19th July 2023

The Honourable
Dr. Keith Rowley
Prime Minister
The Republic of Trinidad and Tobago
13-15 St Claire Ave
Port of Spain
Trinidad

RE: **WHO Pandemic Preparedness Convention (WHO CA+) and Amendments to the International Health Regulations. An URGENT APPEAL to Protect Human Rights, Drug Safety and Public Health Autonomy During PHEICs. (OPEN LETTER)**

Dear Prime Minister,

As the leading Caricom Head of State to call for the creation of a "Pandemic Treaty"[1], we acknowledge your longstanding commitment to the World Health Organization's (WHO) proposed "**WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+)" ("Bureau's Text" 2nd June 2023)**[2]**.** We also understand that the proposed CA+ convention is intended to facilitate the implementation and operationalization of the proposed **amendments** to the **(2005) International Health Regulations (IHR)**[3] which will be invoked when Public Health Emergencies of International Concern (PHEICs) are declared.

We recognize the need for international collaboration during PHEICs. However, the terms of these accords must respect the constitutional guarantees, fundamental human rights and the democratic will of the citizenry. As these instruments provide for the preparation and management of PHEICs they must equally restrain any public health interventions which unjustifiably or unempirically trammel citizens with lockdowns, limit movement or assembly, facilitate invasion of privacy, restrict access to employment and education, suppress free speech, or infringe upon bodily integrity.

As a group of concerned citizens, comprising practitioners in medicine, public health, labor, advocacy, and theology, we urge you to seek consultation and consent from the citizenry before making potentially imprudent commitments to international accords which can profoundly impact our autonomy in public health and the rights and freedoms of the people during PHEICs.

It must be noted from the outset that the proposed Pandemic Convention (WHO CA+) is an instrument that tacitly prepares its parties for compliance with International Health Regulations that are being amended (See WHO CA+ Convention Article 27)

WHO CA+ Article 27.1	*"The implementation of the WHO CA+ shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization. The WHO CA+ and other relevant international instruments, including the **International Health Regulations (2005**), should be interpreted so as to be complementary and compatible"*

If the Articles of the proposed Pandemic Convention and IHR amendments are not scrupulously considered in tandem, the inherent threat to human rights and the deleterious impact on public health sovereignty may be overlooked. Similarly, until parties to these accords exercise their franchise to co-author their articles in deference to the spirit of their respective constitutions and the will of their people, these accords are tantamount to submission to an unelected, supranational bureaucracy which will dictate local health policy without regard to the protection of a country's public health autonomy or its citizens' rights.

Furthermore, any international accords drafted by the WHO, should materially address the shortfalls of the public health response that exacerbated the socio-economic disruption caused by COVID-19. In promoting manufacturing, distribution and administration of Pandemic Related Products (PRP) the accords should also contain clauses which provide for the **safe and ethical use of such products** and it should build the capacity of National Drug Regulatory Agencies (NRA)[4], which must play a more stringent role in ensuring pharmaceutical quality control, informed consent and truth in advertising.

Before considering support, the Honourable Prime Minister, and all local appointees to the Convention's Intergovernmental Negotiating Body (INB) and delegates to the World Health Assembly (WHA) must **give urgent attention to and reject** the following WHO CA+ Convention Articles and IHR amendments which are deficient, ill-conceived, or manifestly harmful. Of paramount importance, the Honourable Prime Minister **should immediately address the deleterious IHR amendments outlined in our letter, as these have already been tentatively adopted since 2022, and will come into permanent effect unless rejected by Trinidad and Tobago's delegation to the WHA by November 2023.**

Summary of Convention Articles and IHR amendments that Necessitate Urgent Action

Since the IHR and Pandemic Convention are sibling accords that together, form a comprehensive and instructive PHEIC management dictum, our concerns simultaneously reference both WHO CA+ Convention Articles and IHR amendments presented under the following seven (7) headings:

I. Pandemic Profiteering/ A PHEIC in Perpetuity

Convention Article 19 ("Financing") seeks to prioritize spending for pandemic prevention and preparedness by creating a ready demand for pandemic financing and an established market for the manufacture and procurement of Pandemic Related Products (PRPs). Parties will:

Who CA+ Article 19.1.c (June 2023) *Bureau's Text*	*"Prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate,* ***domestic funding for pandemic prevention****, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health coverage."*

NOTE: Article 19.1.c in the June 2nd 2023 "**Bureau's Text"**[2] is a nebulous revision of two (2) article clauses (Article 19.1.c and 19.1.d) which first appeared in the Feb 1st 2023 **"Zero"** Draft version[5]. Originally the **Convention required parties to commit 5% of their health budgets AND pledge an undetermined percentage of the national GDP to pandemic expenditure.** The original clauses (See APPENDIX I) offer a critical insight into the extractive intent of the Conventions authors in regard to pandemic spending.

