

WASHINGTON, 23rd February, 2024

New WHO-regime: Why dangerous for: Democracy, for the Rule of Law, for Fundamental Rights, and for your Health?

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Constitutive core elements of your Constitution

What are the
constitutive* elements
of any democracy?



*i.e.: absolutely essential and indispensable

Constitutive core elements of any democratic constitution

- 1. Effective system of Checks and Balances | guaranteed?**
(instead of authoritarian leadership and control)
- 2. Rule of law (Principle of legality) and proportionality**
(instead of arbitrariness) | **guaranteed?**
- 3. [...]**

Constitutive core elements of any democratic constitution

4. **Free information and free speech**
(instead of censorship) | **guaranteed?**
5. **Effective protection of human rights** (UN Charta; various international conventions) | **guaranteed?**
6. [Competence for health matters on regional level]
| **guaranteed?**

Constitutive core elements of any democratic constitution

7. **Democratic principle - Self-determination of the People :**

= People's rights of participation, control and information;
undistorted formation of the will of the people for all fundamental decisions

(UN Charta Art. 1; U.S.: "*We the People...*" etc.). | **guaranteed?**

8. **Etc.**

SOVEREIGNTY on the level of your entire country:

Any decision is taken without interference / force of another country (incl. political system – constitution - prioritisation of public tasks - (UN Charta Art. 1)

| **under full control?**

Timeline

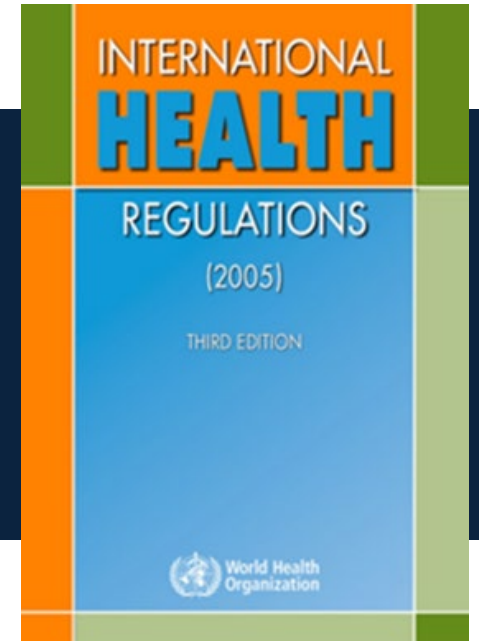


World Health
Organization

SEVENTH MEETING OF THE INTERGOVERNMENTAL
NEGOTIATING BODY TO DRAFT AND NEGOTIATE
A WHO CONVENTION, AGREEMENT OR OTHER
INTERNATIONAL INSTRUMENT ON PANDEMIC
PREVENTION, PREPAREDNESS AND RESPONSE
Provisional agenda item 2

A/INB/7/3
30 October 2023

**Proposal for negotiating text
of the WHO Pandemic Agreement**



WHO

PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

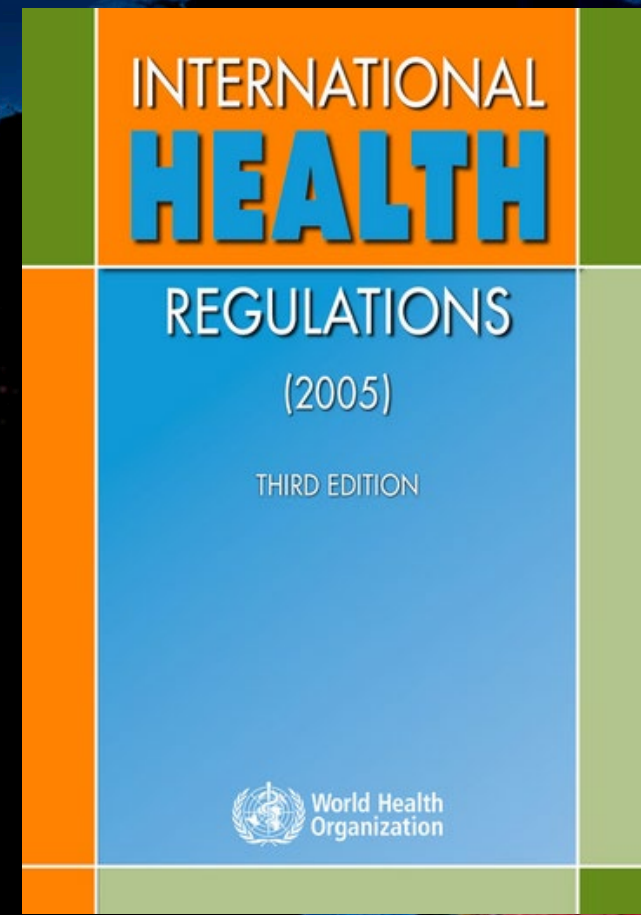
Governments have a responsibility for the health of their peoples which can be fulfilled only by the provisions of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

Art. 22 WHO-Verf.



