

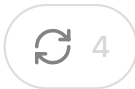
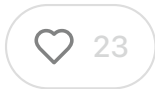
Regarding the 30 January 2020 WHO Public Health Emergency of International Concern Implications of Falsified PHEIC, HHC Secretary Azar's "Need" for PHEIC & backdating of PHEIC determination

Hockett, Watt



JESSICA HOCKETT

JUN 23, 2025



Archiving several interactions with [Katherine Watt](#) on the topic of the WHO's 30 January 2020 Public Health Emergency of International Concern (PHEIC).

Implications of Falsified PHEIC

Hockett to Watt, [5 June 2025](#)

Remind me - if the WHO's 30 January 2020 [declaration of a public health emergency of international concern by WHO Director-General] were shown to be false, i.e., the conditions for activation were not met and the persons responsible for green-lighting the decree proven to have acted maliciously or against contradictory or insufficient evidence, what would "happen" (if anything)?

Watt reply, [6 June 2025](#)

Another person to ask about this is [James Roguski](#)

I have spent far less time studying the WHO International Health Regulation Roguski has.

I think the WHO-IHR is probably the legal instrument whose contents would address this question. I've focused on studying American federal and state because the WHO-IHR, in itself, has limited enforcement mechanisms. My understanding is that the enforcement mechanisms the WHO-IHR does have mostly by reference to other treaties and trade agreements, that can be used to financially penalize non-compliant countries. (Other enforcement mechanisms include the terms of vaccine supply contracts that prohibit third-party testing of delivered products and designate state assets as collateral to be forfeited in event the purchasing government violates contract terms.)

WHO-IHR directs or requires participating member-states to adopt and implement their own domestic laws for pandemic surveillance, reporting and response measures, and subjects them to financial penalties if they don't adopt those implementing laws. For example, Article 56, Section 4: "Nothing in these Regulations shall impair the rights of States Parties under any international agreement to which they may be parties to resort to the dispute settlement mechanisms of other intergovernmental organizations or established under international agreement."

I looked briefly last night and this morning at the [WHO-IHR, as of the 2005 amendments](#), with your questions in mind.

In the definitions section, the WHO-IHR defines a PHEIC as "an extraordinary event of international concern which is determined as provided in these Regulations i. to constitute a public health risk to other States through the international spread of disease and ii. to require a coordinated international response."

There's a schematic diagram at Annex 2, called a "decision instrument for assessment and notification of events that may constitute a public health emergency of international concern." One of the three potential pathways is an "algorithm" but I haven't located any other references to an algorithm in my keyword search of my files. (That doesn't mean there isn't an algorithm. I just don't have more information about it currently.)

In a Federal Register notice Feb. 6, 2020 (85 FR 7874) about quarantine and reporting requirements, HHS-CDC used the WHO-IHR definition in a footnote: "Under the International Health Regulations, a public health emergency of international concern is 'an extraordinary event' that constitutes a 'public health risk to other States through international spread of disease and to potential requirements that may require a coordinated international response.'"

Screenshots of the decision diagram from Annex 2 of WHO-IHR 2005 below [the 82-page WHO-IHR, Third Edition](#) in which the Annex is located.

The 2005 WHO-IHR language is general, circular, or self-referential: "unusual or unexpected," cases of disease, events "of potential concern" or events of "unknown causes or sources," with cases identified "as per WHO case definition."

I also located a [July 22, 2022 WHO document about case definitions](#), which lists criteria: "general clinical symptoms (cough, fever) or epidemiological criteria (contact with probable or confirmed cases), or positive-result from non-validated diagnostic tests."

There may be other provisions in the 2022, 2023 or 2024 amendments that Roguski would be able to describe and explain their applicability to your question.

My provisional understanding is that the WHO-IHR framework is the same unilateral, no-physical-evidence-required, no-validated-case-or-causality-

validation-methods-required framework as the US federal framework that (c) is based on the unfounded, unilateral assertions of the HHS Secretary.

To the extent there are no firm, physical criteria or requirements for validating physical/analytical methods capable of validating the stable identity of an a disease-causing pathogen and its capacity to cause disease, and no procedure through the WHO-IHR for challenging claims that a PHEIC is occurring, I don't think there are any legal bases or venues on or in which the falsity or invalidity of such claims could be brought for review and reversal.

