Public health emergencies are camouflaged power grabs

'Entrenching a Global Health Emergency Mode: Implications for Health and Human Rights Law' - June 15-16, Dublin, Ireland

Presenter: Katherine Watt, Catholic writer and paralegal

Last updated June 14, 2023

Why I think I was invited to present

Pre-Covid bio: born and raised in Pennsylvania; traditional Roman Catholic (objective Truth); 1993-1996: Studied philosophy and natural sciences at Penn State; 1996-2019: Worked as reporter, paralegal (civil rights, constitutional) and local community organizer on peak oil and ecological sustainability campaigns. Founded Bailiwick News in 2016 to investigate and report on Centre County PA government + corporate corruption and administrative state as related to local water, food & economic security.

Dec. 2019/Jan. 2020: Covid-19 events presented to world as "public health emergency" by World Health Organization and US government.

Possible responses:

1. Believe the WHO and federal government PHE narrative.
2. Disbelieve/distrust the WHO and federal government PHE narrative.
3. Refuse to engage in credibility/motive assessments and try to get on with life.

- I was in the first group in January 2020, read as much as possible to understand what was happening, more skeptical by March or April 2020 and shifted into the second group by May 2020.
- Continued reading, thinking, checking public official statements against conflicting evidence.
- Influences/colleagues: **Mike Yeadon**, Pfizer exec., UK, drug development process analysis; **John O'Looney**, Funeral home director, **Craig Paardekooper**, UK data analyst; **Todd Callender**, American attorney; **Brook Jackson**, American clinical trials manager; **Sasha Latypova**, Ukrainian-American pharma exec., FDA clinical trials/regulatory/manufacturing expertise.
- Many paths (law, adverse effects/deaths data, clinical trial fraud, regulatory fraud, manufacturing fraud, labeling fraud) → one conclusion.

Main Finding

- mRNA/DNA injections and other “Emergency Use Authorized” products are biochemical compounds exempt from US regulations governing drug development, manufacturing, distribution, use.

Legal question presented:

- Are they medical treatments authorized for economically/socially/ psychologically-coerced administration under international and federal Public Health Emergency laws?
- Or are they toxic weapons prohibited under international and federal Weapons of Mass Destruction laws?
- Answer: BOTH

Work product seen by Dublin conference organizers:

- Timeline tracing the chronological development of changes to US law that enabled the camouflaging of intentional democide as public health emergency response. First posted April 28, 2022. Updated regularly.
- Congressional activity intensified 1910s, then 1930s and 1940s (admin state); 1960s and 1970s (DoD CBRN R&D); 2000s to present (public health emergency program build-up)

American Domestic Bioterrorism Program

Building the case to prosecute members of Congress, presidents, HHS and DOD secretaries and federal judges for treason under 18 USC 2381.

APR 28, 2022 • KATHERINE WATT

https://bailiwicknews.substack.com/

Implications are distressing.

- People who have followed different paths to reach this same main finding call people who have not seen it yet, "Normies."
- People who have not seen it yet, and continue to believe the Public Health Emergency narratives presented by WHO and federal governments, pharma corporations, BMGF/GAVI/CEPI, call people like me "conspiracy theorists."
- People who don't care try not to think about it at all and just get on with their lives.

Implicated Int'l and Federal Laws

- 1975 UN Convention on the Prohibition of the Development, Production and Stockpiling of **Bacteriological (Biological) and Toxin Weapons** and on their Destruction
- 1997 UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of **Chemical Weapons** and on Their Destruction
- 2005 amendments, WHO International Health Regulations
- 18 USC 175 – prohibits stockpiling and use of **biological weapons**
- 18 USC 229 – prohibits stockpiling and use of **chemical weapons**
- 42 USC 247d – authorizes concentration of power in HHS Secretary hands during PHE.
- 21 USC 360bbb-3 – authorizes HHS Secretary to coerce administration and public submission to emergency use authorized (EUA) biochemical products under PHE conditions.

For more info, citations, *see* Abstract; Presentation paper; and Bailiwick News

CONFERENCE: 'Entrenching a Global Health Emergency Mode: Implications for Health and Human Rights Law' - June 15-16, Dublin, Ireland

TITLE: Weaponization of Language and Law: US Government Bioterrorism Program from 1969 to Covid.

AUTHOR: Katherine Watt, Bailiwick News

ABSTRACT:

This paper addresses provisions of American law that enabled the US Government, Department of Defense, Department of Health and Human Services, pharmaceutical contractors, United Nations World Health Organization, World Economic Forum, member states and private research and development funding organizations such as the Bill and Melinda Gates Foundation, to jointly develop and deploy bioweapons on target populations around the world.