REVISION

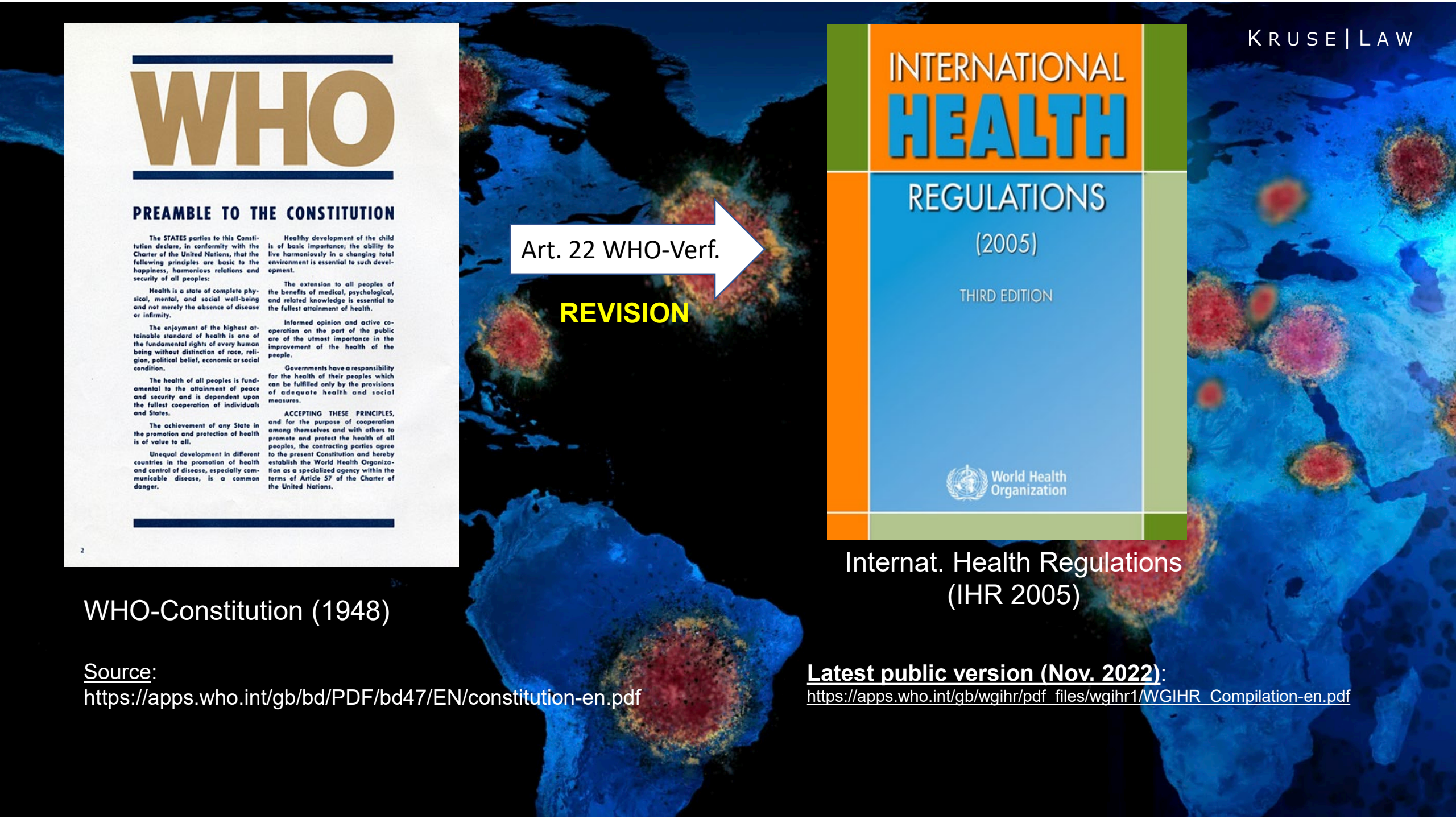


Internat. Health Regulations (IHR 2005)

WHO-Constitution (1948)

Source:
<https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

Latest public version (Nov. 2022):
https://apps.who.int/gb/wgihr/pdf_files/wgihr1/WGIHR_Compilation-en.pdf



IHR-Amendments:= “just technical WHO-Regulations”

„just technical“?

WHO Constitution:

Article 21

The Health Assembly shall have authority to adopt regulations concerning:

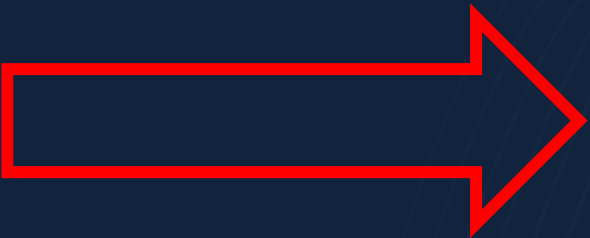
- (a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;

IHR-Amendments:= “just technical WHO-Regulations”

No ratification foreseen:

WHO Constitution:

Article 22

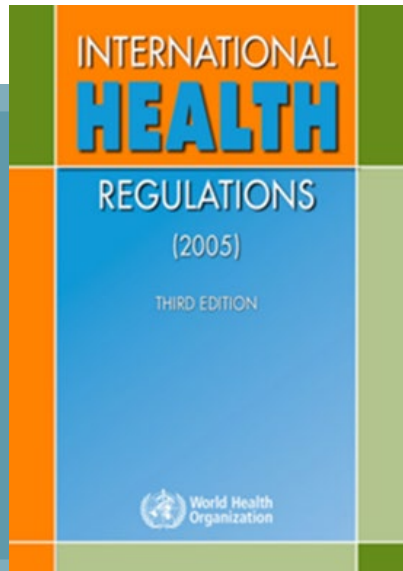


Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

WHO | 2 projects in parallel:

77 World Health Assembly
MAY 2024

AUTOMATISM!



Drafts +
Negotiations

Simple
majority

In force after
12 M: = 1st June 2025
Unless:
"Rejection" declared
within 10 M

New Pandemic
TREATY ("CA+")

WHO-Constitution
Art. 19/20

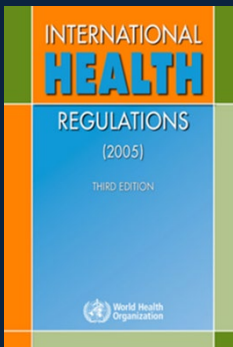
Drafts +
Negotiations

2/3rd
majority

RATIFICATION-
period for each
Member State:
18 M

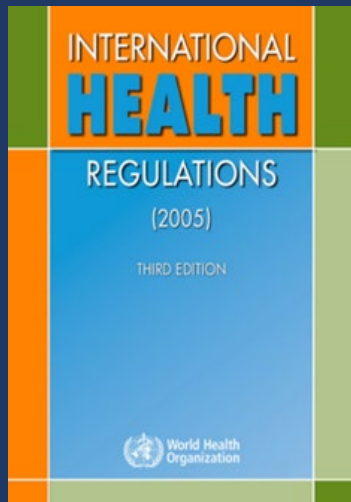
until: Nov. 2025

Most critical points of the IHR



Problems with the IHR? (selection)

Amended International
Health Regulations



- (1) **Self-authorisation by mere declaration of a Pandemic**
- (2) **WHO-recommendations, new: legally binding**
- (3) **Infocontrol, censorship and manipulation: new normal**
- (4) **No Checks & Balances**
- (5) **No accountability; full immunity; full tax exemption**
- (6) **Fundamental Rights and Human Dignity?**

1. EMERGENCY LAW: Widest possible extension of mechanism for WHO's self-empowerment („PHEIC“)

Article 12 Determination of a public health emergency of international concern public health emergency of regional concern, or intermediate health alert