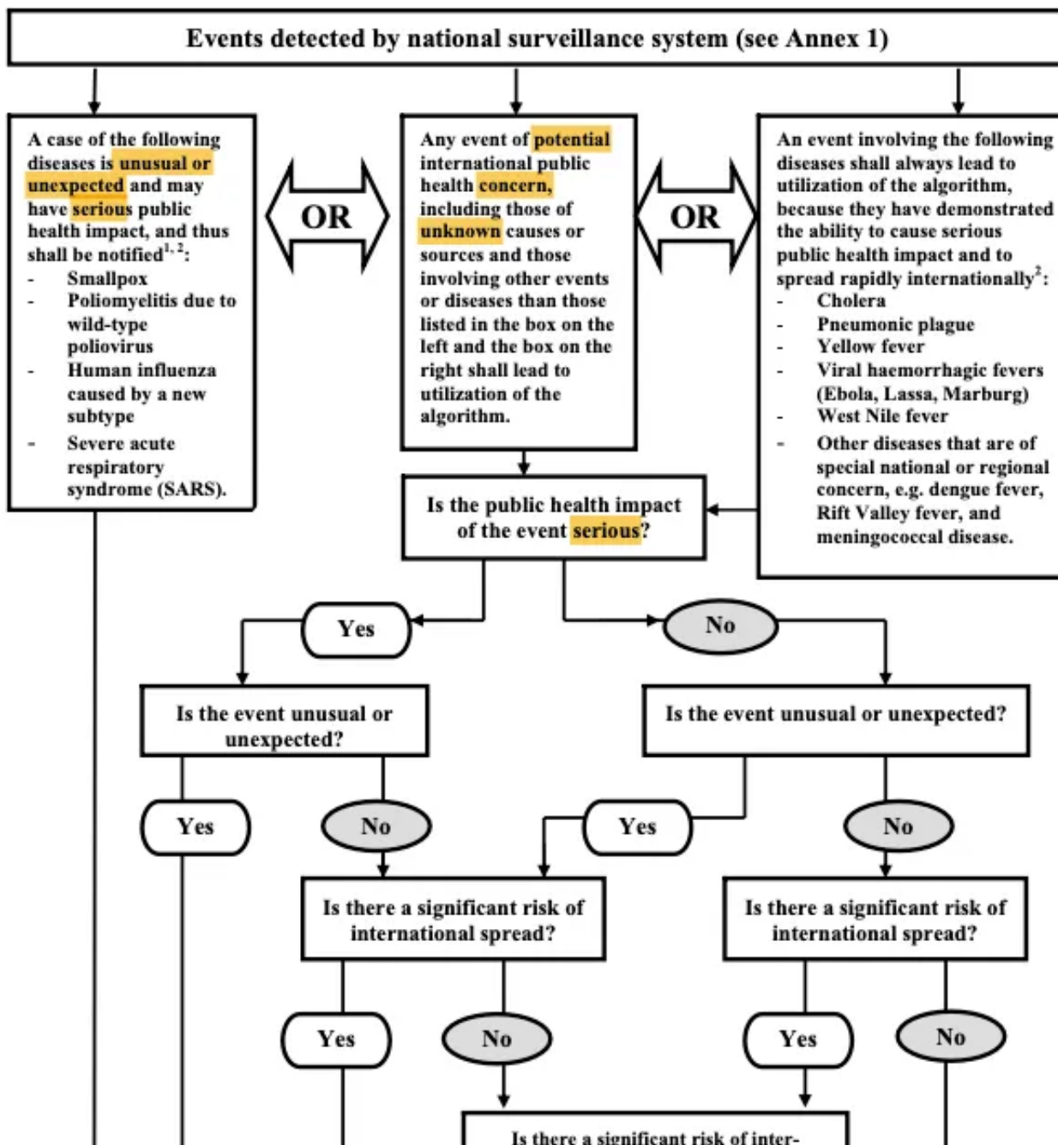
In other words, my interpretation of the PHEIC legal instruments is that, like federal and state laws, the WHO-IHR is also written so that no one can be found in legal violation of a rule they were never required to comply with, nor can an individual be found to have failed to meet an evidentiary standard they were never required to meet.