These American laws also set up structural barriers to legal accountability, delay public understanding of the criminal enterprise, and impede substantive criminal and civil prosecutions, and have been replicated in the federal laws of other countries.

The US Government bioterrorism program includes development and deployment of strains of communicable pathogens, aerosolized toxins, and products allegedly intended to prevent or treat effects of infection and exposure in human beings. Examples include swine influenza, avian

Securitisation of Public Health Law – US Origin

Katherine Watt, American Catholic writer and paralegal

In this paper, I describe the legislative transfer of the US Department of Defense chemical and biological warfare program, to the public health emergencies program operated by the US Department of Health and Human Services, between 1969 and the present.

The American transfer of chemical and biological weapons development and use from military programs to public health programs has occurred in parallel to, and in compliance with, analogous developments in international law during the same interval, most notably the United Nations World Health Organization International Health Regulations, 2005 (IHR), and its implementation in WHO member-states.

These legal developments present the question:

> What legal recourse do victims of regulation-exempt biochemical products have, under international and domestic law, when material acts undertaken by putative national governments violate international treaties, conventions and federal laws prohibiting stockpiling and use of chemical and biological weapons, and simultaneously comply with other international treaties, conventions and federal laws governing *public health emergency management* and *countermeasure* development and use?

Other dual-use/camouflaging language

Geopolitical power grab camouflaged as public health emergency, national emergency, national security threat

Biowarfare R&D programs camouflaged as biodefense R&D programs.

Biochemical weapons factories camouflaged as 'vaccine' factories

Military readiness camouflaged as public health emergency preparedness

Military/war targets camouflaged as research volunteers, clinical trial subjects

Legal license to commit crimes (fraud, theft, medical assault, homicide) camouflaged as PREP Act liability immunity

Biochemical weapons camouflaged as 'vaccines,' medicinal drugs, devices, biologics

Major US laws containing some of the interlocking pieces

- **Homeland Security Act** (6 USC Ch. 1, Domestic Security)
- **Federal Reserve Act** (12 USC Ch. 3, Banks and Banking)
- International Bureaus, Congresses, Etc., (22 USC Ch. 7, Foreign Relations and Intercourse) including Subchapter XVIII, **International Organizations Immunities Act**, and Subchapter XX, World Health Organization
- **Defense Against Weapons of Mass Destruction Act**, (50 USC Ch. 40, War and National Defense), including amendments to 10 USC Ch. 15, Armed Forces (Military Support for Civilian Law Enforcement Agencies), and amendments to 10 USC 382, renumbered to 10 USC 282, authorizing domestic deployment of military against civilians during "emergency situations involving chemical or biological weapons of mass destruction."
- **Food Drug and Cosmetics Act**, (21 USC Ch. 9, Food and Drugs), including **Emergency Use Authorization** program
- **Public Health Service Act** (42 USC Ch. 6A, Public Health and Welfare), incl. **Public Health Emergencies** and **Vaccines**
- **Social Security Act** (42 USC Ch. 7, Public Health and Welfare), including **Medicare** and **Medicaid** programs
- **Stafford Act**/Disaster Relief Act (42 USC Ch. 68, Public Health and Welfare)
- **Chemical and Biological Warfare Program** (50 USC Ch. 32, War and National Defense)
- War Powers Resolution/**War Powers Act** (50 USC Ch. 33, War and National Defense), including 2001 Authorization for Use of Military Force (AUMF).
- **National Emergencies Act** (50 USC Ch. 34, War and National Defense)
- **Defense Production Act** (50 USC Ch. 55, War and National Defense)
- **PATRIOT Act** — Additions and Amendments to Title 8, Aliens and Nationality; Title 15, Commerce and Trade; Title 18, Crimes and Criminal Procedure; Title 31, Money and Finance; Title 50, War and National Defense; and Title 51, National and Commercial Space Programs.

Linchpins: PHE + EUA + OTA

Points at which regulation-exempt products (EUA weapons/'vaccines' classified as medical countermeasures and military prototypes) meet the political "emergency" conditions justifying coercive use.