Convention Article 13.A ("Establish A Network") sets pre-conditions for the distribution of PRPs (e.g., vaccines) during an **inter-pandemic** period during which time parties are required to support and operationalize the **Global Pandemic Supply Chain and Logistics Network** and ready themselves for upcoming public health emergences by committing to the stockpiling and trade of Pandemic Related Products (PRP).

WHO CA+ Article 13.A.2 option	*"The [**WHO Global Pandemic-Related Product Network**]/[**WHO Global Pandemic Supply Chain and Logistics Network**] (the Network) is hereby established. The Network will operate within the framework of WHO, linked with other international organizations, and will leverage existing regional and international mechanisms."*
WHO CA+ Article Option 13.A.2 bis	*"The Parties shall support the Network's development and operationalization and participate in the Network, including through sustaining it at all times, **both during and between pandemics**."*
13.A.2 bis (a)	*"Determine the types and size of products needed for robust pandemic prevention, preparedness and response, including the costs and logistics for establishing and **maintaining strategic stockpiles** of such products"*

Notwithstanding the obvious **industrialization of PHEICs**, the above Articles govern an emergent **market for the promotion, and sale of PRPs**.

Concurrently IHR Article 12.2 (see below) is being amended to eliminate the input of WHO-independent public health experts (see line strike through) and vest inordinate, unilateral power in the Office of the WHO Director General to declare PHEICs (including **"Potential"** PHEICs):

IHR Article 12.2	*If the Director-General considers, based on an assessment under these Regulations, that **a potential or actual** public health emergency of international concern is occurring, the Director-General shall notify all States Parties and seek to consult with the State Party in whose territory the event arises regarding this preliminary determination and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee"). If the Director-General determines that the event constitutes a public health emergency of international concern, ~~**and the State Party are in agreement regarding this determination**~~, the Director-General shall notify all the States Parties, in accordance with the procedure set forth in Article 49, ~~seek the views of the Committee established under Article 48 (hereinafter~~ the "Emergency Committee") on appropriate temporary recommendations."*

IHR Article 48.1	*"The Director-General shall establish an **Emergency Committee that at the request** of the Director-General shall provide its views on:* *(a) whether an event constitutes a public health emergency of international concern….* *(b) the termination of a public health emergency of international concern; and* *(c) the proposed issuance, modification, extension or termination of temporary recommendations."*
IHR Article 48.2	"*The **Emergency Committee** shall be composed of experts free from the conflict of interests **selected by the Director-General** from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization, as well as Regional Directors from any impacted region…… The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable **age, gender**, and geographical representation and gender balance and require training in these Regulations before participation."*

Members of the IHR Emergency Committee**,** which advise the Director General in PHEIC declaration, **will be selected by the Director General** from a roster of experts who are approved by WHO. However, the Emergency Committee (see Article 48.1) will not advise or preside over decisions regarding the declaration, extension, or cessation of PHEICs unless **such advice is solicited by the Director General.**

Notably, neither the proposed amendments to the IHR nor the Pandemic Convention contain any stated **criteria for ending PHEICs**. There are no sunset clauses which facilitate relief from these onerous procurement arrangements and no safeguards against the willful protraction of PHAEICs to financially benefit manufacturers. If the office of the WHO Director General is ever corrupted, the unilateral, discretionary, PHEIC declaratory powers vested in the office can be abused to facilitate a **Pandemic in Perpetuity**.

With the WHO CA+ Convention in tow, the two instruments give the WHO and by extension, WHO funding agencies that are connected to vaccine manufacturing[4]**, direct control of global public health resolutions that support production, marketing, and distribution of PRPs.**

We humbly request that the Honourable Prime Minister and Trinidad and Tobago's members of the Intergovernmental Negotiating Body (INB) and delegates to the World Health Assembly (WHA) withhold endorsement until both instruments are amended to:

i. **Limit the WHO Director General's power to unilaterally declare PHEICs by requiring input and consensus from independent public health experts in member states.**

ii. **Declare rational public health parameters which trigger an end to PHEICs, recognizing that territories manage and emerge from their respective outbreaks at different times.**

iii. **Omit any and all demands for financial commitments to pandemic spending and financing which should be left to the parliamentary discretion of member states.**