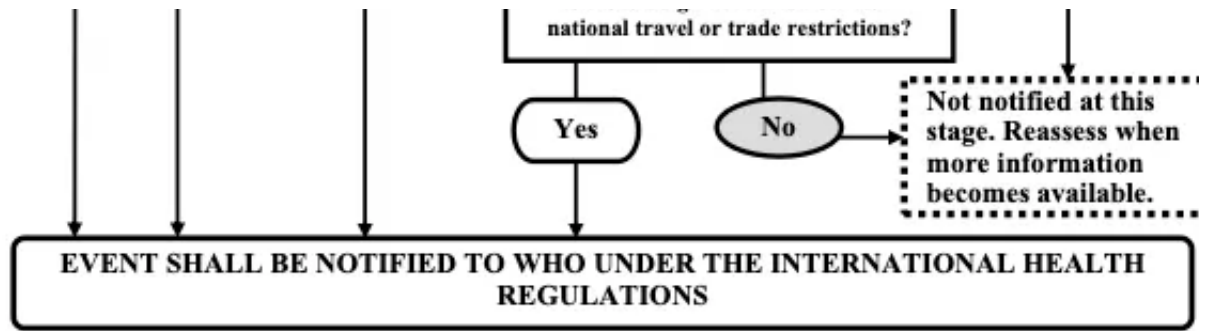
Deception, fraud, misrepresentations, mischaracterizations, etc. are legal, and there are no legal obligations to provide evidence, and no standards of evidence against which claims can be tested, and no procedures or venues through which such claims can be challenged and tested.

Sometimes I think of it in terms of criminal prosecutions in a context in which framing a human suspect has been legalized. It's as if criminal prosecutors were not required to present any evidence that a crime occurred, nor any evidence that the human suspect had means, motive or opportunity to commit the crime, nor that he or she actually committed the crime. And it's as if the prosecutor were not required to go before any fact-finding tribunal (judge or jury), because evidence and evidentiary-review are both irrelevant to the prosecution and conviction process. The conviction occurs simultaneous to the allegation.

In the public health emergency context, allegedly stable, allegedly-disease pathogens are framed, and they are not entitled to any due process. They're convicted as of the allegation, and all the pandemic management policies & programs unfold from that point in time onward.

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





¹ As per WHO case definitions.

² The disease list shall be used only for the purposes of these Regulations.



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On whether 'public health emergency of international concern' declarations by WHO Director-General are required to be supported by physical evidence, or subject to fact-finding and evidentiary review

Question from Jessica Hockett...

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Hockett reply, 6 June 2025

Thanks. This is the exact document I was studying yesterday. I will get back about this later today ¹ — and provide more context as to why I am asking a connections to other things I've analyzed — but for now:

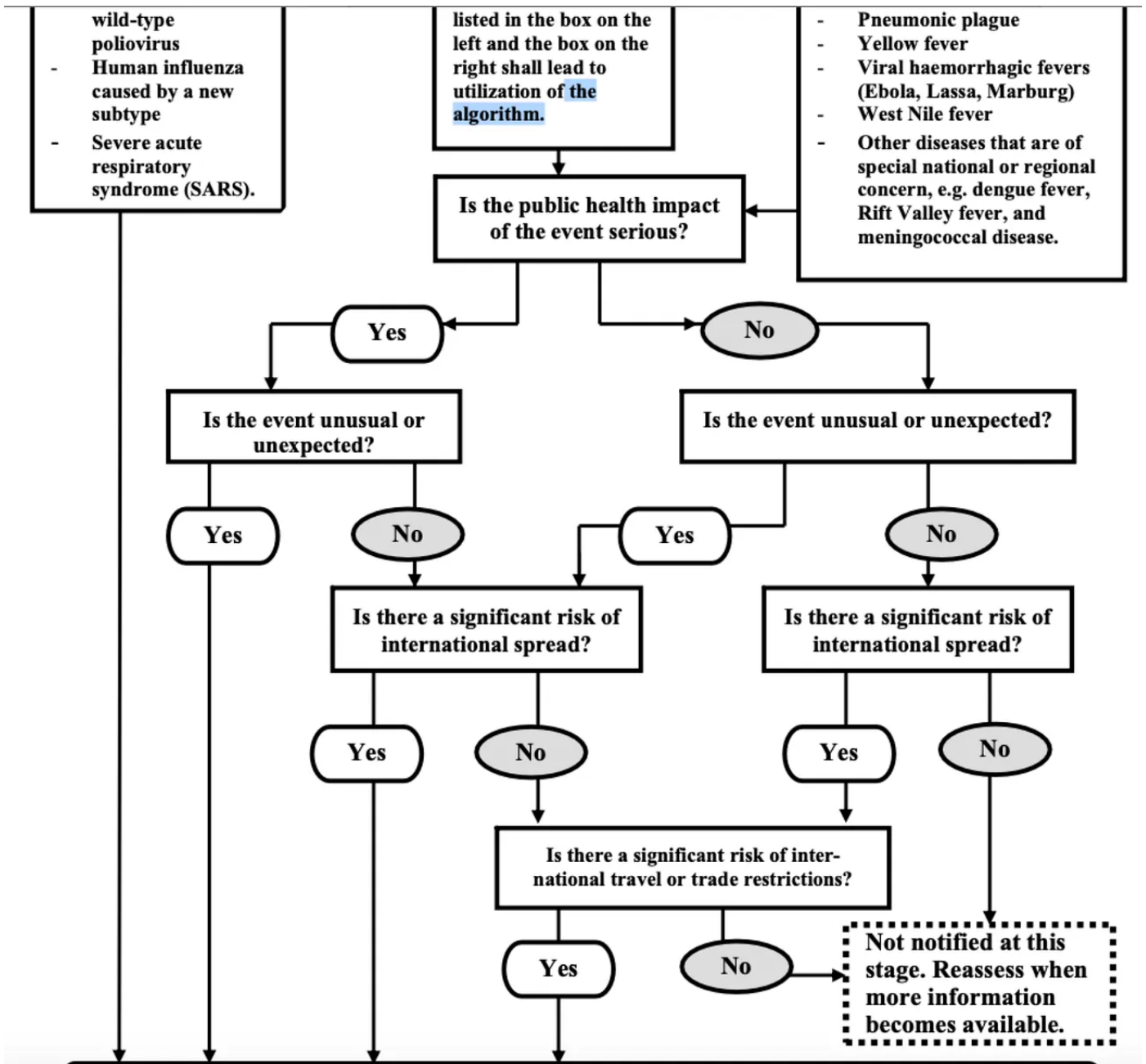
The "algorithm" is probably what is on pages 45-46. (It's a rubric of sorts - protocol or tool for guiding the decision to declare a PHEIC.)

See also [Durham, Gostin, & Moodley \(2020\)](#)

"The legal definition of a PHEIC is clear, as 'an extraordinary event that may constitute a public health risk to other countries through international spread of disease and may require an international coordinated response.' The purpose of the declaration is to focus international attention on acute public health risks that 'require coordinated mobilisation of extraordinary resources by the international community' for prevention and response."

Hockett to Watt, 24 June 2025

Briefly: Given the language, I now think "algorithm" simply refers to the process shown in the schematic (i.e., decision instrument), which itself shows/guides the user through an algorithm. EDIT: Specifically, the algorithm below the middle



Did Azar "need" the WHO PHEIC?

Hockett to Watt, 8 June 2025

As far as I can tell, [U.S. Health and Human Secretary Director] Azar needs WHO PHEIC on Jan 30, 2020 in order to issue his Jan 31, 2020 decree. LM see it differently. I could be wrong.

Watt reply, 9 June 2025

I don't think Azar needed the WHO PHEIC, for several reasons.

To the extent that the worldwide, coordinated pandemic preparedness system deception project jointly executed by the US HHS-DoD-DHS-whole-of-gov and the UN-World Health Organization, I think they have coordinated the development and adoption of the legal instruments each institution relies on as authorization for their respective actions.

