of fiscally reckless.
5. We keep asking for a hearing to provide actual due process for all stakeholders such as ourselves (IOJ is recognized by INB as relevant and interested stakeholders) to participate, but the WHO & UN won't ever respond for 1 1/2 years, which omits our ability to provide UN the relevant information and criticisms we wish to share. We are taking a course in science diplomacy and require some way to dispute scientific presumptions underlying the SDG Stimulus and UN Political Declaration. Who do we ask for a hearing to debate facts, law and science and how/where do we ask?
6. We have multiple unanswered notice of criminal, legal and ethical claims filed in WHO ethics department against the WHO and WHO DG Tedros, et al. We need to speak to Guterres or the board about the UN obligation to fire WHO DG Tedros and waive his immunity as a right and duty. Whom is in charge of WHO ethics unanswered complaints for serious breaches of international obligations to human rights owed erga omnes? We require an appointment with the WHO DG's superior to review, attend and resolve our many unanswered complaints and notices of claim regarding WHO DG's breaches of duty

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and therefore UN serious breaches of international obligations. These issues are unresolved whilst UN barrels forward in error to adopt more health policy under Tedros direction and control that is legally and ethically invalid in the Political Declaration.

7. The UN Political Declaration is written in a way that is biased towards scientific presumptions of a climate emergency and essentially states that there are civil society and legislative obligations to believe and act upon UN's unproven presumption of a climate emergency and support Agenda 2030. This is persecutory to CSO's such as our own Stop Agenda 2030 institute and ensures our voicelessness and lack of participation onto the future.

8. If The UN political declaration is adopted September 20, 2023 without debate of the substantive issues we raised in many writings, our organization will be irreparably injured by never having had due process on many pertinent topics, despite many attempts over a year and a half to warn the UN and member States of the invalidity of many provisions on the table tomorrow. See oral presentation to HHS OGA of unanswered WHO ethics complaints for serious undue experimentation with case numbers: <https://rumble.com/v2lwy0c-ioj-speaking-truth-to-power-exposing-w.h.o.-crimes-may-3-2023-hhs-stakehold.html> also see lengthy attempts to participate which were insufficient to impart data and knowledge we wish to share: <https://rumble.com/c/c-1567585>. Furthermore, Member States and the international community as a whole will be injured for adopting wholly unsustainable and unnecessary agreements that affect commerce and will restructure society in violation of jus cogens peremptory norms that uphold non derogable rights, and these human rights violations will be adopted as new practices, bills or legislation without a risk insurance, risk analysis, compelling public interest test, harmonization of definitions and without consent of the governed.

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Please use the communications and special procedures to:

- Draw the attention of Governments and others on the alleged human rights violations on the illegality of the UN programs for information management and experimental covid-19 vaccine biological agents unproven novel vaccine interventions outside clinical trials;
- Ask all decision makers at the SDG Summit to ensure that the violations of lack of participation and serious undue experimentation UN programs & similar policies in the UN Political Declaration are prevented, stopped, investigated, or that remedial action is taken;

Notice: The demand below is signed by over 1000 people internationally whom reject the UN Political Declaration and SDG stimulus because we have been denied due process and our right to meaningful participate.

<https://noticeanddemand.org/petition/unpoliticaldeclaration/#content12261>

Addressed to:

All Global Decision Makers & Delegates

UN Secretary General

Regarding the UN Political Declaration and FINAL TEXT FOR SILENCE PROCEDURE to be adopted September 20, 2023

Be it known:

We, the vulnerable marginalized primary stakeholders affirm our commitment to the unequivocal rules of science as a main part of the global health security apparatus.

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The people have the right to a hearing for UN to show us the science. The right to a hearing becomes critical when the governments are acting to limit human rights, as is currently underway through UN instruments and the new legal frameworks being created such as the UN Political Declaration.

During the 2020 -2023 WHO PHEIC and covid-19 declared pandemic emergency, human rights experts working within the WHO found that human rights were limited unnecessarily and unethically. Understanding these limitations to human rights were not strictly required by the exigencies of the situation, according to science. Instead, the limitations to rights arose due to countries being bound by IHR 43 to legally but unethically follow WHO contentious and debatable “technical” and "information management" recommendations. Many experts were censored and persecuted for expressing their opinion that WHO is engaging in scientific fraud at worst or at best relying on clear misinterpretations of law and UN over-alarmism.

We affirm it is time the public officials show us the science or the courts should issue precautionary measures against all UN Programs regarding pandemic preparedness and response or "UN information management".

We reaffirm our commitment to demand the UN prove science for all 17 SDG's prior to signing any political declaration which seeks to effectively implement the 2030 Agenda and its SDGs and uphold all principles enshrined in it.

The 2030 Agenda remains as an unproven societal intervention and overly ambitious experiment based on the UN overarching roadmap for achieving sustainable development and overcoming the multiple crises that UN claims we face, but has still yet to prove through conclusive science.

The UN is stepping up our efforts to fight against racism, all forms of discrimination, xenophobia and related intolerance, stigmatization, **hate speech** at all levels, through cooperation, partnership and inclusion and respect for diversity, which so far has been disastrous for human rights as UN

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is directing and controlling a global persecution and censorship regime that discriminates and stigmatizes any scientific disagreement with the WHO, and will likely consider dissent as "dangerous and punishable hate speech". The UN only includes those who agree with their agendas. Honeyed words cannot hide the UN is directing and controlling persecution of those who protest their agendas

Global governance for the common future. The idea of a "world Commission" for a centralized global governance on environmental sustainability issues must be questioned by peer reviewed studies of the best scientists outside of "The World Commission", to avoid conflicts of interest. The recognition that the many crises facing the planet are **interlocking crises** that are elements of a single crisis of the whole and of the vital need for the active participation of all sectors of society in consultation and decisions relating to sustainable development is ill-equipped and merely a concept not proven by real science.

Universal Health coverage is the foreordained lead into a ill-fated socialist agenda using international law to ones own benefit to gain at the whim of funders for a one health agenda and is being opposed by millions of people, accredited health professionals and scientists worldwide. having a centralized information database connected to a pre programmed artificial intelligence system is a very dubitable goal and should be cautioned.

Peace and security cannot be realized through SDG's; and it is a false presumption by UN that peace and security will be at risk without sustainable development. We reaffirm the need to build peaceful, just and inclusive societies that provide equal access to justice and that are based on respect for human rights including the right to development, on effective rule of law and good governance at all levels and on transparent, effective and accountable institutions without the UN Agenda 2030 and SDG unnecessary and unsustainable financial commitments.

The 2030 Agenda remains a private unproven intervention in which UN is exploiting the children and youth of today so that they may act as propagandists and alarmists, pushing UN financial

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proposals in an absence of science, as critical agents of change and torchbearers of the 2030 Agenda for current and future generations.

We acknowledge the essential role of national parliaments in ensuring accountability for the due process by facilitating scientific hearings for the long list of disputed UN science presumptions prior to the effective implementation of the UN SDG goals and commitments under the 2030 Agenda.

Affirming the need for hearings with the dissenting scientific community to ensure a non biased evidenced-based approach to evaluate the necessity, proportionality, feasibility, legality, risks and legitimacy of the highly contentious UN SDGs.

Recognizing the Addis Ababa Action Agenda <https://www.un.org/sustainabledevelopment/financing-for-development/> budget is overly ambitious, unsustainable and based in a myriad of unproven presumptions regarding vaccines and climate change, among other unproven UN presumptions.

We are concerned about the persistent and long-term impacts from the spurious and wholly unscientific COVID-19 pandemic declaration of emergency not in good faith, which is not substantiated by science, in which the WHO used a faulty PCR diagnostic which creates overwhelming false positives to usher in a state of fear and limitations of rights that caused years of continued poverty and widening inequalities, and the multiple interlinked crises that are pushing our world to the brink, particularly in developing countries and for the poorest and most marginalized.

We reject Article 43 of the IHR which mandates that when science is limited, as in any novel or emergency situation, States "shall base their recommendations upon" WHO guidance and private organizations information, much of which is based on deception, disinformation, scientific cherry-picking and modeling manipulation, coercion and threat of global catastrophe if the UN is

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not abundantly funded. The reliance on the void IHR provision which forces States to use limited and biased information to make emergency recommendations upon is an international security threat and the IHR, as well as all amendments are hereby rejected for having caused damages during covid-19 declared emergency and beyond.

Climate change is not proven to be the source of biodiversity loss, desertification or harm, instead, it is pollution, including plastic, air, and chemical pollution, that threaten planet and people rather than an unproven climate issue.

We acknowledge that the unscientifically COVID-19 declared pandemic produced valuable lessons about how UN and Health Ministries are lobbied by Big Pharma and other WEF capitalist stakeholders who profit from emergency declarations, to work together to fast-track health, science, technology, and innovation and digital transformation for sustainable development, in a way which violates WHO MEURI ethical framework by being contrary to ethical obligations.

We remain diligent to the threats of gain of function or dual use research being embedded into the UN Political declaration and the FINAL TEXT FOR SILENCE PROCEDURE.

We firmly denounce and reject the reckless FINAL TEXT FOR SILENCE PROCEDURE that aims to "Promote the fair, equitable and timely sharing of benefits arising from the use of pathogens, sequences or any other materials, with pandemic potential through a multilateral system taking into account relevant national and international laws, regulations, obligations and frameworks, in line with the work being undertaken in other relevant areas and by other United Nations and multilateral organizations or agencies, particularly the ongoing discussions of the International Negotiating Body and Working Group on Amendments to the International Health Regulations (2005) in Geneva"

We firmly reject the UN overreaching their authority in the FINAL TEXT FOR SILENCE PROCEDURE ('PP24. _Express concern that health-related misinformation and disinformation

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negatively impacted routine immunization services globally, particularly affecting children under the age of 5, and in this regard emphasize that routine immunization is one the most efficient and cost-effective public health interventions with the greatest reach and demonstrated health outcomes, that play a crucial role in preventing pandemics and other health emergencies;’) This clause is rooted in baseless presumptions which require a hearing to dispute; it also allows for UN to exercise authority not granted, to regulate the right of free opinion. This expansion of authority to UN to limit non derogable rights is unsustainable because it allows for the monopolization of health information, forcing States to base determinations on biased or false information, to the benefit of the UN's procurement suppliers; the dissenting scientific community, victims of the interventions, whistleblowers of government cover-ups and research misconduct can be censored to create a false health narrative and this must be avoided to preserve fundamental basic freedoms which are UN's duty to protect, not to violate by using labels and terms of art.

Thank you for your prompt assistance in this serious matter and appreciate all of your help working with us to in order to protect the public health and safety.

Cordially,
Interest Of Justice,



Dustin Bryce,
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To: Secretary of Defense (Office of the Secretary of Defense/Joint Staff (OSD/JS), Department of Defense Health Agency, The Committee on Armed Services of the Senate The Committee on Armed Services of the House of Representatives And Secretary of Health and Human Services

October 20, 2023

Dear Friends,

Pursuant to the Freedom of Information Act (5 U.S.C. § 552), Interest Of Justice requests that the Secretary of Defense, The Committee on Armed Services of the Senate, The Committee on Armed Services of the House of Representatives, Secretary of Health and Human Services produce all correspondence, memoranda, documents, reports, records, statements, audits, lists of names, applications, diskettes, letters, expense logs and receipts, calendar or diary logs, facsimile logs, telephone records, call sheets, tape recordings, video/movie recordings, notes, examinations, opinions, folders, files, books, manuals, pamphlets, forms, drawings, charts, photographs, electronic mail, and other documents and things that refer of, relate to the following in any way, within twenty (20) business days regarding the following:

1. Is the covid-19 vaccine dual use, meaning it is a biological agent that could also be used as a biological weapon?
2. Is CAS CRISPR dual use, meaning could it be used as a biological weapon?
3. If so, is CAS CRISPR covered or characterized as a dual use potential weapon under any international framework such as the Biological Weapons Convention?

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4. Is lipid nanoparticle technology dual use, meaning could it be used as a biological weapon?
5. If so, is lipid nanoparticle technology covered or characterized as a dual use potential weapon under any international framework such as the Biological Weapons Convention?
6. If any of the above described technologies are indeed dual use, meaning it could be used as a biological weapon, what plans are there to mitigate those risks? Please provide all risk reports for all years regarding any of these potentially dual use technologies.
7. If any of the above described technologies are indeed dual use, meaning it could be used as a biological weapon, what laws, treaties, frameworks and agreements, etc are there in place and active or binding to mitigate or oversee and audit those risks?
8. If none or minimal oversight exists, what plans are in place to create new legal frameworks to expand the BWC, or to ensure proper characterizations of the above named technologies as potential weapons so they can be regulated, and any plans for oversight of dual use technologies named herein?

If any responsive record or portion thereof is claimed to be exempt from production under FOIA, sufficient identifying information (with respect to each allegedly exempt record or portion thereof) must be provided to allow the assessment of the propriety of the claimed exemption. *Vaugh v. Rosen*, 484 F.2d 820 (D.C. Cir 1973) > cert denied, 415 U.S. 977 (1974). Additionally, any reasonably segregable portion of a responsive record must be provided to me after redaction of any allegedly exempt material, as the law requires. 5 U.S.C. § 552(b).

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In order to help to determine my status for purposes of determining the applicability of any fees, you should know that we are Interest Of Justice, a NON profit International Org., Civil Society Org.. We are willing to pay fees up to the amount of \$250.00. If the fees will exceed this amount, please inform me before fees are incurred. I can be contacted at: Dustin Bryce, (323)-244-2960, contact@interestofjustice.org, if necessary to discuss any aspect of this request.

I look forward to receiving the requested documents and a full fee waiver within twenty (20) business days.

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.

Thank you and looking forward,
Cordially,
Interest Of Justice,



Dustin Bryce,
323-244-2960
contact@interestofjustice.org
www.interestofjustice.org

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To: Secretary of Defense (Office of the Secretary of Defense/Joint Staff (OSD/JS), Department of Defense Health Agency, The Committee on Armed Services of the Senate The Committee on Armed Services of the House of Representatives And Secretary of Health and Human Services

October 20, 2023

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1. Please provide the *precise reason why the Department of Defense used Other transaction Authorities or (OTA) for covid-19 vaccines in the first place?*

2. Please provide all data, reports and information available regarding the use of ordinary treatments (*including but not limited to essential medicines such as Ivermectin and*

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hydroxychloroquin) and ***provide the unequivocal proof that ordinary treatments and measures failed against covid-19 prior to the HHS and DoD decision to use OTA to authorize and roll out the covid-19 vaccines.***

3. Please provide the ***person or persons responsible for the decision to use OTA*** for covid-19 vaccines.

If any responsive record or portion thereof is claimed to be exempt from production under FOIA, sufficient identifying information (with respect to each allegedly exempt record or portion thereof) must be provided to allow the assessment of the propriety of the claimed exemption. *Vaugh v. Rosen*, 484 F.2d 820 (D.C. Cir 1973) > cert denied, 415 U.S. 977 (1974). Additionally, any reasonably segregable portion of a responsive record must be provided to me after redaction of any allegedly exempt material, as the law requires. 5 U.S.C. § 552(b).

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Thank you and looking forward,
Cordially,
Interest Of Justice,



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WHO Censored Free Speech Association's Comments Yesterday In The WPG14 CSO "Consultation"

Those punks! BUSTED. Interest of Justice took screenshots of WHO deleting our sister organizations comments in real time. Civil Society Organizations (CSO's) were invited to "consult" with WHO.

 INTEREST OF JUSTICE
OCT 31, 2023

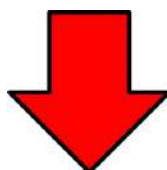
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If you are sick of the WHO bossing us all around and censoring us you are not alone. We are on a long game multi prong approach to get all nations to exit the WHO and to sue the WHO to force cessation of the wrongdoings and reparations to humanity. Its not a lofty dream, its a MISSION that has become our LIFESTYLE. Join us to take the Mengele Health Monopoly down and rebuild a more natural and honorable replacement with real participation of all of us where we all matter and can be validated and heard, supported and nourished.

One step that must be done THIS MONTH is to final petition and sue our nations to ask to prevent the adoption of the IHR amendments that cure Dec 1, 2023. We are about to publish a guide and yes, we are slammed getting ready for Nuremberg Hearing Nov 9, but will help guide this because no one on Earth knows what the hell to do - but IOJ does! Stay tuned!

Donate now to support IOJs mission to sue the WHO and stop the covid “vaccines”!



*Is this a joke WHO? We are taking screenshots in real time of you deleting our comments!
Where did the comments we made complaining about the censorship go?*

Maybe they didn't like what we were saying?

F

Free Speech Association

23 hours ago

🗨️

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None of the 6 strategic objectives resonate. What we suggest is the WHO NOT accelerate a year early and push these agendas just to justify financing. Why don't you all slow down and have public hearings WITH CSO's & Member States at the same time, rather than call us in after the WHO set agendas?