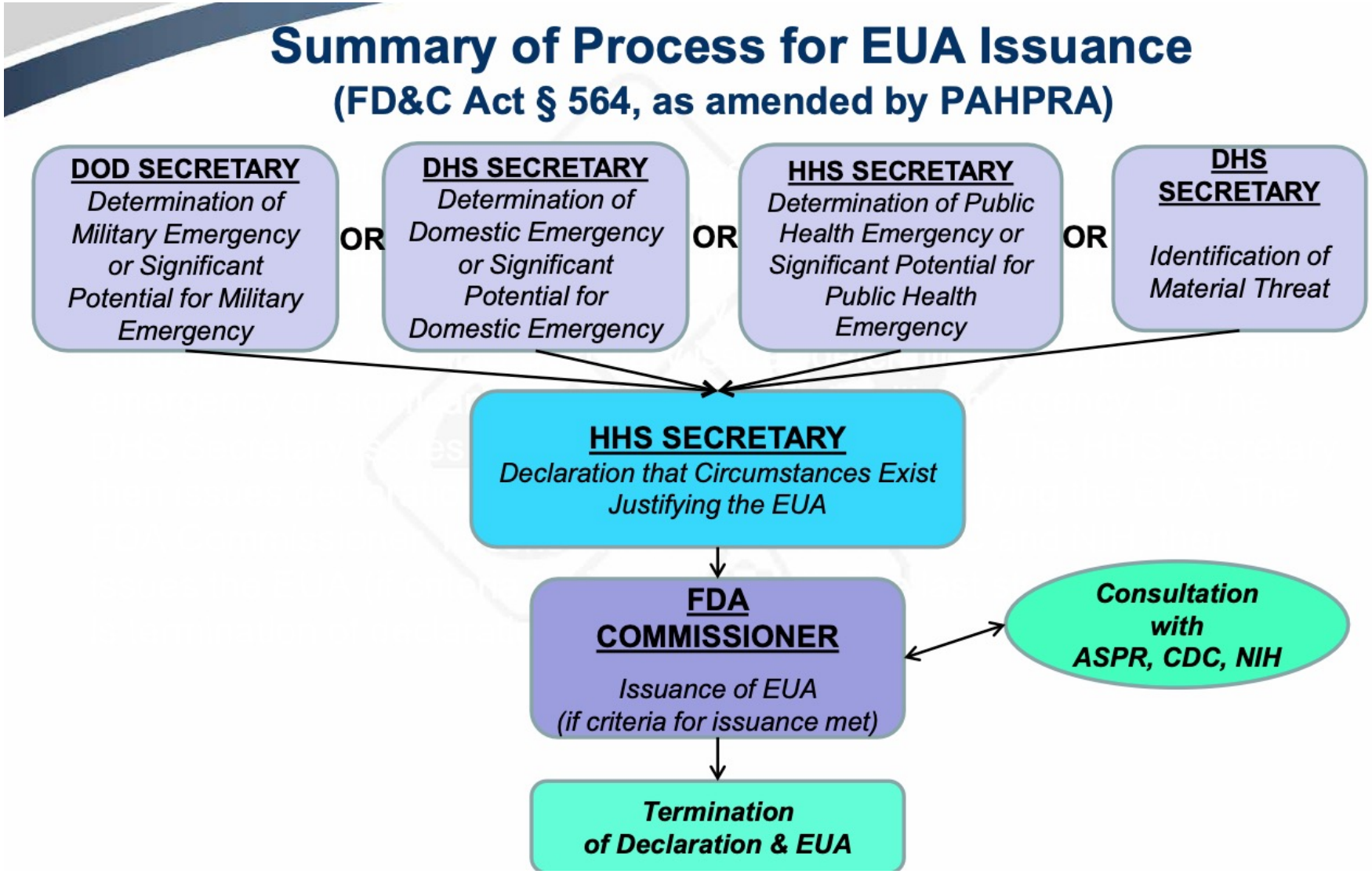
- 1983 - Public Health Service Act, Section 319 added. Codified at 42 USC 247d
- 1997 - Food Drug Cosmetics Act, Section 564 added. Codified at 21 USC 360bbb
- 2015 – General Military Law, Acquisition, Other Transaction Authority. Codified at 10 USC 2371b, renumbered 10 USC 4022

Linchpins: PHE + EUA + OTA

- Public Health Emergencies (**PHE**) program. Gave HHS new powers to declare, fund, control, maintain national emergency status.
- Expanded access/**EUA** program "…If a product is the subject of an authorization under this section, the use of such product within the scope of the authorization shall not be considered to constitute a clinical investigation..." 21 USC 360bbb-3(k)
- Other transaction authority (**OTA**) for DoD to carry out prototype projects. No obligation for DoD or FDA to verify contractors conduct valid clinical trials, product safety or efficacy; clinical trials not "material" or "necessary" for DOD payment to contractors.

