BAILIWICK NEWS

Gen-X Catholic writing about Covid-times law, geopolitics, philosophy and theology.

2024 Posts

Katherine Watt
bailiwicknews.substack.com

Cover image: St. Eustace, patron saint of hunters and those facing adversity.

CONTENTS

February 2024 - p. 106

- Feb. 1, 2024 - 2023 Bailiwick posts, larger font PDF
- Feb. 5, 2024 - Presentations in video format, 15 min, 30 min, 75 min. Transcript of Feb. 9, 2023 (one year ago) presentation to Children's Health Defense group.
- Feb. 5, 2024 - Feb. 9, 2023 Children's Health Defense Q&A, transcript
- Feb. 6, 2024 - Read-aloud: Malcolm Muggeridge, On Humanae Vitae, July 1978
- Feb. 7, 2024 - On recursive, iterative legal instruments and intentional legal ambiguities.
- Another example of how clear definitions, thinking, writing and speaking are helpful for moving human society through and past the crises.
- Feb. 12, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: Latypova memo on legal status of EUA countermeasures.
- Feb. 14, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: Questions to stimulate curiosity about EUA countermeasures.
- Feb. 14, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: Medical Countermeasures Awareness Bill.
- Feb. 15 - Tools for illuminating, defying and dismantling kill-box anti-laws: county commission resolutions recommending against administration of mRNA shots into children.
- Feb. 15, 2024 - On waivers of sovereign immunity as contract provisions for nation-states buying US military countermeasures.
- Feb. 16, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: state nullification procedure acts.
- Feb. 20, 2024 - Disparate standards of scientific evidence: EUA biochemical weapons program; Countermeasures Injury Compensation Program; and PACT Act military toxic exposure compensation program.
- Feb. 22, 2024 - Government-directed mass murder: legal issues for further research.
- Feb. 23, 2024 - What section of the US Code did the Global Health Security and International Pandemic Prevention, Preparedness and Response Act enter after enactment Dec. 23, 2022? 22 USC 2151b, Population planning and health programs, as a statutory note.
- Feb. 26, 2024 - On whole-of-government criminal conspiracies: pandemic preparedness, biological and chemical weapons contracting, and EUA countermeasures. [response to Jonathan Couey]
- Feb. 29, 2024 - Poison pills, sinful structures and legal unpalatability. Thinking through possible sequelae to repeal of kill box laws.

March 2024 - p. 196

- March 1, 2024 - Tools for illuminating, defying and dismantling kill box laws: collection.
- March 5, 2024 - Four questions and four responses.
- March 8, 2024 - Regulatory simulations at home and abroad: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines.
- March 13, 2024 - Regulatory simulations at home and abroad: statutory and regulatory definitions for drugs, biological products, and biosimilars. Information to support further reporting on regulation and non-regulation of biological product manufacturing, sample testing, lot-release, use. Part 2 of series.
- March 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present. Don't-ask-don't-tell as applied to vaccines and other difficult-to-characterize, highly-susceptible-to-contamination medical-military poisons. Part 3 of series.
- March 18, 2024 - Interview with Refuge of Sinners
- March 20, 2024 - Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals. Public health and regulatory systems have consistently hidden those truths behind false claims about effects of vaccines; legalized non-regulation of biological product manufacturing. Part 4 of series.
- March 21, 2024 - Vaccine and related biological product manufacturing as US government-licensed poison manufacturing. Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS. Part 5 of series.
- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws.
- March 29, 2024 - On a July 2022 petition filed by state AGs, asking HHS to give up three of the five predicates HHS uses to consolidate executive power on public health emergency pretexts.

April 2024 - p. 260

- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.
- April 3, 2024 - On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s. Part 6 of series.
- April 5, 2024 - Congressional acts passed between 1990 and 2022, implementing the World Health Organization, International Health Regulations (2005)
- April 9, 2024 - Other researchers who have compiled evidence that US military-public health-vaccination programs injure and kill people.
- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.
- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.
- April 25, 2024 - Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products. Part 7 of series.
- April 30, 2024 - Repeal county PHE kill box law 'emergency operations plans' and withdraw from county-state and county-federal kill box contracts.

May 2024 - p. 316

- May 3, 2024 - As cow-bird-milk flu silliness hits its stride for Summer 2024, some suggestions. Also update on a FOIA filed in Feb. 2023
- May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.
- May 7, 2024 - Bits and pieces about 10 USC 1107a(a) consent waivers, EUA products, BLA products, legalized FDA non-regulation of pharmaceutical manufacturing, and related things.
- May 8, 2024 - Evidence of Presidential and Congressional treason, 1900-1969
- May 9, 2024 - Treason evidence, US Presidents, Congress members, federal agency administrators: 1970-1989.
- May 15, 2024 - Global pandemic preparedness and response provisions already in US domestic law.
- May 17, 2024 - Global Catastrophic Risk Management Act, enacted by Congress and Biden Dec. 2022, codified at 6 USC 821-825.
- May 17, 2024 - Which American federal laws must be repealed by Congress and nullified by states to shut down worldwide public health-emergency preparedness and response-kill box programs?
- May 21, 2024 - There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products. Part 8 of series.
- May 23, 2024 - Top 10 US federal laws Congress should repeal to end worldwide vaccination, mutilation and killing programs. World Health Organization meetings and satellite "medical freedom" summits are a sideshow.
- May 23, 2024 - Model nullification act, draft of first few sections.
- May 25, 2024 - On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation. Part 9 of series.
- May 28, 2024 - On the ugliness of corrupted law as a barrier to seeing it.

January 2024

St. Francis de Sales. Painting by Sebastiano Ricci.

Jan. 3, 2024 - On the continuing effort to fit a square peg (legalized manufacturing and use of biological weapons) into a round hole (FDA drug, device and biological product regulation).

Meryl Nass, promoting David Gortler's work:

- Dec. 26, 2023 - David Gortler is the most knowledgeable person challenging the FDA on the COVID vaccines today. Here is his analysis--lawyers please pay attention/Brownstone.[1]

My reply:

It is not true that any Covid vaccines have been licensed.

All FDA activity that appeared to be license-related, pertaining to all biological products manufactured since May 2019, has been fraudulent, performative, charade, pretextual, and any other word or phrase that means not real, not substantive, not legally relevant.

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.[2]

And all biological product development, manufacturing and use since February 4, 2020, has had additional layers of non-regulation and liability exemption (license-to-kill) through the PHE-EUA-MCM-PREP structure and the Defense Production Act structure.

Until litigants properly identify the toxic products as unregulated poisons, biochemical weapons, or other accurate terms, no court cases are going to move things along toward ending the 'vaccination' and 'biological products' programs in their entirety and bringing the medicalized mass murder chapter of American history to a close.

Litigation that erroneously identifies the toxic products as regulated biological products or vaccines is a waste of time and money, and only serves to extend the mass murder programs.

* * *

[1] https://merylnass.substack.com/p/david-gortler-is-the-most-knowledgeable

[2] https://bailiwicknews.substack.com/p/legalized-fda-non-regulation-of-biological

Jan. 5, 2024 - Read-aloud: Cooper v. Aaron

With notes, links and transcript of commentary.

For readers who want to read along:

- Sept. 29, 1958 - Cooper v. Aaron, 358 US 1[3]

Related Bailiwick reporting and analysis:

- Oct. 17, 2023 - Texas and Oklahoma v. US Department of Health and Human Services and Xavier Becerra: case documents
- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past.
- Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults through repeal of Model State Emergency Health Powers Act (MSEHPA) laws at the state level.
- Nov. 30, 2023 - Model Restoring State Sovereignty Through Nullification Act: Tennessee HB726
- Dec. 6, 2023 - Litigation proposals for state Attorneys General.
- Dec. 20, 2023 - Ending National Suicide Act. Draft bill for 118th Congress to repeal seven of the main kill box enabling acts.

*

Examples of US states filing joint challenges to unjust federal acts:

- July 18, 2022 - Petition for HHS rulemaking to amend definition of 'public health emergency'[4] filed by AGs of Oklahoma, Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Louisiana, Mississippi, Missouri, Montana, Nebraska, South Carolina, Texas, and Utah.
- Nov. 17, 2022 - Petition for withdrawal of HHS Interim Final Rule 'Omnibus Health Care Staff Vaccination,'[5] filed by AGs of Montana, Louisiana, Tennessee, Arizona, Alabama, Alaska, Arkansas, Florida, Indiana, Kansas, Kentucky, Mississippi, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, South Carolina, Texas, Utah, Virginia, and Wyoming
- Notes: The first petition was denied by HHS by letter dated Oct. 31, 2022; two of the states (Oklahoma and Texas) filed a civil complaint in US District Court for Northern District of Texas in January 2023; and that case was dismissed Aug. 18, 2023. I have not located records regarding the disposition of the second petition, led by Montana AG Austin Knudsen. The failure of these two attempts doesn't mean state governors and AGs can't or shouldn't work together to fight off the

[3] https://bailiwicknewsarchives.files.wordpress.com/2024/01/1958-cooper-v.-aaron-358-us-1.pdf
[4] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2022.07.18-petition-for-rulemaking-texas-oklahoma-v.-hhs.pdf
[5] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2022.11.17-montana-et-al-hhs-cms-petition-for-rulemaking-repeal-ifr-vaccine-mandate.pdf

legalized, medicalized federal invasion of their states and killing of state citizens. It means the governors and AGs should draft and file better challenges: challenges that present the information fully and truthfully, without repeating and reinforcing lies and omissions used by federal government officials and their proxies.

*

Edited transcript of the commentary part (roughly first 30 minutes).

So today is January 4th, 2024. This is Katherine Watt, and I just finished recording the [1958] Supreme Court opinion in a case called Cooper v. Aaron, which was a follow-up case to the Brown v. Board of Education case.

Brown v. Board of Education was in 1954 and then schools began trying to implement the finding that it's unconstitutional under the 14th Amendment to have segregated public schools.

And then the governor and legislature in Arkansas interfered with the Little Rock Arkansas plan to integrate its public schools and then the case went to the Supreme Court and the Supreme Court unanimously affirmed its Brown v. Board of Education ruling and said that the desegregation process had to move forward even though the governor and the legislature of Arkansas objected to it.

I'm recording now some commentary on why I'm reading that particular case and how it relates to what's happening now in the United States.

I think that this commentary section will be about 20 minutes and then the actual reading of the case is about 50 minutes.

So, the reason why I took a closer look at Cooper v. Aaron is because a growing number of state lawmakers in the United States, mostly in Republican-dominated state legislatures, have been considering nullification acts under the 10th Amendment to the U.S. Constitution. [Tenth Amendment:[6] The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.]

They're considering bills in their state legislatures that would provide pathways or mechanisms for the state government to nullify federal acts, federal, whether they're executive orders by presidents or congressional statutes or regulations put out by administrative agencies.

We have seen — it has become clear through Covid that many of those executive orders and Congressional acts and administrative regulations are unconstitutional because basically they're just enabling laws that have enabled the US military to use public health

[6] https://constitution.congress.gov/constitution/amendment-10/

proxies (pharmacists and nurses), and biochemical poisons labeled as medicinal treatments, to injure and kill people.

And as that becomes more obvious over time, more state lawmakers are looking at: What can we do to protect the people in our jurisdiction, the state that we live in, from the federal attacks that are coming in through this public health emergency, emergency use authorization, medical countermeasures, PREP Act liability immunity, this whole construct?

The federal laws that the states would be nullifying include at least seven Congressional laws that I recently wrote a draft repeal act for Congress to consider.[7] And the same list can be adapted for states to use.

It doesn't cover — this list of seven does not cover all of the different pieces of the puzzle that have been put in place since 1944.

But if these seven were knocked out, the kill box system would not work anymore.

And I'm just going to list those.

- 42 U.S. Code Sections 264 to 272, which is the quarantine and inspections programs that originated in 1944.
- 42 USC 262 to 263, which is the licensing of biological products and clinical laboratories sections, also started in 1944 and amended many times thereafter.

So the, the nullification and the repeal acts would have to nullify or repeal the original sections and all of the amendments that have been built on top of those.

- The third one is 50 U.S.C. Sections 1511 to 1528, which is the chemical and biological warfare program that began in 1969. And it was going on before that, but it began under that name in 1969.
- 42 U.S. Code Section 247d to 247d-12. That's the Public Health Emergencies program that started in 1983. And then the original 1983 one was repealed and replaced in 2000, but it's still the Public Health Emergencies program.
- The fourth one is 42 USC sections 300aa-1 to 300aa-34. That's the National Vaccine Program and the National Vaccine Injury Compensation Program that both began in 1986.
- The next one is 21 U.S. Code Section 360bbb to 360bbb-8d. That's the Expanded Access to Unapproved Therapies and Diagnostics program, which started in 1997 and includes the Emergency Use Authorization program.
- And then the last one in this list is 42 U.S.C. 300hh-1 to 300hh-37 and that's the National All Hazards Preparedness for Public Health Emergencies program that

[7] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf

started in 2002 and that's where the — a lot of the power consolidation mechanisms are located in that one.

Just as a kind of a side note, in addition to nullifying these federal kill box laws that I just listed, it's important for state lawmakers to also repeal their own state level versions of the kill box laws. All 50 states and the District of Columbia have them on the books.[8] Mostly they adopted them as versions of the Model State Emergency Health Powers Act, which was drafted by lawyers at Georgetown and Johns Hopkins in the late 1990s and early 2000s and then was pushed through state legislatures by the same military-industrial-Congressional-pharmaceutical complex lobbyists that pushed the federal kill box laws onto the books.

So this came up, this case of Cooper v. Aaron came up on a recent strategy call that I was on with a bunch of people, including state legislators from several different states.

And one of those lawmakers, said during the meeting that he has tried to interest several lawyers in the nullification process and trying to draft the state laws to set up the mechanisms to do nullification of federal kill box laws.

And that the response he's gotten from those lawyers is that it can't be done because of Cooper v. Aaron, because that case in 1958, apparently — I haven't talked to these lawyers. I don't know who they are. I don't know their names.

But what this state lawmaker said that they said to him is: Cooper v. Aaron is a Supreme court precedent that prohibits state government acts of nullification of federal laws.

And the guy that was on the call rightly pointed out that the lawyers he's talking to somehow cannot make a distinction between constitutionally-sound federal laws and acts, which is the kind of laws and acts that were under review in Cooper v. Aaron in 1958, between those and unconstitutional federal laws and acts, which are the ones that are being committed under the, or the ones that have been adopted and then the programs that are being carried out under those laws through the Public Health Emergencies-EUA-Medical Countermeasures-PREP Act construct.

The Public Health Emergencies system is just a kill box. It is just an unconstitutional concentration of power, centralization of power, usurpation of power, overthrow of constitutional rule of law. The Public Health Emergencies program is a power grab.

It is not constitutionally sound.

[8] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules

So, Cooper v. Aaron, the 1958 case, stands for the principle that state governments and citizens are bound to comply with constitutionally sound acts of the federal government.

And they are especially bound to do that when the Supreme Court has, in fact, thoroughly reviewed the disputed federal laws or the disputed federal programs or the disputed state laws and programs, whatever, if the Supreme Court has actually looked at the evidence and heard the arguments and conducted its review.

And in the case of Cooper v. Aaron, it issued the ruling unanimously and Brown v. Board of Education was also unanimous.

They've interpreted them in light of the U.S. Constitution.

And they say, as you'll hear if you listen to the actual reading of the case, they make the point that the Supreme Court members, judges, are humans. They mess up too. There have been many times in American judicial history when prior cases are overturned by subsequent courts.

But their finding at any given time, if they have actually reviewed the facts of the case and the law in light of the U.S. Constitution, is binding.

Cooper v. Aaron does not stand for the principle that state governments and citizens have to comply with, or submit to, or withhold their defiance of, unconstitutional, or in the case of the COVID-19 programs, criminal acts of the federal government and its proxies.

And the failure of the lawyers that this guy, the state lawmaker has been talking to, to understand this, is all the more strange and egregious because no federal court has yet been presented with any case directly challenging the constitutionality of the public health emergency laws and the federal acts that have been carried out since 1944 and especially in the last four years to enable the mass killing program to operate.

The mass killing program has been enabled to operate because those laws shore up the lie that there's such a thing as deadly global pandemics of communicable diseases. And that under those circumstances, it's okay to concentrate all ruling power into the executive branch.