↳ Replies
⋮

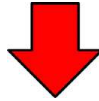
All was going fine at the WGP14 consultation. For hours yesterday morning and all day we were posting comments to the WHO platform which posted in real time just fine.

Then BAM. Both Interest of Justice (IOJ) and our sister org Free Speech Association (FSA) found ourselves with our comments “waiting for review”.

We think we were the only CSO’s throttled by WHO yesterday who’s comments had to be “waiting for review”.

Free speech Association posted the same comment about UN “owns the science” in all 4 rooms since it was not posting, just to see if any room would post it & it was blocked on all 4 rooms where comments could be left to “guide” WHO & other CSO participants.

The WHO censorship began with this comment:




Free Speech Association

Climate change is a UN unproven myth that is so widespread by UN and their partner Google censoring all real climate experts who disagree with UN pseudo science. see: WEF: MELISSA FLEMING “WE OWN THE SCIENCE, AND WE THINK THAT THE WORLD SHOULD KNOW IT” <https://www.bitchute.com/video/b2jvF9VdAb7C/>

Waiting for review Your question is currently waiting to be reviewed by the event organizer.


Interest of Justice comment was approved and posted within 10-15 minutes, but the Free Speech Association comment just kept “waiting for review”, even a whopping 8 hours later as the whole thing was ending (*and still waiting approval the next day!*)

See the posts below. As you can see, IOJ’s was posted on top and approved in minutes, but FSA was throttled & “waiting for review”, presumably for dissing UN & WEF pseudo science.

 **Interest of Justice**
8 hours ago 🗨️ 0 👍

thank you for this platform to speak

↳ Replies

 **Free Speech Association**
8 hours ago Waiting for review ⓘ

Climate change is a UN unproven myth that is so widespread by UN and their partner Google censoring all real climate experts who disagree with UN pseudo science. see: WEF: MELISSA FLEMING "WE OWN THE SCIENCE, AND WE THINK THAT THE WORLD SHOULD KNOW IT" <https://www.bitchute.com/video/b2jvF9VdAb7C/>

↳ Replies ...

That did not seem right or fair, so FSA started leaving more comments, which were also “waiting for review”:

Yes, after we were censored for about 8 hours we started leaving comments asking WHO why our comments were being censored.

Theory of change, including WHO partnership model

WHO GPW14 CSO and Youth co...
Oct 25 - 30, 2023
#2892 311

Live interaction

Switch event

Dark mode

About Slido

Our comments are still "pending review". Is WHO censoring Free Speech Association for giving the link where UN says they own the science and which proves the UN censored climate emergency critics? ALL partners should be allowed to post here and not have truth censored which is inconvenient for WHO!

Free Speech Associ... Send

All 30 Partnership 9 Accountable 8 Member states 6 Health 5 Action >

Popular Recent 30 questions

A Amal Eid Jamil Ireifij
9 hours ago 5

There should be a very clear framework for civil society engagement mechanism and accountability indicators to both member states and WHO country offices

1 reply

F Free Speech Association
13 hours ago 3

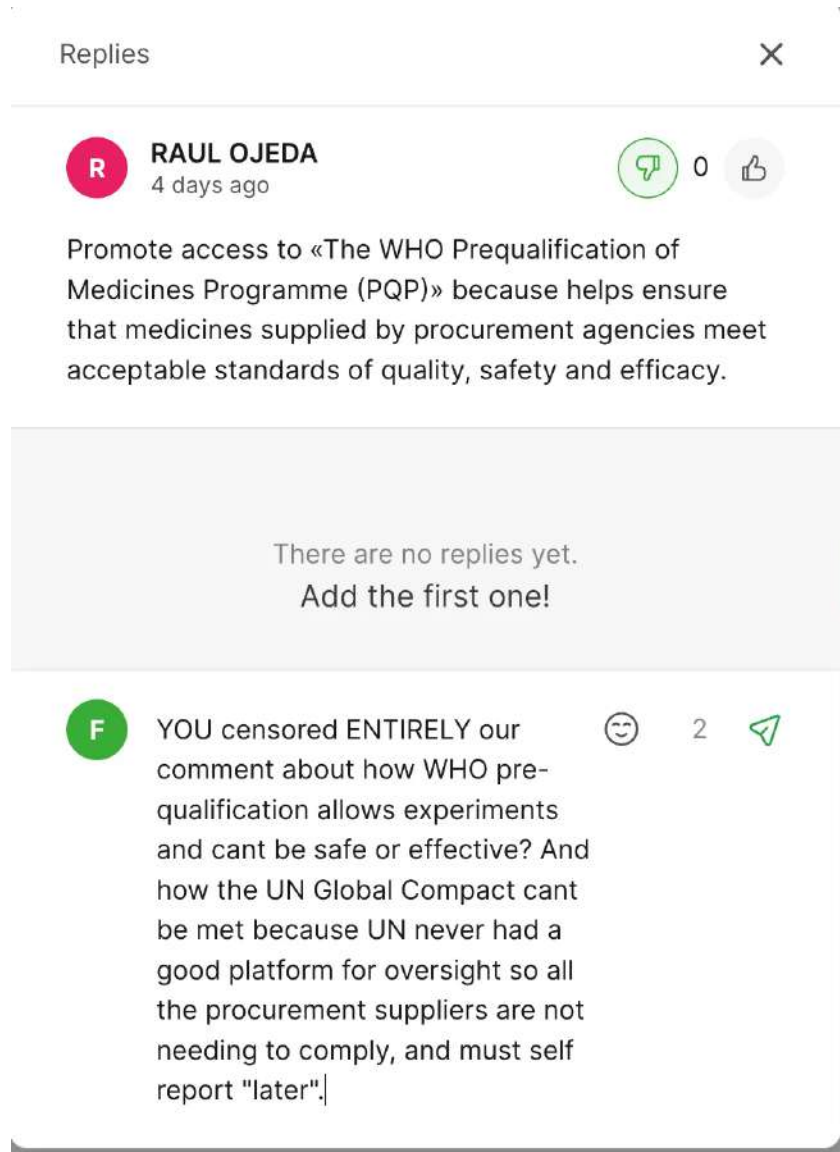
There is no accountability. We propose an oversight partnership with CSO's who's mission is accountability. All these agendas are based on presuming WHO is in good faith which they are not. Until SOVEREIGN IMMUNITY is taken away, us oversight CSO's are defenseless to WHO's refusal to be accountable!

Login as admin - Present mode
Acceptable Use - Slido Privacy
Cookie Settings
© 2012-2023 slido - 52:156.1

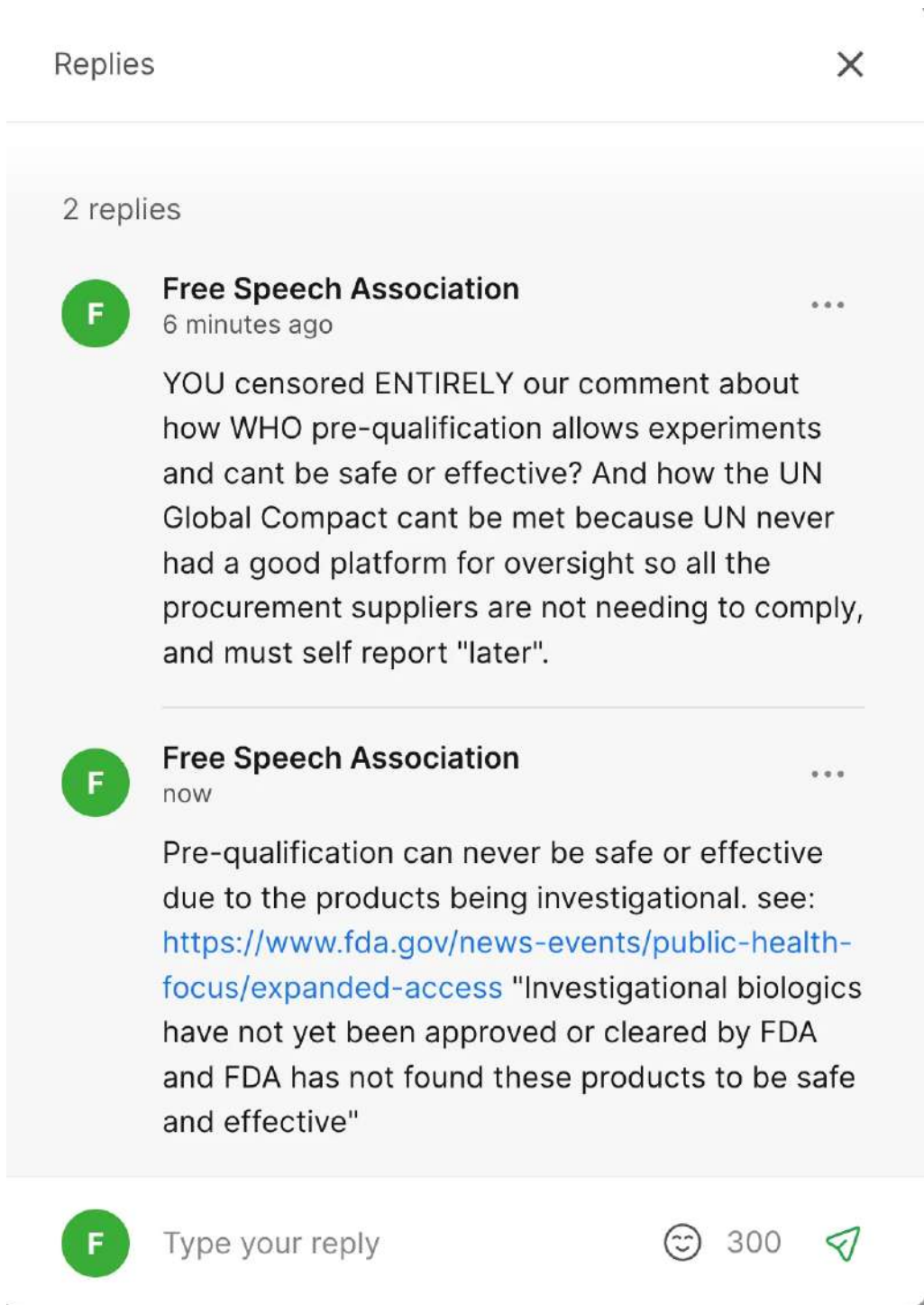
Then we noticed that a post we previously replied to shockingly said it never had a reply, which means WHO fully deleted our post about not wanting to create pathogens of pandemic potential.

We replied again and was happy to find our new replies were not coming up as “waiting for review.”

At that point we posted on a few more comments we previously posted on which were also replies of ours WHO deleted:

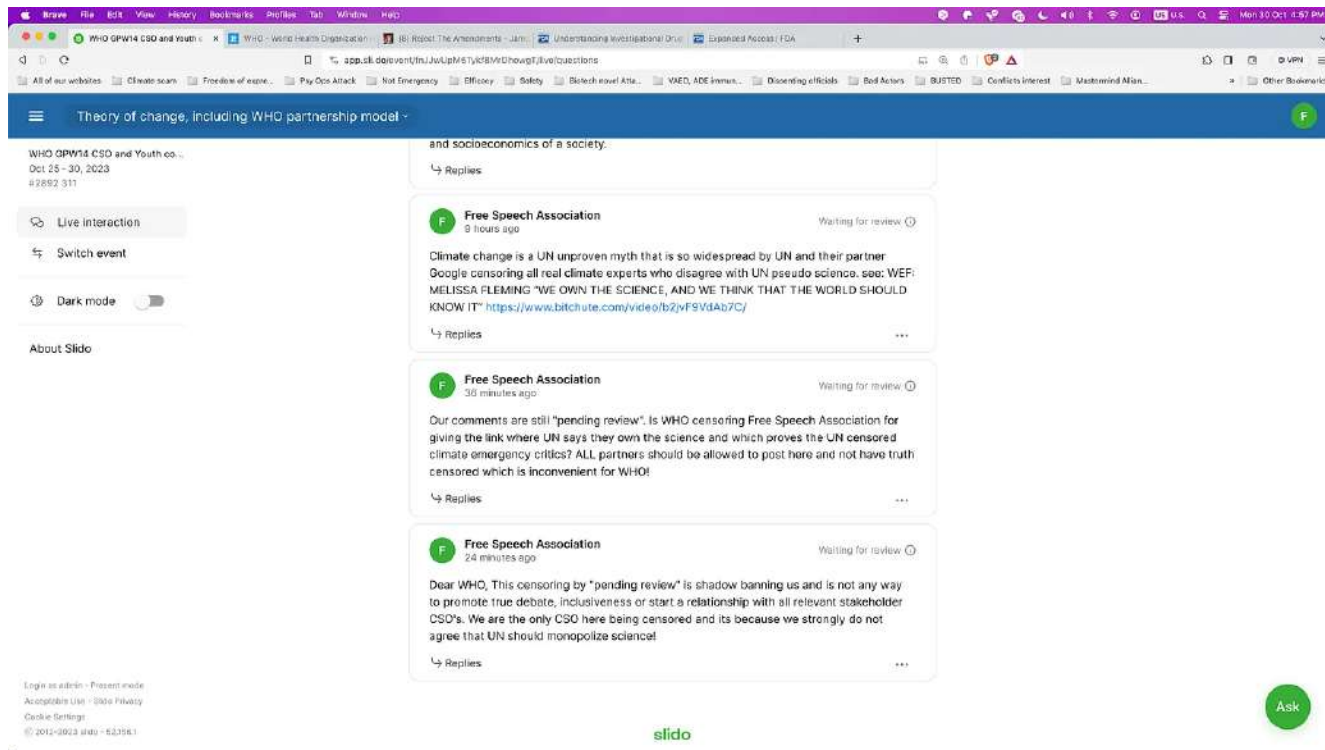


And the WHO also censored our reply about the WHO pre-qualification program being experimental and not safe or effective.... so we posted the following truths:

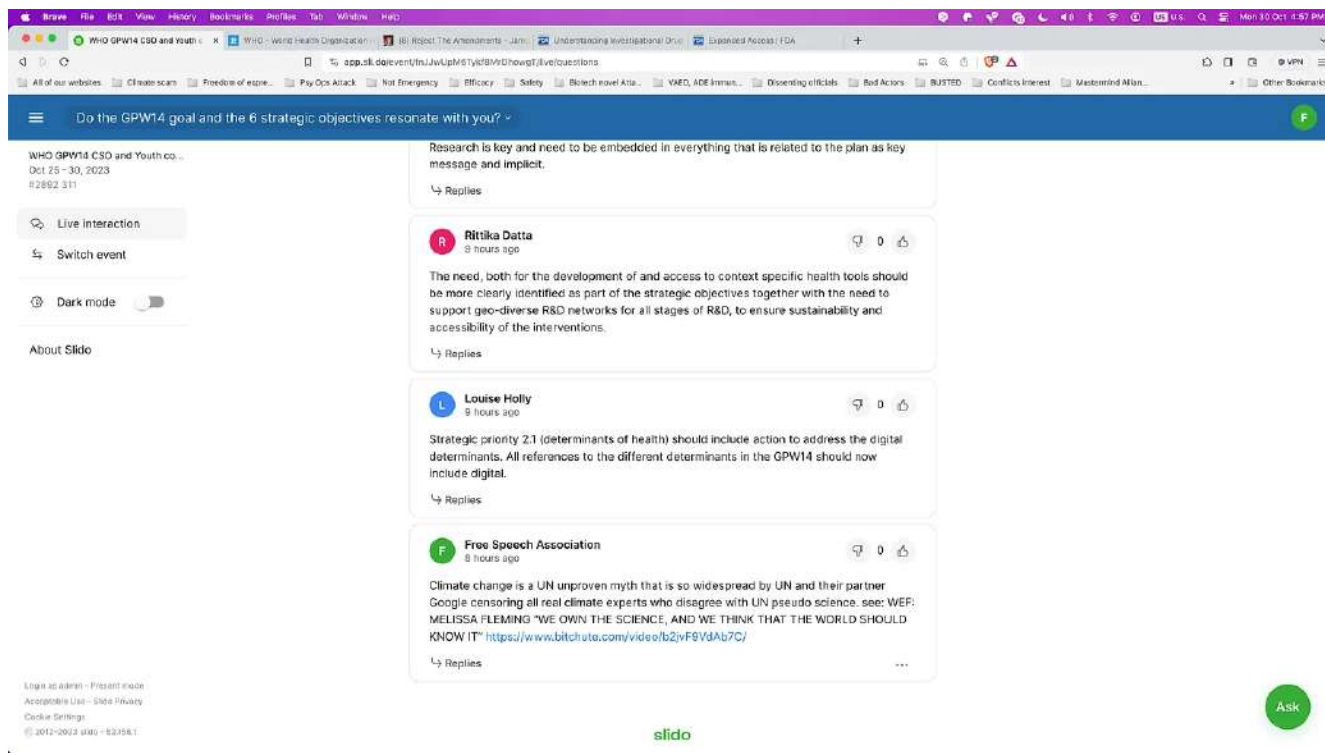


Mentioning to the WHO we were censored:

This was where we realized the WHO was messing with us in real time and we got smart enough to take full screenshots with time stamps: The post below is us asking whats going on at 4:57pm.



