

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.



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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.

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

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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
PDF Document
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
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Overview

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



statement-agve-omicron.pdf
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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/>

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

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