And it's okay for the government, the federal government to deploy biological weapons to kill people with impunity by working through public health proxies like pharmacists and nurses who have been given licenses to kill under PREP act declarations.

None of that has ever made it made it to any federal court. And so there is no obligation for states to defer to it. The states and the citizens in the states are actually duty-bound to defy and to nullify those unconstitutional and criminal federal acts.

So how and why have these issues not been presented to federal courts yet, even though four years have gone by?

There are at least two mechanisms.

There are probably more, but the two that I have located so far are the PREP Act, which was passed by Congress in December 2005, and included specific provisions that claim to prohibit judicial review and claim to prohibit state, tribal and local authority to defy the Health and Human Services Secretary's decrees or edicts or dictates, whatever you want to call what he's doing as the single person who controls the response to the events he describes as a public health emergency.

And that same PREP Act also limited Congressional function to receipt of occasional reports from HHS. It does not articulate any Congressional oversight function.

So the three, three specific sections are 42 U.S. Code 247d-6d(b)(7), which prohibits judicial review. And the actual wording of that section is:

> "No court of the United States or of any state shall have subject matter jurisdiction to review, whether by mandamus or otherwise, any action by the Secretary under this subsection."

That's referring to the HHS Secretary.

The provision that blocks state, local, and tribal governments is 42 U.S. Code 247d-6d(b)(8), and I'll read that one.

> "During the effective period of a declaration under subsection b or at any time with respect to conduct undertaken in accordance with such declaration, no state or political subdivision of a state may establish enforce or continue in effect with respect to a covered countermeasure, any provision of law or legal requirement that is different from or is in conflict with any requirement applicable under this section and relates to the design, development, clinical testing or investigation, formulation, manufacture, distribution, sale, donation, purchase, marketing, promotion, packaging, labeling, licensing, use, any other aspect of safety or efficacy or the prescribing, dispensing or administration by qualified persons of the covered countermeasure or to any matter included in a requirement applicable to the covered countermeasure under this section or any other provision of this act or under the Federal Food, Drug and Cosmetic Act."

And by "this act," they're referring to the Public Health Service Act. Those are the two main vehicles through which the kill box has been built.

And then the third one that limits Congressional functions is 42 U.S.C. 247d-6d(b)(9), which just requires only occasional reports to Congressional committees. It says nothing

about Congressional oversight, Congressional ability to reverse an HHS Secretary decision or program or anything like that.

That's the first mechanism that blocks federal and state courts and state, local and tribal governments from interfering or resisting or defying or undermining or having any influence over the, the kill box programs, the federal government and the federal military are engaged in.

The second mechanism is the Supreme Court itself, which threw its own weight behind that blocking of separation of powers among the three federal branches, and blocking of federalism, which is the separation of powers between the federal government and the states and tribes and people, through a very early decision in May of 2020 called South Bay Pentecostal v. Newsom.

And I've, I did another podcast[9] about one of the cases cited in that South Bay Pentecostal decision, which was Garcia v. San Antonio Metropolitan Transit Authority.

So South Bay Pentecostal — the decision came out in May 2020. It was a case of religious congregations objecting to the California governor's executive orders about occupancy limitations and other public health measures that the health department in California was ordering businesses and churches and families and schools to do in early 2020 when everything began.

South Bay Pentecostal[10] cited Jacobson v. Massachusetts, which is a 1905 case, and Garcia v. San Antonio, which is a 1985 case, to rule that an "unelected judiciary" is barred from "second-guessing" the acts of executive or legislative government officials during declared emergencies.

And that "second-guessing," that Chief Justice John Roberts said is blocked by Jacobson and Garcia, is constitutional review functions. Basically, he said, during a declared emergency, the courts are blocked from doing constitutional review.

Interestingly, the Attorney General of California at the time that COVID began in 2020 was Xavier Becerra. And he was named as a defendant when the church organizations sued the state[11] to challenge the executive orders.

By the time the case finished up — the [first] order came out in May 2020, but the case dragged on with appeals and went up and down a couple of times. It finished up in May 2021 with a financial settlement and a stipulation.[12]

[9] https://bailiwicknews.substack.com/p/read-aloud-garcia-v-san-antonio-metropolitan
[10] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2020.05.29-south-bay-v.-newsom-scotus-judiciary-not-secondguess-executive-140-s.ct_.-1613-19a1044.pdf
[11] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2020.05.11-south-bay-pentecostal-v.-newsom-first-amended-complaint.pdf
[12] https://bailiwicknewsarchives.files.wordpress.com/2023/11/2021.05.27-stipulation-south-bay-v.-newsom.pdf

And by that time, Xavier Beccera had been appointed secretary of the United States Department of Health and Human Services.

So he was there in California for the case that said there can be no federal or state judicial review of [HHS Secretary correction/clarification: the constitutionality of executive branch] actions under public health emergencies.

And then he went to the position of HHS Secretary and began to direct the sequence of illegal orders or war crimes that included the Biden administration's vaccine mandates, while he was personally shielded from all constitutional review of his actions through those two mechanisms: the Congressional laws, (the PREP Act of 2005) and the Supreme Court ruling in South Bay Pentecostal.

The reason that they set up at least two barricades to keep federal and state courts and state governments from interfering with what they're doing, or from ever even getting the question into a federal judge's courtroom about whether the public health emergency, emergency use authorization, medical countermeasures, PREP Act laws, are constitutionally sound, is because if the information was presented to a federal judge or state judge fully and truthfully, they would not be found constitutionally sound.

They are simply legal pretexts to grab power so that the federal government can fake deadly pandemics and terrorize populations into committing suicide and homicide and abortions by submitting to unregulated toxic products in the mistaken belief that they're receiving regulated medicinal products.

The United States Constitution does not give the federal government the authority to sicken and kill the population. And no legitimate government has the authority to extrajudicially injure and kill the people living under its jurisdiction.

And that's why the PREP Act had to include specific provisions, blocking constitutional review and Congressional oversight and state oversight and had to deceive all of those people.

The latest possible date at which the use of products called vaccines to intentionally induce chronic disease, infertility, and shortened lifespans, starting with children, became official U.S. federal government policy — the 1986 [National Vaccine Program and VICP] act — also comprehensively blocked judicial review. It diverted all wrongful death and injury cases to the Vaccine Injury Compensation Program. It set up insurmountable burden of proof, totally inadequate compensation provisions, and in one section it limited challenges to any regulation that the administrative agencies put out to implement the statute to 60 days from the date of the promulgation of the regulation. So you had two months if you found out about a regulation to challenge it and nobody has. [Clarification: that I know of].

The last thing I'm going to talk about is a little bit more on the concept of mandamus, because that's — if you go back to what the section of the act that prohibits judicial review — it says "no court of the United States or of any state shall have subject matter jurisdiction to review, whether by mandamus or otherwise, any action by the [HHS] Secretary."

So mandamus is an order from a court to an inferior government official that directs that government official to properly fulfill their official duties or to correct an abuse of discretion.

It can, it can be an order that they do a thing that they're supposed to do, but they're not doing. And it can also be an order that they stop doing a thing that they should not be doing and that they don't have authority to do.

And the way that it works is somebody who is injured or aggrieved by a thing that a government official is doing or not doing, files a petition to a federal court and asks for a writ of mandamus or an order directing the person against whom they're filing the petition to either do the thing that they should be doing or stop doing what they shouldn't be doing.

In 2020, Wendy Parmet wrote a paper, she's a legal scholar, about the judicial review of mostly the executive orders and other programs that had already, that were put into place from the very beginning of 2020 through — I'm not sure when her paper came out — but it pre-dated all the vaccine-related cases. [The COVID Cases: A Preliminary Assessment of Judicial Review of Public Health Powers During a Partisan and Polarized Pandemic,[13] Wendy Parmet, San Diego Law Review, 2020]

And she cited to a case called *In re Rutledge*, which, the Abbott case was related to that, and the Rutledge case. They were two challenges in federal court, but they were not challenges to the foundational federal kill box laws and regulations. And they were not challenges to the state kill box laws and regulations, the Model State Emergency Health Powers Act.

What they were challenges to was executive orders by the governors of Texas and Arkansas, which declared that abortions were "non-essential" procedures that would be prohibited for the duration of the COVID-19 emergency as part of protecting health care systems and health care workers from becoming overwhelmed by limiting medical care only to essential procedures.

And petitioners who wanted to get abortions challenged those executive orders to say, there is a constitutional right for abortions [Note: The Abbott and Rutledge cases pre-dated the Dobbs decision of June 2022, which overturned Roe v. Wade's 1973 finding of

[13] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2020-parmet-paper-judicial-review-emergency-powers-covid-mandamus.pdf

a constitutional right to abortion], and therefore, an executive order by a state governor that blocks access to abortions is unconstitutional and needs to be reversed.

And the federal courts in both Abbott and Rutledge did eventually say, yes. I think I would need to read them again to be sure.

But the precedent was that the Rutledge court, according to Wendy Parmet, explained that Jacobson, that 1905 case, had established a two-part framework under which challenges to orders issued in the context of a public health crisis are only susceptible to constitutional challenge if they have, quote, "no real or substantial relation to public health," or are beyond all question a "plain, palpable invasion of rights secured by fundamental law."

And so, I can read a little bit from the Jacobson, the Jacobson case, which I think most readers have at least heard of that one. It was an early vaccination-related case in which a guy who didn't want to get vaccinated was told that he had to pay a fine if he wasn't going to get it.

Jacobson:[14]

> "The state legislature proceeded upon the theory which recognized vaccination as at least an effective if not the best known way in which to meet and suppress the evils of a smallpox epidemic that imperiled an entire population. Upon what sound principles as to the relations existing between the different departments of government can the court review this action of the legislature?
>
> If there is any such power in the judiciary to review legislative action in respect of a matter affecting the general welfare, it can only be when that which the legislature has done comes within the rule that if a statute purporting to have been enacted to protect the public health the public morals or the public safety has no real or substantial relation to those objects or is beyond all question a plain palpable invasion of rights secured by the fundamental law, it is the duty of the courts so to adjudge and thereby give effect to the Constitution."

And so in 1905, that was what the Jacobson court said.

And then the Abbott and Rutledge cases during early COVID in 2020, before the vaccine campaign started, came to the same conclusion.

So going back, as I said, no one has brought a case yet challenging the federal kill box laws themselves or the state versions of them to argue that the constitutionally protected right of an individual to not be killed by anyone, but especially by a public health proxy

[14] https://bailiwicknewsarchives.files.wordpress.com/2023/11/1905-jacobson-v.-mass.pdf

such as a pharmacist or nurse administering a lethal injection that's falsely presented as a medicinal product, is violated by the kill box laws.

And so it is now possible, because of the light shed on these things over the last couple of years to litigate those two prongs established by Jacobson and put before a court the evidence and the argument that public health emergencies themselves are a fictional construct.

They are not "real or substantial."

They're pretextual. They're derived exclusively from fraudulent diagnostic testing protocols combined with homicidal treatment protocols to deceive people, to confuse people, to get people to be afraid, and to get people to then comply with the lethal injection programs.

And so from that perspective and with that evidence, the public health emergency laws and regulations and programs promulgated by Congress and the federal executive branch and the administrative agencies are beyond all question, "plain, palpable invasions of rights secured by the fundamental law."

And so I just bring that up as a sort of, something to think about for people who are trying to develop federal cases, and trying to work with the precedents as they stand while adding in the evidence and the arguments that have been developed over the last couple of years that would make it possible and probable for a federal judge or a state judge, if he or she actually got this material in front of them, to rule in such a way that the kill box programs, the vaccination programs in their entirety, all of the vaccines, all of the countermeasures, all of the next pretend public health emergency, pretend pandemic that they're going to present to us, all of that could be shut down through the legal process.

* * *

Jan. 9, 2024 - Biologic Markers in Immunotoxicology.

1992 report by Subcommittee on Immunotoxicology, Committee on Biologic Markers, Board on Environmental Studies and Toxicology, National Research Council

US military-public health officials have not only long understood the harmful effects of immunotoxicants, enabling the selection of effective xenobiotics for inclusion in vials of vaccines and other biological products, which are intentionally toxic poisons, and therefore legally classifiable as weapons.

They have also long possessed knowledge of how to assess the efficacy (morbidity and mortality) of such vaccine-weapons, through biomarker assays.

- 1992 - Biologic Markers in Immunotoxicology[15] (National Academy of Sciences)

Summary at p. 2:

> ...This document presents a brief history and review of immunology, immunotoxicology, and biologic markers (Chapters 1 and 2). The effects of toxicants on the immune system can be expressed in two ways. Excessive stimulation can result in hypersensitivity or autoimmunity; suppression can result in the increased susceptibility of the host to infectious and neoplastic agents.

Hypersensitivity overview (p. 2):

> Hypersensitivity (Chapter 3) has become an important human health problem in industrialized societies. Inhalation of a variety of chemicals can cause asthma, rhinitis, pneumonitis, or chronic granulomatous pulmonary disorders. Hypersensitivity is an immunologically based host response to a compound or its metabolic products.

Autoimmunity overview (p. 2):

> Autoimmune disease occurs when an immune system attacks the body's own tissues or organs, resulting in functional impairment, inflammation, and occasionally, permanent tissue damage (Chapter 4). Some xenobiotics are known to induce autoimmunity...

Immune Suppression overview (p. 3):

> The immune system provides protection against invasion by pathogens and the growth of neoplastic cells. Exposure to some drugs and chemicals can impair this natural host defense mechanism, and this can lead to an increased incidence of

[15] https://bailiwicknewsarchives.files.wordpress.com/2024/01/1992-biologic-markers-in-immunotoxicology-national-academy-of-sciences.pdf

infectious disease or cancer (Chapter 5). Several xenobiotics have been identified as causing immune-system dysfunction. In some cases, the immune system has been identified as the most sensitive target for the minimum toxic dose of a xenobiotic. Although one or more of the many compartments of the immune system can be suppressed significantly, this suppression might not be expressed as an immune-mediated disease. Rather, suppression can be viewed as a potential risk because of the reduced ability of the host to resist natural and acquired diseases. There is limited information to suggest that humans exposed to environmental pollutants are immunologically compromised. However, it has been well established that treatment of humans with immunosuppressive therapeutic agents can result in an increased incidence of infectious disease and neoplasia.

It is universally accepted that the immune systems of many animals and humans are comparable; that animal models are available to assess immune dysfunction objectively; that positive immunosuppressants, such as cyclophosphamide and cyclosporin A, are used to validate assays; and that data obtained from animal studies can sometimes be verified in humans.

For immunosuppressants, the plasma concentration of an agent is an adequate marker of exposure that also serves as the effective biologic dose. Markers of effect suggesting changes in the immune system are indicated by alterations in subpopulations of cell type, such as the helper-to-suppressor cell ratio. Although the principles and phenomena in humans and animals are basically similar and comparable, it is recognized that different responses can occur.

Bioassays of Immunotoxicity (p. 3)

Animal bioassays for toxicity (Chapter 6) are useful for identifying possible hazards that could attend human exposure to xenobiotics. Researchers have used animal models to identify immunotoxic agents, to develop immune-system profiles, to identify mechanisms of action, and to identify potential health risks associated with exposure to specific xenobiotics, either consumed as drugs or through environmental exposure. The results of animal studies are useful for determining chemical hazards, managing risk, and determining relatively safe conditions of exposure. A series of animal bioassays has been developed to detect changes in the immune system caused by low oral doses of immunosuppressants. These bioassays give consistent results in different laboratories. Assays for pulmonary immunocompetence have been developed but require broader use. There is a need for additional mechanistic studies, particularly those that relate the immune system to the development of cancer.

Role of Biologic Markers of Immunotoxicity in Epidemiology, overview at p. 4

> The limits on experimentation in humans restrict the use of epidemiologic methods to obtain health information after accidental or occupational exposure to toxic substances. Epidemiologic research (Chapter 8) can involve experimental studies in which conditions are controlled and effects are subsequently observed in a test population, or it can use cohorts or cases in which the test population is observed without the circumstances being altered. Epidemiologic procedures frequently permit long-term monitoring of health effects in large numbers of persons exposed to undefined quantities of a given environmental xenobiotic. Data obtained in such investigations, which cannot be obtained otherwise for normal human populations, can provide information about immunotoxic effects. However, a review of the literature reveals no epidemiologic studies that have made full use of markers of exposure, markers of adverse immunologic effect, or markers indicating susceptibility because of variation in the capacity of the immune system.