The WHO uncensored ONE post (the first post pending for 8 hours) within SECONDS by the end of bitching at 4:57pm



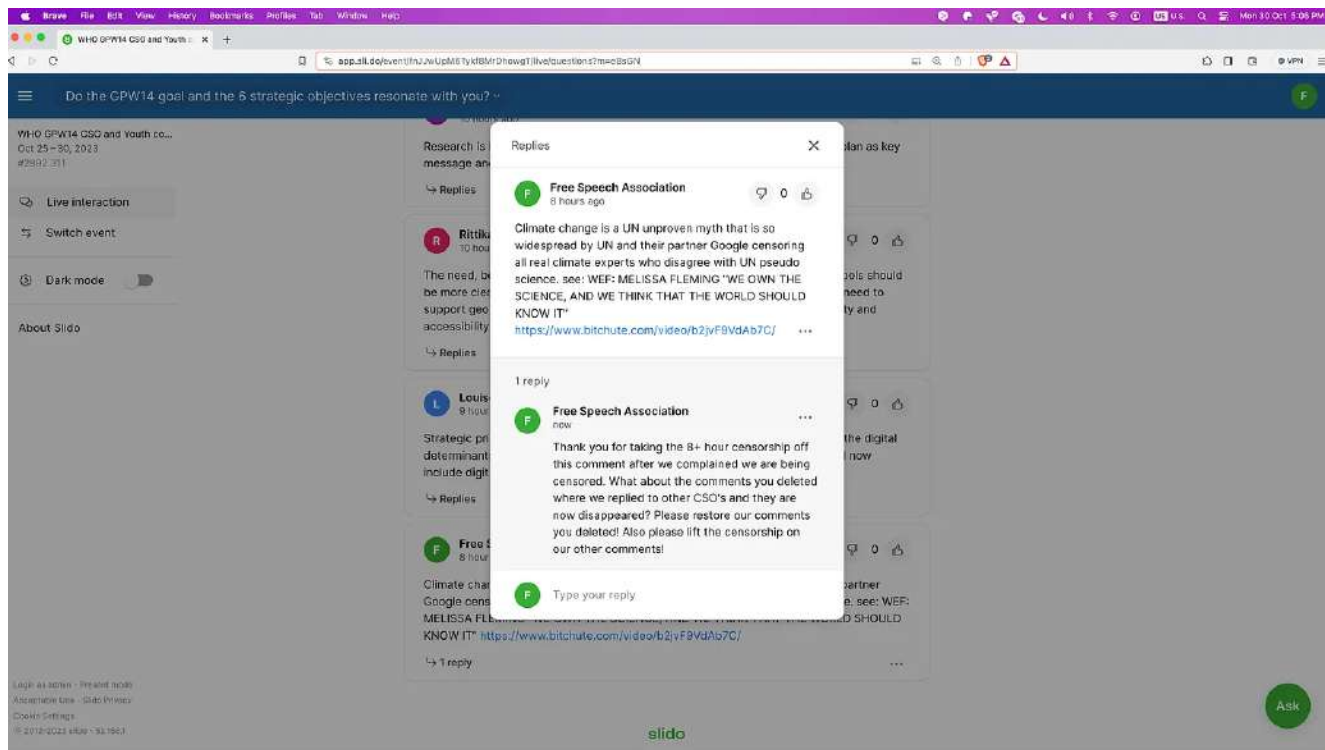
(see it there on the bottom no longer “waiting for review” about climate change being a UN unproven myth - its BACK!)

Over 8 hours went by until WHO finally approved our comment above about how UN “owns the science”.. in ONE room

(remember same comment was in all 4 rooms - so they uncensored it in one room, but kept it censored in the other 3 rooms)

FSA then writes a “thank you for lifting the censorship” reply under the post WHO finally approved after over 8 hours of “waiting for review”

5:08pm



Then it got really crazy....

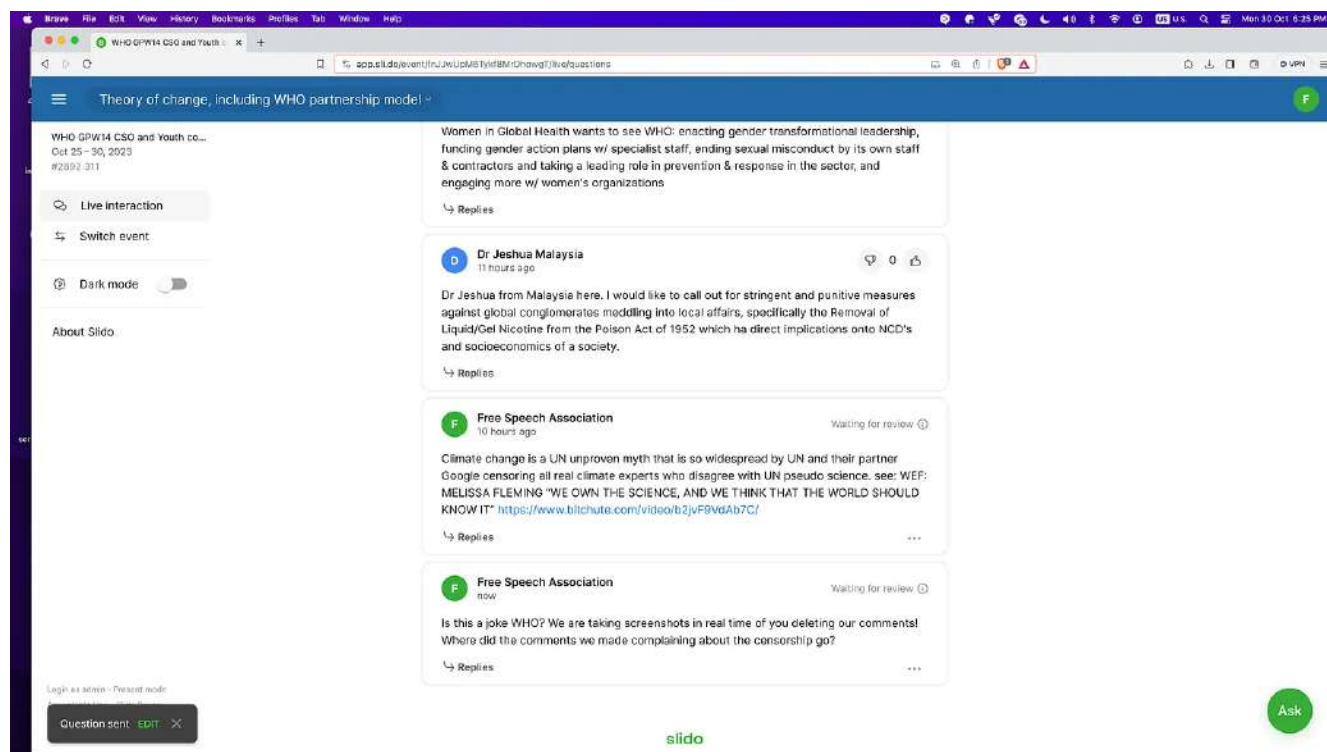
6:25pm

We then noticed the posts we put complaining about being censored were DELETED.

So we posted MORE comments asking if WHO is joking:

*Is this a joke WHO? We are taking screenshots in real time of you deleting our comments!
Where did the comments we made complaining about the censorship go?*

See how there are only 2 comments there and the room is “theory of change” on left side?

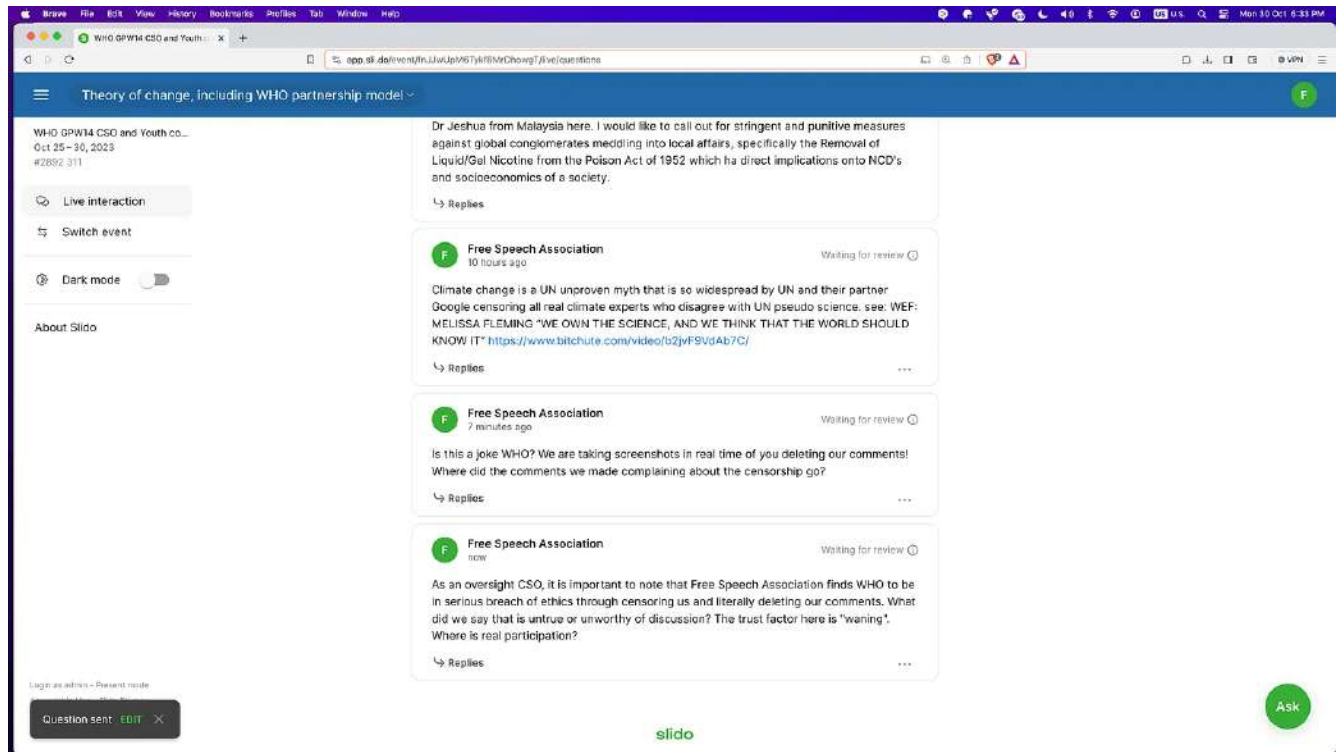


A few minutes later at 6:33pm FSA wrote WHO again:

As an oversight CSO it is important to note that Free Speech Association finds WHO to be in serious breach of ethics through censoring us and literally deleting our comments. What diid we say that is untrue or unworthy of discussion? The trust factor here is “waning”. Where is the real participation?

6:33pm

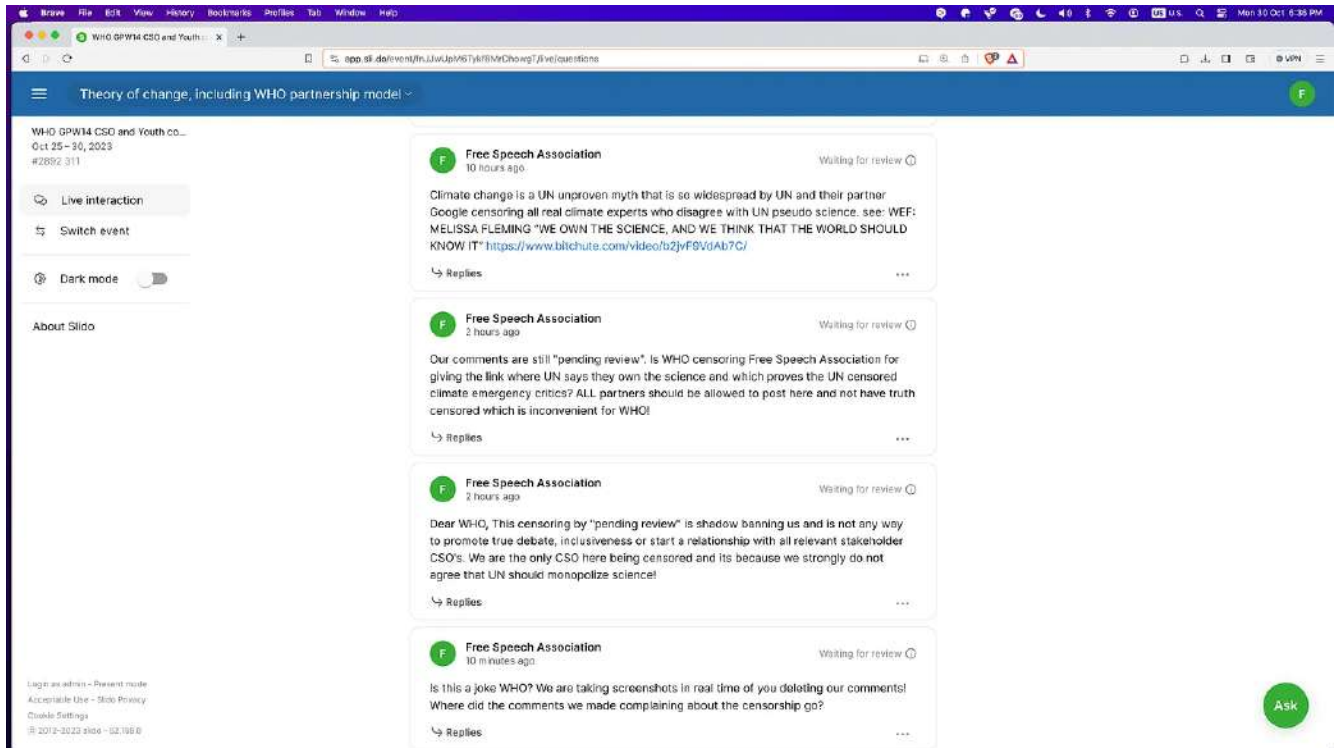
Comments from 2 hours earlier clearly not there & gone!:



WOW - the WHO got the message that we were on to their censorship scam and if you look closely below you will see the WHO quickly REPOSTED our deleted messages (from 2 hours before) that were not there only THREE MINUTES EARLIER in the screenshot above after we complained and called them out for deleting them.

6:36pm

Comments from 2 hours ago restored but still waiting for review.:



See the two comments above which say they were posted “2 hours ago”? Those were the deleted comments.

The 2 deleted comments are below that were restored after we freaked out on WHO:

Our comments are still "pending review". Is WHO censoring Free Speech Association for giving the link where UN says they own the science and which proves the UN censored climate emergency critics? ALL partners should be allowed to post here and not have truth censored which is inconvenient for WHO!

Dear WHO, This censoring by "pending review" is shadow banning us and is not any way to promote true debate, inclusiveness or start a relationship with all relevant stakeholder CSO's. We are the only CSO here being censored and its because we strongly do not agree that UN should monopolize science!

Yes, those are the comments that WHO first deleted, then QUICKLY restored after we asked if they were joking and informed them **WE ARE TAKING SCREENSHOTS OF YOU DELETING OUR COMMENTS IN REAL TIME.**

Compare both of the above screenshots with the time of the screenshot and the time of the comments. You will see they were literally totally gone at 6:33pm, we complained and said we were taking screenshots of them deleting our comments and within 3 minutes the deleted comments were reposted by 6:36pm as if they never were completely deleted at all...