II. Regulatory Weakening: Circumvention of Safety Testing and Voluntary Informed Consent

Convention Article 14.2 ("Regulatory Strengthening") perilously promotes **regulatory expediency to the detriment of safety:**

WHO CA+ Article 14.2	*"The Parties, for the purposes of regulating pandemic-related products shall strengthen the capacity and performance of relevant national and regional regulatory authorities, including through technical assistance,* ***with the aim of expediting regulatory approvals and authorizations*** *and ensuring quality, safety and efficacy of pandemic-related products …."*

The WHO **should not promote approval or licensure by National Drug Regulatory Agencies (NRAs)** of any novel medicinal products which have not completed long term safety testing and which, based on a paucity of safety data, the WHO is itself only prepared to grant **Emergency Use Listing (EUL).** In Convention Article 14.2. The term "approval" should not be used in reference to any pharmaceutical which is still subject to trial.

Convention Articles 14.1-3 gloss over the need for stringent safety regulation of novel PRPs. They fail to regard the essential legislated mandate of NRAs (e.g., the Trinidad and Tobago Chemistry Food and Drug Division) which are accountable for guaranteeing drug safety and ethical marketing and administration of Emergency Use pharmaceuticals during and after PHEICs.

Convention Article 14.1 mentions *harmonization of regulatory requirements* between NRAs which oversee the manufacture of vaccines (e.g., the United States Food and Drug Administration (USFDA)) and NRAs of countries which, lacking manufacturing infrastructure, must acquire and administer such vaccines. However, the Article fails to **mandate NRAs in recipient countries to adopt dossiers which declare either the emergency use status of these pharmaceuticals or their risks**. Such declarations are indispensable to obtaining **Voluntary Informed Consent (VIC**). By neglecting to address this issue Convention Article 14 facilitates the perpetuation of deceptive promotion and administration of EUL products in developing nations whose local NRAs will likely continue to disregard regulatory dossiers from authoritative NRAs (e.g., the USFDA) which oversee vaccine manufacture.

Furthermore Article 14 on the whole fails to regard the legislated duty of NRAs to govern, enforce, and punish acts of **pharmaceutical false advertising**. Internationally most NRAs abrogated this function during the COVID-19 Pandemic and many physicians and public health practitioners promoted WHO EUL products as "approved" and conclusively "safe and effective". **This dangerous practice must be comprehensively addressed and restrained by both the Pandemic Convention and the IHR**.

Convention clauses which prohibit national public health agencies from marketing Emergency Use Listed (EUL) Products as "Safe" and "fully approved" before the completion of rigorous Randomized Controlled Safety Trials (RCT) must be included.

Instead, the WHO should compel NRAs overseeing the administration of EUL vaccines to establish stringent **Vaccine Adverse Event Reporting Systems** (VAERS) and establish clinical protocols for the detection, documentation, and public reporting of Adverse Events Following Vaccination (AEFIs).

It is apparent that the committee authoring the Pandemic Convention has entirely overlooked these non-negotiable safety provisions which must come into effect if and when EUL pharmaceuticals are dispensed during PHEICs.

To protect the health and safety of the people, the Honourable Prime Minister and the INB should reject the Convention's pharmaceutical regulatory stance (Article 14) unless and until clauses are included which:

i. **Require overhaul of NRA legislation to:**

   a. **Strengthen Technical capacity of NRAs to conduct independent pharmaceutical analysis.**

   b. **Mandate enforcement of Voluntary Informed Consent protocols for all emergency authorized products.**

   c. **Enforce "Truth in Advertising" for novel pandemic pharmaceuticals; authorizing NRA led prosecution of institutions or actors which use false claims for marketing, or which violate voluntary informed consent.**

ii. **Establish a labeling convention for Emergency Use Listed (EUL) pharmaceuticals and vaccines that makes clear their safety uncertainties and prevents any false marketing of such drugs which mislead the public into thinking they are fully approved or proven safe.**

iii. **Establish declared criteria for Black Box Warnings on PRPs and conditions for withdrawal of EUL status.**

iv. **Mandate the establishment of a Vaccine Adverse Event Reporting System (VAERS) in each state considering the use of EUL vaccines, supported by rigorous clinical protocols for detection, documentation and reporting of Adverse Events Following Vaccination (AEFI).**

III. Manufacturer Protection: Loopholes for Contractual Secrecy and Indemnification

As both the WHO and manufacturers of PRPs (e.g. vaccines) are funded by private NGO's with for-profit interests (e.g. GAVI and the Bill and Malinda Gates Foundation)[4], parties to the proposed instruments must be assured that the WHO is earnestly committed to regulating manufacturers which profit from pandemics and ensuring that liability for injuries associated with the use of their products should not be onerously absorbed into the national budgets of purchasing countries.