Introduction at p. 9:

> At the request of the U.S. Environmental Protection Agency (EPA), the National Institute of Environmental Health Sciences (NIEHS), and the Agency of Toxic Substances and Disease Registry (ATSDR), the Board on Environmental Studies and Toxicology in the National Research Council's Commission on Life Sciences convened the Committee on Biologic Markers to examine the use of biologic markers in environmental health research.
>
> Biologic markers are broadly defined as indicators of events in biologic systems; they can be variations in the number, structure, or function of cellular or biochemical components. Biologic markers are of interest as a means to identify early stages of disease and to understand the basic mechanisms of the effects of exposure and the biologic responses to substances found in the environment (Committee on Biological Markers of the National Research Council, 1987). Four specific biologic systems were chosen for study: the reproductive system (NRC, 1989a), the respiratory system (NRC, 1989b), the immune system, and the urinary system.
>
> This is the report of the Subcommittee on Immunotoxicology.
>
> The immune system recognizes and defends against infectious micro-organisms and neoplastic cells. Many foreign materials are prevented from entering the body or are rapidly eliminated by nonspecific, nonimmune mechanisms (e.g., mucous secretions and phagocytosis by macrophages) and by immune mechanisms. With some substances, individuals may develop an immune response that is specific to the substance so that the body is able to react more quickly and effectively to a future attack by the substance. This adaptive immune system may be considered

in simple terms to consist of three specific elements: the foreign substance, which is called the *antigen; lymphocytes*, which are cells of the blood and lymphoid system; and *antibodies*, the immunoglobulin (Ig) proteins formed by the immune system.

Interactions among these three specific elements and other nonspecific cells (e.g., antigen-presenting cells) or other biologic systems (e.g., the immune-complement system) form the basis of the activity of the immune system. A response against an antigen that requires the local accumulation of lymphocytes is termed cell-mediated immunity and the lymphocytes involved are called T cells. Responses involving antibodies made at a distant site are referred to as humoral immunity and the lymphocytes producing the antibodies are called B cells.

A generalized reduction in the capacity for either type of response is known as immunosuppression and may result in an increased susceptibility to infection by micro-organisms or to the development of tumors, as seen, for example, in acquired immune deficiency syndrome (AIDS). A generalized increase in immune responsiveness is known as immunopotentiation. One manifestation is hypersensitivity (allergy). When the immune system responds to and attacks the proteins of its own tissue, autoimmune disease may occur. In Chapter 2, the function of the immune system is given with greater detail along with an explanation for how disease may evolve from disregulation of the immune system.

Immunology is primarily a science that began in the late nineteenth century. Special interest in chemicals from nonbiologic sources—xenobiotics—is of recent origin.

Immunotoxicology formally emerged as a distinct discipline within toxicology during the 1970s (Descotes, 1988), prompted by animal studies that demonstrated the researcher's ability to measure the effects of chemicals on the immune system (Koller, 1980; Vos, 1980; Dean et al., 1982; Luster et al., 1982).

*

Related Bailiwick reporting and analysis

Sept. 26, 2022 - Spike protein, furin cleavage site, gp120, HIV, microvascular destruction, turbo-cancer and cystic fibrosis.

> Roots of the program that led to SARS-CoV-2 lie in a sequence of globalist, Presidential and Congressional acts initiated in 1969 to authorize US Department of Defense chemical and biological weapons experiments on soldiers and prisoners (and by 1997, authorize DOD chemical and biological weapons attacks on the general public[16]); set up the Special Virus Program within the National Cancer Institute at the NIH; and establish global depopulation as a core globalist-banker-driven, American-led, geopolitical strategy.
>
> The geo-strategists were led publicly by National Security Advisor and then Secretary of State Henry Kissinger, with Anthony Fauci taking the lead on the scientific side as he arrived at NIH in 1968…
>
> 1974/04/24 - Secretary of State Henry Kissinger promulgated National Security Study Memorandum 200, *Implications of Worldwide Population Growth for U.S. Security and Overseas Interests*[17]. NSSM 200 directed Secretary of Defense, Secretary of Agriculture, CIA Director, Deputy Secretary of State and Administrator for US Agency for International Development to study international political and economic implications of population growth and offer possible courses of action for the U.S…

Nov. 10, 2022 - Legal context for the Couey hypothesis discussions.

> Tl;dr - US Gov says (to this day[18]) that its chemical and biological warfare programs stopped in 1969 (biological) and 1975 (chemical).
>
> These programs did not stop at all.
>
> They just got re-homed under HHS/BARDA/NIH/NIAID/CDC/FDA, with coordinating divisions in DOD/DARPA/DTRA, DHS/FEMA, DOJ, Dept. of State, Dept. of Ag, and many, many other federal agencies…

Nov. 12, 2022 - More SARS-CoV-2 and spike protein biology, immunology and vaccinology from Nov. 3 CHD panel discussion with Jonathan Couey, Robert Malone and others

Nov. 18, 2022 - Immunomodulation and fear modulation.

---

[16] https://bailiwicknews.substack.com/p/shell-game
[17] https://www.nixonlibrary.gov/sites/default/files/virtuallibrary/documents/nssm/nssm_200.pdf
[18] https://www.health.mil/Military-Health-Topics/Health-Readiness/Environmental-Exposures/Chemical-and-Biological-Exposures

…Why did the Baric/Fauci team release localized outbreaks, knowing that they would be self-limiting?

Because the real goal was to "spin up" population-wide fear, set off the fraudulent PCR mass-testing craze, and funnel people into long-term, compliant, routine individual relationships with the nascent government-directed, government-funded, injectable mRNA countermeasures market and the digital surveillance and digital currency platforms being built atop 'vaccine' passports as a new condition for individual participation in human society…

I do not know if the US Government, DOD, HHS, DHS, FEMA, Pfizer, Moderna and Bill Gates have the biological, chemical and electromagnetic tools to make injectable lipid nanoparticles that contain embedded, dormant pathogens that can be activated to cause symptomatic hemorrhagic fever outbreaks.

What I do know is this:

They have the media, propaganda and information control tools to make it look like they can do those things, and to manipulate readers, viewers and listeners to behave as if those things are true even if those things are false.

Or, more precisely, they have the information control tools to get people to behave as if isolated, but truly-deadly, orchestrated incidents automatically mean there are invisible, large-scale threats, for which the US Government and its public-private partnerships with conspirators in academia, multinational 'health' organizations, and the private sector, are trustworthy leaders for subsequent emergency response and management programs…

Biodefense in the Age of Synthetic Biology, US National Academies of Sciences, Engineering, Medicine, June 19, 2018…*pp. 74-77* - Modifying the Human Immune System …Engineering immunodeficiency…Engineering hyperreactivity…Engineering autoimmunity….

April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.

"At the third review conference of the [UN Biological Weapons Convention] in 1991, several countries tried to launch a formal negotiation to bolster the treaty with a legally binding verification regime, but they failed to achieve consensus. The George H. W. Bush administration argued that verification was not possible with any degree of confidence because of the dual-use nature of biotechnological materials and equipment, which makes it easy to divert legitimate facilities such as vaccine plants to illicit production…

> Advances in fermentation technology have also eliminated the need to stockpile biowarfare agents. Instead, a legitimate production facility, such as a vaccine plant, could be commandeered to grow seed cultures into militarily significant quantities of agent within a period of weeks. Given these technical realities, the detection of illicit biological weapons activities poses daunting challenges for any conceivable monitoring regime…"

Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.

> To summarize: On April 2, 2019, effective May 2, 2019, FDA Commissioner Scott Gottlieb changed the federal regulations governing inspection of licensed facilities manufacturing biological products including 'vaccines', from at least every two years to unspecified times; eliminated provisions about what would happen if a licensed facility failed an inspection; and eliminated all inspection duties for FDA inspectors.
>
> A commenter submitted a pithy comment in response to the Feb. 26, 2018 notices, reprinted in the Final Rule document published in the Federal Register April 2, 2019: "One comment expressed concern that the risk-based inspection frequency will not be without negative health consequences. The comment also stated that "[R]isk Management is an identified known weak element to a majority of biological and medical device companies" and that the management and mitigation of risk without FDA oversight for a number of years is going to be a high-risk endeavor…"

Jan. 5, 2024 - Read-aloud: Cooper v. Aaron, with notes, links and transcript of commentary.

> …The latest possible date at which the use of products called vaccines to intentionally induce chronic disease, infertility, and shortened lifespans, starting with children, became official U.S. federal government policy — the 1986 [National Vaccine Program and VICP] act — also comprehensively blocked judicial review…

* * *

Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

A reader asked me to provide my understanding of the legal instruments governing exercise of political authority during declared public health emergencies, and how the United Nations World Health Organization International Health Regulations (IHR, 2005); the current proposed amendments; and American statutes, regulations, executive orders and other domestic legal instruments, fit together within that legal framework.

Nutshell:

My understanding is that all officers of US federal and state governments are subordinated to the US Secretary of Health and Human Services for the duration of any 'public health emergency,' as unilaterally declared by the HHS Secretary, using authority placed in his hands through domestic kill box laws enacted through the mechanisms of Congressional votes and presidential signatures.

And the HHS Secretary himself, and the US federal and state government officials he controls for the duration of any declared 'public health emergency,' are subordinated to the UN and WHO, under the terms of international agreements adopted and sustained by the mechanism of silence/inaction/non-rejection/non-withdrawal by Congress, presidents, federal and state courts, and state legislatures.

The HHS Secretary serves two functions: he's an administrator**,** tasked by his United Nations supervisors with implementing and directing UN-WHO military-public health policies and programs in the US, and he's a dictator in his relationship to other branches and officers of the US government, the governments of the 50 states, and the people.

I disagree with Meryl Nass, James Roguski, Bret Weinstein and others who focus public time and attention on current proposed IHR amendments and a proposed new pandemic treaty. I've briefly indicated my disagreement with Nass, Roguski and others in personal correspondence and also in public presentations.

I haven't belabored it for two reasons.

First, I support the work they do to the extent it helps lawmakers and populations around the world better recognize that:

1. The WHO is a military branch of the United Nations;
2. The UN is engaged in a military attack on the world's people under 'public health emergency' pretexts, using totalitarian policies and programs (informational, surveillance, testing, masking, social distancing); military, law enforcement and public health proxies (DoD-directed biological weapons manufacturers, FDA

officials, pharmacists, and nurses) and toxic products (poisons/weapons) that are falsely presented as medicinal treatments; and

3. National governments legally can and prudently should withdraw from the United Nations and the World Health Organization, under their own domestic laws and Article 62 of the Vienna Convention on Treaties, due to the "fundamental change of circumstances:" public understanding of the two preceding facts gained through the Covid-19 events that have occurred since January 2020.

*

Sept. 24, 2023 - 51 Congress members co-sponsoring Rep. Andy Biggs HR-79, WHO Withdrawal Act. *See also* H.R. 6645[19] and S. 3428[20] (Disengaging Entirely From the United Nations Debacle Act of 2023).

*

Second, I don't want to fuel personal conflicts that distract readers from what I regard as the most effective forms of resistance to the ongoing mass murder programs and strengthening of the walls of the global kill box:

Repeal and nullification of the domestic implementing laws, at the federal and state level, by Congress, state legislatures, and federal and state courts whose members understand that 'public health emergencies' are camouflaged power grabs.

*

Dec. 20, 2023 - Ending National Suicide Act. Draft bill for 118th Congress.

> "...An Act to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes."

*

I think US domestic law has already transferred sovereign government functions to the United Nations World Health Organization, such that current IHR amendments, (if the United States remains a UN and WHO member), and when they enter into force, will

[19] https://www.congress.gov/bill/118th-congress/house-bill/6645

[20] https://www.congress.gov/bill/118th-congress/senate-bill/3428/text?s=1&r=1&q=%7B%22search%22%3A%22S+3428%22%7D

increase the speed, expand the scope and strengthen the force of the geopolitical coup that that has already taken place.

But they won't comprise a new theft of sovereignty.

The already-completed sovereignty transfer, or *de facto* UN coup, was enacted through a sequence of Congressional and presidential acts that began in 1944 with enactment of the Public Health Service Act and US Senate ratification (in 1945) of the United Nations Charter, followed by Congressional authorization given in 1948 to President Truman to accept membership in the WHO on behalf of the US government, followed by hundreds of other implementing statutes, executive orders, presidential directives, and agency regulations.

Further, I don't think there are any substantive political mechanisms to directly intervene or stop the adoption or amendment of international legal instruments, because there is no political nexus between ordinary people and global governing institutions. Treaties are contracts between nation-states, not between governments and those who are governed. The men and women coercing public submission to their edicts — through supranational institutions — have no political subjects or constituents. There is no hereditary line of succession, and there are no electoral, recall or impeachment procedures.

As Roguski has reported, the World Health Assembly adopts IHR amendments by "silence procedure," consensus mechanisms; there is no recorded vote. IHR amendments then enter into force in member-states through non-rejection mechanisms, which are also silent. Unless the legislature and executive formally file notice of rejection or reservation with the WHO Director-General, before the end of the interval specified in Article 59 of the IHR (2005), the amendments enter into force at the end of another, short interval.

They are self-executing.

As also laid out in Article 59, member-states are obligated to "adjust domestic legislative and administrative arrangements fully" to align them with IHR provisions within that entry-into-force time interval, by adopting implementing statutes and regulations (kill box laws) that are triggered when trigger conditions are met.

For example, by the WHO Director-General declaring a PHEIC (public health emergency of international concern) and/or by the in-country health administrator (HHS Secretary in the US) declaring a public health emergency.

Article 56, Sections 1-3 of the IHR lay out procedures for state parties to resolve disputes about the "interpretation or application" of the regulations, including mechanisms for negotiation, mediation, conciliation, and compulsory arbitration.

As a June 2022 Congressional Research Service report noted, "To date, no WHO Member State has ever invoked the Article 56 process against another Member State."

None have needed to, because Article 56, Section 4 recognizes that WHO member-states, including the United States, are also controlled by the coercive power of other "international agreements and "intergovernmental organizations," such as the Bank for International Settlements and World Trade Organization, which are empowered to use financial mechanisms to enforce the terms of the WHO Constitution and the IHR on the US Government and the people of the United States.

To avoid or reduce the financially destructive wrath of the BIS, WTO and other supranational organizations, governments of sovereign countries have subordinated themselves to the United Nations: they have "adjusted domestic legislative and regulatory arrangements" to comply with the WHO-IHR.

Nutshell again:

The US federal and state government officials — for so long as they silently defer to illegitimate, unconstitutional international legal instruments and domestic, implementing kill box laws — are subordinate to the HHS Secretary during a public health emergency.

And the HHS Secretary and all other US federal and state government officials are subordinate to the UN-WHO — for so long as they silently defer to illegitimate, unconstitutional international legal instruments — under the terms of international treaties and other "binding instruments of international law."

*

Key legal events

Excerpts from American Domestic Bioterrorism Program timeline.

- July 1, 1944 - Congress and President Roosevelt passed Public Health Service Act of 1944 (PHSA). PL 78-410, 58 Stat. 682. Centralized and militarized the American public health system that had developed within several agencies since the Revolution. Codified at 42 USC 201.
- July 28, 1945 - US Senate ratified United Nations Charter (Executive F.[21])
- Oct. 24, 1945 - United Nations Charter entered into force.
- July 22, 1946 - International Health Conference established the World Health Organization and adopted the WHO Constitution,[22] signed by 61 nations to enter into force April 7, 1948.