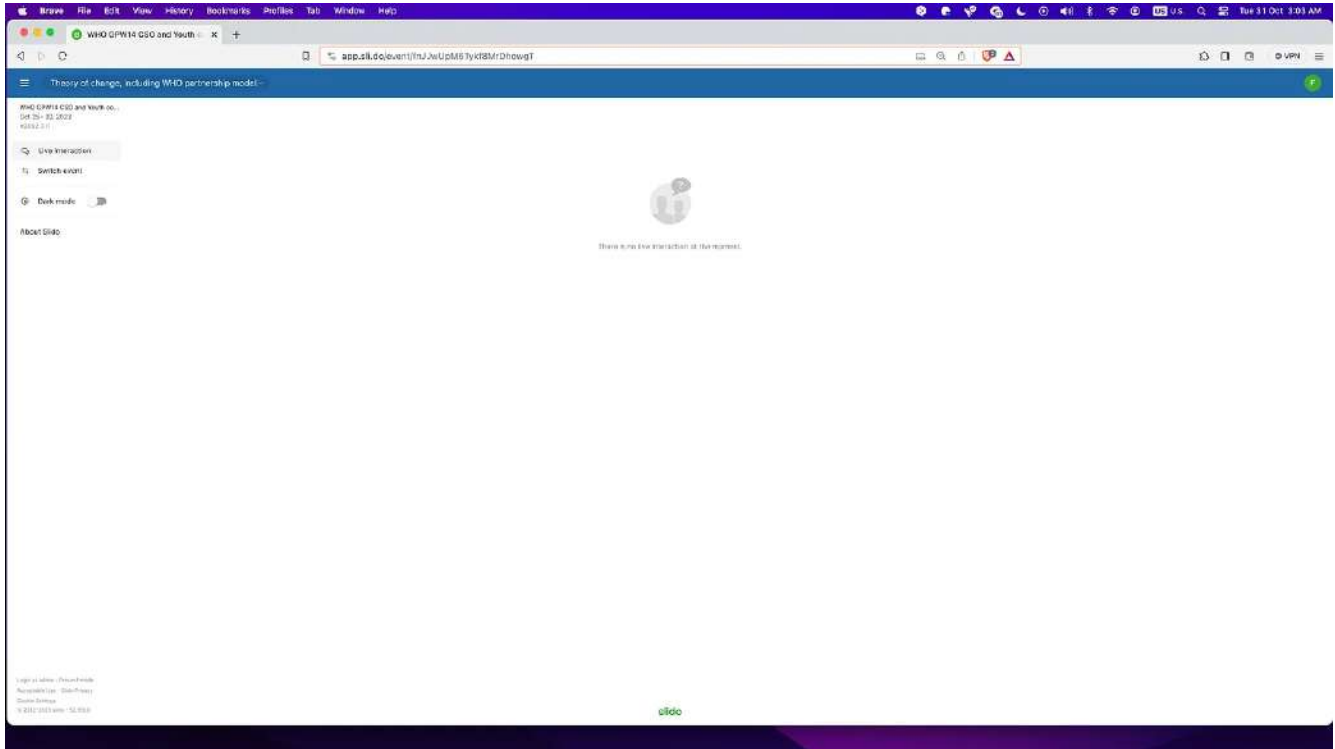
The screenshot comparison shows the two deleted posts from “2 hours ago” magically popping back in within 3 minutes after chastising WHO

and below you can see they approved all but the WEF climate myth comment that started the censorship in the first place, but it took WHO until after 2:00am to approve them... AND the time stamp is now different, pretending we left the comments 7 minutes ago when they were many, many hours ago????

What the hell is WHO doing to our comments?

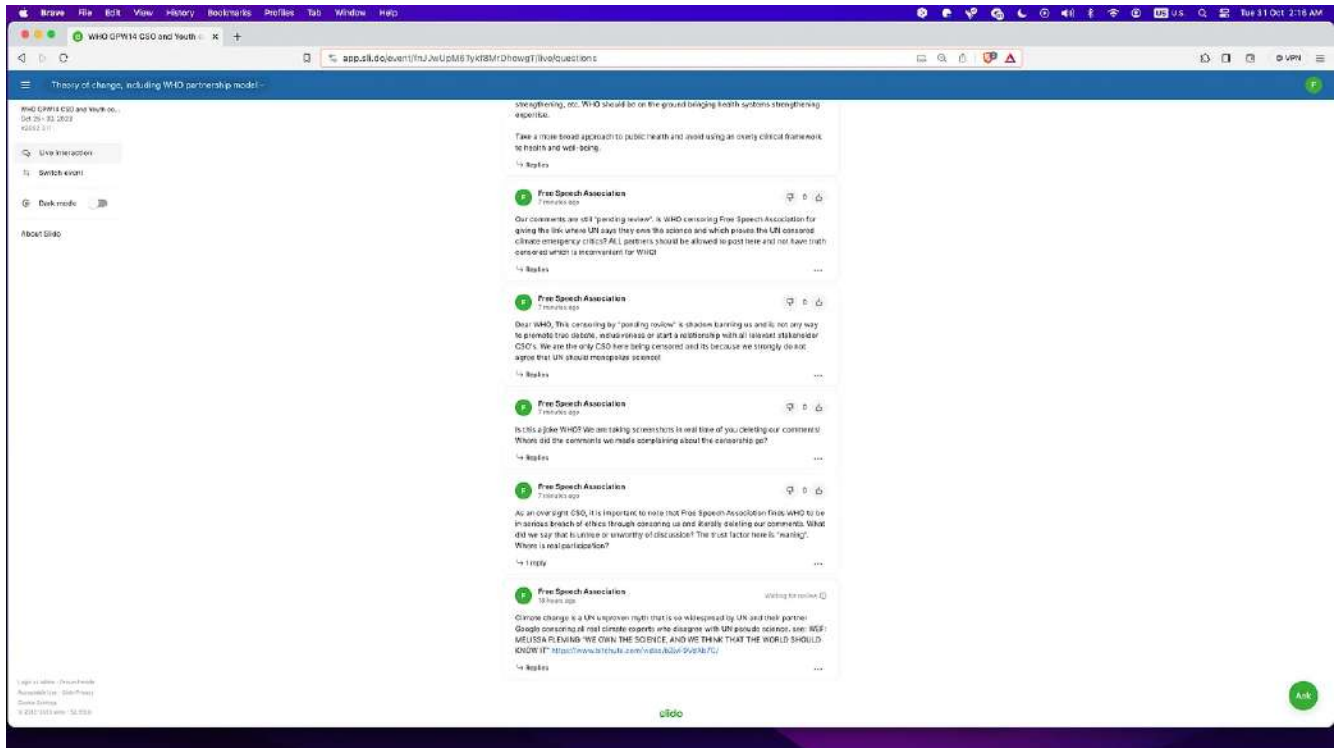
*Can you believe the nerve of WHO to give our comments a **false time stamp** once actually approved to make it appear freshly written at same time they posted it, despite censoring it for almost a whole day - and only posting it for the group to see AFTER the event was OVER & everyone left???*

3:00am - wiped clean the whole chat and no one got to see Free Speech Associations comments about the censorship



Free Speech Association and Interest of Justice do NOT approve of the WHO's method of "consulting" all CSO's. Its lip service and the *Member States (who demanded the WHO deal with us CSO's & forced this agenda) will need to know the WHO is NOT doing what they asked, which was to consult with us, not censor us.*

Trust WHO? NO. Total shenanagins!!!



The WHO probably didn't like much that Free Speech Association or Interest of Justice had to say yesterday, they "reviewed" the comments and censored them.

Censoring Free Speech Association, by the way, was not only totally ironic as hell, it was a serious breach of WHO duty that is reprehensible and will not go unpunished.

WITH THIS EVIDENCE OF NOT INCLUDING ALL CSO'S, WE GOT WHAT WE NEED TO SUE WHO TO CHALLENGE THE NEW FRAMEWORKS & AGENDAS.



And dear friends, THAT is why we participate and you should too!

We also got to red-pill WHO cheerleaders about why NOT to want the pandemic accord, etc. See a few of IOJ and FSA comments to WHO yesterday to try to slow down the Agenda 2025-2028.

Replies ✕

R **RAUL OJEDA** 3 days ago 3 👍

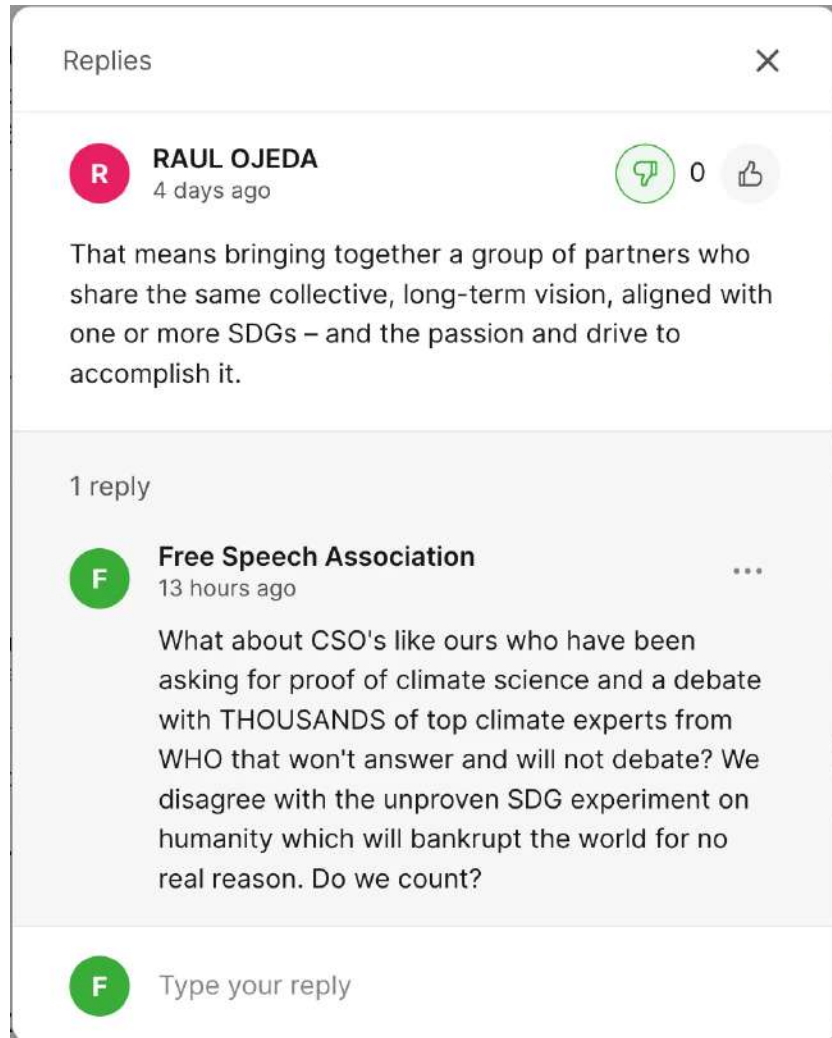
What will be the synergy between this plan and the «Pandemic Accord» proposed by the WHO to promote access to therapeutic treatments in a more equitable way for possible future pandemics? especially for countries with difficulties in primary care services. We don't want COVID19 inequity to repeat.

1 reply

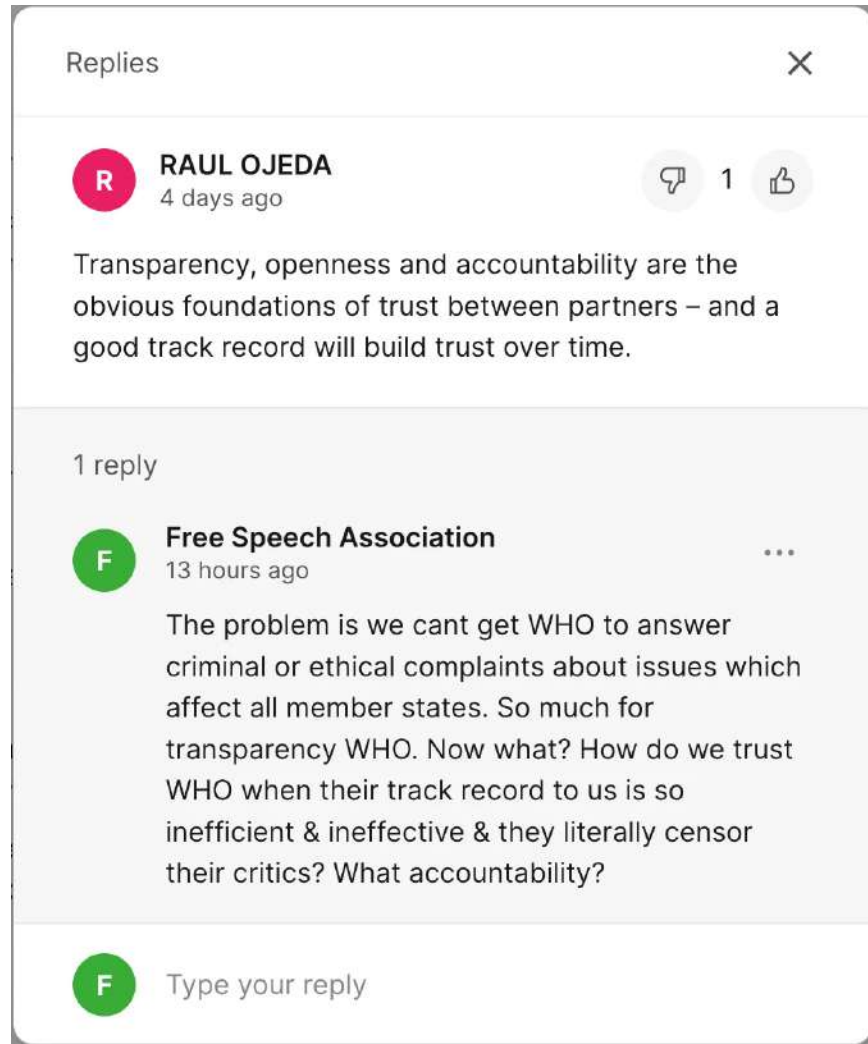
F **Free Speech Association** 9 hours ago ...

The pandemic accord draft is riddled with concepts legalizing human rights abuses and forced experiments. Its unacceptable in 100 ways as written. It should not be adopted and it was far too rushed with no meaningful participation of CSO's or the public who it will affect.

F Type your reply



Ironically, one of our first comments warned the participants that WHO censors critics... go figure.



★ **INTEREST**  ★
Of Justice

If you are sick of the WHO bossing us all around & censoring us all you are not alone. We are on a long game multi prong approach to get all nations to exit the WHO and to sue the WHO to force cessation of the wrongdoings and reparations to humanity. Its not a lofty dream, its a MISSION that has become our LIFESTYLE. Join us to take the Mengele Health Monopoly down and rebuild a more natural and honorable replacement with real participation of all of us where we all matter and can be validated and heard, supported and nourished.

One step that must be done THIS MONTH is to final petition and sue our nations to ask to prevent the adoption of the IHR amendments that cure Dec 1, 2023. We are about to publish a

guide and yes, we are slammed getting ready for Nuremberg Hearing Nov 9, but will help guide this because no one on Earth knows what the hell to do - but IOJ does! Stay tuned!

Donate now to support IOJs mission to sue the WHO and stop the covid “vaccines”!



More comments given to WHO yesterday regarding WGP14 2025-2028

**Free Speech Association**

13 hours ago



WHO partnership with WEF is creating an imbalance of power & it should be severed immediately in the public interest to avoid monopolistic practices & tendencies of WEF from seeping further into health policy. It was covid action platform under WEF in charge of UN covid procurement & they got rich.

[↳ Replies](#)**Interest of Justice**

13 hours ago



Transparency and accountability need to be addressed, until there is waived immunity, there is zero accountability. Having a more broad partnership with Civil Society being the liaison between citizens and government by having participatory systems in place including oversight.

[↳ Replies](#)**Interest of Justice**

13 hours ago



There needs to be oversight in Transformational change in partnerships. Especially involving ppp's. Public Private Partnerships are dangerous and have unmanageable conflicts of interest.

[↳ Replies](#)**Interest of Justice**

13 hours ago



Does the term "Leave no one behind" have anything to do with the "internet of bodies and things"? If so, this needs to be addressed along with surveillance under the skin. This seems like an involuntary digital health tracking scheme being forced upon the people of the world without informed consent

Replies ✕

A **Amal Eid Jamil Ireifij** 9 hours ago 🗨️ 5 👍

There should be a very clear framework for civil society engagement mechanism and accountability indicators to both member states and WHO country offices

1 reply

F **Free Speech Association** 8 hours ago ⋮

Agreed! With a mechanism to waive immunity if duties breached!

F Type your reply



Free Speech Association

23 hours ago



NO! Behavioural sciences and basic and translational science is THE WORLDS LARGEST THREAT TO FREEDOM, FREE THOUGHT AND EXPRESSION EVER, which plays NO VALID role in improving health and well-being for all. Its an illegal psychological unproven intervention outside a clinical trial to sell products!!

↳ Replies



Free Speech Association

23 hours ago



WHO capacities are weak, the approach must be to by-pass. Operating by principles such as one plan is a recipe for disaster & conflicts. At the country, regional and global levels, WHO must be PROHIBITED from any critical role in aligning this broad array of health actors with national priorities.

↳ Replies



Free Speech Association

23 hours ago



WHO in monitoring, evaluating and reporting on health trends & capacities drives priorities and decision-making at all levels. Its often based on flawed science WHO refuses to prove, secret agendas, conflicts and WHO is unethically not monitoring identified known risks in their procurement products

↳ Replies





Official. 42 Likes · 4 Restacks

29 Comments

INTEREST

Write a comment...



Papillon Colorful definitions Oct 31, 2023 · edited Oct 31, 2023

♥ Liked by Interest of Justice

WHO is really nasty, what a way to convince people that they work for them.