WHO CA+ Article 10.1	*"The Parties shall establish, no later than XX, using existing relevant models as a reference, regional or international **vaccine injury compensation scheme**(s) for injuries resulting from the use and/or administration of vaccines developed for response to pandemics that is/are transparent and complement(s) any liability protections and/or other liability risk management mechanisms."*
WHO CA+ Article 10.2	*Each Party shall consider implementing and/or participating in vaccine injury compensation scheme(s) for injuries resulting from the use and/or administration of*

	*vaccines developed for response to pandemics and shall consider developing strategies for sufficiently **funding the scheme**(s).*"
WHO CA+ Article 10.4	*"Each Party shall endeavor to ensure that in contracts for the supply or purchase of vaccines developed for response to pandemics, buyer/recipient **indemnity clauses**, if any, are exceptionally provided as a last resort arrangement, and are **reasonably time-bound** with the end date expressly defined from the outset. The Parties further agree that such buyer/recipient indemnity clauses should be accepted for **novel products only**."*

In particular, the Manufacturers of **novel unlicensed pharmaceuticals** (e.g., vaccines and drugs), which by virtue of their limited testing carry the highest risk of injury, **should not enjoy carte blanche indemnification by purchasing states**.

WHO CA+ Article 13.C.3	*"Each Party shall, at the **earliest reasonable opportunity** and in accordance with applicable laws, make publicly available online the terms of government-funded purchase agreements for pandemic-related products in those instances in which the Party is directly entering into the purchase agreement."*

And

WHO CA+ Article 13.C.4	*"Each Party shall, in its government-funded purchase agreements for pandemic-related products, to the **fullest extent possible** and in accordance with applicable laws, exclude confidentiality provisions that serve to limit disclosure of terms and conditions."*

Procurement of PRPs should be conducted with full transparency to enable public scrutiny of such transactions. However, Article 13 of the Convention, ("Supply Chain and Logistics"), offers loopholes for countries to maintain a policy of time-bound, non-disclosure/confidentiality with manufacturers **instead of mandating contractual disclosure from the outset**.

In the event of a future PHEIC, the WHO should commit to withholding Emergency Use Listing to any products (e.g. vaccines) whose manufacturers engage in predatory/profiteering contracts with countries (e.g. Pfizer) which may include the leverage of state resources or infrastructure to secure the sale of products [67].

In protecting the State against onerous injury claims and ensuring full procurement transparency we humbly request that the Honourable Prime Minister and the INB:

i. **Rejects Convention Article 13.C in their current forms to eliminate all loopholes that allow manufacturers to evade full declarations of Contractual arrangements with purchasing states. The following Articles should be amended as follows (see line strike through):**

   a. ***WHO CA+ Article 13.C.3:* "Each Party shall, ~~at the earliest reasonable opportunity and in accordance with applicable laws~~, make publicly available online the terms of government-funded purchase agreements for pandemic-related products in those instances in which the Party is directly entering into the purchase agreement."**

b. **<u>WHO CA+ Article 13.C.4</u>: "*Each Party shall, in its government-funded purchase agreements for pandemic-related products, ~~to the fullest extent possible and in accordance with applicable laws,~~ <u>exclude confidentiality provisions</u> that serve to limit disclosure of terms and conditions.*"**

ii. **Rejects WHO CA+ Convention Articles 10.1, 10.2 and 10.4 to prevent onerous payouts by states in the event of pharmaceutical injuries AND to ensure manufacturers maintain the highest standards of safety in the production and testing of pharmaceuticals.**

iii. **Incorporate Articles which mandate <u>liability sharing</u> to ensure that Vaccine Injury Compensation Schemes are in part <u>substantially funded</u> by manufacturers and not solely by the purchasing states. The percentage liability can be negotiated.**

iv. **Requires the inclusion of Convention Articles that withhold WHO's Emergency Use Listing (EUL) for any PRP or vaccines for which the manufacturer claims full indemnity.**

IV. Suppression of Scientific Inquiry, Discovery and Accountability Regarding Pathogen Origins

Notwithstanding the WHO's failure to complete its investigation into the origin of the COVID-19 Pandemic in China[8] the new Who CA+ Convention shoehorns in a clause under its "One Health" doctrine (Article 5.A) that attempts to bind signatories into accepting, by default, a theoretical zoonotic origin for novel pathogens with pandemic potential.