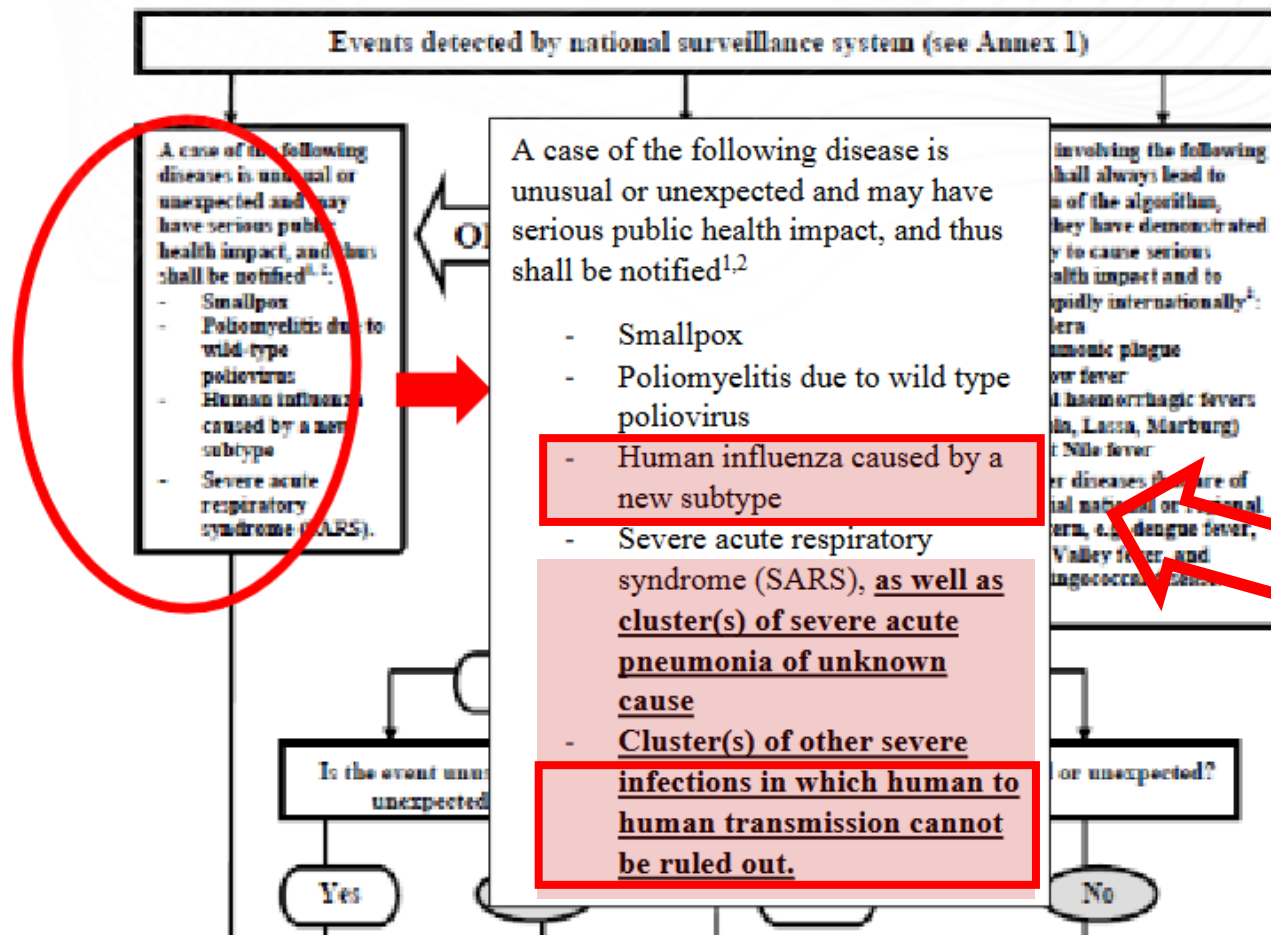
[1.] [...]

Public
Health
Emergency of
International
Concern

JUST ONE SINGLE PERSON CAN DECLARE THE RULE of EMERGENCY!

1. EMERGENCY LAW: Widest possible extension of mechanism for WHO's self-empowerment („PHEIC“)

ANNEX 2
 DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION
 OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY
 OF INTERNATIONAL CONCERN



Wide extension on all eventualities for justification of EMERGENCY

1. EMERGENCY LAW: Widest possible extension of mechanism for WHO's self-empowerment („PHEIC“)

Additional widening by new concept: „ONE HEALTH“

Article 5. Strengthening pandemic prevention and preparedness through a **One Health approach**

4. The Parties commit to regularly assessing **One Health** capacities, in so far as they relate to pandemic prevention, preparedness, response and recovery of health systems, and to identifying gaps, policies and the funding needed to strengthen those capacities.

5. The Parties commit to strengthening synergies with other existing relevant instruments that address the drivers of pandemics, such as **climate change**, biodiversity loss, ecosystem degradation and increased risks at the human-animal-environment interface due to human activities.

Source:

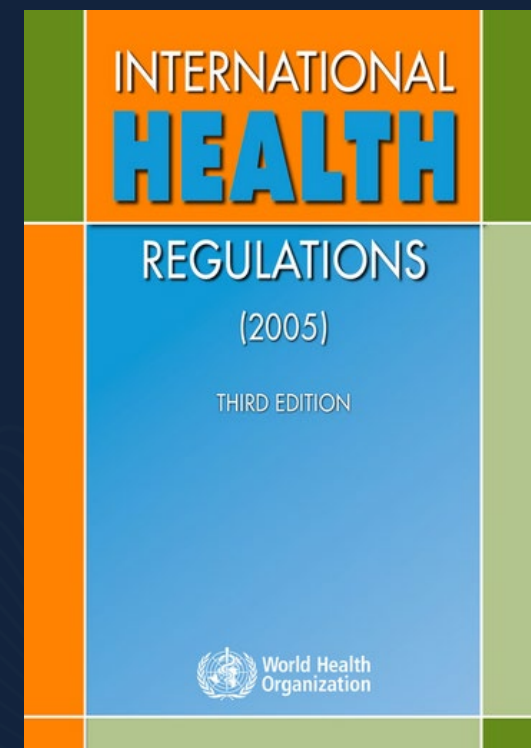
https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf

Critics on extension of factual reasons for a PHEIC

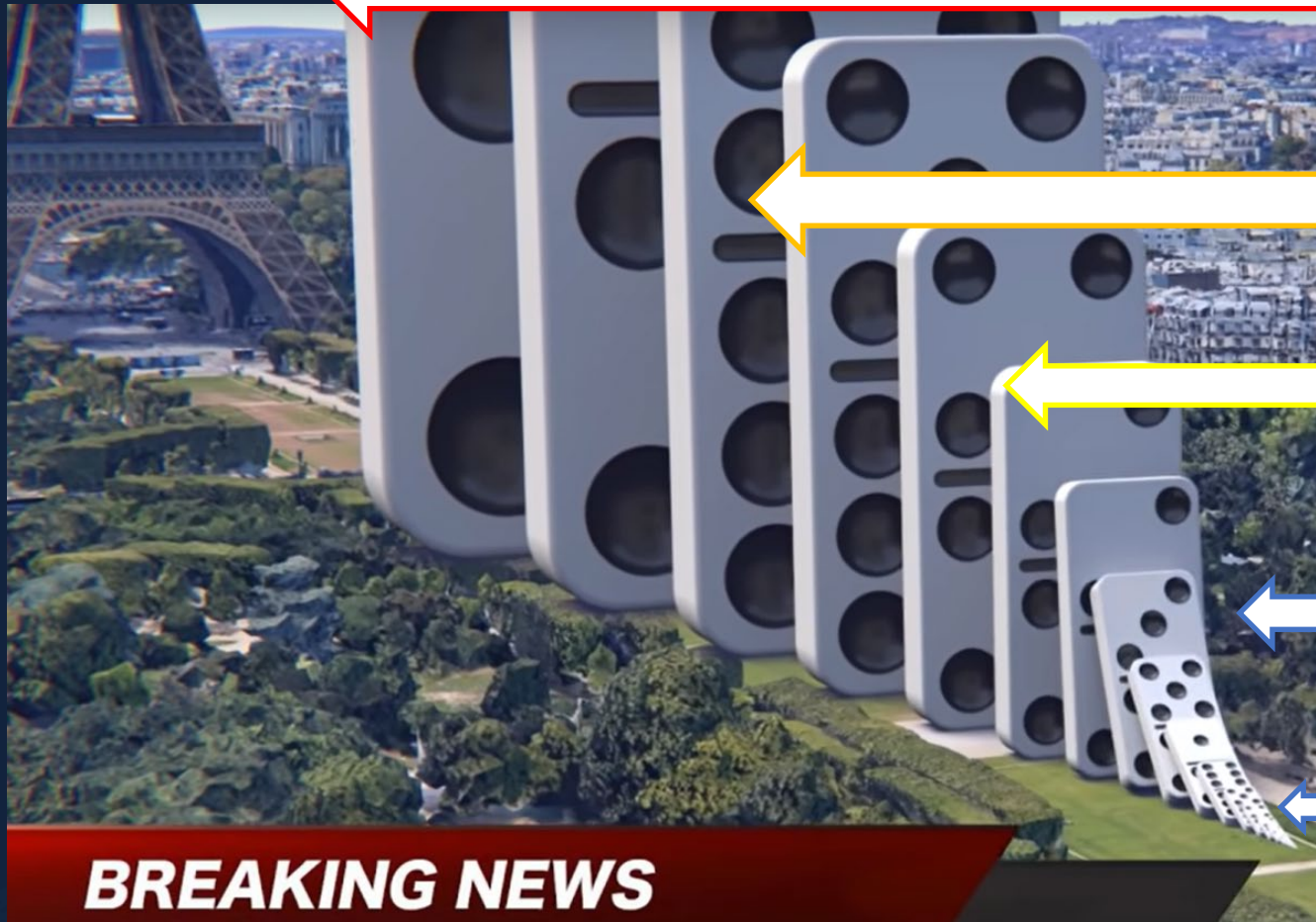
Justification for a ‚PHEIC‘-EMERGENCY is extremely extended:

- **Based on permanent ARBITRARINESS**
- under the sole discretion of WHO;
- With no possibility of independent verification;
- **NOBODY CONTROLS the WHO.**

**=> PERMANENT STATUS of EMERGENCY
to the detriment of people, economy and entire country.**



“PHEIC”: The first domino stone



Max. Collateral Damages;
+ NO HUMAN RIGHTS
PROTECTION

Recommendation of Vaccines
without safeguards and
No Checks & Balances

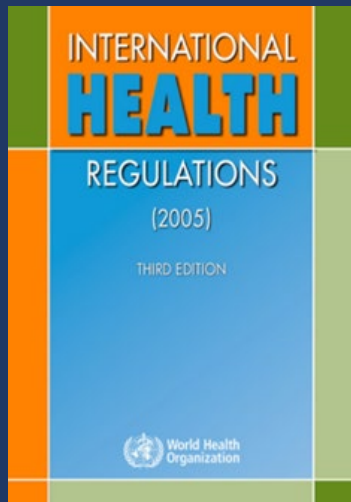
Lockdown; Digital Health
Certificate vs. ISOLATION

Monopoly of Information
Denial of free speech; Censorship
incl. License to produce fear.

„PHEIC“:
Declaration of emergency
= simple self-authorization

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Health Regulations



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=> Manipulation of public opinion will be even stronger
(=End of science, end of justice, end of democracy)
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=> No correction-mechanism, no effective quality control;
no A-A-R: civil society without remedies.
- (5) **No accountability; full immunity; full tax exemption**
- (6) **Fundamental Rights and Human Dignity?**

2. WHO-Recommendations: LEGALLY BINDING

Article 1 Definitions

1. For the purposes of the International Health Regulations (hereinafter “the IHR” or “Regulations”):

(...)

“standing recommendation” means ~~non-binding~~ advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary recommendation” means ~~non-binding~~ advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

Recommendations will become legally binding.

Quelle:

Article-by-Article Compilation of Proposed Amendments to the IHR;

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

2. WHO-Recommendations: LEGALLY BINDING

NEW Article 13A WHO Led International Public Health Response

1. States Parties recognize WHO as the guidance and coordinating authority of international public health response during public health Emergency of International Concern and undertake to follow WHO's recommendations in their international public health response.

This is a legally binding promise!

Quelle:

Article-by-Article Compilation of Proposed Amendments to the IHR; NEW Art. 13A (S. 12);

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

2. WHO-Recommendations: LEGALLY BINDING

Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations, **including the recommendations made under Article 15 and 16**, shall be initiated and completed without delay **by all State Parties**, and applied in a transparent, **equitable** and non-discriminatory manner. **State Parties shall also take measures to ensure Non-State Actors operating in their respective territories comply with such measures.**

Temporary Recommendations (PHEIC)
+ Permanent Recommendations

Quelle:

Article-by-Article Compilation of Proposed Amendments to the IHR;

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

2. WHO-Recommendations: **LEGALLY BINDING**

=> what kind of recommendations? See Art. 18 IHR

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis;
- place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.

Source:

Article-by-Article Compilation of Proposed Amendments to the IHR; **Art. 18**

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

2. WHO-Recommendations: LEGALLY BINDING

Article 53A - Establishment of an Implementation Committee

The State Parties shall establish an Implementation Committee, comprising of all States Parties meeting annually, that shall be responsible for:

(a) Considering information submitted to it by WHO and States Parties relating to their respective obligations under these Regulations, including under Article 54 and through the IHR monitoring and Evaluation framework;

(b) Monitoring, advising on, and/or facilitating provision of technical assistance, logistical support and mobilization of financial resources for matters relating to implementation of the regulations with a view to assisting States Parties to comply with obligations under these Regulations, with regards to

[...]

Quelle:

Article-by-Article Compilation of Proposed Amendments to the IHR;

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

2. WHO-Recommendations: LEGALLY BINDING

NEW Chapter IV (Article 53 bis-quater): The Compliance Committee

53 bis Terms of reference and composition

[analog zum bereits zuvor zitierten Art. 53 A lit. (a) und (b)]

New Article 54 bis – Implementation⁴

1. The Health Assembly shall be responsible to oversee and promote the effective implementation of these Regulations. For that purpose, Parties shall meet every two years, in a dedicated segment during the regular annual session of the Health Assembly.

[...]

From these (and the rest of the new) IHR-provisions we conclude a sophisticated regime of „compliance + supervision“, incl. *blame and shame* (see 54 para. 1 and 4 IHR: „dashboard“.

World Health Assembly can issue sanctions in case of a Member State's lack of compliance.

Quelle:

Article-by-Article Compilation of Proposed Amendments to the IHR;

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

2. WHO-Recommendations: LEGALLY BINDING

Article 54 Reporting and review

1. States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly.
2. The Health Assembly shall periodically review the functioning of these Regulations. To that end it may request the advice of the Review Committee, through the Director-General. The first such review shall take place no later than five years after the entry into force of these Regulations.
3. WHO shall periodically conduct studies to review and evaluate the functioning of Annex 2. The first such review shall commence no later than one year after the entry into force of these Regulations. The results of such reviews shall be submitted to the Health Assembly for its consideration, as appropriate.

New 4. Apart from providing information to the State Parties and reporting to the Health Assembly in this Article, WHO shall maintain a webpage/ dashboard to provide the details of the activities carried out under the various provisions of these Regulations including Articles 5(3), 12, 13(5), 14, 15, 16, 18, 43, 44, 46, and 49.

Quelle:

Article-by-Article Compilation of Proposed Amendments to the IHR;

Link: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Compilation-en.pdf

Legal basis for mandatory recommendations?