Permanent State of Emergency/Power Grab Military, Domestic and/or Public Health –

Latest PHE declaration: May 11, 2023



Source:

June 6, 2014 FDA slide deck

MCM (Medical Countermeasures) Policy Updates following enactment of Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA, 2013)

Elizabeth Sadove, JD
Director of MCM Regulatory Policy
Brooke Courtney, JD, MPH,
Senior Regulatory Counsel,
FDA Office of Counterterrorism and Emerging threats

Comparison of Access Mechanisms

Consideration	Clinical Trial	Expanded Access (IND/IDE)	EUA
Ability to inform effectiveness	Yes – designed to provide evidence of safety and effectiveness	Not likely; possibly anecdotal information with larger population size	Not likely
Ability to inform safety	Yes – designed to provide evidence of safety and effectiveness	Safety signals might be identified	Safety signals might be identified
Ability to obtain useful information to benefit future patients	Yes - designed and intended to benefit future patients – randomized/blinded	Not likely; with larger sized populations, possibly some safety data in patient subgroups that could inform broader labeling	Not likely
Availability of findings	Eventually published in medical journals. If part of a regulatory approval, FDA makes reviews public.	Individual medical records are not released to the general public. Case reports might be published in medical journals.	Generally there is no systematic data collection. Retrospectives studies may be conducted and published.
Informed consent required?	Yes	Yes	No, but requires informing the volunteer of 1) right to refuse and 2) that product is unapproved/available under an EUA
Institutional review board (IRB) required?	Yes	Yes, but no prior approval needed for individual patient access	No
Level of access to investigational product	Depends on trial design P1 typically 20 – 100 P2 typically several 100 P3 typically 300 – 3,000	Depends on type of expanded access, which ranges from individual patient (e-IND/IDE) to large (e.g., 100-1,000) populations	Can enable access to a large number of patients

Source:
FDA-CDC Joint Learning Session: Regulatory Updates on Use of Medical Countermeasures
August 25–27, 20
Elizabeth Sadove, Director, Medical Countermeasure Regulatory Policy
Office of Counterterrorism and Emerging Threats
Office of Chief Scientist
FDA

Legal Effects of PHE + EUA + OTA

Transfers:

- Risk-benefit analysis from individual recipient and medical caregiver to HHS Secretary for collective product recipient pool, to weigh relative risks and benefits of the product and the threat/condition for which it has been classified as a "countermeasure."

Eliminates:

- Authority for **Congress** to override HHS declarations, determination, and decisions.
- Access to courts for judicial review of the facts or law relating to HHS Secretary public health emergency declarations and medical countermeasures/EUA product classifications.
- Injured victims access to courts for injuries and deaths caused by covered medical countermeasures
- Authority of state, local and tribal governments and individuals to manage public health emergency and medical countermeasures classification and regulation outside of HHS/DOD control.
- FDA legal obligations to supervise and verify proper, safe conduct of clinical trials
- FDA legal obligations to verify manufacturer claims of product safety.
- FDA legal obligations to verify manufacturer claims of product efficacy.
- FDA legal obligations to verify manufacturer claims about manufacturing process, product purity, potency, adulteration, serialization, misbranding, mislabeling, etc.
- Legal obligation for those who administer products to comply with prescription and dispensing regulations.
- Informed consent legal obligations for those who administer products.
- Informed consent legal rights for those who receive products.

Legal Effects of PHE + EUA + OTA, cont'd

Authorizes:

- **Real world evidence** – Anticipated "Real world evidence" can be pre-deployment basis for authorization of use (mass administration of products to general public prior to or in parallel with standard nonclinical, preclinical and clinical safety and efficacy studies) followed by collection of private/proprietary information about the effects, from manufacturers, health insurance systems, government databases (Medicare, Medicaid, Defense Medical Epidemiology Database/DMED, VAERS, V-Safe, VA).
- **Market-making**. EUA determinations and use of Special Reserve Fund/Strategic National Stockpile appropriations factor "whether there is a **lack of a significant commercial market** for the product at the time of procurement, other than as a security countermeasure."
- **Just-following-orders defense** authorized. "A program planner or qualified person shall not have engaged in "willful misconduct" as a matter of law where such [planner or person] acted consistent with applicable directions, guidelines, or recommendations by the [HHS] Secretary

What the Laws Built

- Set up huge public and private **funding** streams for military-led biological/chemical/neurological weapons research, development and deployment programs, sold to Congress and public as public health emergency programs.
- Shield government **funders, developers, regulators** from CBRN WMD/terrorism criminal prosecution by classifying weapons as scheduled toxins, communicable pathogens, etc., and R&D on those weapons as defensive/protective
- Eliminate informed consent in PHE contexts by reclassifying potential **carriers of disease** (each human) as presumptive **national security threat.**
- Shield **products/weapons** from product liability. No safety/efficacy standards.
- Shield **contractors, manufacturers, distributors and 'vaccinators'** from civil and criminal liability for their harmful/lethal actions.