[21] https://library.cqpress.com/cqalmanac/file.php?path=Floor%20Votes%20Tables/1945_Q3_Foreign_Policy_Floor_Votes.pdf
[22] https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf

- June 14, 1948 - Congress authorized President Truman to accept membership in World Health Organization on behalf of US government. PL 80-643, 62 Stat. 441. Codified at 22 USC 290.
- May 25, 1951 - WHO World Health Assembly adopted International Sanitary Regulations, to enter into force Oct. 1, 1952. International Sanitary Regulations were revised and renamed International Health Regulations in 1969.
- Sept. 27, 1952 - President Truman signed Executive Order 10399 designating the US Surgeon General as the "health administrator" for the World Health Organization on American soil, under 1948 WHO Constitution and 1951 WHO International Sanitary Regulations. 17 Federal Register 8648.
- Oct. 1, 1952 - WHO International Sanitary Regulations of 1951 entered into force in WHO member states, through Article 21 and Article 22 of WHO Constitution.
- April 25, 1966 - President Johnson transmitted Reorganization Plan No. 3 of 1966 to US Congress, transferring US Surgeon General's authorities to Secretary of Health, Education and Welfare department, effective June 25, 1966. 31 Federal Register 8855.
- Oct. 17, 1979 - Congress and President Carter passed Department of Education Organization Act. PL 96-88, 93 Stat. 668. Section 509 redesignated the US Health, Education and Welfare Department as the Health and Human Services Department. From that point to the present, the Secretary of Health and Human Services has exercised authorities under the WHO Constitution and WHO International Health Regulations, as transferred from Surgeon General to HEW Secretary in 1966.
- Sept. 15, 2005 - World Health Assembly adopted World Health Organization International Health Regulations 2005 revisions.[23] From a Congressional Research Service report:[24] "The 2005 edition, known as IHR (2005), expanded methods for controlling infectious disease outbreaks beyond quarantine and broadened the type of public health events that would require international coordination. The Regulations provide an overarching legal framework that defines the rights and obligations of parties to the agreement (which includes the United States and all other WHO Member States) in handling public health events and emergencies that have the potential to cross borders."
- June 15, 2007 - WHO IHR (2005) entered into force in WHO member states, through Article 21 and Article 22 of WHO Constitution.

*

[23] https://www.who.int/publications/i/item/9789241580496

[24] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2022.06.22-crs-who-ihr-international-health-regulations-congress-no-vote.pdf

Key provisions of WHO Constitution, WHO IHR, 2005 and Vienna Convention on the Law of Treaties:

World Health Organization Constitution, 1946

Article 3 - Principles

> ...4. States have, in accordance with the Charter of the United Nations and the principles of international law the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

Article 21

> The [World] 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;
>
> (*b*) nomenclatures with respect to diseases, causes of death and public health practices;
>
> (*c*) standards with respect to diagnostic procedures for international use;
>
> (*d*) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;
>
> (*e*) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.

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 International Health Regulations, 2005

Article 55

1. Amendments to these regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.

2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.

3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations.

Article 56, Settlement of disputes

[Sets forth procedures for any State Party to challenge the actions or inactions of any other State Party through the Director-General, including "compulsory arbitration."]

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 any international agreement."

Article 59

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of or reservation to these regulations or an amendment thereto shall be 18 months from the date of the notification by the Director General of the adoption of these regulations or of an amendment to these regulations by the Health Assembly. Any rejection or reservation received by the Director General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification...

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations within the period set out in paragraph 2 of this Article, that State shall submit within the period specified in paragraph 1 of this Article a declaration to the Director-General regarding the outstanding

adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party.

Articles 61 through 63 set forth procedures for "rejection" and "reservation" submission to the WHO, by Members, and for "withdrawal" of rejections and reservations.

Annex 1.A. sets forth "core capacity requirements for surveillance and response "

Annex 1B sets forth "core capacity requirements for designated airports, ports and ground crossings."

Annex 2 sets forth "decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern."

Annex 5 sets forth "specific measures for vector-borne diseases."

Annex 6 sets forth "Vaccination, prophylaxis and related certificates."

Annex 7 sets forth "Requirements concerning vaccination or prophylaxis for specific diseases."

*

Vienna Convention on the Law of Treaties

Article 62 - Fundamental change of circumstances

1. A fundamental change of circumstances which has occurred with regard to those existing at the time of the conclusion of a treaty, and which was not foreseen by the parties, may not be invoked as a ground for terminating or withdrawing from the treaty unless:

(*a*) the existence of those circumstances constituted an essential basis of the consent of the parties to be bound by the treaty; and

(*b*) the effect of the change is radically to transform the extent of obligations still to be performed under the treaty...

3. If, under the foregoing paragraphs, a party may invoke a fundamental change of circumstances as a ground for terminating or withdrawing from a treaty it may also invoke the change as a ground for suspending the operation of the treaty.

*

Related Bailiwick reporting and analysis

- Feb. 2, 2022 - January 19, 2017 Federal Register**.** US Health and Human Services final rulemaking, WHO International Health Regulations, and human liberty.
- March 17, 2022 - On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation.
- April 7, 2022 - Responding to Steve Kirsch, James Roguski and others. World War Biochemistry has been underway for decades, key battle won by World Health Organization silently in January 2020.
- Oct. 27, 2022 - How can HHS, DOD and DHS be 'foreign terrorist organizations?'
- Jan. 6, 2023 - US no longer Constitutional republic; domestic deployment of military has been pseudo-legalized
- March 30, 2023 - Sen. Ron Johnson gets senators on record re: international contracts that enslave Americans to globalists through the World Health Organization and pharmaco-martial law.
- April 4, 2023 - Government by silent immobility: an effective ruling innovation developed by the globalists, capitalizing on natural human aversion to hard work, conflict and pain.
- April 6, 2023 - On enforcement mechanisms wielded against non-compliant nation-states.
- Sept. 24, 2023 - 51 Congress members co-sponsoring Rep. Andy Biggs HR-79, WHO Withdrawal Act.
- Dec. 20, 2023 - Ending National Suicide Act. Draft bill for 118th Congress. "…An Act to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes."

Documents

- 1946 WHO Constitution
- 1980.01.27 Vienna Convention on Treaties
- 2005 WHO International Health Regulations
- 2014.07.31 Executive Order 13674 Obama quarantinable communicable disease
- 2017.01.19 82 FR 6890 Control of Communicable Disease 42 CFR 70 42 CFR 71 Final Rule re NPRM 54230
- 2020.02.13 Draft HHS SARS-COV Apprehension Order 42 CFR 70 42 CFR 71[25]
- 2020.03.27 UN 74:544 Silence Procedure[26]
- 2022.06.22 CRS WHO IHR International Health Regulations Congress no vote[27]

* * *

[25] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2020.02.13-draft-hhs-sars-cov-apprehension-order-42-cfr-70-42-cfr-71.pdf
[26] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2020.03.27-un-74544-silence-procedure.pdf
[27] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2022.06.22-crs-who-ihr-international-health-regulations-congress-no-vote.pdf

Jan. 15, 2024 - On the importance of truthful factual history sections in civil and criminal prosecution of intentional, legalized, medicalized mass murder programs.

A reader's emailed questions:

> With all this remarkable information you have gathered, if you had a legal team at your disposal, how would you simplify it all?
>
> What would you like to see as the dream focus of prosecution?
>
> How would you narrow it down?
>
> Who specifically would you choose to go after first?

My reply:

I would be happy to answer these questions in more depth (provide my views on top-priority civil litigation and criminal prosecution strategy) if you have access to such a legal team, or even one American lawyer — even a small-town lawyer with no constitutional law experience — who understands the big picture and is committed to filing at least one case that responds to it appropriately.

The most simplified way I can say it, is that good cases will start with truthful factual history sections that lay out the statutory, regulatory and presidential executive order history clearly and briefly, and lay out the demonstrable application/use of those laws since January 2020 to carry out an intentional mass murder campaign, also clearly and briefly.

There are several different possibilities to choose from for the defendants, claims and legal arguments/criminal charges that would accompany that factual history section.

But all of them start from the same truthful fact foundations.

The failure of all cases up to this point (that I'm aware of) to do this in the factual history section, is the primary reason that legal and political advances against the country's legal and political enemies are not being made.

All the cases up to this point ignore/skip the legal history, and adopt the enemy's false framing of the 'public health emergency' and 'vaccine' programs.

Related Bailiwick reporting and analysis

- Oct. 13, 2022 - 18 USC 2333 cases: venue, national security, Fauci, summary judgment - "...One possible scenario includes motions for summary judgment, asking the federal judges to review the evidence and arguments presented, and rule that there is no dispute as to material facts: that the evidence against the US Government is so clear, the cases don't need to move to trial. Plaintiffs will be arguing that the US Government has criminally built an illegitimate statutory, regulatory and executive authority framework to *theoretically* de-criminalize acts of terrorism and use of chemical and biological weapons against the American people when committed by the US Government itself through the Department of Defense behind the false front of 'public health.' And that starting in January 2020, named officials within the US Government *actually* used those illegitimate legal frameworks to turn real bioweapons on the people...The US Government's primary defense will — in all likelihood — be based on its arguments that everything done by defendants was authorized by Congress and US presidents through the same statutes, regulations and executive orders. Which means that on the basic issues of material fact, there is no dispute. The only questions are the moral and legal questions: can a government lawfully kill off its own people? Judges can and do summarily grant relief to plaintiffs on the basis of solid pleadings, early discovery and lack of dispute over material facts. The cognitive mind-fuckery the globalists set up is that there's usually a difference between the facts and the law during litigation. But in this case, the material facts *are* the laws."
- Nov. 14, 2022 - Thought-stopping stage sets in legal pleadings.
- Jan. 26, 2023 - War criminals
- April 24, 2023 - Say true things. Don't participate in lies by repeating them. (Video, 13 min). Transcript.
- June 16, 2023 - Make murder a crime again. (Video, 20 min)
- July 28, 2023 - On skipping past definition of the interlocking crises.
- Sept. 19, 2023 - On sovereign immunity. Re-post: Dual-use government officials of concern.
- Oct. 28, 2023 - Whatever is in the biochemical weapons bearing Pfizer and other pharma labels, is there because US SecDefs and their WHO-BIS handlers ordered it to be there.
- Dec. 11, 2023 - Discussion of litigation strategies built on full understanding that EUA countermeasures are, by definition, not regulated pharmaceuticals.

* * *

Jan. 15, 2024 - Interview with Peter and Ginger Breggin

Link to audio recording; transcript excerpts.

New interview:

- Jan. 5, 2024 - The FDA's Sham Support of Poisoning the American Public.[28] (1 hour, Breggin Pulse on America Out Loud and other podcast platforms). Speakers: Dr. Peter Breggin, Ginger Breggin, Katherine Watt. (Transcript, excerpted.[29])

Transcript Excerpts

PB - Katherine is an independent investigative writer and reporter. She is one of those people who's trained to do a lot of the work that lawyers can't or don't want to do. She's a paralegal. And she has been working really hard on a very special approach to what's going on with our vaccines today.

And I think I'm just going to go right away to Katherine and say, you know, let's start out and explain, as you were just explaining to me and Ginger, where you're going with your thinking about how to approach what you describe as an essentially --

Well, I let me, actually let me read something to the folks and then I'll give it to Katherine.

This is in her latest Substack report:[30]

> "All FDA activity that appeared to be licensed related pertaining to all biological products..."

which includes the vaccines folks,

> "...manufactured since May 2019, has been fraudulent, performative, charade, pretextual and any other word or phrase, that means not real, not substantive, not legally relevant."

...I'd like you to go to the heart of it, fraudulent activity and the FDA and how it's all a charade, how it relates to well, you know, just and how you're looking at using the law, trying to get somebody to use the law in this regard.

KW - So, the heart of it, in my view, is that what's being presented as a public health emergency, and as a pharmaceutical product, is actually not either of those things.

It's really a constitutional crisis. And it's been a constitutional crisis since long before it sort-of emerged on the scene in the beginning of 2020. Because the constitutional crisis

[28] https://www.americaoutloud.news/the-fdas-sham-support-of-poisoning-the-american-public/
[29] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2024.01.05-transcript-excerpted-breggin-pulse-katherine-watt.pdf
[30] https://bailiwicknews.substack.com/p/on-the-continuing-effort-to-fit-a

is based in changes in US law that make it possible for the federal government to carry out biological attacks on the population, through the states, through biological products, like vaccines, and through emergency conditions and emergency orders, like the ones that came out during COVID.

Because really, what they're trying to do is injure and kill a lot of people here and around the world without getting caught, without getting stopped, without people seeing that that's what it is.

And what their overarching goal is to do is to concentrate power first in the federal executive branch in the United States, and then pass it over to the United Nations, the World Health Organization and whatever successor globalist organizations and institutions they develop.

So that's how I look at what has happened and the lesson I have taken from the research that I've done and the things that I've found.

PB - ...there has been a very organized, active public campaign to develop a global governance by elites. And those elites are — they're a complex group. Many, many groups have been created along the way...

And it is supported by the UN [United Nations], by the World Health Organization, they're very globalist, they think they're going to be in charge...

[It's] supported by billionaires. It's supported by the banking industry. It's supported by the Chinese Communist government. And that's how you get these people working together...

And we are the last bastion, United States of America, as it once was, as we're trying to revitalize it, is the last bastion. And what Katherine Watt is talking about so powerfully...is how they have destroyed our constitutional powers that would have fought off a direct attack on us. And indeed, we are having a direct attack. It's just hard to say, hard to grasp, if you haven't heard it before.

Katherine, pick up wherever you want on this, please.

KW - Well, one thing that I would say is that a lot of it is deception-based. The constitution is still there, and the geopolitical authority of the people and the states and the Congress, and the courts are still there. But they have been — the people who actually could use those mechanisms have been deceived into thinking that they don't have the power that is still sitting there.

Because as, I would agree with what you said about the metaphysical aspect of things, and the — Satan's most useful method of getting control over people is to deceive them

into thinking that things that are good are evil and thinking that things that are evil are good, and not understanding the right relationship between the human being and God.

And so that's the thing I would emphasize, is that it's a deception process.

And because I look at it that way, there is an opening every time people find the courage to actually look at what's happening and actually think it through and actually take steps to respond with their own power. There's ways to punch holes in it. And there's ways to weaken the power that the deceivers want us to think that they have and recognize that they don't actually have that power.

They're pretending. They're pretending through fake laws. They're pretending through fake regulatory processes. They're pretending through propaganda campaigns to make people scared about fake pandemics.

The whole thing is a big mask over reality that can be pulled away.

PB - Talk about the law in the land, which people believe is still going on, they still believe there's an FDA that is in fact, and a CDC that are in fact legally monitoring the vaccines. And that what we're saying, which was a so-called vaccines, they're really M, mRNA platforms, technologies injected into us, [with] effects [that are] broad, widespread, unpredictable, but known to have been lethal, we prove that.

And in fact, the reports to the, there's a reporting system [VAERS] that is monitored by both the CDC [Centers for Disease Control and Prevention] and the FDA [Food and Drug Administration] show, we've got reports of at least 20,000, just from the US, of deaths from these platforms being injected. And we know from research that the best estimate of how many actual deaths occur for every one reported is approximately 100 to one, which would mean we have 20, we have 2 million reported actual, they represent 2 million actual deaths. And [we] make a really strong argument for that in our book. So we're looking at a catastrophe. We're looking at an assault.

And Katherine, pick up on the law that you have been probably the most detailed person looking at, and how they just rewrote into it, "Hey, the FDA is doing nothing right now and is permitted and encouraged to do nothing." How [is] the charade, this huge charade?

KW - Well, one thing I would say is, we don't actually know what's in any of the injections, because the way that the laws were rewritten, they never had to disclose the ingredients. And they never had to allow independent testing to confirm whatever they wanted to claim was in the ingredients.

So, I think some of the studies that have been done trying to, like, reverse engineer it and examine it, from people who diverted product out of the military supply chain and investigated [found], yes, there are mRNA components. There are LNP [lipid

nanoparticle] components. There are lots of other components that we don't actually know. And there is no standardization among them.

And I would also say that it's not that the FDA is doing nothing. The FDA is an active complicitor [accomplice] in the performance that's being done. And without their participation, it would not have been able to move forward, because they had to be there pretending that there is a regulatory structure that applies to these products and pretending that they were applying it, so that people would think that the products were regulated and take them.

If they [FDA] had not been involved at all, if Pfizer had just come out by itself and said "We've made this thing. We're not going to tell you what's in it. We want you to take it. It's free," people would not have done it in the way that they did because the FDA was involved in the fraudulent way that it was involved.

So it's a joint project, joint deception project, between military leaders, FDA leaders, CDC leaders and corporate — Pfizer, Moderna, J&J, all of the other subcontractors and contractors that have produced components of countermeasures, or actual countermeasures.

And Sasha Latypova is somebody that I work with a lot, because our two analyses go together in the sense that she has a strong, long background in regulatory procedures and product development.

Just like Mike Yeadon is another person whose work dovetails with mine and hers.

And so, when she was looking at it early on, she was trying to figure out why the regulatory things that were apparently being done did not match her own experience with how it should look.