I think also that WHO is really sure that the population does not understand a lot of the legal language of the treaty. We should tell them not to be, because most of us understood and you, we, help others to understand too. For the common good of the environment (the definition of which will be established by the treaty) almost any human right of those for which so many generations have fought and which seemed to be unattainable may be sacrificed. Simple, but complicated, because we, the people, will not give them up for the sake of an organization that only has criminal goals. what irrefutable evidence is there of criminal intent? the actual state of the world today. Disease, poverty, death, power of control, corruption, distruction, lies, turning the science against life, flagrant violation of all natural laws and human dignity more than ever in the history of the world. The world is totaly sick and suffering because these kind of organizations never did anything good, but spent the people's money for their own interests of gaining power over everyone. Fuck them. Till the end. We or they. We don't need them to be our bosses, we are not their f..g slaves.

 LIKED (10)  REPLY  SHARE ...

7 replies by Interest of Justice and others



Dee Dee Dee's Substack Oct 31, 2023  Liked by Interest of Justice

I am refusing till the end!

 LIKED (7)  REPLY  SHARE ...

2 replies by Interest of Justice and others

27 more comments...

THE OVERSIGHT COMMITTEE

0
0
0
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WWW.INTERESTOFJUSTICE.ORG

EXHIBIT 17

YEAR 2023

ISSUED DOCUMENTS
AND REPORTS



0
0
0
0

WWW.THEOVERSIGHTCOMMITTEE.ORG

CIVICS AND LAW
MONITORING COMMITTEE

Proposal for Global PACT By Interest of Justice Science Task Force

November 10, 2023

Dear Friends:

**INB, WHO, International Community, WHA, WGIHR, Ministry of Foreign Affairs, HHS
OGA, and Dr. Gaudenz Silberschmidt Director of Health and Multilateral Partnerships
WHO**

We are deeply dissatisfied with the non responses of the WHO INB, WGIHR and is a friendly reminder from Interest of Justice, an international organization CSO that there is a failure of WHO ethics oversight to respond to numerous correspondences we have sent, many with questions that remain unanswered relating to the WHO Pandemic Agreement, IHR amendments and serious breaches of international obligations owed erga omnes.

We noticed that throughout these negotiations the WHO has made an effort to acknowledge that the IHR Amendments and WHO Pandemic Agreement (CA+) should be in conformity with the obligation to collaborate with CSO's, such as Interest of Justice and all other relevant and interested stakeholders.

Just like the IHR Amendments, there is no transparency. We cannot get into any meeting (*we were expressly rejected entry to some*), we can not even get an answer as to many questions, formal

CIVICS AND LAW
MONITORING COMMITTEE

complaints, or missing standard WHO ethics documents through numerous freedom of information requests.

As a result of the secrecy in the proceedings we cannot meaningfully participate. This leaves the WHO Pandemic Agreement and IHR Amendments in a state of pure illegitimacy, based on the absolute requirement to allow CSO's to meaningfully participate, which is not being fulfilled in reality, and is mere lip service.



Lawrence Gostin @LawrenceGostin · 3h



Re: INB4 (27 Feb-3 March, 10am CET)

* Opening & program of work Publicly Webcast

*Bureau modalities INB4/5: Stakeholders only

* Zero CA+ draft Negotiations: Stakeholders only

* Member States proposals: No public broadcast

INB [#PandemicTreaty](#) transparency is far from ideal



412



Tip

At the beginning of the process INB recognized our organization as a “relevant and interested stakeholder” defined as we have “relevant information to share”. We are still unable to share a rather voluminous amount of information and last week, October 30, 2023 we tried to participate in the CSO consultation for GPW14 and WHO literally censored us and deleted our comments to

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MONITORING COMMITTEE

other CSO's regarding scientific issues because we posted the link where UN says "we own the science". *See screenshots as evidence posted online proving WHO literally censored us:*

<https://interestofjustice.substack.com/p/who-censored-free-speech-associations>

This is very irresponsible and unacceptable for WHO and the INB to be conducting everything in secret in a way that censors counter-viewpoints and labels us as misfits.

We are currently being certified in science diplomacy and Malta has sponsored the IOJ co-founders a partial scholarship. Science Diplomacy and the SDG's will require Science Task Forces according to the curriculum, which we firmly agree with.

Interest of Justice is hereby presenting a proposal for the benefit of the INB and WGIHR. *We are starting a Science TASK FORCE December 1, 2023 and oversight body for the sake of addressing the counter balancing views of ALL scientific experts.*

We would like for the INB to include into the Pandemic Agreement draft that Science Task Forces and independent attaches are essential to ensure the impartiality of WHO and Member States decisions in science. All diplomats and the WHO know this, but the Science Task Forces are a new concept, with absolutely no leaders at the helm, which requires new independent input and new Science Integrity Pacts from CSO's, such as our own sister CSO, "<http://www.showusthescience.org>!" to combat the current landscape of unmitigated political influence in scientific decision making in WHO policies.

We will lead this Science Integrity Pact and work with WHO & Member States to implement it in compliance with your legal and ethical mandates. Interest of Justice and "Show Us The Science"

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is proud to do this mission as we are “uniquely qualified” to lead this endeavor because we represent an enormous body of the worlds foremost experts with no conflicts of interest.

We directly request a response from the WHO, INB and WGIHR regarding if the WHO will incorporate these Science Integrity Pact concepts and if WHO will formally partner with our CSO to collaborate with our new Science Task Force? We certainly hope so, and are at your service in the name of good science and the spirit of active participation.

We are proposing a “collective action” with a wide variety of CSO’s, diplomatic channels, ethicists, legal scholars and uniquely qualified scientists who seek to participate in the creation of these WHO and public health policies currently being rushed through without us all. The omission of our relevant information is a fatal error that invalidates the instruments currently being negotiated in secret.

Once again, after many letters, complaints and attempts to participate, all with no response, we come to you as vulnerable and marginalized stakeholders who require your extra assistance to participate. No matter how often we write you to tell you this, we receive no response, which has left us in a state of utter defenselessness.

We do not agree with the current version of the Pandemic Agreement (CA+) or the IHR Amendments for reasons that are too numerous to mention. We would require a full plenary session to discuss these numerous issues in great detail, which would require due process and an actual procedure to discuss details with a wider variety of constituents. We keep repeating the drafts are being negotiated in a way that denies everyone due process.

All in all, the drafts of both instruments are done simultaneously which burdens member States and us CSO’s, as noted by WHO in mid 2022 when the processes began. The unnecessary rush by

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MONITORING COMMITTEE

the INB and WGIHR to create new norms is leading to the full omission and failure of the drafts to conform to the conditions set in the Siracusa Principles, which is unacceptable, violating jus cogens and makes both instrument drafts absolutely void under law. This is an enormous problem of absolute nullity and a gross waste of resources in creating a void instrument.

Please see our reports on www.TheOversightCommittee.org/reports. We have created an “Invalidity Report on IHR” and an “Invalidity Report on WHO Pandemic Agreement (CA+)” which you are being kindly requested to rebut point by point.

Thank you, we sincerely hope the WHO will partner with our new Science Task Force, which includes world class scientific, ethics and legal experts. We also call on INB to strengthen the drafts by addressing the many reasons for invalidity under jus cogens norms outlined in the two Invalidity Reports referenced above.

Respectfully,



Dustin Bryce, on behalf of IOJ

323 244 2960

contact@interestofjustice.org



INVALIDITY REPORT



**WHO PANDEMIC
AGREEMENT (CA+)**

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INTRODUCTION

Treaties are one of the sources of international law and they are used by countries to regulate their international relations. The law of treaties is based on the principle that agreements must be respected, however the Vienna convention lists actors that may invalidate and terminated treaty and they are divided into relative and absolute grounds.

Relative grounds include error fraud and lack of authority while absolute grounds cover coercion corruption and jus cogens violation.

Let's have a look:

Error

An error in the conclusion of a treaty can nullify the state's consent if that mistake relates to a fact *[such as climate emergency]* assumed by the state to exist, and formed an essential basis of its approval to be bound by the treaty. However if the state knew or contributed to that error it cannot invoke that ground to free itself from observing the treaty.

Fraud or Corruption

Fraud or corruption is the second ground to invalidate a treaty. Here a state consents to be bound by a treaty as a result of fraud or bribery conducted by another state.

Coercion

Coercion is another ground that a state may invoke to nullify a treaty where it was forced to sign the agreement under military pressure or use of force.

Lack of Authority

The lack of authority is the fourth ground of invalidity where negotiators act outside their instructions or violate national treaty-making rules

INTRODUCTION

Another factor in validating a treaty is the breach of a peremptory norm while the other grounds concern a problem with how the treaty was concluded the jus cogens ground focuses on the treaty subject matter.

Hence a treaty concluded between two countries to commit genocide or torture will be void.

In all cases the invalidity of a Pandemic Agreement (CA+) renders it void and without legal force.

The difference is that relative grounds render a Pandemic Agreement (CA+) voidable therefore the innocent state can affirm the treaty or to terminate it.

Whereas absolute grounds automatically render the Pandemic Agreement (CA+)void by law as it has no legal effect from the time it was born.

The WHO Pandemic Agreement (CA+) suffers the vice or defect of absolute grounds of nullity. This absolute nullity is very problematic if the instrument were to be adopted without resolving the errors of nullity.



THE INVALIDITY OF THE PANDEMIC ACCORD (CA+)

The WHO and member states are fervently drafting void and potentially harmful provisions for an "iron clad" new WHO Pandemic Agreement (CA+). This report is to help HHS avoid any illegal IHR amendments that would violate HHS obligations regarding ethics, fundamental human rights, dignity and freedoms

All just governments obtain their authority from the consent of the governed, which is sorely lacking.

The covid response was a disaster in large part due to the unproven intervention experiment of the application of the IHR (2005) itself. It failed in large part due to Article 43 section 2 which requires States to base decisions on WHO guidance when science is lacking.

The pandemic agreement is equally fatally flawed, based on false presumptions of WHO acting in good faith and using unequivocal rules of science, which are inherent errors & deviations which make the WHO Pandemic Agreement and complimentary IHR Amendments void.



The errors and deviations create a void instrument subject to nullification upon legal challenge!

VOID

The treaty is invalid. Do NOT adopt the fatally flawed instrument.

RELATIVE GROUND

ERROR

01. Relative ground to invalidate a treaty met: ERROR

There are numerous errors and deviations inherent within the text of the treaty draft that relies upon the presumption of WHO always acting in good faith, a rebuttable presumption that our organization firmly disputes. DG Tedros acts in bad faith to evade criminal charges regarding abuse of power and breach of ethics, science norms in WHO oversight. Pandemic Accord draft gives the DG power of discretion, without science or law being mandatory, only merely "considered" and there is no real oversight.

Errors that really stand out are the concept of a vaccine certificate to travel, which has no scientific basis and the idea that mRNA which is still experimental could be classified as a "health product", and possibly mandated by States under limited circumstances. This is an error of morality and law.

The agreement also relies upon the unproven presumption, which we dispute, that there is a "climate emergency". In reality there is no climate emergency. This is a #climatescam.

Melissa Fleming is the Under-Secretary-General for Global Communications at the UN and she says about the UN: "we own the science". See: [Melissa Fleming is the Under-Secretary-General for Global Communications at the UN](#) It is simply false that there is a "consensus" among the scientific community that "proves a climate crisis".

Crisis is one step to an "emergency", which the agreement would likely call a "situation" that the WHO DG could consider an emergency and forced climate passports would likely ensue. WHO and UN are on record saying this is the year people need to understand health and climate are connected, while citing no evidence to support this conclusion.

In reality there is no conclusive evidence of a climate emergency and UN is in the minority of the scientific community on this topic. The UN cannot reasonably continue to claim a climate emergency exists and also confess there was so much dissent about climate science that UN asked Google to ensure only UN climate science comes up top in the search. Furthermore, member states cannot continue to negotiate the treaty based on error of science which is still in dispute and not proven whatsoever by UN or WHO - or their corrupt climate experts.

ABSOLUTE GROUND

Absolute ground to invalidate an agreement met: FRAUD/CORRUPTION

- PPP's Public Private Partnerships risks are unmitigated and conflicts of interest are “managed” inadequately causing excessive risk of unabated corruption at the highest levels.
- Acts against WHO's own Ethics are not resolved and pending almost 2 years and the Pandemic Agreement has no way to hold WHO to account.
- WHO will not respond to multiple ethics and fraud complaints which is extremely problematic for WHO's trust factor.
- Pre-determination and punishment of misinformation with no written law defining misinformation backed by science and due process, is prohibited by law
- Non functioning independent ethics oversight & no responses to issues
- Complete and total imbalance of power is inherent within UN & WHO structure



ABSOLUTE GROUND COERCION

Absolute ground to invalidate an agreement met: Coercion

- Mandatory Vaccine Passports
- Fear based psychological behavioral interventions
- Mandatory Vaccine Passports
- Member States concerns not addressed and the process rushed through

'Coercion'

Increased salience over past 2 decades

- Growing emphasis on 'human rights'
- Community care and protection of the public
 - 'Assertive community treatment'
 - CTOs
- New types of clinician-patient relationships in community care

ABSOLUTE GROUND

LACK OF AUTHORITY

Absolute ground to invalidate an agreement met: Lack of authority

- The WHO has no authority granted under their Constitution or the DG contract to undertake sweeping changes to customary peremptory law, which is precisely what this treaty attempts to do,
- The States do not have authority to bind the citizens without the consent of the governed, which is lacking at this time.
- The States are proffering signatories who have thus far failed to provide their delegations of authority.



ABSOLUTE GROUND

JUS COGENS

Absolute ground to invalidate an agreement met: Violation of jus cogens peremptory norms

- The agreement violates non derogable rights to free thought & expression through the regulation of peoples rights under guise of misinformation or "infodemic" management.
- The agreement violates non derogable rights to be free of medical and scientific experimentation
- The agreement violates and conflicts with the current obligations of States and the WHO to conform to the conditions set forth in the Siracusa Principles and lowers the threshold for declaring an emergency to arbitrary and overly-broad levels, a very dangerous and void proposal.

VOID BY LAW

JUS
COGENS

WHO IS STILL AT WHIM OF FUNDERS! WHO PANDEMIC AGREEMENT IS RECKLESS WITH NO ANTI CORRUPTION OVERSIGHT

**DG Tedros requests IHR
Amendments for more
State Funding, confesses
the WHO "is at the whim
of funders" - 2022**



THE WHO IS CORRUPT & UNTRUSTWORTHY

See the confession from last WHO DG Margaret Chan Fung Fu-chun in Documentary 'Trust WHO?'



Confession the WHO's funding guides policy & guidance

81:12 "You asked an excellent question. If I tell you WHO as an organization, only thirty percent of my budget is predictable funds, other seventy percent I have to take a hat and go around the world to beg for money, and when they give us the money they are highly linked to their preferences what they like. It may not be the priority of the WHO, so if we do not solve this - you know - we are not going to as to be as good as we were" - WHO DG Margaret Chan 2017 <https://www.youtube.com/watch?v=zJYUGN9BO2I>

WHO Manages Conflicts?

The purpose of consultations is to clarify the scientific information and public health rationale underlying the measures and to find a mutually acceptable solution.

The WHO refuses to consult with the dissenting majority of the scientific community to explain their scientific information and public health rationale underlying the recommended measures in their guidances, which is very alarming because under IHR 42 section 2 "*available information including from WHO and other relevant intergovernmental organizations and international bodies*" are binding upon States when science "*is insufficient*".

WHO claims to "manage conflicts" whilst also begging for more State funding to stop being "at the whim" of funders, many which include consultant NGO's that IHR says states shall "base their determinations" upon the WHO and other foreign bodies with no allegiance to any Member State or the citizens best interests.



TREATY TOOL OF COMMUNIST UN ORG!

Are you aware the U.N. has communist roots? It's on Congress records.

There is a historical cause for concern about treaty making and good cause to consider the source is of communistic origin 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 and the IHR forcing states to limit options for information sources under article 43 to their own guidance and the information of their partner NGO's.

"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 UN has interests adverse to those the treaty seeks to serve. **Pandemic Accord (CA+) is a global communist trap that member states will be wise to avoid!**

Trust the Science? Trust WHO?

The problem is there must be transparency and communication for accountability which the WHO does not have in reality. The moral pillar of the WHO is largely virtue signaling with no real substance, and in fact, as applied, the WHO guidance has overstepped WHO's and States authority to usher in a dystopian nightmare for us human rights and anti corruption oversight bodies who could not get anything done insofar as ethics because the IHR allows WHO and intergovernmental bodies to "shape the research agendas" to their own benefit which States are obliged to rely on when "science is insufficient" (such as covid).

This IHR provision under Article 43 has caused States to be obliged to rely on the communist and corrupt hard core cabal 'covid action platform' (WEF, WHO, Wellcome) for the entire response. Reliance on centralized corrupted WHO partners has directly caused HHS OGA to be responsible for serious breaches of international obligations.