As a coordinated team interested in maximizing public acceptance of the narrative for any pandemic preparedness and response at all, and government and WHO authority to actually carry out pandemic response programs, US-HHS-DoD and WHO have a mutual interest in projecting the credibility of both institutions/conglomerates, by referring to each others' acts as providing full support for the course of action taken by each institution.

So while I don't think HHS/Azar legally needed the WHO-PHEIC to conduct acts and direct the acts of other officials in the United States, he benefited from WHO-PHEIC/Director-General's performance because the WHO performance added weight and apparent credibility to HHS/Azar's own acts, and the WHO-PHEIC/Director-General's performance benefited from Azar's US-HHS acts because Azar's performance added weight and apparent credibility to the World Health Organization's acts.

Neither legal framework requires either performer to provide physical evidence "something is spreading," or poses a threat to health, nor to submit any such evidence to any fact-finding, evidentiary-review tribunal.

Here are the reasons why I don't think Azar needed the WHO-PHEIC.

One reason is that one of the **statutes** under whose authority Azar acted authorizes Defense Secretary and Secretary of Homeland Security (in addition to HHS Secretary) to make determinations that emergencies exist.

The section of the FDCA actually used by Azar (HHS Secretary) was 21 USC 360bbb-3(b)(1)(C)

21 USC 360bbb-3(b)

“Declaration of emergency or threat justifying emergency authorized use.

(b) Declaration of emergency or threat justifying emergency authorized use

(1) In general. The [HHS] Secretary may make a declaration that the circumstances exist justifying the authorization under this subsection for a product on the

—

(A) a determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of

attack with a biological, chemical, radiological, or nuclear agent or agents;

(B) a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to the United States

military forces, including personnel operating under the authority of title 10 USC 50, of attack with—

(i) a biological, chemical, radiological, or nuclear agent or agents; or

(ii) an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to United States military forces

(C) a determination by the Secretary that there is a public health emergency significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of United States citizens living abroad, and that involves a biological, chemical, radiological, nuclear agent or agents, or a disease or condition that may be attributable to an agent or agents; or

(D) the identification of a material threat pursuant to section 319F-2 of the Health Service Act [42 U.S.C. 247d-6b] sufficient to affect national security or the health and security of United States citizens living abroad."

Those determinations and declarations under Title 21 (FDCA) are related to and "material threat" determinations issued under Title 42 (PHSA) at 42 USC 247d(a), 42 USC 247d(b)(1), 42 USC 247d-6b(c)(2) and 42 USC 247d-6d [PREP Act declarations pertaining to the production and use of countermeasures]

42 USC 247d(a)

"Emergencies. **If the Secretary determines**, after consultation with such public health officials as may be necessary, that-

(1) **a disease or disorder presents a public health emergency;** or

(2) **a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,**

the Secretary may take such action as may be appropriate to respond to the

health emergency, including making grants, providing awards for expenses entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder as described in paragraphs (1) and (2)..."

42 USC 247d(b)(1)

"Public Health Emergency Fund

(1) In general. There is established in the Treasury a fund to be designated "Public Health Emergency Fund" to be made available to the Secretary with a fiscal year limitation to carry out subsection (a) only **if a public health emergency has been declared by the Secretary under such subsection or if the Secretary determines there is the significant potential for a public health emergency** to allow the Secretary to rapidly respond to the immediate needs resulting from a public health emergency or potential public health emergency. The Secretary shall develop a plan for the expedited distribution of funds to appropriate agencies and entities.

42 USC 247d-6b(c)(2).

"Material threat. The Homeland Security Secretary, in consultation with the Secretary and the heads of other agencies as appropriate, **shall** on an ongoing basis-

(i) assess current and emerging threats of chemical, biological, radiological, or nuclear agents; and (ii) **determine which of such agents present a material threat** against the United States population sufficient to affect national security.

42 USC 247d-6d(b)(1)

"(b) Declaration by Secretary (1) Authority to issue [PREP Act] declaration

Subject to paragraph (2), **if the Secretary makes a determination that a or other health condition or other threat to health constitutes a public emergency, or that there is a credible risk that the disease, condition, threat may in the future constitute such an emergency, the Secretary make a declaration**, through publication in the Federal Register, **recommen** under conditions as the Secretary may specify, **the manufacture, testing, development, distribution, administration, or use of one or more covered countermeasures**, and stating that subsection (a) [liability protections] is with respect to the activities so recommended."