Brook Jackson is another one who couldn't understand why the clinical trials process didn't look like it was supposed to look, because she had experienced in what that was supposed to be.

And I had experience with what legal challenges were supposed to look like, and how you're supposed to be able to get to the point where you can present evidence to a court, and you can have a confrontational, adversarial process to figure out what's true and what's false. And that process was cut off at the knees every time it started.

And the basic finding is that, yes, the laws, the PREP Act [Public Readiness and Emergency Preparedness Act], especially, in 2005, and the Project Bioshield Act in 2004, and then all of the implementing regulations for those programs, the things that came before and things came after, have made it so that what the FDA is doing is just pretending.

It's just pretending, to get people to take poison, thinking that it's medicine...

PB - Okay, when we come back, Katherine, let's go through some of the laws that you point out where it actually says that the — that nothing that's going on basically at the FDA shall be constituted to mean that the drug has been actually approved, with the biologic, has been actually approved by any formal process that would lead to the official label being placed on the biologic to indicate that it's been approved.

KW - So, I think you asked about what are the laws that made it so that the fakery can happen or is actually required to happen. There are two.

One of them I found relatively early, a couple of years ago, that's 21 US Code 360bbb-3(k). And that's the one that says "use" of the EUA products "shall not constitute clinical investigation."

And so that's the law that basically said, under these specific conditions of public health emergencies, which are declared by the HHS Secretary unilaterally, they're not reviewable. They're not reversible by anyone other than the HHS Secretary [42 USC 247d-6d], to the extent that states and courts defer to these illegal laws.

Once those conditions are in place, the use of the product doesn't require informed consent. It doesn't involve real institutional review boards. There are no real review procedures at the FDA. Everything they do is just a pretense. Because the use is really for this other purpose, which is to injure and kill people without people finding out, or without people stopping it, without people being held criminally or civilly liable.

And that's the piece that came in with the PREP Act in 2005 [and Project Bioshield Act in 2004].

And then, the other one that I found much more recently relates more to the biological product licenses, "biologics license applications," called BLA. And that program dates back to some major revisions. It started in 1944, with the whole Public Health Service Act. There were some major revisions in 1973.

And then, just before they were about to launch this covert attack, using biological products that are unregulated -- that are actually poisons, but calling them medicines, through the Federal Register [84 FR 12505, April 2, 2019], making revisions to regulations [21 CFR 600.20, 21 CFR 600.21, 21 CFR 600.22] that are related to 42 US Code 262, which is the biological products section, they set it up so that there would be no specific time intervals for inspections of production facilities making biological products. There would be no specific enumerated duties for inspectors to visit the plants, take samples of the products, test the samples, apply regulatory enforcement actions.

And so that piece is a piece that becomes more relevant when you look at the things that other people talk about, as far as [claiming] "FDA did license Comirnaty in August of 2021."

Actually, they did not. Because that whole biologics license application or BLA process was corrupted just as the emergency use authorized program was corrupted.

They're written to make it possible to market and use poisons, calling them medicines...

I haven't looked into [the Biologics License Application records] a whole lot, because of my understanding of how the — not only the PREP Act and the Public Health Service Act piece, but also the Defense Production Act, were inserted into this, to make this whole process fake.

Other people have looked at the BLA application paperwork a lot closer than I have.

And the conclusion that I still maintain is that that paperwork is faked. There have been no clinical trials. There have been no valid FDA review procedures. There has been no valid independent testing of the products, for their quality, for their non-adulteration, for their purity, for their labeling accuracy, for anything.

So, I don't know if that answers the question, because I can't talk in great detail about it. Other than that, once you realize it's a fake, you can look at the papers and you can know that these are just props. They're theatrical props. They don't have a legal meaning.

And their political meaning is, just as Ginger said, to provide cover so that people don't know that what they're getting is poison and don't put up the fight that they would put up if they did know that what they're getting is poison.

PB - Now the Department of Defense has this [...] special acquisition process that was intended originally for unique and unusual circumstances. And that's, that's been used for their acquiring or buying billions of dollars of x of these pseudo-vaccines. Can you tell us more about that?

KW - It's called Other Transaction Authority [10 USC 4022], OTA. It applies to several different agencies. HHS is only one of the agencies that can use it. And the bottom line for OTA contracts is that it takes them out of normal financial oversight functions of Congress and takes them out of normal contract law provisions. Which, the Defense Production Act also has provisions that take it out of normal contract law applicability, and also out of anti-trust law applicability [50 USC 4558].

And that's another thing where I haven't looked into it a lot. But there is a very good argument to be made, that what is happening is similar to trusts, that the anti-trust laws were put in place to stop. In the sense that multiple, high, or very large corporations, in cooperation with the Government, are controlling the market and controlling the anti-

competitive kind of situations so that they can work together to smoothly get this product out. Without any interference from either, like, other competitors, who might be, like, wanting to analyze the product and say, "This is not a good product. Therefore, we're going to come up with another product."

So there are many, many different legal mechanisms that they're using to control the narrative and to control the production and distribution and use of these poisons. And the Other Transaction Authority is one of those mechanisms, but it's not the only one.

PB - This is getting a little abstruse, maybe, but not too much. I originally most of us originally thought that BARDA [Biomedical Advanced Research and Development Authority] was the federal agency under [...] Rick Bright. That's the agency that stopped Trump from distributing millions of doses of hydroxychloroquine. He ordered them to be released, which would have stopped the so-called pandemic because it's a very excellent treatment and have given to the older people when they were first getting sick. Hardly anybody would have even died. [It] would have been even more mild than the flu, it would have been a non-, totally non-existent in its lethality. And he stopped the president and the president was unable or unwilling to go around that.

We thought that's what was mainly authorized by Congress, to be funding these biologics in emergencies. But it turns out now more and more than it looks like the Defense Department was really the central agency of the government that was really marshalling, putting together, and managing, and still is, this whole episode of distributing these poisons. Does that ring true for you?

KW - ...Sasha and I have both tried to figure it out a bit where the coordination happens, because it isn't — it's clearly a joint project.

And the two primary agencies are the Health and Human Services and the Department of Defense, along with the Department of Homeland Security. Because one of the ways that they kind of smuggled the whole program through is to make the claim that it's a national defense issue, that there are big, scary, dangerous pathogens in the world that can kill a lot of people and get out of control. And therefore you need a biodefense industry and a biodefense strategy. And it needs to be federally-directed, and it needs to be federally-funded, because companies won't do it on their own. They won't develop these products on their own.

All of that is a lie. As Sasha talks about, and I talk about, because of the way that human biology works, and pathogens and immune systems, if there, if it were possible for a new pathogen to suddenly wipe out most of the world, it would have happened already. But because immune systems are set up the way they are, if it's very communicable, it's not very deadly. And if it's very deadly, it's not very communicable. And this is part of the beauty of how God has set up this world.

But the organization that we think are, I think, think she agrees with this, is called the Public Health Emergencies Medical Countermeasures Enterprise [42 USC 300hh-10a.] And it's a similar structure to Fannie Mae and Freddie Mac and other government-sponsored enterprises in that it's partly private, and it's partly public.

And the people who sit on it are people like the HHS Secretary, the Defense Secretary, Secretary of the Veterans Administration. I think there's a representation from Secretary of State, there's people there from NIH, from CDC. Fauci was on it. Fauci, I think, was probably the person who coordinated the meetings of it.

And their function is to keep all of the different agencies aligned. Probably their function is also to silo information so that people, it's harder for lower-level people to put the pieces together. And to distribute the money, to aggregate the money from Congress and from private sources, and then to distribute it out to the weapons manufacturers that they want to hire to produce the weapons.

So that organization is called the Public Health Emergencies Medical Countermeasures Enterprise. And it was, they set it up by themselves sort-of in, at the same time that BARDA was being set up [2006]. And then Congress went ahead [in 2013] and passed a law saying, "Sure, this can exist and we will put it into the statutes."

PB - ...You're describing, Katherine, what the public-private partnerships that are involved here, and we see this apparently just so many places where the US government is doing this, and this is at the heart of another assault on the country, that it's a part of all of this globalism, which is the concept of the World Economic Forum, that it wants to develop all these public-private, that's Klaus Schwab's group, partnerships. Because in them, through them, you get a kind of, closest model, I guess, would be fascism, which is where the government is essentially working with but also under the control of the great wealth that's outside the government.

So you have these two sources of wealth. You have the public, which is the money collected from the public through taxes. And then they also generate, the government's generating more and more money from these schemes that you're describing. And it goes into government coffers and to be used in a powerful way and redistributed. And then you've got it all coming in from the corporate.

NIH-ACTIV [National Institutes of Health - Accelerating COVID-19 Therapeutic Interventions and Vaccines[31]] is another one of these, where we have sitting at the table all the people you mentioned for that organization. Robert Malone...still sits apparently on that, from his listed resume, on ACTIV, in the group. You mentioned, you mentioned all these various government agencies and coordinated by Fauci. Do you know of, who the private partnerships were, sitting there? Was Bill Gates on it? He's on ACTIV.

[31] https://www.nih.gov/research-training/medical-research-initiatives/activ

...So Katherine, going back to this organization that I have no knowledge about, I didn't until you came on...about the central organizations within DOD, that are involved in coordinating a lot of this and you mentioned the name of it. I'd love you to repeat that. And do you know of any of the, who the [private] partners are?

KW - It's the Public Health Emergencies Medical Countermeasures Enterprise. I don't know the names of individual private corporate representatives who might be on there.

But the main coordinating sort of middleman organization is the Medical CBRN Defense Consortium.[32] That's the MCDC. And CBRN stands for chemical, biological, radiological, and nuclear. So that consortium is a group of I think, roughly 300, at this point, private companies like Pfizer and other pharmaceutical and weapons contractors, and also university research departments.

And they are kind of managed by another company called ATI, which is Advanced Technologies International[33] ... They're based in South Carolina. They are the counterparty on the Pfizer contracts, the Moderna contracts, almost all of the, I shouldn't say almost all, many of the countermeasures contracts.

ATI is the counterparty that stands between the Department of Defense and the private corporations. Because what they do is manage the contracts. That's their function as, like, a third-party contract management organization. And as far as I can tell, ATI coordinates with the MCDC. So the organizations that get to bid on or apply for the money pots to make these weapons, go through the MCDC. They sign up, they get to be a member of the consortium, and then they get the request for proposals sent out through ATI to them and then they send back their proposal for what they're going to do and ATI works with the military to choose the contractors that are going to get each contract...

PB - ...The reason they gang up on the US, and Katherine Watt has made that so clear with her initial summary, is that we are the last partially standing constitutional republic, we still have a constitution, that she so beautifully reminded us, and they're out to destroy us and to do that they have to destroy our belief in our Constitution, and they're well on the way to doing it. And we have to fight back.

But don't kid yourself [that] this is some conspiracy theory. The conspiracy is to make us stupid about this...

GB - ...Katherine, why don't you go ahead and sum up what you envision we need to do going forward as citizens, as concerned citizens and resistors and reformers.

[32] https://www.medcbrn.org/
[33] https://www.ati.org/

KW - So, I have looked into it the way the way I've looked into it because I've been looking for what, what has gone wrong. How did things go off the rails? Because you need to know that to figure out how to put things back on the rails...

And one, actually, the first interview that I did was with Jane Ruby back in the summer of 2022.

...So one of the things I said at the end of that discussion was sort of the idea that the constitutional power, thanks to the foresight of the drafters of the Constitution, has the separation of powers between the three federal branches, and also the separation of powers between the federal branches and the states called federalism.

And then in a broader, especially Catholic context, that's called subsidiarity. It's the idea that the power to have the authority to do things politically should be handled at the lowest possible level. The State, that the highest level, should not interfere with the lowest level, because at the lowest level, you need to be responsible for the soul that you've been given and the body that you've been given, and the family that you've been given, and the community that you live in as much as possible.

So it's subsidiarity or federalism, and we have it here. And I talked about in that conversation, because of the way things have gone off the rails, there is an opportunity, and you can even think of it as a duty, for the states and the counties in the United States to pull the constitutional governing authority that they have delegated historically to the federal government, back to the state level and back to the county level, because the federal government is abusing it, because the federal government is using it to kill people and enslave people and steal people's stuff.

And so there's a couple processes for that. There's repeal of the enabling laws. Congress could do that. And I put together a draft recently, of the seven main things I think that Congress should repeal[34] that would knock the pins out from under this whole system.

In addition to Congress doing it, states can nullify the federal laws, and I've been doing work and there's a few groups. WethePeople50[35] is doing work around that. And then there's another group called, Karen Bracken's group in Tennessee, I can't remember exactly what the name is, [Tennessee Citizens for State Sovereignty[36]] but they are trying to spread the word that states and state legislatures and state governors and the people in states can develop mechanisms to nullify these bad federal laws, so that they're not applicable within the borders of the state that you live in.

[34] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[35] https://wethepeople50.com/
[36] https://tncss.substack.com/

At the same time, all of the states have mini versions of these federal kill box laws. Most of those were passed during a lobbying campaign using a model law called the Model State Emergency Health Powers Act[37] [MSEHPA].

So the state legislatures by themselves can just repeal their state level kill box laws. And that also will help pull some of the pins out from underneath.

And then at the lowest level, I mean, apart from individuals, just don't take any more shots ever. Again, because all of them are corrupted. Help support other people who are trying to stand up against them and not take them.

At the county level, county commissioners' groups are getting organized. County sheriffs are getting organized. And county Republican parties are getting organized, to pass resolutions that do the same kinds of things. They either nullify these higher-level laws and say they're not going to apply within this county. Or they repeal county level emergency management plans.

Or they educate the county-level law enforcement and health care workers [that] when these orders come down from the state and when they come down from the federal government, do not comply, because you are the frontline that is imposing these killing programs on the individuals, so stop complying.

* * *

[37] https://bailiwicknews.substack.com/p/opportunities-for-us-state-lawmakers

Jan. 16, 2024 - Interview with Maria Zeee. Essay about historical-legal arc of globalist programs, foundational lies, and need for discernment.

New interview:

- Jan. 10, 2024 - Are They Planning Marburg in 2024? US Government Raises Alarm.[38] (51 min., Rumble and other platforms). Speakers: Maria Zeee and Katherine Watt.

Bailiwick post discussed:

- Dec. 15, 2023 - The PCR test viewed from the legal kill box perspective.[39]

Related, on the topics of CDC-ACIP-recommended biological weapons schedules and world events whose unfoldings appear poised to intensify in 2024:

- May 26, 2023 - 93 biochemical weapons to decline whenever a medical mercenary offers them to you or your children.
- July 12, 2023 - Catechisms of the counterchurch. [Not mentioned there, but the WHO global 'pandemic treaty' and IHR amendment processes also began (publicly, anyway) in late 2021 and are expected to culminate in late 2024, comprising a third example of major, globalist-organized world events taking place between 2021 and October or November 2024.]

*

<u>Points from the interview I want to emphasize:</u>

Some people hold and publicly express the view that scientists working for the globalist sin-and-death cult may have developed the technological skill to inject functional control systems into the circulatory systems and organs of healthy, living human beings; and to inject compounds that can be activated or ruptured by electromagnetic frequency transmissions to release pathogens and toxins to cause symptomatic disease.

My understanding is that the evidence cited includes published scientific papers, patents and chemical, biological, radiological, nuclear and electronic product supply catalogs.

I do not share the view that such threats are plausible, because I regard those documents as theatrical devices, and I think performative, false narratives are effective enough for driving behavioral compliance that the globalist death-cult doesn't need more, for so long as people can't see and don't reject the false narratives.

[38] https://rumble.com/v46o3y3-uncensored-katherine-watt-are-they-planning-marburg-in-2024-us-government-r.html
[39] https://bailiwicknews.substack.com/p/the-pcr-test-viewed-from-the-legal

My views are not based on a lack of access to documents and videos; I have access to more than enough documents and videos.

My views are based, rather, on my assessment of these artifacts' credibility given what I know about how much false information is produced, in which forms, by whom, and for what deceitful, manipulative and fear-mongering purposes.

*

Sasha Latypova has also addressed these issues, from a perspective focused on technical feasibility and scalability, alongside philosophical and theological reflections.