1. There is no reason to trust or presume good faith will be a factor under the IHR provision of States *"shall base their determinations upon" "where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies";* and
(c) *"any available specific guidance or advice from WHO"*

IHR 43 literally commands States to use information and guidance from WHO and their partners which the IHR admits has no scientific basis.

WHO is liable?

The following is the WHO legal disclaimer waiving liability for WHO if States incur damages from basing their decision upon WHO guidance that IHR makes binding "when science is insufficient".

- All reasonable precautions have been taken by WHO to verify the information contained in this publication. 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.

This provision in Article 43 and the amendments intent to make IHR binding require JUDICIAL and LEGISLATIVE review to determine opinio juris for the future.

The critical issue in IHR is not yet addressed or settled. IOJ is raising it now in consideration of the current IHR & amendments on the table for the future safeguarding of public health:

Is a specialized agency responsible for damages from binding recommendations?

THE WHO IS CORRUPT & UNTRUSTWORTHY

See the confession from last WHO DG Margaret Chan Fung Fu-chun in Documentary 'Trust WHO?'



Confession the WHO's funding guides policy & guidance

81:12 "You asked an excellent question. If I tell you WHO as an organization, only thirty percent of my budget is predictable funds, other seventy percent I have to take a hat and go around the world to beg for money, and when they give us the money they are highly linked to their preferences what they like. It may not be the priority of the WHO, so if we do not solve this - you know - we are not going to as to be as good as we were" - WHO DG Margaret Chan 2017
<https://www.youtube.com/watch?v=zJYUgN9BO2I>

Incompatibility of Globalism & Ethics

The purpose of scientific debate is to clarify the scientific information and public health rationale underlying the measures and to find a mutually acceptable solution. Globalism monopolizes health by way of political interference in scientific decision making.

The WHO refuses to consult with the dissenting majority of the scientific community to explain their scientific information and public health rationale underlying the recommended measures in their guidances, which is very alarming because the agreement would allow WHO to arrange for data oversight using shoddy open source systems still in development and near limitless powers to arrange technical measures which they are notoriously inept at, to the point of gross negligence or fraud in science.

WHO claims to "manage conflicts" whilst also begging for more State funding to stop being "at the whim" of funders, many which include consultant NGO's that IHR says states shall "base their determinations" upon the WHO and other foreign bodies with no allegiance to any Member State or the citizens best interests.



2B

Access to UN Global Marketplace

200

CAP covid action platform WEF Stakeholders controlled and directed covid response and FAILED!

Incompatibility of Globalism & Ethics

The treaty is intended to set up a global supply chain of sourced supplied ready to handle health emergencies under globalism in the UN Global Compact, however, covid has taught us that Globalism infects information and taints the reliability of the WHO guidance due to political interference in scientific decision making. WHO Pandemic Agreement (CA+) has no accountability mechanism to handle this serious threat to scientific, legal and ethic integrity. The treaty draft as written limits State discretion and expands Globalists monopoly of public health. This is an international security risk not yet addressed which invalidates the draft.

CONCLUSION

The Member States and Intergovernmental Negotiating Body have a duty to exit the treaty and IHR and WHO relationship because our organization presented case numbers to unanswered complaints for previous violations of WHO DG. THE IHR gives the same WHO DG under investigation almost unlimited powers of discretion and it limits State discretion of where to obtain information and it allows for unscientific WHO edicts to be binding in formulating sovereign health policy. This is unacceptable and an unreasonable risk HHS OGA must avoid at all costs and also the treaty for pandemic preparedness and response

01

Pandemic Agreement is VOID

- Under the draft WHO DG's arbitrary discretion to recommend measures regulates RISK as well as the fundamental rights of people of all member States, which can only be done by a legislator representing the sovereign peoples will & consent!
- It is well settled under International law that if one provision of a treaty or instrument is held invalid for violating a jus cogens norm the entire instrument is invalid. In this case multiple provisions in the draft are void, thus invalidating the entire instrument from the onset.

02

Weaponization of Science, and Censorship of Protected Speech

- Under the draft WHO has set up unconstitutional and intrusive behavioral nudging psychological experiments which have terrorized people into serious undue medical experimentation using COVID-19 non vaccines and this clearly violates jus cogens, invalidating the Agreement

03

Exit the WHO

- It's the right thing to do
- We want science that is true
- It's long overdue

Exit WHO!

Exit the WHO, it's the right thing to do. It's long overdue. The WHO Pandemic Agreement is not necessary, helpful or in conformity with jus cogens, therefore it is void.

Thank you for taking our comments and report in to consideration regarding the pandemic agreement as well as IHR invalidity including the proposed amendments. It cannot be over stated how key provisions are overly broad and vague to the point of allowing violations of jus cogens human rights protections, including directing and controlling undue experimentation with novel biological agents. It is well settled under International law that if one provision of a treaty or instrument is held invalid for violating a jus cogen norm the entire instrument is invalid and must be declared so and nullified.

- *WHO Pandemic Agreement and IHR Amendments shall not be adopted*
- *Member States have a duty to withdraw any negotiations with the WHO until they meet the burden of proof of the validity of the scientific information and public health rationale underlying the measures recommended during the covid declaration of PHEIC and pandemic as well as dispute our organizations charges of breach of ethics and scientific wrongdoing*
- *WHO Pandemic Agreement and IHR Amendments are void in more than one provision for allowing violations of jus cogens under guise of protecting right to health. This is very problematic for Member States to continue on with amendments because the entire instrument is null due to this error and deviation from international jus cogens norms*

This Is 2023: The Great Reset Of Rule Of Law, Ethics & Human Rights In Public Health Policy

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IHR INVALIDITY

REPORT

INTERNATIONAL
HEALTH

REGULATIONS

(2005)

THIRD EDITION

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INTRODUCTION

The International Health Regulations (known as IHR 2005, for the year of its most recent revision) are a legally binding international instrument to which 196 States Parties, including all 194 Member States of WHO, are committed. The purpose of these Regulations is to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are restricted to public health risks and that avoid unnecessary interference with international traffic and trade.

Prior to the adoption of any IHR amendments it becomes necessary to reflect on the successes and failures of the IHR instrument in its application to the covid declared PHEIC and pandemic, claiming accountability and responsibility to take the necessary actions; and measuring progress over time.

A brief review of HHS OGA's alignment to Open Government and participation shows there is an unfulfilled intent to provide more meaningful participation on behalf of critics of the IHR and of the entire US Strategic Dialogue with the WHO. By adapting the HHS response from Globalist to nationalist, from Centralized blanket One Health measures, to begin to rely and build upon the US and States finely tuned, scientific and de-centralized policies, the HHS can include the rationale and social responsibility for taking action in any real health emergency, without the burdens of the inconsistent and deficient IHR and unscientific unaccountable WHO edicts.

Creating a viable national response in the new world of bio-threats and health opportunities that is unfolding requires foresight to know who to partner with and who not to.

The WHO is unreliable at best. At worst the WHO is attempting a scientific coup d'etat and technocratic never ending dictatorship. The reality of the reliance upon WHO and the IHR shows it was WHO fraudulent science and redefinitions of vaccine and unvaccinated which has caused HHS and US to become responsible for serious delicts of an emergency declaration not in good faith, serious undue experimentation in violation of international law and Costa Rica biological research law 9234 Article 78, 79. IHR is written in a way which is not only invalid under jus cogens norms, but it was written to help DG merely "consider", but ultimately bypass national research laws. This is presumably to help force captive Treasuries into buying WHO's funders useless experimental non vaccine biological agents to developing countries by using WHO de facto definition of vaccine (*which in itself is an unproven novel vaccine intervention outside clinical trials which violates law*)

**STOP
SECRET
IHR
AMENDMENTS**

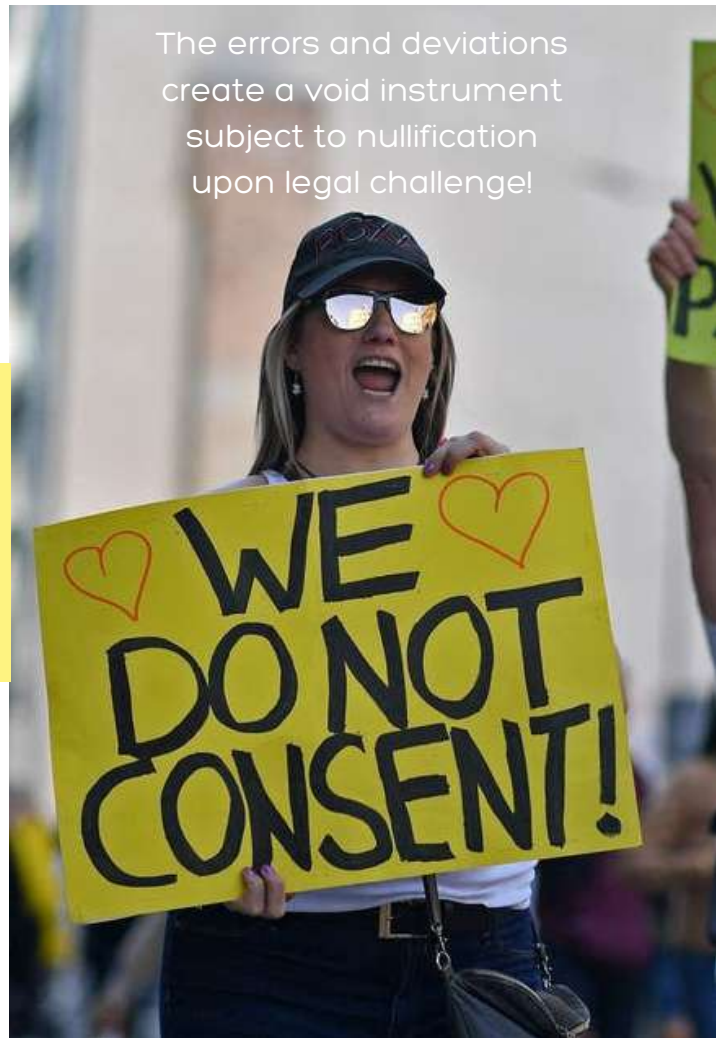
THE INVALIDITY OF THE IHR & AMENDMENTS.

The IHR is potentially being amended to go from void and potentially harmful if used incorrectly, to disastrous and immoral, thus PROHIBITED. This report is to help HHS avoid any illegal IHR amendments that would violate HHS obligations regarding ethics, fundamental human rights, dignity and freedoms

All just governments obtain their authority from the consent of the governed, which is sorely lacking.

The covid response was a disaster in large part due to the unproven intervention experiment of the application of the IHR (2005) itself. It failed in large part due to Article 43 section 2 as outlined herein.

The IHR is fatally flawed, based on false presumptions of WHO acting in good faith which are inherent errors & deviations which cannot be repaired by the proposed amendments.



The errors and deviations create a void instrument subject to nullification upon legal challenge!

VOID

The IHR is invalid, must be declared so, and cannot be repaired by amending it.

FATAL VOID

ERRORS

There are numerous errors and deviations inherent within the text of the IHR that relies upon the presumption of WHO always acting in good faith, a rebuttable presumption that our organization firmly disputes. DG Tedros acts in bad faith to evade criminal charges regarding abuse of power and breach of ethics, science norms in WHO oversight. IHR gives the DG power of discretion, without science or law being mandatory, only merely "considered" and there is no real oversight.

01. DG "Shall Consider", is vague and INVALID

The command such as "shall" in the same sentence as "consider" in Article 17 is void for vagueness and is meaningless. It means the DG shall "consider" science, laws, member States wishes, majority vote of committees, etc but can also consider ignoring the science, laws, etc as it is not binding upon the DG when issuing recommendations.

02. Forced Vaccinations & Certificates

Siracusa Principles, ICCPR, Nuremberg Code and jus cogens norms are very clear that people have the right to be free of medical and scientific experimentation and right to free opinion. The concept of vaccine certificates issued under WHO and in accordance with IHR is void on its face and should have been legally challenged long before it was abused during covid measures.

03. Limit Free Speech of WHO critics?

The IHR (2005) and proposed amendments are a perfect tool for a communist regime of terror to breed. The WHO is involved with weaponization of public private partnerships against free speech, under the guise of protecting right to health.



FATAL VOID

ERRORS

04. Untested mRNA experiments violate law!

The IHR as written and the proposed amendments may allow (and have already been shown to be prone to abuse during covid) for the application of forced medical experimentation as a WHO guidance, which is prohibited under jus cogens and international peremptory norms, but allowed under IHR, making IHR and proposed amendments absolutely null.

05. Limit to sovereign discretion and information

Countries are permitted to exercise their sovereignty in taking additional health measures to respond to such emergencies if these measures adhere to Article 43 of this legally binding instrument. Overbroad measures taken during recent public health emergencies of international concern, however, reveal that the provision remains inadequately understood as to the dangers of Article 43 limiting sovereignty on how States may base their decisions and where they may obtain information.

06. Incompatibility of Globalism & Ethics

The IHR is intended to set up a global supply chain of sourced supplied ready to handle health emergencies, however, covid has taught us that Globalism infects information and taints the reliability of the WHO guidance due to political interference in scientific decision making. IHR has no accountability mechanism to handle this serious threat to scientific, legal and ethic integrity. The IHR limits State discretion and expands Globalists.

IHR 43: STATES SHALL BASE UNSCIENTIFIC DECISIONS UPON WHO

Article 17 Criteria for recommendations When issuing, modifying or terminating temporary or standing recommendations, the Director- General *shall consider*:

(a) the views of the States Parties directly concerned;

IOJ notice: *If binding this is disastrous because the member States views would be subordinate to the arbitrary discretion of the WHO DG.*

(b) the advice of the Emergency Committee or the Review Committee, as the case may be;

IOJ notice: *For mPox the committee voted 9 no and 6 yes but DG Tedros illogically and irrationally considered that the majority vote is not correct and he declared mPox an emergency for no scientific or rational basis whatsoever. As written, IHR makes this bad discretion go unpunished and forces burdensome reviews to reverse the void acts and omissions of the DG anytime he makes recommendations.*

(c) scientific principles as well as available scientific evidence and information;

IOJ notice: *DG Tedros and the Chief Scientist refuse to respond to criminal charges of scientific fraud in diagnosing covid and pushing unscientific measures. The WHO cannot be held in good repute as far as relying upon them for science, and the IHR fails to give humanity or states a remedy for being under the thumb of WHO's centralized fraudulent pseudo-scientific dictatorship when relying on them for technical recommendations.*

(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;

IOJ notice: *The WHO failed to consider available alternatives that would achieve the appropriate level of health protection for covid-19 and recommended experimental novel vaccine biological agents and unethically continues to recommend and overfund novel vaccine experiments that failed at the onset according to court released trial data.*

(e) relevant international standards and instruments;

IOJ notice: *WHO recommendations under IHR for covid unequivocally violates Siracusa Principles, ICCPR, ICSCPR, UDHR, Nuremberg Code, Belmont Report and so much more by violating non derogable rights of free opinion and right to be free of medical and scientific experimentation. The IHR cannot allow a single DG of an international organization authority to "consider", but ultimately ignore and violate jus cogens norms as is occurring in the covid and mPox responses. The IHR is far too vague with unlimited discretion to the WHO DG, where it is not wise, prudent or warranted, and where the IHR is ultimately in conflict with Superior jus cogens norms and void.*

(f) activities undertaken by other relevant intergovernmental organizations and international bodies; and

IOJ notice: *This includes consideration of WEF and their proposed response of covid action platform, with 200 big businesses to manufacture bioweapon non vaccine experiments, unscientific PCR tests to create false positives in order to declare an emergency in bad faith to justify EUA's.*

(g) other appropriate and specific information relevant to the event.

IOJ notice: *(g) is void for vagueness, overly broad and gives arbitrary "appropriate" discretion.*

INTEREST OF JUSTICE SPOKE AT HHS OGA REGARDING THE PROPOSED IHR AMENDMENTS JUNE 20, 2023

First: HHS and WHO still owe us a response from May 2022 and 2023. HHS is in the wrong for moving forward with these IHR amendments when we testified here last month to show you your very clear duty to leave the WHO for International breach of obligations and delicts.

4. Second, The amendments cannot be binding. Jus cogens international norms would require the binding recommendations of a specialized agency that cause damages to waive immunity and be responsible for reparations.

5. Article 1 outrageously attempts to make investigational vaccines and gene based therapies as well as "other vague health technologies". Experimental biological agents are not a health product. The proposed definition is void and reckless because FDA website states "investigational biologics are not found by FDA to be safe or effective and furthermore may cause serious adverse reactions".

6. Annex 6 would unlawfully consider vaccination certificates for research phase products. The concept of Digital ID's, certificates and QR codes is disproportionate and the WEF risk report this month admits they can facilitate "the identification, surveillance and persecution of individuals or groups."