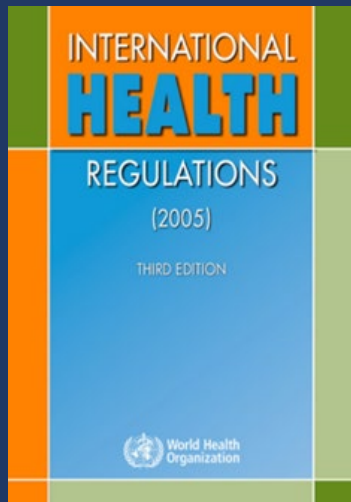
**The WHO-Constitution
does NOT provide any legal basis
for making recommendations**

„legally binding“ for States!

[=> Art. 1; 2 (c); (d); (r) WHO Constitution]

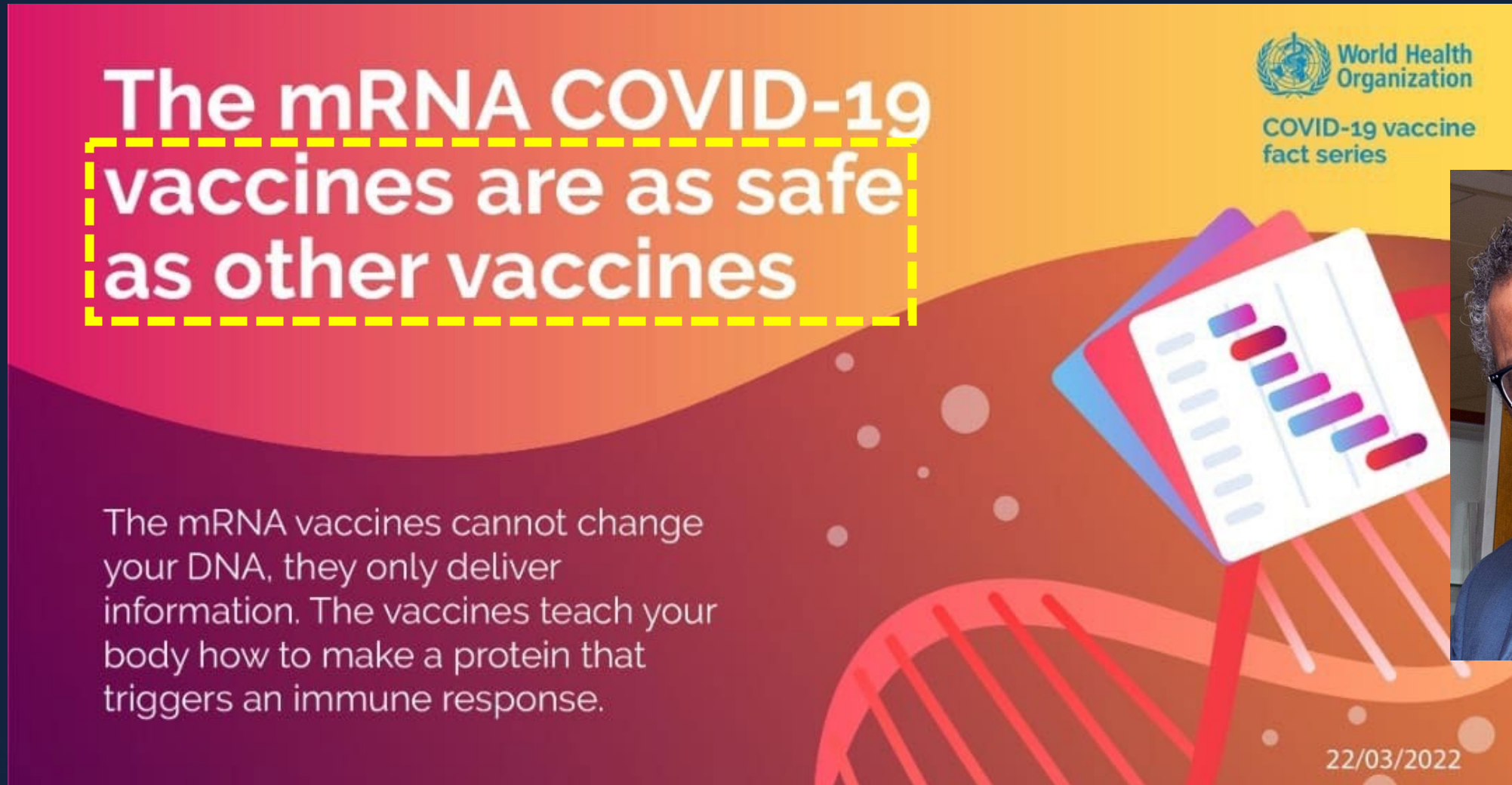
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WHO's (Dis)information Campaign



The mRNA COVID-19 vaccines are as safe as other vaccines

The mRNA vaccines cannot change your DNA, they only deliver information. The vaccines teach your body how to make a protein that triggers an immune response.

World Health Organization
COVID-19 vaccine fact series

22/03/2022

The graphic features a yellow and orange background with a DNA double helix and a bar chart. The text is in white and yellow. The WHO logo is in the top right corner.



Source:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

4. „Infodemics“ | also under New Pandemic Treaty

Article 18. Communication and public awareness

1. The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects and drivers, and combat false, misleading, misinformation or disinformation, including through effective international collaboration and cooperation as referred to in Article 16 herein.
2. The Parties shall, as appropriate, conduct research and inform policies on factors that hinder adherence to public health and social measures in a pandemic and trust in science and public health institutions.

Source:

Proposal for negotiating text of the WHO Pandemic Agreement; **Draft 30 October, 2023**

Link: https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

“INFODEMICS” will destroy INFORMED CONSENT:

NO SCIENCE **NO DEMOCRACY**
NO JURISDICTION
NO Informed Consent



~~OPEN INFORMATION~~

~~OPEN DEBATE~~

~~NO MANIPULATION~~

WHO's denial of empirical studies:

DENIAL

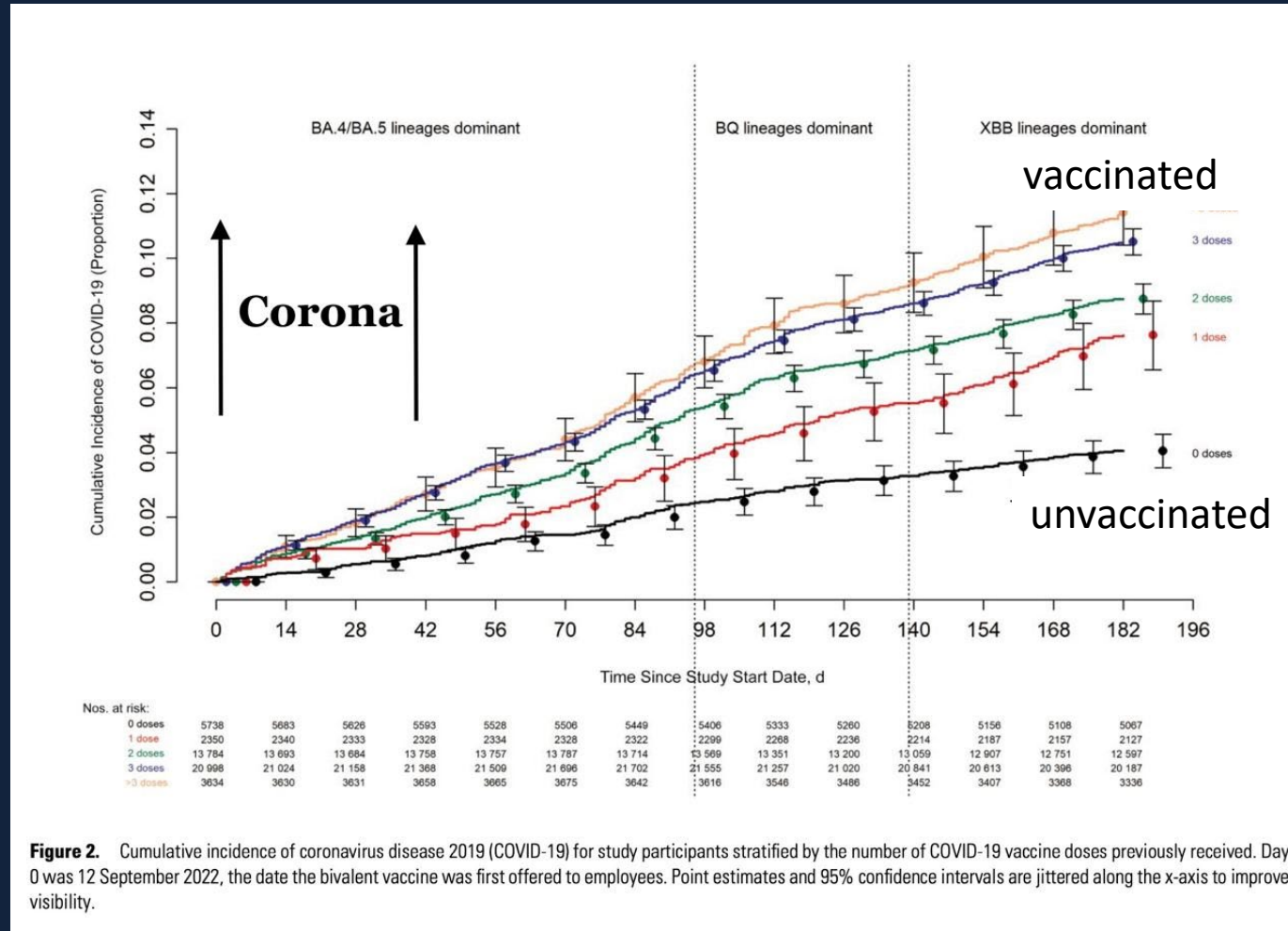


Figure 2. Cumulative incidence of coronavirus disease 2019 (COVID-19) for study participants stratified by the number of COVID-19 vaccine doses previously received. Day 0 was 12 September 2022, the date the bivalent vaccine was first offered to employees. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility.

The more frequently someone is vaccinated, the greater the risk of contracting Covid-19. [Hence the many cases of Long Covid.]

Source:

SHRESTHA, "Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine," preprint dated Dec. 19, 2022, <https://www.medrxiv.org/content/10.1101/2022.12.17.22283625v1.full>.

Mandatory international law (incl. Nuremberg Code)

International Covenant on Civil and Political Rights (1966; ICCPR)
Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. **In particular, no one shall be subjected to medical or scientific experimentation without his or her voluntary consent.**

This provision applies **even "in time of public emergency which threatens the life of the nation and is officially proclaimed"** (as per Article 4, paragraphs 1 and 2 ICCPR).

Source::

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>

[https://treaties.un.org/doc/publication/unts/volume 999/volume-999-i-14668-english.pdf](https://treaties.un.org/doc/publication/unts/volume%20999/volume-999-i-14668-english.pdf)

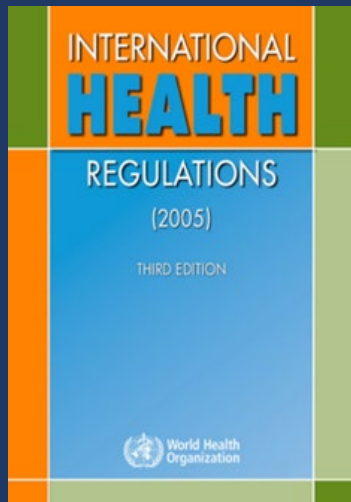
Legal basis for mandatory recommendations?

**The WHO-Constitution
does NOT provide any legal basis
for:
global info-monopoly
and info-control**

[Art. 1; 2 (c); (d); (r) WHO Constitution]

Problemes with the IHR? (selection)

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Member States do not enforce WHO's true mission

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION¹

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Article 1

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

Why did WHO never go to the source of the problem:

=> Identify the true **ORIGINE** of SARS-CoV-2!

=> **Stop** the pandemic profiteering with dangerous „vaccines“!

=> Protect human health from dangerous technologies and from engineered pandemics.

No Mechanisms to effectively control +
correct WHO:

There is no effective PROTECTION for
INDIVIDUALS and for CIVIL SOCIETY

Mandatory international law (incl. Nuremberg Code)

International Covenant on Civil and Political Rights (1966; ICCPR)
Article 7

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. **In particular, no one shall be subjected to medical or scientific experimentation without his or her voluntary consent.**

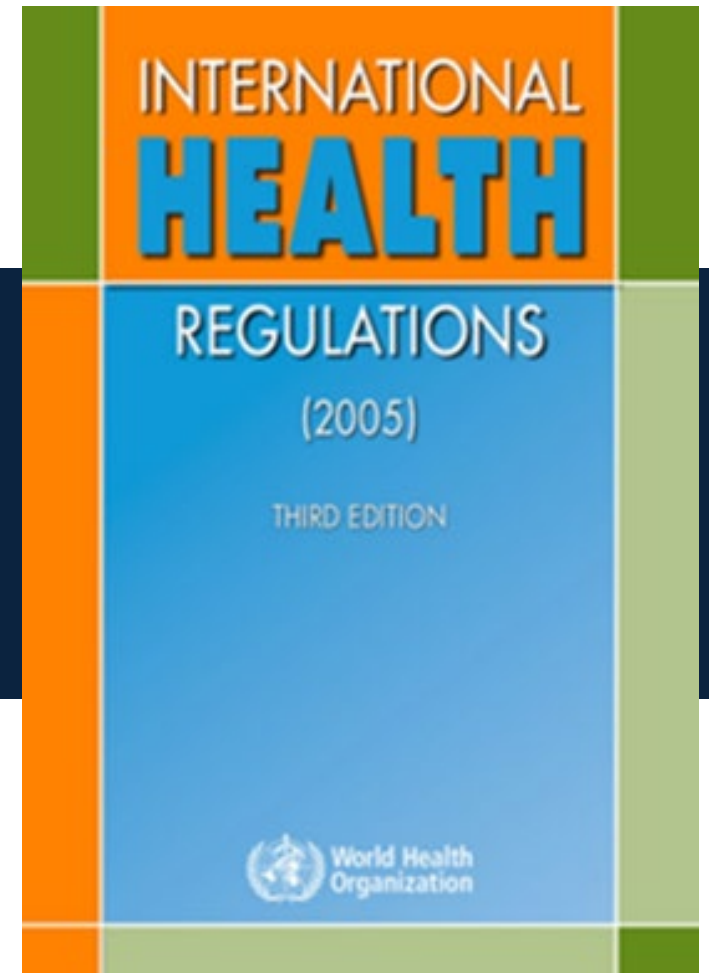
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Source::