- Jan. 1, 2024 - Internet of No-Bodies.[40] *My favorite line:* "... As you can see from the cruel and stupid experiment with that poor mouse above, if you are worried that someone is going to control you via the Internet of Bodies by sprinkling you with graphene and nanobots, you don't have to be as long as you stay away from anyone trying to implant wires into your head..."

I find her assessment of the evidence to be reasonable.

From my perspective through lenses of law, geopolitics, philosophy and theology, I think the documents are written, published and promoted mostly to drive public fear.

Widespread fear is a necessary condition for public acceptance of several foundational lies the globalist death-cultists need people to think are true, to pseudo-justify the willful, systematic dismantling of constitutional rule of law; centralization of geopolitical power; and funding of the biodefense and public health industrial combines and their academic research and development collaborators.

One of the foundational lies is that God made human beings without free will, or with a free will that can be overcome with chemicals, heavy metals, and electronic devices.

This is error.

Whether any particular individual believes, understands or approves of God's reasoning for making humans the way He made us, each man is morally responsible for developing and using his reason to discern truth from lies; for developing and using his conscience to discern the difference between good and evil; and for developing and using his will to perform acts that accord with natural and divine law, and refrain from acts that rebel against or violate natural and divine law.

[40] https://sashalatypova.substack.com/p/internet-of-no-bodies

Archbishop Fulton J. Sheen, The Divine Cost of Stopping This War (1942 radio address[41]):

> In this chapter, we enter into the very heart of the question: "Why does God not stop the war?" The answer is to be found in another question: "What would be the divine cost of stopping this war?" The answer is, God would have to destroy human freedom.
>
> This needs some explanation. Let us begin with this fact: that this is not the only kind of world God could have made. He could have made a world without freedom.
>
> He could have so fashioned us that we would have been good with the same necessity with which the sun rises in the east and sets in the west. We might all have been saintly with the same necessity, with which the lily is white, or fire is hot, or ice is cold.
>
> **But God willed not to make a mechanical universe, peopled by automata; rather did He choose to communicate to us something of Himself, namely, His Freedom — not in the same degree of perfection, of course, but enough it to say a no which would give charm to a yes, when we freely chose to say it.**
>
> **In other words, God chose to make a moral universe**, where characters would emerge by the right use of freedom — a universe where there would be patriots because men might be traitors; a universe like a nation, like a battlefield, where there would be heroes because men might be cowards; a universe like the Church, where there would be saints because men might also be devils...
>
> God willed to make a moral universe of praise and blame, but this could be done only by making men captains and masters of their own fate and destiny.
>
> There is one word which sums up God's plan in making the universe, and that is *love*. Got made each heart capable of love. But love implies a choice.
>
> A heart that loves must be a heart to give or to keep. Because, therefore, God willed to make us, so we could love Him in this world, He had to make us free; but if He made us free to love, He had to make it possible for us to be free to hate.
>
> The universe thus became populated with free wills, little gods, each armed with a reflection of God's freedom.
>
> That some of these little gods would will wrongly was inevitable, for they had not God's Wisdom; that some of them would be rebellious was inevitable, for, being

[41] https://www.youtube.com/watch?v=OicUR3Zj-Pg&list=PLR2doiBW-zGOSf-o9VM6ymiiJPpo28Jw2&index=2

free, they could make a false declaration of independence and become like little foolish rays of the sun attempting to make themselves independent of the sun.

The fact that we come from God would not necessarily dispense us from the evil effects of such a rebellion, any more than because a child is the son of a king he is immune from drowning if he disobeys and goes into the whirlpool.

God gave us the power to rebel that there might be meaning and honor in our allegiance when we freely choose to give it.

God pledged Himself, after giving us that freedom, never to destroy it, regardless of how many petulant souls would shriek against him: "Why does God not stop the war?"

God could challenge us, overrule us, permit us to be visited by the consequences of our misdeeds — but He would never destroy that great gift of freedom.

-*War and Peace: An Anthology*, Sophia Institute Press, 2022. at pp. 87-88

*

Another foundational lie is the one about deadly global pandemics capable of traveling all around the world and killing lots of people.

The more I think about the arc of human history as reflected in American and international law during the public-health-emergencies/cross-border-communicable-disease-threats-Global-Health-Security-Agenda-pandemic-preparedness decades from 1944 to the present, the more it strikes me that the vaccine-based poisoning program that began in the 1950s and hit its' full stride in 1986 with the National Vaccine Program and ever-expanding childhood immunization schedules, was Plan B.

It was Plan B for people whose Plan A was to find (in animal or human reservoirs) or modify (in labs) communicable pathogens capable of killing the numbers of people they really wanted to watch die without having to visibly bomb, poison or shoot them, but who realized — perhaps sometime in the 1950s or early 1960s — that they would never be able to achieve that goal.

The goal would remain perpetually out of reach because the pathogens they found or modified that were communicable enough to pass easily and sustainably across large geographic regions and borders were not deadly enough to kill many people.

And because the pathogens they found or modified to reliably and efficiently kill people, were not communicable enough to kill more than the small number of people physically very close to the initial release points.

The goal would be especially difficult to reach among people and societies with strong moral and religious traditions, who would promote and protect heterosexual, monogamous relationships formed for the purpose of bearing children and raising families, against the socially-corrosive, selfish sterility of homosexuality and the soul-crushing loneliness of promiscuity.

Thus the Plan B motive for the globalist death cult to also undermine formation of strong men and women, traditional marriages, families and neighborhoods, and instead promote self-sterilization and family-destruction programs including pornography; contraception; divorce; social rootlessness/internal migration; homosexuality; abortion; and transgenderism.

Thus the Plan B motive for the death cult to provide false moral rationales to drive the choices made by individuals in that seemingly free marketplace of options that is actually a collection of moral dead-ends: false rationales including overpopulation, resource scarcity, climate change and financial debt/social program budget crises.

And thus the Plan B motive to develop the whole system of routine poison-vaccinations and their myriad sickening effects, more or less acute or chronic depending on the individual vulnerabilities of the target bodies and the composition of the toxic compounds.

Across those decades — three generations of babies born since 1986, to three generations of parents — resultant neurological and depressive disorders, gastrointestinal disorders and dysbiosis, asthma, allergies and autoimmune disorders, infertility, obesity, diabetes, heart disease and cancers have been attributed by the CDC-FDA poisoners, when addressing the targets of their public poisoning assaults, to poor nutrition, sedentary lifestyles, environmental pollutants and chronic stress.

The same CDC-FDA poisoners steadily suppressed every voice connecting the poor health outcomes to the accumulation of injected and nasal-sprayed toxins dispensed from vaccine vials.

Then the poisoners topped it off (2020 to present) with the more-toxic, faster-acting poison-vaccinations: public health emergency EUA 'countermeasures.'

With that historical-legal arc in mind, I emphasize a point I made in the interview:

I regard the PREP Act declarations in the Federal Register about marburgvirus, ebolavirus, hemorrhagic fevers and acute radiation syndrome (and other PREP Act declarations) as multi-purpose.

They are legal coverage to exempt biological weapons manufacturers and users from liability for the injuries and deaths caused by use of bioweapons — including all vaccines and other biological products — for their **intended,** harmful purposes.

And they are document props to drive fear and behavioral compliance with government directives.

But I don't regard them as signs or signals that the globalist death-cult can or will actually "release" novel pathogens.

To emphasize a second point:

I think it is plausible that EMF and RF transmissions may be used to cause radiation poisoning symptoms, and that those symptoms may be attributed — by government public health officials trying to drive compliant behavior — to communicable diseases.

Conspiracy Sarah has done a good post on this:

- Dec. 17, 2023 - Turns Out, It's Marburg AND Acute Radiation Syndrome Season.[42]

And yes, the weapons manufacturers are — under the active PREP Act declarations — already producing toxic injections and other products to be presented to the public as medicinal treatments for acute radiation syndrome.

Just as the weapons manufacturers have produced are still producing toxic injections and other products presented to the public as medicinal treatments for Covid, influenza, respiratory syncytial virus (RSV), rotavirus, measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, rubella, anthrax, smallpox, hepatitis, human papilloma virus, meningitis, pneumonia, all among the 90-some toxic products currently sitting in the CDC-FDA's biochemical weapons arsenal.

Don't take them.

They are poisons.

They are not medicines.

*

[42] https://conspiracysarah.substack.com/p/marburg-and-acute-radiation-syndrome

I have access to more than enough information to draw these conclusions.

My views are based not on volume but on credibility assessments in light of what I've learned about how much false information is produced, by whom, and for what purposes. And about how much true information those lie-purveyors suppress, distort and malign.

My credibility assessments may be wrong; time will tell.

In the meantime, I'm offering this information and analysis in the hope that it might help interested readers alleviate some of their fears, and increase the confidence needed to look at events as they unfold, see them more clearly, and think them through better.

Maybe it will help more people quickly identify lies as lies, and thus be better able to withstand the next rounds of coercive, lie-based demands for behavioral compliance.

God-willing, three generations of parents deceived by lies, and three generations of children poisoned by vaccines, is enough.

God-willing, more babies in forthcoming years will get the chance to grow up without these poisons permeating their tiny, growing bodies.

* * *

Jan. 18, 2024 - Interview with Reinette Senum

New interview:

- Jan. 10, 2024 - The UN, the WHO, and the US Health and Human Services attack on humanity[43] (42 min., Substack). Speakers: Reinette Senum and Katherine Watt.

Transcript (edited):

...RS - So if you don't mind, before we get into some questions, and there's a plethora of different directions we can take this, just talk to us about Bailiwick News and how you got going.

KW - So, my background is that I grew up in Pennsylvania and then I went to Penn State. I got a philosophy and natural sciences degree in 1996 and then I worked as a reporter for small newspapers in Massachusetts and in Arizona. And then we moved to the New York, New Jersey area and I got a paralegal certificate, and I worked with lawyers.

And in the process of being a reporter in the...mid- to late-90s, early 2000s, I watched the sort of collapse of newsrooms and collapse of, especially advertising revenue as a way to make print newspapers financially sound. A lot of that had to do with Craigslist and the internet because classified ads were a big source of financial support for newspapers. And so as the money dried up, the newsrooms also dried up and the quality and the things that reporters could do dried up and the amount of pressure from the other advertisers who did stay, to sort of control what you could and could not write about, came down harder on the editors who came down harder on the reporters.

And so in 2005, when I started to understand what blogs were, I started my first blog, and then continued doing sort of independent reporting, independent analysis, on my own while I was working part-time as a paralegal and raising my kids.

And then in 2016, I actually decided to try again to find a financial, business model, because I had tried a bunch of different things and could not figure one out. So I started a company, an LLC, called KW Investigations and wrote about things like corruption things happening in my county around environmental issues and corporate land use issues. Government corruption and corporate corruption.

That was in 2016 and the odd thing was fairly quickly someone hired me to specifically cover judicial and prosecutorial corruption in my county. So I dove into that and wrote about those three basic areas — the prosecutorial, judicial corruption, the government corruption, and the corporate corruption — from 2016 till about end of 2019.

And in doing that, and some of my previous volunteer work, I learned a lot about the preemption doctrine, which I've talked about in other interviews and written about,

[43] https://reinettesenumsfoghornexpress.substack.com/p/katherine-bailiwick-joins-reinette

which is the idea that the higher levels of government can come in and tell lower levels of government and people, "You can't protect yourself from harms because this other higher level of law has come in."

And that was what equipped me, when COVID started, to look at how the international laws came in and the federal laws came in and made this weird tyrannical system function.

I was looking at land use issues, I was looking at environmental issues, and I realized by being part of citizen groups that were trying to get involved, that the decisions about whatever was going to happen had already been made before the public meetings when the county commissioners or the local board of supervisors was having their discussions.

And those decisions had been made behind closed doors by the administrators, like the municipal...they have different names, the executive. But they are people who are appointed. They are not people who are elected. They have sit-down meetings, behind closed doors, with the corporate leaders that want to do whatever the thing is. They come up with the plan of what they're going to do and how they're going to push the public acts through that will make it possible.

They are the sole source of information for the volunteer elected local officials on the planning commissions and on the zoning boards and all of that. So they give them the information they want them to have. They tell them what their legal limits are, so they don't think they can do anything else.

And then those people carry out the instructions that have been given to them by the local administrators. And that is the exact model that works, we now see, globally, federally, at the state level, and locally.

RS - Well, we've been saying here that our county government, which is incorporated, we say it's a corporation masquerading as a government, and we have a CEO. And many people in our community are very surprised to find out we have a CEO. They're like, why do we have a CEO?

It's like, well, because that is the tail wagging the dog here. You've got county supervisors as your elected officials who you believe are representing you, but really they're just taking their instructions. And what you're telling me too, which makes sense, is the legal counsel is framing it such where they believe or they think, and they're trusting, that their hands are tied in certain areas so they can do what they want.

KW - The municipal solicitors are like a linchpin of the whole system because they control the information and they control the sense of what's possible for the elected officials.

RS - And most of the elected officials don't even think to ask or do their own research or even think to look beyond what they're being told.

KW - Right. Or they do know what they're being told and they're getting the kickbacks and that's it. Both systems work to keep them in line.

RS - Well, you know, it's interesting because it makes me think of, in 2019 in California legislation passed that didn't seem that ominous at the time, but looking back at it now, which was basically the public health directors in all the counties throughout the state of California were given this unilateral power to decide to open or close churches and schools and mandates and mask mandates and stay at home orders and so on.

Nobody really realized what that meant because, again, as you just mentioned, this is not a person that was elected nor appointed. They were hired by the county staff, which is exactly who you were saying. They're getting their orders from the top. And they hire this public health director to essentially act like the king or the queen of the county. And nobody could fight it. Nobody could speak against it. It was insane.

So now you've been doing extraordinary work looking at the COVID shot, which we now know essentially is a bioweapon. You've been doing a lot of deep dive in that and around Health and Human Services, which I have a great deal of interest in because it seems to me that the Health and Human Services is the tentacle, right, it is where the rubber meets the road and it is where all of these things are implicated is through the Health and Human Services. Can you expand on that a bit more and kind of explain to people like how they're doing it, why they're doing it, perhaps even the history of it or so on?

KW - It goes back primarily to the 2005 PREP Act. And there were a whole series of laws that came in just before or just after the anthrax events in the Capitol around 9/11. Because that was done to get Congress to think, "Wow, we really have to do something about this biodefense, biowarfare stuff." And so they, they pushed through the PREP Act.

And the core provision, politically, of the PREP Act, is that it puts the power to declare and sustain public health emergency conditions in the country solely in the hands of the Health and Human Services Secretary. And it eliminates judicial oversight, congressional oversight, and the federalist principle that states and tribes and localities can handle things in a different way depending on their own local conditions. [42 USC 247d-6d(b)(7); (8); (9)].

There's actually, as I looked into it more, there's other mechanisms that can lead to an emergency use authorized product, and some of those conditions. But the core one is the Health and Human Services Secretary.

And the other thing I would say about that is that, as I have looked at it more, and Sasha Latypova has looked at it more, we found an organization called the Public Health Emergencies Medical Countermeasures Enterprise, PHEMCE, which is a quasi-public,

quasi-private institution or committee similar to Fannie Mae and Freddie Mac in the sense that it's private so that it isn't quite as exposed to whatever transparency laws there might be or Sunshine Act things, but it's public in the sense that it can use public money to buy stuff from private suppliers or contractors.

And that committee has people from HHS, from FDA, from CDC, from Department of Defense, from the Veterans Administration, from the Department of State, from the Agriculture Department. It's a lot of cabinet secretaries or their delegates. And that, we think, is where most of the coordination happens.

So it's true, I think it's true to say that the HHS Secretary is like the point man. But the Defense Secretary is right up there with him, because the whole thing is cast as a national security event. And the Department of Homeland Security Secretary is right up there too. Those three probably are the point ones. And they do a lot of their coordinating, as far as we can tell, through the PHEMCE...

RS - And so, question for you, have you found, did you find that it is true the Pentagon was behind the COVID shot and essentially they were having to almost put a face on the COVID shot, having it go through Pfizer, having it go through AstraZeneca. Is this something you actually saw as well? Did you see any correlation with that?

KW - Yes...It was January, 2022 when I heard Todd Callender's podcast about the [World Health Organization] International Health Regulations that took me into the domestic regulations and the PREP Act stuff that I was talking about, which has lots of provisions into lots of different areas of product development and contracting.