WHO CA+ Article 5.A	*"**The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens**, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, to promote and implement a One Health approach….."*

<u>With multiple lines of evidence supporting the "lab-leak" origin</u>[9][10]<u>, including publications in mainstream science journals documenting gain of function research</u>[11]<u>, the Honourable Prime Minister and the INB should reject Convention Article 5.A and propose amendments that:</u>

<u>i.</u> **Encourage all political and scientific efforts to investigate anthropogenic/lab-made origins for pathogens with pandemic potential. Given the proliferation of laboratories conducting gain of function research, cross-species speculation should be limited by default.**

<u>ii.</u> **Parties should agree upon appropriate strict regulations and penalties for jurisdictions and/or research groups which engage in potentially hazardous gain-of-function research.**

V. Censorship of Scientific Discourse, Information Sharing and Free Speech

Article 18.1 of the Convention appears to formalize a WHO backed censorship system which may encourage parties to use the power of the State to suppress evidenced based criticisms of pandemic policies via a **"misinformation"** label**.** The vagaries of the terms **"misinformation", "disinformation", "false"** and **"misleading"** information leave room for biases in the determination of information veracity, which may culminate in State **censorship of truthful scientific data and messaging**.

WHO CA+ Article 18.1	*"The Parties commit to increase science, public health, and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation including through the promotion of international cooperation."*

It is now widely accepted that no vaccine was durably effective in preventing transmission during the COVID-19 PHEIC (evidence to this effect was abundant and convincing soon after mass public rollout[12131415]). Discussion and dissemination of this important fact should have been integral in developing stratified EUL vaccination policies in order to deprioritize the low risk, youth demographic and enable informed choice. However, by facilitating aggressive advertising campaigns that portrayed all pandemic policies (e.g. universal masking, mRNA vaccination of children) as definitively safe and effective, WHO and its affiliates (e.g. PAHO) enabled States to suppress communications from clinicians and scientists which highlighted evidence to the contrary (E.g. failure of vaccines to stem transmission, myocarditis in young males). Notably, the suppression of the fact that vaccines failed to prevented transmission, underpinned policies of workplace and school exclusion, vaccine-based segregation in public spaces and vaccine coercion.

WHO CA+ Article 18.1 represents a redoubled effort to suppress the dissemination of crucial information that may challenge pandemic orthodoxy. To this measure is added a **social surveillance system** (18.1.b) which will guide/encourage parties to:

WHO CA+ Article 18.1.b	*"Conduct regular social listening and analysis to identify the prevalence and profiles of misinformation, which contribute to design communications and messaging strategies for the public to counteract misinformation,"*

The terms of this system are not defined and require clarification, however as stated, it may be interpreted to include covert surveillance of social media platforms to identify and censor independent voices which challenge pandemic management doctrine.

With new IHR amendments backing pandemic Convention Article 18, the WHO itself commits to strengthen its capacity to:

IHR Article Amendment 7.e	*"Counter misinformation and disinformation"*

AND

IHR Article Amendment 44	*"Collaborate in countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information"*

Following numerous false COVID-19 vaccine claims that, with WHO's support, masqueraded as authoritative truth, (e.g., disparaging of safety signals (myocarditis, thrombosis), and the WHO backed promulgation of approval and safety statements) the WHO CA+ Convention and IHR should **now omit any clauses that positions either the WHO or political/public health agencies as singular arbiters of scientific truth**. Instead, both instruments should support and enhance rational voices which engage in genuine scientific debate and acknowledge empirical evidence which challenges pandemic policy dogma. Information that enables individuals to make informed, dispassionate health decisions, should be facilitated and shared, regardless of its impact on the demand for Pandemic Related Products.

To protect freedom of speech and promote healthy scientific discourse which positively influences public health policy and outcomes, the Office of the Prime Minister and the INB and the delegates to the WHA should:

i. **Reject WHO CA+ Convention Articles 18.1, 18.1.b**

ii. **Reject IHR article amendments 7.e and 44**

iii. **Propose new Articles which facilitate a policy of open participatory scientific discourse. (This may entail the establishment of Local and Regional scientific open forums which allow sharing of scientific publications and emerging data, and which facilitate publicly viewable scientific discourse that informs policy and public opinion.)**

iv. **Propose new Articles which facilitate a policy of non-intrusiveness and limited interference in social media and other communication platforms, which enables free speech.**