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>

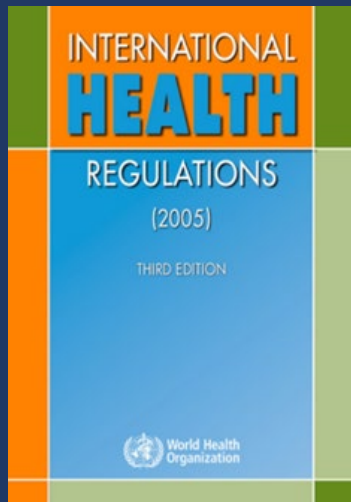
[https://treaties.un.org/doc/publication/unts/volume 999/volume-999-i-14668-english.pdf](https://treaties.un.org/doc/publication/unts/volume%20999/volume-999-i-14668-english.pdf)

Legal Assessment



Problems with the IHR? (selection)

Amended International
Health Regulations



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Core elements of your Constitution: in DANGER

- 1. Effective system of Checks and Balances | suspendable!**
(instead of authoritarian leadership and control)
- 2. Rule of law (Principle of legality) and proportionality**
(instead of arbitrariness) | **suspendable!**
- 3. [...]**

Core elements of your Constitution: in DANGER

4. **Free information and free speech**
(instead of censorship) | **suspendable!**
5. **Effective protection of human rights** (UN Charta; various international conventions) | **suspendable!**
6. [Competence for health matters on regional level]
| **suspendable!**

Core elements of your Constitution: in DANGER

7. **Democratic principle - Self-determination of the People :**

= People's rights of participation, control and information;
undistorted formation of the will of the people for all fundamental decisions

(UN Charta Art. 1; "We the People"). | **suspendable!**

SOVEREIGNTY on the level of your entire country:

Any decision is taken without interference / force of another country (incl. political system – constitution - prioritisation of public tasks - (UN Charta Art. 1) | **suspendable!...**]

TRANSFER of constitutional POWERS

Transfer of control on [1.] – [6.] (above):

=

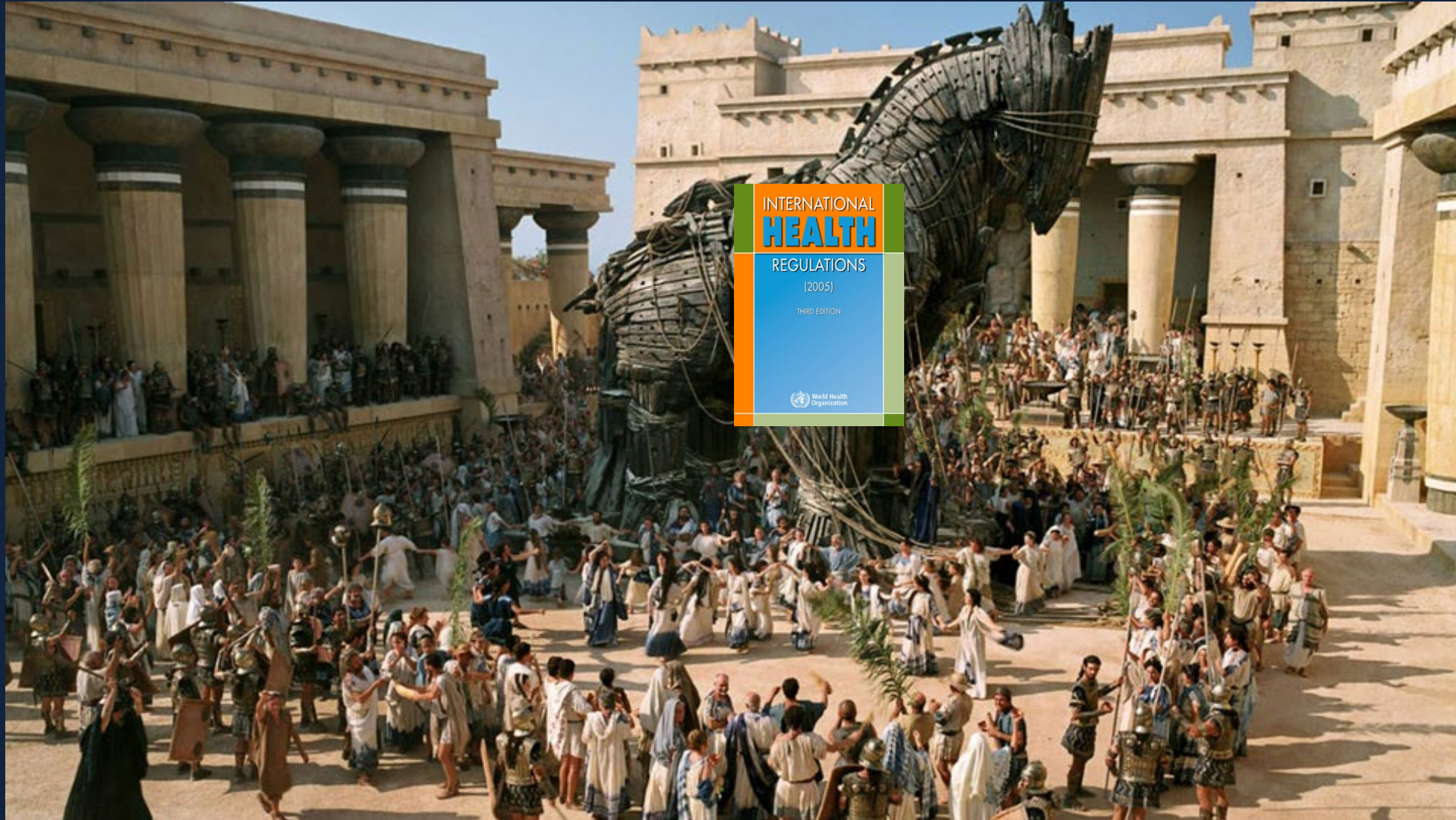
Transfer of power over essential key pillars of
your constitution + your democracy

=

Fundamental change of your constitution



Effective nature of the IHR:



The mother of all questions:

Who finances (controls) the WHO?



How WHO is funded

Source: <https://www.who.int/about/funding>



WHO – far away from its original constitutional purpose...

BRITISH MEDICAL JOURNAL

LONDON SATURDAY MAY 6 1950

THE WORLD HEALTH ORGANIZATION

BY

BROCK CHISHOLM, C.B.E., M.D.

Director-General, World Health Organization


Constitution, Aims, and Scope of Its Work

Another guiding principle of W.H.O. can be found in its definition of the word "health." "Health," the Constitu-

The third principle essential for the understanding of W.H.O. is related to its role in the battle for better health. W.H.O. was not established as a supranational health administration to take the place of national health authorities in the carrying out of their normal functions.

It was created to help those authorities directly, by putting at their disposal the knowledge and the skills needed for the improvement of their own health services, and, indirectly, by mobilizing all available resources for the solution of problems which lend themselves to international action. This double task, assigned to W.H.O. by its Consti-

WHO – far away from its original constitutional purpose...