7. Annex 1 pg 33 countering misinformation and disinformation is not within the authority of the WHO or member states and as its been used, it already allows for the weaponization of government to systematically suppress free thought, a non derogable right that can never be limited. These misinformation programs flat violate jus cogens and are therefore void.

8. Article 3 removing well established respect for dignity, human rights and fundamental freedoms for arbitrary undefined words is an assault on rule of law, dignity of man and obviously void

9. We remind HHS that if you dare adopt one void provision that violates peremptory norms of jus cogens human rights, which the majority of proposals do violate these norms, it will automatically render the entire instrument void.

10. It is worth mentioning that A UK FOIA regarding the proposed amendments reveals "a legal opinion and a risk analysis regarding the U.K. position" is not able to released because "releasing the requested information would likely harm the relations between the United Kingdom and other WHO member States and also UK interests abroad". Right there it goes to show the proposed amendments sound good in public but in secret the amendments are inherently harmful to diplomatic relations between WHO member States. HHS must leave the WHO now. Its your duty.

Thank You Very Much!

01:INTEREST OF JUSTICE MAY 3, 2023 AT HHS OGA

First Speech: item 23. Audit and oversight matters.

First, Interest of Justice, Free Speech Association, Stop Agenda 2030 institute, Health Rights Association would like to give a friendly thank you for accepting our RSVP on such late notice: According to UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POLICIES AND PRINCIPLES FOR ASSURING SCIENTIFIC INTEGRITY first paragraph: "HHS uses scientific information to support and inform policy and program decision making. Accordingly, scientific and scholarly information developed by the Department or considered in Departmental decision making must be of the highest quality and the result of rigorous scientific and scholarly processes. Most importantly, it must be trustworthy.

Accordingly, maintaining the integrity of our scientific and technical activities is essential."

The WHO's science is not trustworthy. We repeat. The WHO is not trustworthy insofar as their technical recommendations for covid-19 go. In reality the majority of WHO recommendations are completely unscientific and all WHO guidance says they are not liable for damages from taking their scientific advice. So they are unscientific and unaccountable.

When we say the WHO is untrustworthy to rely on for science we are not exaggerating. WHO is failing to respond to serious charges against the DG and chief scientist as well as against the organization regarding breach of duty under all of the ethics and research guidance, including the UN procurement standards of conduct. These issues affect the invalidity of the relationship with the WHO at this point where independent oversight and accountability is wholly illusory and a false promise which injures US Citizens and the entire International Community.

Due to the lack of accountability there is no functional audit and oversight of the WHO. We believe it is in the best interest for the United States and all member states to immediately withdraw from the WHO and not adopt any further negotiations towards IHR amendments, pandemic treaty, Agenda 2023, SDG, Strategic Dialogue or otherwise.

At this point HHS is under an obligation to exit the WHO because they are not functional, as demonstrated by the lack of response to multiple charges.

02:INTEREST OF JUSTICE MAY 3, 2023 AT HHS OGA

Second Speech: 17.10 WHO reform.

It is very obvious World Health Organization is not functional and needs reforming. However, it is also very obvious that there are structural defects, which are inherent within the make up of the WHO, which make it nearly impossible to reform the WHO.

How can the WHO be reformed when they claim sovereignty so you have to go through their own remedy system which is non responsive, such as claim # 881786000902 and 637327854202?

The WHO even made rules that will allow for the confidentialities of crimes! Its set up in a way they do not have to reform because they choose to censor the whistleblowers, to control information and ignore facts proving the WHO pseudo science is actually destroying the determinants of health. This is very dangerous for US to be so heavily reliant on the WHO failing captured regulatory "health" oversight.

We agree the WHO does need to reform, however, as a WHO recognized stakeholder in pandemic preparedness and response, we need the HHS to understand that even a recognized stakeholder cannot get anything done within the WHO internal oversight system, despite having filed multiple charges since December 2022.

The people that you hired WHO to serve are injured, vulnerable and completely defenseless against the imbalance of power of the non reformable and non responsive WHO.

In the opinion of our organizations, many scholars, historians and thousands of recently censored dissenting medical experts, such as our Chief Scientist Dr. Yeadon, the former VP of Pfizer, the WHO should be prohibited as a private monopoly which interferes with commerce and lessens health and scientific standards due to political interference in scientific decision making and clear conflicts of interest.

HHS does not need to waste time in WHA meetings hashing out how to reform the failing WHO. Its too burdensome of a proposition and a waste of time and money. Far more important is the obligation that HHS has to uphold scientific integrity and accountability. To us stakeholders, that means HHS needs to prohibit any further funding and collaborations until the WHO can provide a shred of evidence to challenge our Chief Scientists peer reviewed evidence that shows the PCR test makes false positives and therefore the covid emergency is a fraud.

The charges that are still unanswered by the WHO are very serious charges of fraud. Our unanswered charges of WHO fraud are backed by real science of the rigor HHS accepts, which show the entire declaration of emergency is in bad faith and a violation of international law. HHS cant keep the relationship going with the WHO if the HHS wants to be in conformity with law, science and their ethical obligations to ensure science and accountability in their collaborators.

03:INTEREST OF JUSTICE MAY 3, 2023 AT HHS OGA

Third Item, 24: Collaboration within the United Nations system and with other intergovernmental organizations

So far collaboration within the United Nations system, and other intergovernmental organizations includes the Covid Action Platform, which was the brain child of Klaus Schwab of the WEF, after speaking with 200 of his capitalist stakeholder members of the World Economic Forum. They decided for the first time in history the private sector will assist in a pandemic response.

This collaboration within the United Nations system is now scrubbed online because it was the worst idea in history.

This collaboration within the UN system is a disastrous public private monopoly that has proven to destroy economies and destroy lives based on intentionally horribly unscientific WHO measures.

The UN collaborations caused HHS to be involved with monopolized information and committing delicts under UN direction and control. It is our opinion and our wish that HHS quickly exit the WHO and UN system and cease all UN collaborations because the UN and WHO are not trustworthy for science and are not answering to our multiple charges of fraud, serious undue psychological and medical experimentation and crimes against humanity.

HHS should agree that their collaborators and partners are responsive to charges and disprove all charges, or remedy the errors. UN is above the law and people widely feel the WHO is acting as our unaccountable overlords. Collaboration within the UN system is untenable and will be the downfall of our republic.

Our organizations cannot stress enough how important it is to exit the WHO and cease all collaboration within the UN system.

We will send a longer explanation before the written comments deadline. Please exit the WHO and stop wasting time and money debating the unscientific agendas in WHA.

INTEREST OF JUSTICE TELLS THE HHS AND WORLD HEALTH ASSEMBLY THE WHO CLEARLY NEEDS REFORMED & WHY

Dustin Bryce from Interest Of Justice.Org lays down the Rules as the oversight Committee on the HHS hearing for WHO Stakeholders.

Interest Of Justice believes that there was NOT enough time to prepare for this event and it was difficult to have true meaningful participation as a true democracy requires. IOJ was able to speak and be heard multiple times in this even which was very unexpected and an amazing opportunity to tell the truth to their WHO about all of their structural defects and why they should be reformed or abolished. This is the 1st video out of many in the series which will be posted in time.

Here is what was said in the two minute speech by IOJ:

"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 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."

WHO IS STILL AT WHIM OF FUNDERS! IHR IS RECKLESS WITH NO ANTI CORRUPTION OVERSIGHT

**DG Tedros requests IHR
Amendments for more
State Funding, confesses
the WHO "is at the whim of
funders" - 2022**



IHR TOOL OF COMMUNIST UN ORG!

Are you aware the U.N. has communist roots? It's on Congress records.

There is a historical cause for concern about treaty making and good cause to consider the source is of communistic origin 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 and the IHR forcing states to limit options for information sources under article 43 to their own guidance and the information of their partner NGO's.

"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 UN has interests adverse to those the HHS OGA seeks to serve. IHR is a trap!

Trust the Science? Trust WHO?

The problem is there must be transparency and communication for accountability which the WHO does not have in reality. The moral pillar of the WHO is largely virtue signaling with no real substance, and in fact, as applied, the WHO guidance has overstepped WHO's and States authority to usher in a dystopian nightmare for us human rights and anti corruption oversight bodies who could not get anything done insofar as ethics because the IHR allows WHO and intergovernmental bodies to "shape the research agendas" to their own benefit which States are obliged to rely on when "science is insufficient" (such as covid).

This IHR provision under Article 43 has caused States to be obliged to rely on the communist and corrupt hard core cabal 'covid action platform' (WEF, WHO, Wellcome) for the entire response. Reliance on centralized corrupted WHO partners has directly caused HHS OGA to be responsible for serious breaches of international obligations.

1. There is no reason to trust or presume good faith will be a factor under the IHR provision of States *"shall base their determinations upon" "where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies";* and
(c) *"any available specific guidance or advice from WHO"*

IHR 43 literally commands States to use information and guidance from WHO and their partners which the IHR admits has no scientific basis.

WHO is liable?

The following is the WHO legal disclaimer waiving liability for WHO if States incur damages from basing their decision upon WHO guidance that IHR makes binding "when science is insufficient".

- All reasonable precautions have been taken by WHO to verify the information contained in this publication. 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.

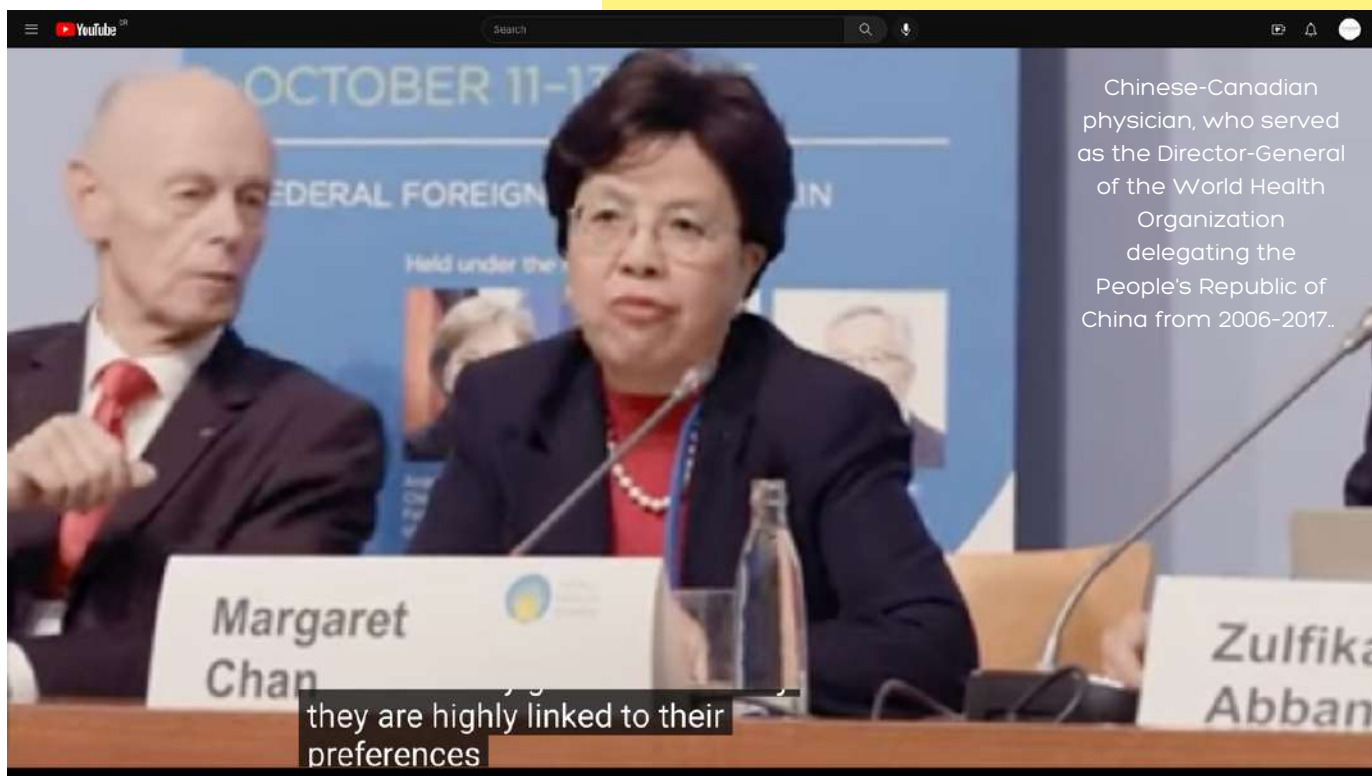
This provision in Article 43 and the amendments intent to make IHR binding require JUDICIAL and LEGISLATIVE review to determine opinio juris for the future.

The critical issue in IHR is not yet addressed or settled. IOJ is raising it now in consideration of the current IHR & amendments on the table for the future safeguarding of public health:

Is a specialized agency responsible for damages from binding recommendations?

THE WHO IS CORRUPT & UNTRUSTWORTHY

See the confession from last WHO DG Margaret Chan Fung Fu-chun in Documentary 'Trust WHO?'



Confession the WHO's funding guides policy & guidance

81:12 "You asked an excellent question. If I tell you WHO as an organization, only thirty percent of my budget is predictable funds, other seventy percent I have to take a hat and go around the world to beg for money, and **when they give us the money they are highly linked to their preferences what they like.** It may not be the priority of the WHO, so if we do not solve this - you know - we are not going to as to be as good as we were" - WHO DG Margaret Chan 2017
<https://www.youtube.com/watch?v=zJYUgN9BO2I>

WHO Manages Conflicts?

The purpose of consultations is to clarify the scientific information and public health rationale underlying the measures and to find a mutually acceptable solution.

The WHO refuses to consult with the dissenting majority of the scientific community to explain their scientific information and public health rationale underlying the recommended measures in their guidances, which is very alarming because under IHR 42 section 2 "*available information including from WHO and other relevant intergovernmental organizations and international bodies*" are binding upon States when science "*is insufficient*".

WHO claims to "manage conflicts" whilst also begging for more State funding to stop being "at the whim" of funders, many which include consultant NGO's that IHR says states shall "base their determinations" upon the WHO and other foreign bodies with no allegiance to any Member State or the citizens best interests.



2B

Access to UN Global Marketplace

200

CAP Stakeholders controlled and directed covid response and FAILED!

CONCLUSION

The HHS OGA has a duty to exit the IHR and WHO relationship because our organization gave you case numbers to unanswered complaints for previous violations of WHO DG. THE IHR gives the same WHO DG under investigation almost unlimited powers of discretion and it limits State discretion of where to obtain information and it allows for unscientific WHO edicts to be binding in formulating sovereign health policy. This is unacceptable and an unreasonable risk HHS OGA must avoid at all costs

01

IHR and amendments are invalid

- Under IHR WHO DG's arbitrary discretion to recommend measures regulates fundamental rights of people of all member States, which can only be done by a legislator representing the sovereign peoples will & consent!

02

Weaponization of Science, and Censorship of Protected Speech

- Under IHR WHO has set up unconstitutional and intrusive behavioral nudging psychological experiments which have terrorized people into serious undue medical experimentation using COVID-19 non vaccines

03

Exit the WHO

- It's the right thing to do
- It's long overdue

Exit WHO!

Exit the WHO, it's the right thing to do. It's long overdue. The IHR is not necessary, helpful or in conformity with jus cogens, therefore IHR is void.

Thank you for taking our comments and report in to consideration regarding the IHR invalidity including the proposed amendments. It cannot be overstated how key provisions are overly broad and vague to the point of allowing violations of jus cogens human rights protections including directing and controlling undue experimentation with novel biological agents. It is well settled under International law that if one provision of a treaty or instrument is held invalid for violating a jus cogen norm the entire instrument is invalid and must be declared so and nullified.

- *IHR Amendments shall not be adopted*
- *HHS OGA has a duty to withdraw any negotiations with the WHO until they meet the burden of proof of the validity of the scientific information and public health rationale underlying the measures recommended during the covid declaration of PHEIC and pandemic as well as dispute our charges of ethics and scientific wrongdoing*
- *IHR is void in more than one provision for allowing violations of jus cogens under guise of protecting right to health. This is very problematic for HHS OGA to continue on with amendments because the entire instrument is null due to this error and deviation from international jus cogens norms*

This Is 2023: The Great Reset Of Rule Of Law, Ethics & Human Rights In Public Health Policy

Contact:

Interest of Justice - The Oversight Committee

www.interestofjustice.org

www.theoversightcommittee.org

contact@interestofjustice.org

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EXHIBIT 18

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**To: every global decision maker to alert them regarding the upcoming November 28, 2023
deadline to REJECT THE International Health Regulation (IHR) AMENDMENTS**

Friday November 24, 2023

LETTER TO:

Top Decision Makers
DG WHO
HHS OGA
HHS Secretary

World Health Organization
Tedros Adhanom Ghebreyesus et. al.
Director-General
Avenue Appia 20
1211 Geneva
Switzerland

Dear Friends,

November 28, 2023 is the final day for States to formally reject the IHR Amendments.