VI. Infringement of Human Rights and Digital Privacy

During the recent COVID-19 PHEIC numerous incursions on fundamental human rights (suspension of employment, lockdown of businesses and worship centers, suspension of freedom of movement and assembly, limits on access to schooling, jeopardization of body autonomy through workplace vaccine mandates), failed to provably mitigate the impact of COVID-19.[16] However, these measures have caused immeasurable damage to business, education, travel, local economies, interpersonal and family relations and mental health. **Vaccine based segregation, including prejudicial hiring and exclusion of persons based on vaccine status are unjustifiable.**

Unfortunately, neither the WHO CA+ Convention nor the IHR amendments seriously address the abundant human rights abuses by governments and public health authorities that occurred during the COVID-19 Pandemic. In a cursory mention Convention Article 14 requires that each party shall:

WHO CA+ Article 14.a.i	*"a. Incorporate into its laws and policies human rights protections during public health emergencies, including, but not limited to, requirements that any limitations on human rights are aligned with international law, including by ensuring that:*

> *i. any restrictions are non- discriminatory, **necessary to achieve the public health goals** and the least restrictive necessary to protect the health of people."*

These are nebulous objectives, which still allow for arbitrary or ill-conceived public health interventions which are **"necessary to achieve the public health goals"** set by either the WHO or local health authorities. **These measures may include medical detention, forced inoculation or other unsolicited medical interventions.**

Provisions for;

WHO CA+ Article 14.b	*…… an independent and inclusive advisory committee to advise the government on human rights protections during public health emergencies, including on the development and implementation of its legal and policy framework….."*

is **NOT A MANDATE** which assures human rights protections during PHEICs where WHO prescribed public health objectives (e.g., vaccine uptake goals) may take precedent.

WHO CA+ Article 3.1	*"**Respect for human rights** – The implementation of the WHO CA+ shall be with full respect for the dignity, human rights and fundamental freedoms of persons, including the right to the enjoyment of the highest attainable standard of health, and each Party shall protect and promote such rights and freedoms, with due regard to the need for specific measures to ensure non-discrimination, the respect for diversity, the promotion of gender equality and the protection of persons in vulnerable situations."*

Whereas WHO CA+ Article 3.1 acknowledges **Respect for Human Rights**, the Convention principally deals with "pandemic preparedness" and its articles primarily address the inter-pandemic periods.

However, the IHRs, **which take precedence once a PHEIC is declared,** are being amended to seemingly facilitate erosion of these inalienable human rights during public health emergencies, specifically deleting reference to them in IHR Article 3.1 (see proposed strike through)

IHR amendment to Article 3.1	*"The implementation of these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ **based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development**."*

The IHR authors replace the phrase "**with full respect for the dignity, human rights and fundamental freedoms"** with novel, ill-defined concepts "**equity, inclusivity, coherence**" which appear irrelevant to the humane treatment of people during times of public health emergency, and which seems to offer guiding principles for the distribution of Pandemic Related Products. **On the whole this is a rather pernicious edit that should be rejected outright.**

IHR Article 35, which addresses travel, makes provisions for QR based digital vaccine passports which at first, may strengthen a countries capacity to monitor, scan, and enforce EUL vaccine compliance at

international ports of entry, but these may be extended to other applications which abridge human rights (e.g. freedom of movement, participation in work or school and even commercial transactions).

IHR Amendment to Article 35	*"Digital health documents **must** incorporate means to verify their authenticity via retrieval from an official web site, such as a QR code."*

The introduction of this technology facilitates an injudicious, invasive and inhumane system that can enable manufacturers of PRP's and EUL vaccines to make compliance with their products a prerequisite to basic freedoms (e.g. travel, employment or education); resulting in a state of deprivation and exclusion for persons failing compliance. The potential for this abuse must be urgently addressed in both instruments which should adopt articles that **instead safeguard medical privacy**.

To safeguard our peoples' fundamental human rights the Office of the Prime Minister the INB and the WHA delegation should vehemently reject any mechanisms which afront basic freedoms and:

i. **Include new Convention/IHR Articles which encourage States to set limits on potentially onerous public health measures (lockdowns, travel restrictions, school, and business closures) and require a mechanism of consensus among local stakeholders in business, law, and medicine for extension of such measures.**

ii. **Include Convention/IHR articles which require amendments to update existing public health ordinances which, in some jurisdictions can be wielded unilaterally by politicians (e.g., Ministers of Health) to undermine constitutional freedoms with little or no scientific oversight or rationale.**

iii. **Preserve the IHR Article 3 as is, without omission of universal terms "respect for dignity, human rights and fundamental freedoms" which are commonly defined protections guaranteed in national constitutions and which, even in times of Public Health Emergency, should be regarded as unassailable.**

iv. **Strike reference to digital surveillance technology (QR codes) in IHR Article 35 which facilitates the potential monitoring and misuse of private medical data.**

v. **Include a new Convention/IHR Article which requires parties to enact Medical Data Protection Legislation, which aims to prevent the misuse of any and all private medical data, including vaccine status, that results in unjustifiable medical segregation and discrimination (e.g., vaccine-based segregation). This new Article should include a "Don't Ask, Don't Tell" dictum that prevents the solicitation of EUL vaccine status for employment, education, and travel.**