And so from the start that I got from Todd Callender's thing, led me to the realization of that 21 USC 360bbb-3(k), which is the one that says once you're using, any "use" of these products "shall not constitute a clinical investigation." And that "shall not" was what clued me in to, this is something other than a drug. It's something other than a vaccine. It's something other than a pharmaceutical product. It's not regulated. It can't be challenged for bad marketing or bad labeling or whatever.

And then after that, I found out more about Brook Jackson's whistleblowing case. She was a clinical trials manager working for a subcontractor that was working for Pfizer. And then the case documents in her case corroborated all of that. That Motion to Dismiss came out in April of 2022. I think I found out about it in May of 2022.

And that led back into the Other Transaction Authority and the actual way that it's a prototype, it's a demonstration, it's not a pharmaceutical, it's not a medicine, it's not a drug. It's not under FDA, and the entire performance has been a joint project between Pfizer, the FDA, and the Department of Defense to make it look like a drug, that's actually a weapon, so that people take it instead of running away from it.

RS - Right. So let's talk about then, the copywriting of humanity, essentially, that once a person essentially takes this weapon, that if they are altered, their DNA is altered, essentially, who owns them?

KW - That's an interesting question. That's another thing that Todd Callender talks about. I am less concerned about that than he is. He talks about, I believe, a 2013 case [Association for Molecular Pathology v. Myriad Genetics, 569 US 576]

It's a Supreme Court case that has to do with the BRCA gene for breast cancer. And the case says basically, if a company has modified an organism genetically, and has a patent on that modification that they made, then they also own the modified organism that has incorporated the modified gene.

However, in 2011, Congress did actually pass a law saying this patent ownership of human beings cannot happen. [PL 112-29, amendment to 35 USC 101]. You can own a gene for breast cancer or a gene for some kind of modification of a plant if you're in agriculture, but you cannot own a human being as an organism, the human genetic system is not open for ownership.

There will probably need to be a case that puts those two things in direct, in front of a judge to say, is the 2011 law controlling in this case? Such that no, even if you've been genetically interfered with by these shots, you're not owned by anybody, you're still a human being.

RS - What if they stop defining us as human beings? I mean, that's one of my concerns. There's just so much, you know, trickery around the language and so on. It's like, well, you're human beings, but you're not human beings. It just, it's a slippery slope.

...Let's talk about the, the WHO and their treaty and what they're trying to, you know, impose upon us. What's your thoughts on that? What have you uncovered and, is there anything we can possibly do, right? There's this top-down that we're talking about, treaties and international law versus federal, state, local, and we're all being completely, you know, superseded by jurisdictions and agencies that we want nothing to do with. So let's just talk about that, what you've uncovered, and what can we possibly do to counter this, if at all?

KW - So, my position on the World Health Organization International Health Regulations is that they are a mechanism through which an effective constitutional overthrow or crisis has already been put in place because of the implementing domestic laws that Congress and U.S. presidents have passed to comply with the terms of that treaty.

It's not technically a treaty, it's called, "a binding instrument of international law" that's a little bit different than a treaty, but it's a binding instrument and they passed the domestic laws and regulations to comply with the terms of it. And they did that a long

time ago over many, many years gradually, piece by piece. So that's what was already in place and could be triggered in January 2020.

My view, my position on what's been happening since then with the proposed amendments is that they if passed, if they go into effect, they will make things somewhat faster and somewhat more forceful, but they won't be a new stripping of sovereignty because the stripping of sovereignty has already taken place.

And the things to do about it, there are definitely things to do about it.

For legitimacy, the World Health Organization and the UN have to have member states who are active, full, participants. And they got that through congressional acts and presidential acts that brought the United States into the UN and into the World Health Organization.

Those acts can be repealed. Those acts can be reversed. And there is momentum, some, in Congress to get out of the World Health Organization and to get out of the United Nations, by using the power that Congress still has to say, "We got into this and now we're getting out of it. And now we're not subject to any of these regulations because we have left the construct, left the treaty."

And there are grounds to do that. There are grounds to do that under domestic law and there are grounds to do that under the Vienna Convention on the Law of Treaties.

And the second thing that Congress can do and states can do is two-fold: repeal of the enabling laws that they put into place, which they also had to do that to give legitimacy to the whole system. And they [Congress] can take away their moral participation in it by repealing those laws.

And states can nullify it. And that's what the 10th amendment-based campaigns in the states are aiming at. They're trying to educate state lawmakers to the fact that the federal laws are unconstitutional, the federal laws are illegitimate, and the states, because of federalism in our country and the Tenth Amendment, have the authority to say, "No, at our borders, these unconstitutional things will not have any force. Within our border," of whatever state it is, "you can't do these things."

RS - I would think that that would definitely weaken their move for this massive power grab. If you have a checkerboard across the United States of certain states that are like, "We're not doing this, we're pulling out," that they just wouldn't have the ability to actually do what they want to do.

Now, if they have their way, let's say we don't have states doing this. If they have their way, how would that look? Because right now what we're seeing once again are hospitals here in California, I believe New York, right, that are once again mandating masks. And so my concern is, is that, because they're absolutely blind and deaf, right? It doesn't

matter. They're not hearing the information. They're not looking at the information. I just know as a former elected official, there's this, this kind of unsaid rule that if you don't acknowledge something, you're not responsible for it.

KW - It could definitely go that way. They have all the laws on the books to do more forceful things than what they did during COVID. They just didn't use them because they got people to comply by social pressure...and economic pressure, and the economic pressure is still there, too. They can still say, do it or you're fired, do it or you're kicked out of school...

RS - So where do you think, and I know this is going to be complete conjecture and so on, as you said, nobody knows where we're going to go, but where do you, first of all, are you surprised? Are you disappointed? Are you inspired by how certain individuals, though it is a small population, like the Todd Callenders of the world and so on, how they have galvanized, and it's a small little tiny group, but it only takes 3.5% to create a movement, are recalcitrant and fighting back. Are you impressed with this? Are you disappointed in humanity? I just want to kind of get like, what's your gauge on how we're responding to this as a society?

KW - I don't know how to, I mean, I have gone through so many cycles since it started four years ago. I really did think in 2020, at first I was like, okay, something's wrong. We should try to deal with it. And I tried to help out in the ways that they were saying to help out. And then I started realizing, wait, something's wrong. This is not, it's not what they're — what they're saying is not what's happening. And what we're doing is not the right thing to be doing. So then I got to that around May, April, May, 2020.

And then I kept thinking, well, the courts are going to kick in. There's going to be cases. They're going to come through. They're going to apply the constitution. This is not going to keep going on. And then I thought, okay, people are going to figure out that this whole masking thing is complete nonsense and they're not going to make us do it anymore, even by social pressure.

And, and then I would just keep going on and be like, no, it really is going to continue going on. People are still falling for it. The people who are running it have good ways to adjust their manipulation campaigns to manage and sideline the dissident people.

I think the growing number of people who will see the effects of it in their own families and friends was something that I started thinking about pretty early. Like, okay, people are going to be getting sick and dying from these shots. People are going to notice at a certain point when it's too many for them to pretend it's something else.

And I still think that that is a process that is, it's playing out now. And the weakness of that is the ability of the people who are running the programs to get people to attribute the deaths and the illnesses to something other than the injections.

And so I don't have a good answer to whether I'm inspired or disappointed or whatever, because it varies a lot. And I don't have any way of knowing where the tipping point is or what the things that will lead to that tipping point are going to be. I just know we have to keep going.

RS - And that's it. Keep falling forward. You know, it's interesting. What I've been noticing lately is, it's generational. It's different between the generations. I am finding people in their 70s, their 60s, their 50s, and so on, who are seeing harm being done. And they're realizing that something's up with a shot.

And so I asked a dear friend of mine who's completely awake to all of this, and I said, are your friends, are they waking up to this? And she said, you know what, Reinette, I was talking to my one best friend, she's totally vaccinated, she hears me talking all the time, and what she said to me was, if what you are saying is true, she says, I can't believe what you're saying, because if what you're saying is true, I will lose all hope, and I just can't go there. And what I'm finding is that the younger the generation, the less likely they are willing to take a hard look at what's really going on.

And the older generation, I'm starting to see, are actually waking up at a much faster rate than the younger generation. And it could also be attributed to the fact that, you know, their lives are still before them, right? I mean, if you're, you know, 60, 70, it might be a little bit easier. Or if you want to have children and you realize everyone's becoming infertile, I mean, these are difficult things to grapple with. You know, and that's just something I've been noticing. And it is psychological warfare.

And so have you done any, I have not seen in on your Substack, have you done any reporting or deep dive in, you know, this fifth-generation warfare, how it is information warfare and their tactics and so on? Like, you know, the whole entire 201 event before COVID struck?

KW - I haven't done a specific deep dive. I've mentioned it in passing and I've mentioned it that I think of that as the top of the pyramid. If they didn't have control over the informational space, none of this other stuff would have been able to unfold the way it did.

And if they lose control of that information space, it definitely changes the dynamics of the whole war. And that's another thing where I don't know where the tipping point is.

There are more people, and...I don't think there are any people, probably not very many, who have gone from understanding it all and being like, this sucks, I'm horrified, I don't want to think about it, but it's true, back over to, I'm just going to believe everything the government says to me.

I know people waver right on the line for a while when they're starting to grapple with it.

But there are a lot of people, all of the momentum is from the point of view of getting out of the lie space and into the true space. And while I don't know anything about the rate at which that needs to happen, the direction is good. The direction is where it needs to go.

RS - Well, a few years ago, Dr. Pam Popper, she was talking about how, you know, there's a lot of people sitting on the fence and when they fall off the fence, they always fall towards our side and not the other. They just don't go the other way. And I have not run into that. And the other thing is, too, is I've never met anybody ever at this point in time who's not gotten the shot and said today, gosh, I wish I would have gotten that shot. That doesn't exist either. I've never run into that. Tons of people saying, I'm so sorry, I didn't know, I wish I would have known, I wish I would have done research or somebody would have told me and so on. So that is actually good news.

And I do feel like, and I think a lot of us sense this right now, 2024, there's something brewing because there is an awakening happening, right? There is, I do see people now having conversations we could not have just a year ago, two years ago, we're having the conversations...to just prepare for the unexpected, right? And that really a lot of our answers are local, right?

Local industries, local food networks, your local, your community and so on and, and growing your own food and just getting out into nature and not being on the screen all the time and disconnecting from the very beast that's trying to enslave you as much as possible. And this does feel like the, the race is, is accelerating, especially this year, especially this year.

So is there anything that you can think of that people need to know right now that they should really focus on right now that can kind of help them through 2024 to better grapple what's going on or to focus on, to give them the ability not to get dragged down?

KW - Well, I also agree with you that 2024 is a big one. There's at least three globalist campaigns that have been going on for the last couple of years and are reaching their final phase this year. One of them is in the Catholic Church. It's the Synod on Synodality....The United Nations is also doing the Sustainable Development Goals. They don't call it that anymore, [now called Summit of the Future] but it started in 2021, and now they're putting together the last few position papers, and they're gearing up for a big meeting in October or September, which is also when the Synod on Synodality is supposed to culminate.

And then the other one is the [WHO] pandemic treaty and the IHR sort of complex of things which again they started putting drafts and things out in 2021-2022 to lead towards this culmination later on in 2024.

I think the biggest thing to remember is to not throw out everything you've learned about government capacity to lie to you as the new things come at you.

For example, I think they're probably going to try to make another new pandemic type situation look like it's happening. And it would be good if people could say, I now understand that they faked a huge chunk of what they called the pandemic of COVID. They can fake it again. And I'm not going to follow all their instructions this time, even if I did follow them last time.

Instead of saying, well, maybe it's different this time. Maybe this one really is one. Don't, don't go down that road.

RS - It's the same people at the helm.

KW - It's the same people at the helm. They have the same goals. They know now a little bit more like what works and what doesn't work. They're going to adjust to that lessons-learned. But we can adjust too, because we've learned a lot about them.

RS - I think the biggest takeaway I'm getting from our conversation, and I want to leave it with this, because I think it's really, really important. And it's a little speck of hope, which I think is extraordinarily important, too, because we need that.

Like I was saying, the younger generation, if they don't feel like they have hope, you want to ball yourself up in a fetal position, is that at the state level, we can withdraw from this entanglement, correct? The WHO or the UN or whoever, from these treaties and agreements, that we can withdraw from them. But that would take us, a groundswell of pressure and momentum, to put the pressure on our legislators, who of course, don't want to acknowledge this but, I mean, all I can say is, have you seen the, from Germany, the diesel, the tractors?

KW - I've seen some pictures, yeah.

RS - It's extraordinary. It's a beautiful, hopeful sight. That's what we are capable of doing. I just want people to know that, there's a lot of darkness that we've been living through and it's been a nightmare, no doubt.

But my own sense...we've been subjected to this shock-and-awe campaign, psychological warfare, and I'm getting this feeling that 2024 is the year of activism where people are like, oh, I guess we're not going to be saved. Oh, I guess we're going to have more of the same, that I actually have to go and do something.

And what I've been looking for, because I consider myself a solutionarian, so I will look at the darkness, I'll look at all this, but I want to see like, okay, what's our way out of this? Like, what do we do? It's important to me.

And what I'm seeing is that the fact that we can actually at the state level say, no, we're not going to be a part of this is actually very extraordinary. That's actually good. It's work, but it's extraordinary.

KW - Yeah. We have an incredibly good constitution because of that Tenth Amendment, because they, the founders, the framers knew about the tendency of power to be concentrated and put in as many mechanisms as they could for the power to be decentralized again, if it started to get concentrated. And I don't think there is a country in the world that has a constitution as good as ours, if we use it.

And the other thing I think about a lot is about, you talked about withdrawing at the state level. I think it's also good to withdraw somewhat at the individual level.

I think it's good to look at what's happening and then say, sure, but I'm still — for the young people, especially, my kids are in that young people, young adult range. And I try to talk to them and pray for all the other kids in their generation to get to the point where they can think about it as, I'm still going to try to find a soul mate and get married and start a family. And I know that it's going to be weird and that the world is in a crazy place but it's still worthwhile to fall in love and make babies if you can, and adopt babies if you can't. And that family and individual process of withdrawing and sticking to what's true and what's good about being a human being and worshiping God is important.

And people can do that. They can do that even amid all of the crazy circumstances, knowing that weird stuff is happening. More weird stuff will happen, but you can still try to set up your own life as much as possible on a true foundation.

RS - And you're not feeding that beast system. It wants fear. It wants you to feel depressed. It wants you to feel completely powerless. And it does, it eats that up. And also just being joyful, and laughter and community. I mean we started holding Monday weekly potlucks at the beginning of Covid. For three years we've been doing that. There were tears, but there's a lot of laughter as well, and fun. And I thought it was one of the best things we could do against this tyranny and for ourselves.

And also I think that it's important for the young people too, to know that, and I said this at the very beginning of COVID. I said, we're going to be walking through this, you know, we're going home into our houses, we're having these stay-at-home orders.

And I said this back then, because I was mayor when COVID hit, that when we come out, we're going to be in a different world. It's just going to be a different world. I don't even know what that means, but I can just sense it's going to be a different world.

But when the systems crumble around us, that's also our opportunity to look and say, okay, well then what can we do locally? What can I do with my own property, my own yard, my neighborhood? What industries can we start? What skills can I learn?"

And you actually rebuild a local economy based on restoration and healing and local food production and things like that which also allows you, once again, to disengage from that slave system that they're trying to force on us.

So, it's really about taking action, local action, is really the big thing.

And right now the systems, these huge global, transnational systems that have had us wrangled in for a long time are absolutely falling apart. And that's actually, if you're smart, you can do this Aikido move. And you can use that and transmute that energy into something you can do locally.

So there's actually, I think we have to come at it and look at it like, no, this is actually an opportunity if we're smart about it...

I had lunch with a dear friend yesterday and I was just telling her about what was going on a little bit, because she's not really connected to all this news...and she started crying. And I said, "What happened?"

And she goes, basically, she goes, "We're doomed."

And I said, no, we're not. I said, this stuff's been going on forever. It's been going on for generations. It's been building up. I said, we are just finally seeing it.

This is the best opportunity we have to just do this and hit it at the Achilles heel. I said, this is, it's not like it just started. It's been going on. You just didn't know about it. But now that we know what it is, now we can actually deal with it. And people are waking up to it like, okay, I got to deal with it. So it's actually, as scary as it is, it's actually very hopeful in that way...