Notice to agent is notice to principal. Notice to principal is notice to agent.

Dear Director-General Ghebreyesus and to each and every decision maker:

This letter is urge you to act quickly to REJECT the amendment to Article 59 of the IHR that was adopted by the 75th World Health Assembly on May 27, 2022.

I stand with civil society and human rights defender organization (*CSO*) *Interest of Justice* (IOJ) and countless others in respectfully demanding you to formally REJECT the amendment to Article 59.

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See amendments verbiage as proposed: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_18-en.pdf (page 12)

Articles 59 and 61 of the International Health Regulations clearly specify that amendments may be rejected within 18 months of formal notification of their adoption.

There are at least 10 clear reasons to reject the IHR Amendment to Article 59:

1. WHO and States have failed to respond to numerous protests sent by IOJ which asked for the reason why shortening the time is necessary. This means there is no verified reason for the amendment which is unnecessarily restrictive and limiting.
2. When voted upon, the amendment to Article 59 was rushed in a way that denied Member States, IOJ and the entire international community due process. **(See letter From IoJ never responded to or disputed)** *Sent May 8, 2022 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*
3. Prior to the vote to amend Article 59 IOJ sent HHS OGA and Secretary Beccara the following un-rebutted presumption that the amendment of Article 59 will cause denial of due process if not REJECTED : **(See letter From IoJ never responded to or disputed)** *Sent May 8, 2022 To Xavier Beccara, "As far as the amendment to Article 59 please be advised that 6*

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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). The previous presumptions sent by IOJ to HHS OGA, WHO and Member States on May 8, 2022 and notably are still not rebutted. Therefore, the point is made that shortening the time will lead to more non responses and more denials of due process, because due process means ample time is required for notice and ability to respond that the amendment cuts out.

4. The amendment was submitted in violation of Article 55 of the International Health Regulations and are therefore procedurally invalid. When the original package of amendments submitted by the Biden administration was rejected, they then submitted a second, smaller and DIFFERENT package of amendments in violation of Article 55 of the IHR on May 24, 2022: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF7-en.pdf

The submission of these proposed amendments by the Biden administration was in clear violation of Article 55, Section 2 of the International Health Regulations which states: *“The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.”*

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The International Health Regulations: <https://iris.who.int/bitstream/handle/10665/246107/9789241580496-eng.pdf>

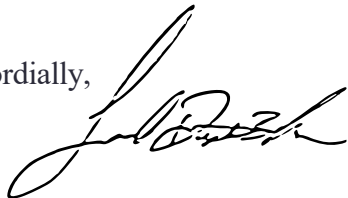
The version of the amendments to the International Health Regulations that were adopted on May 27, 2022: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF7Rev1-en.pdf

The amended Articles to the IHR, as they will be if they are not rejected by December 1, 2023. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R12-en.pdf

5. **To my knowledge, none of this information has been published in the Federal Register**
6. **Members of the House and the Senate have not been properly informed of these details by the Biden administration as far as I am aware.**
7. The amendment to Article 59 serves no legitimate health-related purpose. It will not improve the health or safety of people.
8. The amendment is disproportionate and unnecessary, obviously leaving States vulnerable to rushed binding obligations.
9. See IHR INVALIDITY REPORTS which must be rebutted point by point to justify the refusal to reject the invalid IHR Amendment to Article 59 at: www.TheOversightCommittee.org/reports
10. The amendment will prejudice rights of meaningful participation from relevant CSO's, youth and other interested and or marginalized stakeholders.

See video recording of the amendments being adopted: <https://youtu.be/M393lvg1650>

Cordially,



On Behalf of Interest of Justice and the concerned Global Citizens,

<https://noticeanddemand.org/petition/reject-ihr-amendments/> - global petition/Notice and Demand

Dustin Bryce, 323 244 2960

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EXHIBIT 19

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November 27, 2022

To: The Director General of the World Health Organization (Tedros Adhanom Ghebreyesus), the Working Group for amendments to the International Health Regulations (WGIHR) and to the International Health Regulations Review Committee (IHRRC),

We are writing to protest the secrecy of any proposed IHR amendments at this time.

The IHR amendments should be made public to include time for due process and review of the subject matters in the light of day. We support charges for international wrongdoing against the WHO for violating WHO ethics duties of transparency and participation if the proposed confidential amendments are not disclosed to the public because there is no transparency and no participation by relevant primary vulnerable stakeholders. The deliberation process, in secret, breeds public distrust at a time of the WHO suffering scrutiny and restructuring in the top management.

We DEMAND the WHO publicly post the secret IHR amendments on the table in the current meeting. Furthermore, in the interest of justice, peace, rule of law and to build strong institutions.

We demand that the deliberation process is stayed, and opened to include the public participation of all relevant stakeholders in the design of public health policy. The WHO is clear all relevant stakeholders includes the public, civil society groups and other non State stakeholders whom the WHO is supposed to serve in a palpable and meaningful manner.

We demand the full final report of the international health regulations review committee. It's my understanding that it was met in secret and they were scheduled to submit a final report to Tedros the Director general of the world health organization January 15, 2023, but it's not yet made public

For any documents to be considered at the 76th world health assembly on May 21, 2023 you must submit to the world health organization and forward to 194 countries.

We demand the world health organization, the world health assembly, the cochairs of the review committee, and all of the delegates to make the documents public for the world to see.
Respectfully, Dustin Bryce, Interest of Justice.org

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EXHIBIT 20

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**GPW14 CSO Collaborative report regarding the consultation document:
*Advancing health equity and health systems resilience in a turbulent world – a
global health agenda for 2025-2028 Promoting, providing and protecting health
and wellbeing WHO's Fourteenth General Programme of Work***

To: GPW14 steering committee

December 6, 2023

Dear Friends,

We represent a wide variety of marginalized and vulnerable relevant and interested stakeholders including world class scientific experts and many global actor CSO's who have not been heard for 3 years on our issues.

Many of our CSO's and experts have proof of being censored directly by WHO in the UN "information management" programs, which is a very serious breach of WHO's international obligations owed erga omnes which must not be further funded or else WHO is responsible for human rights violations they refuse to resolve and keep trying to further fund, such as in the GPW14 plan.

Free Speech Association was censored in the 1st GPW14 "consultation" and was not able to consult on issues of critical importance to this current GPW14 as well as the IHR amendments, treaty and accountability.

For this reason of WHO's overt censorship in the 1st GPW14 consultation hearing we believe the omission of our ideas is not an accidental oversight to not include our ideas and concerns in the report. To us, we cannot help but presume the censorship in the first consultation meeting is so that WHO can write falsely in the consultation document and pretend to member States that there is a "broad consensus" when in reality we represent the majority of scientists and civil society organizations which do not want most of the policies being funded in the GPW14.

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We bring very serious ethical and legal issues to your attention regarding some of the agendas in GPW14, and because the issue of us being censored in the 1st consultation meeting is so serious we are also sending this GPW14 consultation report as a notice of claim.

We keep trying to get justice, responses, and remedy in the WHO ethics by filing charges with right of reply, all of which remain unanswered and the issues unattended by WHO. Please see our public participation video **May 3, 2023 HHS Stakeholder Listening Session** <https://rumble.com/v21wy0c-ioj-speaking-truth-to-power-exposing-w.h.o.-crimes-may-3-2023-hhs-stakehold.html>

There are issues with the GPW14 which our report outlines, must be addressed and included in your mid December final paper, otherwise the final paper is not truly inclusive or equitable. We need your extra assistance to meaningfully participate and not just keep ignoring us. We are the ONLY oversight CSO and we have personally experienced a situation which makes us defenseless. Please help us be heard and included by adding in our CSO's ideas from our joint report and please rebut all presumptions with data and evidence.

CSO Collaborative report regarding the consultation document: Advancing health equity and health systems resilience in a turbulent world – a global health agenda for 2025-2028 Promoting, providing and protecting health and wellbeing WHO's Fourteenth General Programme of Work

Part 1 of GPW 14 describes the rather stark global context for the next four years and sets the scene for a global health agenda:

To begin, we dispute the presumption that there is a broad consensus between CSO's and all stakeholders that WHO has a unique added value in the global health ecosystem. To the contrary based on the following reasons we are clearly articulating WHO's lack of unique added value in the global health ecosystem and instead highlighting the detrimental aspects of WHO's direction and control of public health goods and global PPR guidance.

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The issue of climate change is not as stark as the alarmist UN-WHO makes it out to be. We call upon WHO to stop censoring the climate experts and instead host an open debate. Free Speech Association was censored by WHO in the first GPW14 consultation meeting October 30, 2023 for quoting UN saying "we own the science" about climate change when we were trying to consult with other CSO's about climate change alarmism and our concerns that UN-WHO are literally censoring critics in a partnership with rigging Google algorithms to show UN climate science first. Please see our publication from October 31, 2023 https://open.substack.com/pub/interestofjustice/p/who-censored-free-speech-associations?r=1f2x1f&utm_campaign=post&utm_medium=web.

We call upon WHO to show us the science, with an open public hearing debate with the many thousands of climate experts who say UN is over inflating the fear factor and using cherrypicked modeling to justify the SDG's and many other agreements for unnecessary decarbonization UN programs. The science to back up the WHO's presumptions of a stark next 4 years based on "The pace of **climate change and environmental degradation** has accelerated, emerging as the greatest threat to human health in the 21st century". These are climate emergency unproven theories, and then to claim WHO can fix those unproven problems with funding for enormous societal changes (which are unproven experimental interventions affecting all sectors of society in the SDG's & Agenda 2030) is so contentious it all must be proven as valid, which so far its not yet proven to a majority of experts outside UN.

We refute the presumptions in the consultation document #5 as false at worst and unproven because its so widely disputed by top experts at best:

- **Global temperatures are absolutely not continuing to rise and are not expected to exceed 1.5oC over pre-industrial levels by 2030 according to the unequivocal rules of science.**
- **Severe weather events are the same as usual**
- **microbial breaches of the animal-human species barrier are not increasing**

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- **And there is evidence to disprove WHO's false claim that climate-sensitive epidemic diseases are increasing in frequency across the globe.**

We are very concerned with the UN-WHO "information management" and "behavior" programs, which as applied in reality, are tools of WHO, private partners like Google and member states to deprive people of rights to free expression under color of "Public health law". WHO is partnering with Google and other social media to censor critics which we believe is an international security threat. It is unethical and prohibited under international law to persecute groups that disagree with WHO science, and a literal crime against humanity that must be ended immediately to fulfill WHO's international human rights obligations, not funded and further strengthened under the guise of combatting misinformation. Truth is censored by WHO calling it false science and this must end immediately if WHO is to have any credibility in the ethical realm. WHO has no authority in their constitution or rules to define misinformation based on "evolving science" and censor discussion. This situation of WHO defining misinformation to censor critics violates international law and we have personally experienced the wrath of WHO's imbalance of power, WHO's politicization and WHO's censorship and persecution. **Rather than fund WHO in this role, we very strongly recommend that WHO is responsible for cessation of these programs and full reparations for limiting the flow of information.** Social media partnerships with WHO such as Trusted News Initiative, The Program to Combat Misinformation and Rumours has been a contributor to polarization and politicization far more than any contributing factor because social media companies politicize WHO alleged science as the only acceptable science we can discuss. This is due to partnerships of UN with Google, social media, media. We were censored by WHO on October 30, 2023 in the GPW14 consultation when we posted about the UN partnership with Google to rig the algorithm because "UN owns the science". We were also censored by Youtube for discussing court cases to defend human rights which were true and the basis of our video being censored is we were told we violated Youtube's policy on misinformation, which Youtube explained expressly will not allow anything that disputes the WHO. This is so dangerous to free speech and the social order as well as trust in the Public Health leadership of the non functional WHO that systematically violates human rights which is an international security threat. WHO even ironically and tyrannically censored Free Speech Association in the first consultation meeting for GPW14 which is ample cause to not allow WHO to ever be in control of any coordinated

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internet governance scheme. As a strict matter of international human rights law the WHO should never partner with a private entity to politicize health discussions about WHO's unproven interventions or their failures, but that is exactly what is occurring under these highly dubious UN programs. We beg you to stop and think of the alleged "misinformation" policies impacts on us, our rights and our inability as stakeholders to convey important information in WHO's benefit. As anti-corruption oversight we find it worth mentioning that the WHO's hard stance on what is true or false in science exceeds discretionary powers and is often wrong. There is a serious gap in needed oversight by us science diplomacy and anti-corruption task force CSO's because we just get ignored in ethics complaints and censored in GPW14 consultations and on Youtube. We can prove WHO is not correct on many scientific, legal and ethical issues but they wont let us speak to the world. This is terrifying. Please do not allow WHO misinformaton, infodemic and information management programs into the future and our CSO's strongly recommend that the decision makers do not allow these policies in the final paper.

We are also very alarmed at the following statement: *"WHO will scale up its strategic communications to promote the individual behaviours needed to improve health, influence policy change, promote health seeking behaviour and combat misinformation. The WHO is literally engaging in funding global behavioral nudging programs for "vaccine uptake" of a EUL unproven novel vaccine intervention outside clinical trials which by WHO's own guidance "ethical considerations of unproven interventions" is PROHIBITED. In Costa Rica WHO rolled out a behavior and misinformation program on intellectually disabled people and told them covid vaccines "are like a shield" and that it will prevent them from catching covid which in itself is misinformation and a lie which negates the validity of the WHO's behavior and misinformation programs: please see our publication from October 23, 2023 https://open.substack.com/pub/interestofjustice/p/who-paho-admits-targeting-vulnerable?r=1f2x1f&utm_campaign=post&utm_medium=web.*

WHO lied and said they were combating misinformation. How do you fix this? By not funding it and calling it what it is: a serious breach of international obligation owed erga omnes to not gain consent by deception and manipulation. Our role as oversight is to take these matter to a judicial venue in order to bring WHO back into compliance within their

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own rules and guidelines if this serious breach of WHO to not censor and manipulate and gain consent for vaccine uptake continues. The GPW14 is where it should end, not be funded.

We are very concerned with the following statement in #42: *"WHO will focus its core technical work and global public goods for health on the 2025-2028 strategic objectives and priorities by leveraging and scaling its science, evidence and innovation functions – including through the organization's norms and standards, regulatory and product prequalification work"* **We need to talk to a boss, but DG Tedros wont answer to our multiple charges in ethics. WHO is in serious breach of international obligations through the WHO pre-qualification program which is about to be sued for breach of function and causing serious undue experimentation, a crime. Please invite us to a hearing to discuss the fact that mRNA on the EUL list and treated as if the experimental gene therapy is a health product is illegal under many Member States biomedical research laws and unethical under the WHO's own guidance. This is an enormous problem for WHO and States who continue to follow WHO's actions of global "vaccine uptake" programs, rather than this guidance. The ethical duty to prevent the violations of the WHO MEURI ethical framework also goes for the committee on the GPW14, who should know the mRNA global rollout is unethical for omitting what is required for informed consent and omitting community involvement by censoring victims and experts who contests the validity and safety of mRNA: see: Emergency use of unproven clinical interventions outside clinical trials: ethical considerations. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.**

This needs a full hearing on legality and ethics:

- *"WHO will also focus its science, research and innovation work on keeping ahead of the curve (e.g. through horizon scanning, foresight exercises)"; What does this mean?*
- *"accelerating the translation of research evidence into policy and practice." WHO is relying on experimental research as if its evidence whilst still being in the phase of pre-evidence, pre-approval and using the EUL to promote mRNA while still investigational, without informed consent of the experimental and toxic nature of mRNA.*
- *Ot and closing technology and access gaps to critical health products (e.g. through platforms and initiatives like 'CTAP'1 and the mRNA technology transfer hubs established*

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during the COVID-19 pandemic). **mRNA is not a critical health product, its a toxic biological agent and still experimental. When we say this fact we outrageously get censored by WHO and their partners Youtube, etc!**

We strongly agree that enhance and expand partnerships, community engagement, and inter-sectoral collaboration at the national, regional and global levels to improve global health governance, policy coherence and the joint work of all relevant health actors from international organizations (e.g. SDG3 GAP), civil society (e.g. Civil Society Commission), youth (e.g. Youth Council), the private sector, parliamentarians, donors and philanthropic organizations and academia. Moreover, we strongly suggest ample funding and the ability to audit WHO as partnership with CSO's such as ourselves in anti-corruption, human rights, legal, ethical and scientific oversight roles who literally cannot get anywhere within the WHO non functional ethics and "independent oversight" system who will not even respond to serious charges of us being denied rights by WHO and the serious breaches we complained of.

Thank you for your understanding and we appreciate this opportunity to participate in the **GPW14 steering committee**

Thank you and looking forward,

Cordially,

Interest Of Justice,



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