VII. Subversion of National Public Health Autonomy During PHEICs

IHR Article 13A.1 entitled "**WHO Led International Health Response**" stipulates that, during a declared PHEIC:

IHR Amendment to Article 13A.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."*

In the Event of a PHEIC Article 4 of the IHRs stipulates that:

IHR Amendment to Article 4.1	*"1. Each State Party shall designate or establish an entity with the role of **National IHR Focal Point** and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations. WHO shall provide technical assistance and collaborate with States Parties in capacity building of the National IHR focal points and authorities upon request of the States Parties."*
IHR Amendment to Article 4.1bis	*"In addition, each State Party should inform WHO about the establishment of its National Competent Authority responsible for overall implementation of the IHR that will be recognized and held accountable for the National Focal Point's functionality and the delivery of other IHR obligations."*
IHR Amendment to Article 4.1bis (NEW)	***"States Parties shall /** ALT **may enact or adapt legislation to provide National IHR Focal Points with the authority and resources to perform their functions**, clearly defining the tasks and function of then entity with a role of National IHR Focal Point in implementing the obligations under these Regulations."*

These amendments to Article 4 of the IHRs, appoints a local authority (**National IHR Focal Point**) which is tasked with overseeing and executing the regulations during a PHEIC. In fulfilling its obligations parties will endeavor to **enact or adapt legislation which vests authority in the IHR Focal Point**.

IHR Article 4.4 also establishes that the WHO will have direct lines of communication with the National Focal Point and the National Competent Authorities, which may circumvent communication with the State party.

IHR Amendment to Article 4.4	*"States Parties shall provide WHO with contact details of their National IHR Focal Point and National IHR Competent Authority and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article."*

IHR enforcement will be bolstered through the establishment of local Compliance Committees (Article 53) which also liaise directly with the WHO:

IHR Amendment to Article 53.1	*"The State Parties shall establish a **Compliance Committee** that shall be responsible for:* *(a) Considering information submitted to it by WHO and States Parties relating to compliance with obligations under these Regulations;* *(b) **Monitoring**, advising on, and/or facilitating assistance on matters relating to compliance with a view to assisting States Parties to comply with obligations under these Regulations;* *(c) Promoting compliance by addressing concerns raised by States Parties regarding implementation of, and compliance with, obligations under these Regulations; and* *(d) Submitting an **annual report to each Health Assembly**…."*
IHR Amendment to Article 53.1	"*The Compliance Committee shall be authorized to:* *(a) **Request further information** on matters under its consideration;* *(b) Undertake, with the consent of any State Party concerned, information gathering in the territory of that State Party;"*

It is apparent that these IHR amendments facilitate direct interventions by country level commissions which, acting on behalf of the WHO, can assess, report, and legally enforce compliance with International Health Regulations (IHRs). **The WHO, which traditionally occupied an advisory or logistics role in managing PHEICs, appears to assume powers in the determination and execution of public health policy in member states**. Whether such policies include lockdowns, masking, closure of business and schools, closure of public parks and other spaces, curfews, vaccine segregation programs, or vaccine uptake quotas, is unknown. However, the possibility of incursion by the WHO, an unelected, supranational bureaucracy, upon sovereign nations should not be facilitated by endorsing the IHR amendments in their current state.

To safeguard our country's Public Health Sovereignty the Office of the Prime Minister and Trinidad and Tobago's delegation to the WHA should reject all IHR amendments that:

i. **Enable local operations of International Health Regulations governance and/or enforcement bodies (e.g., IHR Focal Points, Compliance Committees), which report to WHO to carry out its objectives.**
ii. **Facilitate external interference in public health decision making and policy which circumvents parliamentary process and local health expertise.**

We respectfully insist that the Prime Minister opposes any attempts by the WHO to attain executive or implementation powers within the jurisdiction of its member states. The WHO MUST be confined to its advisory functions, only providing technical and public health guidance upon the request of its membership.