Another reason why I don't think Azar legally needed the WHO-PHEIC is th quarantine **regulations** (42 CFR 70 and 71) define "public health emergency having five legal sources, any one of which is legally sufficient, and two of v unrelated to WHO acts:

"Public health emergency as used in this part means:

1. Any communicable disease event as determined by the [CDC] Director either documented or significant potential for regional, national, or international communicable disease spread or that is highly likely to cause death or illness if not properly controlled; or
2. Any communicable disease event described in a declaration by the Secretary pursuant to 319(a) of the Public Health Service Act (42 U.S.C. 247d(a));
3. Any communicable disease event the occurrence of which is notified to World Health Organization, in accordance with Articles 6 and 7 of the International Health Regulations, as one that may constitute a Public Health Emergency of International Concern; or

4. Any communicable disease event the occurrence of which is determined by the Director-General of the World Health Organization, in accordance with Article 12 of the International Health Regulations, to constitute a Public Health Emergency of International Concern; or
5. Any communicable disease event for which the Director-General of the World Health Organization, in accordance with Articles 15 or 16 of the International Health Regulations, has issued temporary or standing recommendations for purposes of preventing or promptly detecting the occurrence or reoccurrence of the communicable disease."

Several state AGs petitioned HHS to remove reasons 3, 4 and 5 from the quarantine regulations definitions in July 2022; their petition was denied by October 2022; two of the states filed a federal complaint in January 2023; the complaint was dismissed in August 2023.

I think the most detailed attempt I've made at untangling the overlapping, reinforcing relationships between FDCA-authorized determinations and declarations and PHSA-authorized determinations and declarations is this [Dec. 6, 2023](#)



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Reason for Azar backdating 31 Jan 2020 PHE determination to 27 Jan 2020

Hockett to Watt, **22 June 2025**:

You may have addressed this somewhere, so please forgive me as I continue looking at the timeframe from a different angle related to my/colleagues' in

Azar declaring public health emergency on 31 January 2020 (day after WH PHEIC), but backdating to 27 January 2020. Significance, from your point c

As a result of confirmed cases of 2019 Novel Coronavirus (2019-nCoV) on this date and after consultation with public health officials as necessary, Alex M. Azar II, Secretary of Health and Human Services, pursuant to authority vested in me under section 319 of the Public Health Service Act, hereby determine that a public health emergency exists and has existed since January 27, 2020, nationwide. <https://substack.com/home/post/p-165545871>

Watt reply, **23 June 2025**

I don't know the reason for the backdating of Azar's determination issued under PHS 319(a).

Some possibilities:

1) Possibly Azar/his handlers made the decision on Jan. 27, 2020, but didn't make the public announcement until Jan. 31, 2020.

2) Possibly Azar/his handlers were trying to coordinate the date with some reporting data about alleged cases in other countries.

3) Possibly he/his handlers were trying to coordinate the date with Congressional bills.

4) Possibly Azar/his handlers were trying to coordinate the date with other events (such as hospital homicide protocols) that would be authorized/exempt from prosecution through the determination and declaration.

These speculations (of mine) are the result of some keyword searches in my research that got hits in a 3,234-page collection of Fauci emails obtained by FOIA, in the Families First Coronavirus Response Act and in the CARES Act.

As you continue following this thread, please keep in mind that there are several different forms of "determination" and "declaration."

I tried to untangle them some in [the post below](#).

Key point (for your current project purposes) is that one form of determination does not have to be published in the Federal Register, was issued under PHS Act 42 USC 247d(a), has to be renewed every 90 days, and a few other things.

That's the form Azar announced Jan. 31, 2020, which he and Becerra renewed every 90 days for a few years, and allowed the last one to expire March 15,

Other forms of determination and declaration — with different termination mechanisms (termination dates selected by HHS Secretary with no evidence required, no standards of evidence, no evidentiary review) — are issued un

FDCA 564 aka 21 USC 360bbb-3 and under PHSA 319(b) aka 42 USC 247

Those forms *are* published as notices in the Federal Register and, as far as most of them have been backdated to Feb. 4, 2020, which has to do with the military contracting events and WHO vaccine candidate documents. The current termination date for the current Covid PREP Act declaration, for example Dec. 31, 2029, under the terms published by Becerra in Federal Register Dec 2024 (89 FR 99875) and being left in place by Kennedy.