World Health Organization

Prequalification of Medical Products
IVDs, Medicines, Vaccines and Immunization
 Devices, Vector Control

Cont

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ePQS
About

V Vaccines

Fees for prequalification

Fees for vaccines prequalification are levied according to:

- whether the vaccines is classified as simple/traditional or combination/novel as described in the table [Vaccines categorization for fee payment](#)
- vaccines which are considered as urgent public health need but no (or very small) commercial market.

For a vaccine, a single product is defined as a vaccine of a unique strength and dose form. However, a single vaccine product may have several presentations.

Vaccine category	Screening fee US\$	Reduced evaluation fee ¹ US\$	Evaluation fee US\$	Site inspection fee US\$
Simple / traditional	2,500	25,000	100,000	30,000
Combination / novel	5,000	66,000	232,750	30,000

¹ For products for which there is urgent public health need but no (or a very small) commercial market.

Invoicing of screening & evaluation fee

- About Vaccines Prequalification
- What We Do
 - Documents A-Z
- List of Prequalified Vaccines
 - Vaccines Eligible for WHO Prequalification
 - Prequalification Procedures & Fees**
 - Assessment
 - Fees for prequalification**
 - Post-prequalification Procedures
 - Variation classification
 - Prequalified vaccine annual report (PQVAR)
 - Reassessment

Source: <https://extranet.who.int/prequal/vaccines/fees-prequalification>

WHO – far away from its constitutional purpose...

The screenshot shows the WHO Prequalification of Medical Products website. The main navigation bar includes 'Product Streams', 'Events', 'News', 'ePQS', and 'About'. The 'Vaccines' section is active, with a sidebar menu containing 'About Vaccines Prequalification', 'What We Do', 'Documents A-Z', 'List of Prequalified Vaccines', 'Vaccines Eligible for WHO Prequalification', 'Prequalification Procedures & Fees' (expanded to show 'Assessment' and 'Fees for prequalification'), 'Post-prequalification Procedures', 'Variation classification', 'Prequalified vaccine annual report (PQVAR)', and 'Reassessment'.

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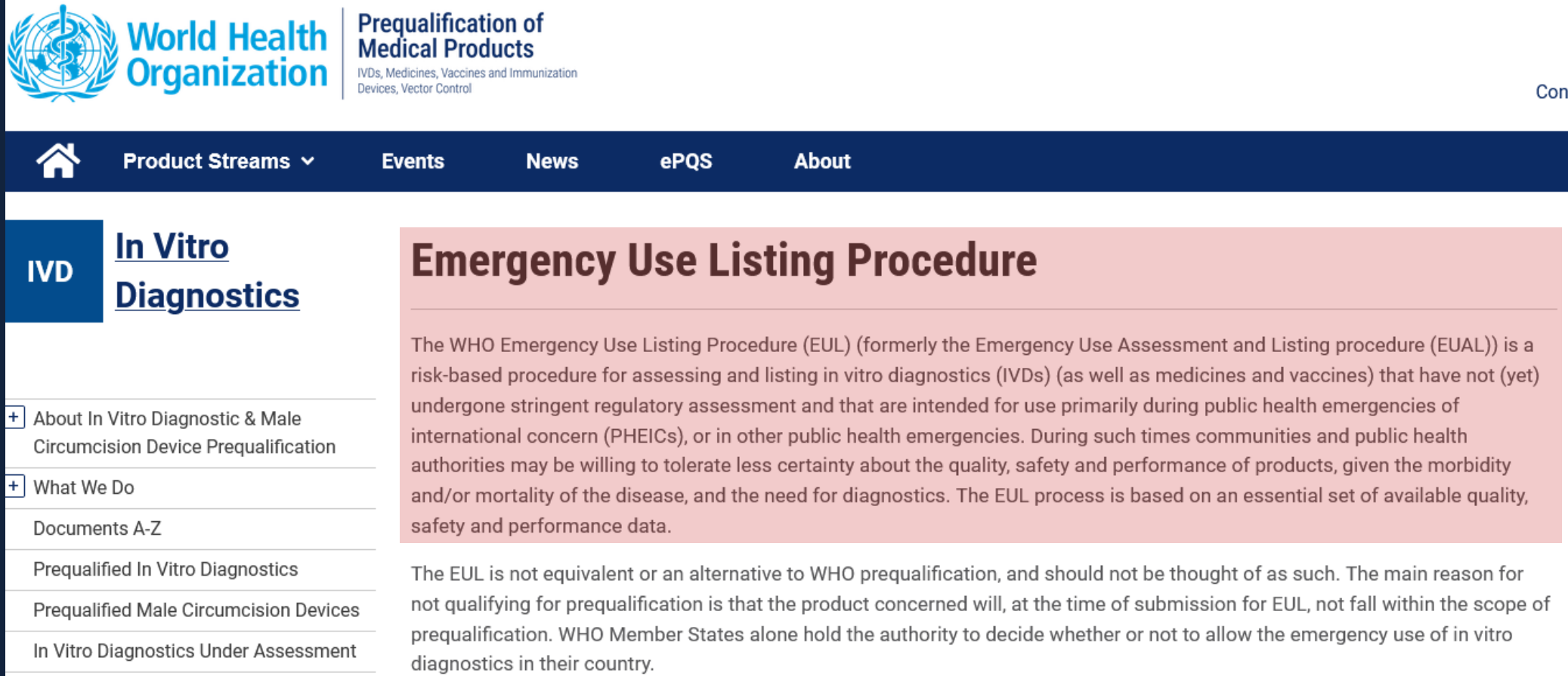
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Invoicing of screening & evaluation fee

**WHO:=
Regulator, paid by the industry!**

Source: <https://extranet.who.int/prequal/vaccines/fees-prequalification>

WHO:= Regulator, paid by the industry (II)



World Health Organization
Prequalification of Medical Products
IVDs, Medicines, Vaccines and Immunization Devices, Vector Control

Cont

Home Product Streams ▾ Events News ePQS About

IVD In Vitro Diagnostics

- + About In Vitro Diagnostic & Male Circumcision Device Prequalification
- + What We Do
- Documents A-Z
- Prequalified In Vitro Diagnostics
- Prequalified Male Circumcision Devices
- In Vitro Diagnostics Under Assessment

Emergency Use Listing Procedure

The WHO Emergency Use Listing Procedure (EUL) (formerly the Emergency Use Assessment and Listing procedure (EUAL)) is a risk-based procedure for assessing and listing in vitro diagnostics (IVDs) (as well as medicines and vaccines) that have not (yet) undergone stringent regulatory assessment and that are intended for use primarily during public health emergencies of international concern (PHEICs), or in other public health emergencies. During such times communities and public health authorities may be willing to tolerate less certainty about the quality, safety and performance of products, given the morbidity and/or mortality of the disease, and the need for diagnostics. The EUL process is based on an essential set of available quality, safety and performance data.

The EUL is not equivalent or an alternative to WHO prequalification, and should not be thought of as such. The main reason for not qualifying for prequalification is that the product concerned will, at the time of submission for EUL, not fall within the scope of prequalification. WHO Member States alone hold the authority to decide whether or not to allow the emergency use of in vitro diagnostics in their country.

Source: <https://extranet.who.int/prequal/vitro-diagnostics/emergency-use-listing-procedure>

*Protect your people,
Protect your children,
Protect your democracy,
against the any abuse of powers!*

Thank you for your attention!

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