Summary of Appeal

The IHR amendments and Pandemic Preparedness Convention (Who CA+) should be the subject of national discourse. Endorsement of these two (2) accords in their present state can have far reaching, deleterious impacts on the quality of life of our citizens; potentially enabling the WHO's ability to enforce public health policies which abridge basic freedoms, afront human rights and circumvent democratic processes during PHEICs. Trinidad and Tobago should be cautious of joining any accords which facilitate industrialization and profiteering from public health crises.

Given the poor outcomes of the internationally coordinated WHO pandemic response over the last 2 years, countries should be wary of WHO attempts to monopolize health policy to the detriment of national public health sovereignty. The members of Trinidad and Tobago's Intergovernmental Negotiating Body and our delegates to the World Health Assembly who are negotiating these instruments must rightfully engage the electorate through **public consultations**, to determine the best way forward. In the interim, we humbly request that the Honourable Prime Minster carefully considers the pressing issues highlighted under headings I-VII and exercises his authority as leader of the Cabinet to ensure that Trinidad and Tobago's WHA delegation **rejects the amendments to the IHR before November 1st, 2023**.

Given the urgency of these matters we would greatly appreciate a response within thirty (30) days pertinent to our request for public consultations and a timely rejection of amendments to the IHR.

Respectfully

Civil Society, Labour, Academic & Medical Professionals

Signatories

Clinicians & Medical Academics

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Dr. David Strisiver

Dr. David Bratt

Dr. Feroze Omardeen

Dr. Jhonny Siu Chong

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Dr. Wayne Labastide

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Mr. Nicholas Jaikaran

Mr. Dorian Fredericks

Endorsing Organisations

National Trade Union Centre

TTCAN
Trinidad and Tobago Civil Advocacy Network

The First Wave Movement

TT RESPONSE

CTAGTT
COVID-19 Transparency Advocacy Group TT

CHRA
Civil and Human Rights Alliance

ResponsibleParentsTT

Concerned Parents Movement

Human Rights
Trinidad & Tobago

Businesses for Freedom Network

"RAYS OF HOPE"

WE Decide TT

VISAGTT
Vaccine Injury Support and Advocacy Group TT

CC: Mr. Terrence Deyalsingh, Minister of Health

Dr. Roshan Parasram, Chief Medical Officer

Mrs. Christine Kangaloo, President of the Republic of Trinidad and Tobago

Mrs. Kamla Persad Bissessar, Leader of the Opposition

Mrs. Bridgid Annisette-George, Speaker of the House

Members of the House of Representatives

Mr. Nigel de Freitas, President of the Senate

Members of the Senate

Dr. Neil Adrian L. Singh, President of the Medical Board of Trinidad and Tobago

Mr. David Murphy, President Nursing Council of Trinidad and Tobago

Dr. Damion Basdeo, President Trinidad and Tobago Medical Association

Mr. Idi Stuart, President Trinidad and Tobago Registered Nurses Association

Dr. Ravindranath Narine, President (Ag.) Medical Professionals Association of Trinidad and Tobago

Mr. Andrew Rahaman, President of the Council of the Pharmacy Board of T&T

Ms. Junia Walcott, Ms. Alyson Pouchet, Mr. David Amoroso, Pharmaceutical Society of Trinidad and Tobago

Dr. Virendra Singh, President Paediatric Society of Trinidad and Tobago

Dr. Dharmendra Rohit, President Dental Board of Trinidad and Tobago

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APPENDIX I

WHO CA+ Article 19.1 (Feb 2023) Zero Draft

The Parties recognize the important role that financial resources play in achieving the objective of the WHO CA+ and the primary financial responsibility of national governments in protecting and promoting the health of their populations. In that regard, each Party shall:

(c) commit to prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate, ***domestic funding by allocating in its annual budgets not lower than 5% of its current health expenditure to pandemic prevention****, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health coverage; and*

(d) ***commit to allocate, in accordance with its respective capacities, XX% of its gross domestic*** *product for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, particularly for developing countries, including through international organizations and existing and new mechanisms."*

For reference the Feb 1st 2023 "Zero Draft" version of this article is presented above, because it may provide more transparent insight into the extractive intention of the WHO CA+ Convention authors regarding pandemic financing. Originally the Convention required parties to **commit 5% of its health budget AND pledge an undetermined percentage of the national GDP to pandemic expenditure.** These two clauses (19.1.c and 19.1.d) were likely scrapped and consolidated into a single softer clause due to their offensiveness and absurdity. Nevertheless, in reading the Feb 1st 2023 Zero Draft clauses the original intent of the Convention authors are apparent.