I tried to make a table a few years ago, but didn't finish it. Screenshot of the table about the Jan. 31, 2020 announcement is below.

The fact that there are many forms of determinations and declarations, authorized by several different legal provisions under the PHE framework (plus others like the Stafford Act, National Emergencies Act, Defense Production Act and others) is one reason why I've tried to emphasize the redundancies built into the legal kill system.

Even if some of the laws are found invalid and/or nullified or repealed, there are others already in place and in force to allow the mutilation and killing programs to proceed without substantive legal impediments, and the authorizations for these programs are shifted over time as part of the shell game, to make the programs and their authorizing laws difficult to identify and difficult to remove from law.

Will put some links to ASPR sites that might be helpful to you, in a reply to your reply.

PHE determination effective date	Federal Register Notice date, citation	HHS Secretary signing date and/or "filing date":	Authority (PHSA or FDCA)	US Code citation	Wording "is" "constitutes" "exists" "significant potential" "credible risk"	Original PHE determination termination date	EUA products covered by PREP Act license to receive and kill.
Jan. 27, 2020	No Federal Register Notice. Announced Jan. 31, 2020 on HHS website: https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx	Jan. 31, 2020	PHSA 319(a)	42 USC 247d(a)	"As a result of confirmed cases of 2019 Novel Coronavirus (2019-nCoV), on this date and after consultation with public health officials as necessary, I, Alex M. Azar II, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby determine that a public health emergency exists and has existed since January 27, 2020, nationwide."	90 days after Jan. 27, 2020 = April 27, 2020.	N/A

Links: <https://aspr.hhs.gov/legal/PHE/Pages/Public-Health-Emergency-Declaration.aspx> | <https://aspr.hhs.gov/legal/PHE/Pages/default.aspx> | <https://aspr.hhs.gov/legal/Pages/default.aspx>

Hockett (initial reply [here](#), refined reply [here](#) and below), 23 June 2025

In my opinion (as of today), Azar was not making any decisions per se; he v following orders or a protocol and simply doing "what came next". (You pro agree, given your use of "handlers".)

Practically speaking, I don't see how he would have made the 31 Jan 2020 statement without there having been a PHEIC issued by WHO on 30 Jan 20 guess is that 27 Jan 2020 as the back-date is related to the Chicago coupl the first h2h transmission. (They weren't h2h transmission, even if we belie viruses, as traditionally defined woodhouse76.com/p/quest...)

If there's no "spread," then there's no basis for an emergency, per the criter applied. There's no demonstrated "danger" if it's not "spreading" in the U.S

I'm very interested in the 2023 [change you observed](#):

"SARS-CoV-2...constitutes a credible risk of a future public health emergency" replaced the original, Jan. 27, 2020 wording: "SARS-CoV-2...constitutes a public health emergency."

I am wondering if something was discovered or disclosed that necessitated change from (what I view as) a more-definitive statement about there being a public health emergency to a less-definitive statement.

Do you have any sense of why that happened in May 2023? I also note that language "credible risk of" is threat-assessment language, a la DHS.

Watt reply, 27 June 2025:

I'll refrain from offering an opinion of your analyses about the meaning of this because I'm trying to strictly limit my online internet/posting/commenting/email time (to an hour or so per week) so as to devote attention and time to off-line writing.

On your second point, about why there were wording shifts promulgated in March-May 2023 window, my view is that those were misdirection maneuvers related to HJ Res. 7 and some other events, outlined in the post below and other posts linked at the bottom of that one.

The purposes of the maneuvers were political and perception-management related: to suggest to the public that the public health emergency was "over" without removal (by Congress or courts) or relinquishing (by Presidents and Cabinet secretaries) any of the emergency powers concentrated in the US executive/administrative offices and in the hands of string-pullers within UN/WHO/BIS/other supranational organizations through the PHE framework.

The March-May 2023 events provide additional examples of use of the bui