* * *

Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'

The legal framework supporting federal and state government use of police power to apprehend, detain and quarantine individuals sits on three legs.

I'm writing about the federal framework because I speculate that the quarantine provisions, directed by the Secretary of Health and Human Services and Surgeon General, are provisions that the globalists will try to use more forcefully during the next pandemic simulation, through local law enforcement and public health officials: kidnappers working for the federal government while wearing local law enforcement and health care worker uniforms.

The legal tripod includes:

1. Enabling statute, 42 USC 264, passed by Congress and signed by President Roosevelt in July 1944 and amended several times since;

2. Presidential executive orders (currently EO 13295 of 2003, as amended); and

3. Two administrative regulations: one for interstate quarantine (42 CFR 70), and one for foreign quarantine, 42 CFR 71, as amended January 2017.

Current list of quarantinable communicable diseases:

- Cholera
- Diphtheria
- infectious Tuberculosis
- Measles
- Plague
- Smallpox
- Yellow Fever

- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)

- Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled.

- Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

*

STATUTE

The enabling statute is Public Health Service Act (PHSA) Section 361, codified at 42 US Code 264, "Regulations to control communicable diseases."

[42 USC 264 et seq is among the killbox laws that should be repealed by Congress. *See* draft Ending National Suicide Act[44] at Section 1.]

First few provisions:

42 USC 264(a) Promulgation and enforcement by Surgeon General

> The Surgeon General, with the approval of the [Health and Human Services] Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.

42 USC 264(b) Apprehension, detention, or conditional release of individuals

> Regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive orders of the President upon the recommendation of the Secretary, in consultation with the Surgeon General.

42 USC 264(c) Application of regulations to persons entering from foreign countries

> Except as provided in subsection (d), regulations prescribed under this section, insofar as they provide for the apprehension, detention, examination, or conditional release of individuals, shall be applicable only to individuals coming into a State or possession from a foreign country or a possession.

[Translation: regulations "only" apply to people entering the United States from abroad, except they also apply, per (d)(1), below, to people traveling between US states, or spending time with other people who might be traveling between US states.]

[44] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf

42 USC 264(d)(1) Apprehension and examination of persons reasonably believed to be infected

> Regulations prescribed under this section may provide for the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a qualifying stage and (A) to be moving or about to move from a State to another State; or (B) to be a probable source of infection to individuals who, while infected with such disease in a qualifying stage, will be moving from a State to another State. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary. For purposes of this subsection, the term "State" includes, in addition to the several States, only the District of Columbia.

On June 12, 2002, Congress and President Bush added 42 USC 264(d)(2), introducing the term "precommunicable stage" and "likely to cause a public health emergency" as legal predicates authorizing apprehension and detention of individuals.

42 USC 264(d)(2) For purposes of this subsection, the term “qualifying stage”, with respect to a communicable disease, means that such disease—

> (A) is in a communicable stage; or
>
> (B) is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals.

*

ADMINISTRATIVE REGULATIONS

For this post, I didn't do a detailed analysis of the development of the two quarantine regulations: 42 CFR 70 and 42 CFR 71, and changes over time in definitions of *communicable disease*, *quarantinable communicable disease*, *quarantine*, *isolation*, *qualifying stage*, *precommunicable*, *asymptomatic*, *is transmitted*, *is capable of being transmitted*, *cause*, *have the potential to cause*, *non-invasive* and many other terms and phrases.

For readers interested in that development process, below at the footnote[1] are links to some of the relevant Federal Register entries.

Start with Section V, Overview of Public Comments (pp. 6894-6930) of the 89-page Jan. 19, 2017 Federal Register Final Rule entry.

Several commenters responded to HHS' Aug. 15, 2016 Notice of Proposed Rulemaking, raising concerns about violations of the Fourth Amendment due to lack of probable cause and warrants:

US Constitution, Fourth Amendment: The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

In the Jan. 19, 2017 Final Rule, HHS reported on these and other comments raising Constitutional concerns, emphasizing the "non-law enforcement," "border search," "special need, and "emergency civil commitment" character of apprehension and detention procedures carried out under public health pretexts.

HHS respondents connected quarantine authority to warrantless drug and alcohol testing conducted without probable cause in employment contexts, as upheld by the Supreme Court in two 1989 cases.

Jan. 19, 2017 Final Rule, Control of Communicable Diseases, at pp. 6899-6900:

> ...Several commenters questioned whether quarantine and isolation may be carried out consistent with the Fourth Amendment to the U.S. Constitution. One commenter also suggested that implementation of public health prevention measures at airports would lead to "unreasonable searches and seizures" under the Fourth Amendment.
>
> HHS/CDC disagrees with these assertions. The Fourth Amendment protects the rights of persons to be free in their persons, houses, papers, and effects, against unreasonable government searches and seizures.

HHS/CDC notes that at ports of entry, routine apprehensions and examinations related to quarantine and isolation may fall under the border-search doctrine, which provides that, in general, searches conducted by CBP officers at the border are not subject to the requirements of first establishing probable cause or obtaining a warrant. *See United States* v. *Roberts,* 274 F.3d 1007, 1011 (5th Cir. 2001); *see also United States* v. *Bravo,* 295 F.3d 1002, 1006 (9th Cir. 2002) (noting that only in circumstances involving extended detentions or intrusive medical examinations have courts required that border searches be premised upon reasonable suspicion).

Similarly, apprehensions and examination of persons traveling interstate under this rule are authorized under the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n,* 489 U.S. 602 (1989) because of the "special need" in preventing communicable disease spread.

Furthermore, to the extent that "probable cause," rather than "special needs," would be the applicable Fourth Amendment standard, HHS/CDC contends that meeting the requirements of 42 U.S.C. 264 satisfies this standard. *See Villanova* v. *Abrams,* 972 F.2d 792, 795 (7th Cir.1992) (noting that probable cause for emergency civil commitment exists where "there are reasonable grounds for believing that the person seized is subject to the governing legal standard.")...

HHS/CDC received a comment citing *Missouri* v. *McNeely,* where the U.S. Supreme Court ruled that police must generally obtain a warrant before subjecting a drunken-driving suspect to a blood test, and that the natural metabolism of blood alcohol does not establish a *per se* exigency that would justify a blood draw without consent.

In response, HHS/CDC notes that courts have recognized that while the requirements for probable cause and a warrant generally apply in a criminal context, these standards do not apply when the government is conducting a non-law enforcement related activity. *See Nat'l Treasury Employees Union* v. *Von Raab,* 489 U.S. 665 (1989) (reaffirming the general principle that a government search may be conducted without probable cause and a warrant when there is a special governmental need, beyond the normal need for law enforcement).

HHS/CDC reiterates that the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n.,* 489 U.S. 602 (1989) provides the appropriate legal standard under the Fourth Amendment for apprehensions and detentions under this final rule...

*

EXECUTIVE ORDERS

- 1946.03.26 EO 9708 communicable disease list
- 1954.05.28 EO 10532 communicable disease list
- 1962.12.12 EO 11070 communicable disease list
- 1983.12.22 EO 12452 communicable disease list
- 2003.04.04 EO 13295 Bush SARS
- 2005.04.01 EO 13375 Bush influenza
- 2014.07.31 EO 13674 Obama SARS quarantinable communicable disease
- 2021.09.17 EO 14047 Biden Measles

The first president to issue an executive order specifying quarantinable communicable diseases under 42 USC 264(b) was Truman.

March 26, 1946, Executive Order 9708, *Specifying Communicable Diseases for the Purpose of Regulations Providing for the Apprehension, Detention, or Conditional Release of Individuals to Prevent the Introduction, Transmission, or Spread of Communicable Diseases,* listed Anthrax, Chancroid, Cholera, Dengue, Diphtheria, Favus, Gonorrhea, Granuloma Inguinale, Infectious Encephalitis, Leprosy, Lymphogranuloma Venereum, Meningococcus Meningitis, Plague, Poliomyelitis, Psittacosis, Ringworm of the Scalp, Scarlet Fever, Smallpox, Streptococcic Sore Throat, Syphilis, Trachoma, Tuberculosis, Typhoid Fever, Typhus, Yellow Fever.

In May 1954, President Eisenhower issued Executive Order 10532, adding Relapsing Fever (louse-borne) to the list.

In December 1962, President Kennedy issued Executive Order 11070, adding Chickenpox and replacing Scarlet Fever and Streptococcic Sore Throat with Hemolytic Streptococcal Infections.

In December 1983, President Reagan issued Executive Order 12452, revoking Executive Orders 9708, 10532 and 11070 and providing a new list: "Cholera or suspected Cholera; Diphtheria; infectious Tuberculosis; Plague; suspected Smallpox; Yellow Fever; suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean and others not yet isolated or named)."

In April 2003, President Bush issued Executive Order 13295, revoking EO 12452.

At Section 1(a), Bush listed Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named).

At Section 1(b), Bush added common respiratory illnesses under the new name "SARS":

> "Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is

> transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences."

At Section 2, Bush decreed that the HHS Secretary, "in the Secretary's discretion, shall determine whether a particular condition constitutes a communicable disease of the type specified."

At Section 3, Bush assigned "the functions of the President" under 42 U.S.C. 265 [Suspension of entries and imports from designated places to prevent spread of communicable diseases] and 267(a)) [Quarantine stations, grounds, and anchorages - Control and management] to the HHS Secretary.

In April 2005, President Bush, issued Executive Order 13375, amending his 2003 EO by adding "Section 1(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

The full list as of April 2005 included Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named); Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences; Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

In July 2014, President Obama issued Executive Order 13674, amending the 2003 Bush EO, to replace the SARS section with a new version:

> "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza."

In September 2021, President Biden issued Executive Order 14047, adding Measles.

The current, complete list is as follows:

- Cholera
- Diphtheria
- infectious Tuberculosis
- Measles
- Plague
- Smallpox

- Yellow Fever
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
- Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled.
- Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

*

To coordinate and deploy state and local law enforcement officer and health care worker use of apprehension and detention authority, the HHS Secretary, Surgeon General or possibly a delegate working at the CDC, will probably issue written quarantine orders, in conjunction with state-level orders issued by state health officials under state public health emergency/Model State Emergency Health Powers Act laws.[45]

Although final CDC orders were not, to my knowledge, issued for SARS-CoV-2, a draft order was prepared:

- Feb. 13, 2020 - Draft Order for Quarantine under Section 361 of the Public Health Service Act, 42 Code Of Federal Regulations Part 70 (Interstate) And Part 71 (Foreign)[46]

*

<u>Self-defense advice:</u>

Local law enforcement and public health officials — acting under the legal authority they believe is delegated by HHS Secretary or Surgeon General federal quarantine orders and corresponding state-level quarantine orders — may at some point engage in door-to-door visits indicating an interest in conducting diagnostic tests, providing treatments, or escorting people to a nearby vehicle for transport to a hospital or medical holding facility.

Such law enforcement officers (LEO) and health care workers (HCW) will verbally suggest that they have the targets' best interests in mind. They do not. LEOs and HCWs will be tasked with transporting targets to secondary locations at which additional crimes

[45] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules
[46] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2020.02.13-draft-hhs-sars-cov-apprehension-order-42-cfr-70-42-cfr-71-1.pdf

will take place, committed by a different team of law enforcement and public health officers.

Politely, verbally decline these invitations, and indicate your preparedness to reinforce your polite refusal with more forceful self-defense tactics should the law enforcement officers and health care workers refuse to quietly return to their vehicles.

Discuss your self-defense plans openly on the phone, in emails and in person for the benefit of the federal government eavesdroppers.

It's plausible that if American quarantine targets respond to early attempted assaults and kidnappings in these ways, the federal quarantine, apprehension and detention programs will be discontinued.

*

Aleksandr I. Solzhenitsyn , The Gulag Archipelago:

> “And how we burned in the camps later, thinking: What would things have been like if every Security operative, when he went out at night to make an arrest, had been uncertain whether he would return alive and had to say good-bye to his family?
>
> Or if, during periods of mass arrests, as for example in Leningrad, when they arrested a quarter of the entire city, people had not simply sat there in their lairs, paling with terror at every bang of the downstairs door and at every step on the staircase, but had understood they had nothing left to lose and had boldly set up in the downstairs hall an ambush of half a dozen people with axes, hammers, pokers, or whatever else was at hand?...
>
> The Organs would very quickly have suffered a shortage of officers and transport and, notwithstanding all of Stalin's thirst, the cursed machine would have ground to a halt!
>
> If...if...We didn't love freedom enough. And even more – we had no awareness of the real situation.... We purely and simply deserved everything that happened afterward.”

Documents - 42 USC 264/42 CFR 70/42 CFR 71 – Control of Communicable Disease, Quarantine

- 1975.02.06 40 FR 5620 re FDA 21 CFR 1240 Control of Communicable Diseases definition of communicable disease
- 1985.01.11 50 FR 1519 Control of Communicable Disease Final Rule Foreign definition communicable disease 42 CFR 71
- 1989.03.21 SCOTUS Skinner v. Railway Fourth Amendment drug test
- 1989.03.21 SCOTUS Treasury Department v. Von Raab Fourth Amendment blood and urine test
- 2000.08.16 65 FR 49906 Control of Communicable Disease move from FDA to CDC definition communicable disease 42 CFR 70 prev 21 CFR 1240
- 2002.06.12 Public Health Security and Bioterrorism Preparedness and Response Act PHSBPRA 107-188 qualifying stage precommunicable
- 2005.11.30 70 FR 71892 Control of Communicable Disease Notice of Proposed Rulemaking 42 CFR 70 42 CFR 71 withdrawn 2016.08.15 54230
- 2006.05 DHS National Strategy Pandemic Influenza Plan cites 71892 NPRM at p. 225 of 233 asymptomatic
- 2011 Federal Register Guide to Agency Rulemaking Direct Final Rule
- 2012.12.26 77 FR 75880 Control Communicable Disease 42 CFR 70 Direct Final Rule Interstate Scope Definitions
- 2012.12.26 77 FR 75885 Control Communicable Disease 42 CFR 71 Direct Final Rule Interstate Scope Definitions
- 2012.12.26 77 FR 75936 Control Communicable Disease 42 CFR 70 NPRM Interstate Scope Definitions
- 2013.02.25 77 FR 75939 Control Communicable Disease 42 CFR 71 NPRM Foreign Scope Definitions
- 2013.02.25 78 FR 12621 Control Communicable Disease 42 CFR 70 Confirmation and Effective Date Direct Final Rule
- 2013.02.25 78 FR 12622 Control Communicable Disease 42 CFR 71 Confirm and Effective Date Direct Final Rule
- 2013.02.25 78 FR 12702 Control Communicable Disease 42 CFR 71 withdraw NPRM 75939
- 2016.08.15 81 FR 54230 Control Communicable Disease Public Health Emergency 42 CFR 70 42 CFR 71 NPRM withdrawal of 2005 71892 NPRM
- 2017.01.19 82 FR 6890 Control of Communicable Disease Final Rule re NPRM 54230
- 2020.02.13 Draft HHS SARS-COV Apprehension Order 42 CFR 70 42 CFR 71

* * *

Jan. 22, 2024 - On the omission of the July 28, 1945 Senate ratification vote, from a draft Congressional repeal bill purporting to withdraw the US from the United Nations.

Also ExcessDeathsAU on working class and 'experts' (government and faux-freedom) during Covid-tyranny, and Archbishop Fulton J. Sheen on the worldwide three-ideology revolutionary war.

Essay by ExcessDeathsAU:

- Jan. 7, 2024 - Where is the Australian working class in this glittering 'freedom movement'?[47] - "...Well, the people who did the real 'freedom work' in 2021 are currently keeping the country running and raising what's left of their families. Putting together what's left of their broken lives. Tangled up in lawfare and mortgage defaults. But when shtf, I know they will be the ones who will take care of the situation. Yes, *the real resistance (if there is such a thing) are the people who simply say no at the time on the day...*"

I hear this question in the US too - why are people not marching in the streets?

The answer is, the American people who would march in the streets know about the J6 gulags, and have loved ones locked in them undergoing torture for three years now.

Marching in the streets is not prudent, against an enemy government-apparatus prepared to meet civil petitioning with brutal force and mass deception.

<u>On the DEFUND Act.</u>

Information about HR 6645[48] and its companion Senate bill, S 3428,[49] **"**to terminate membership by the United States in the United Nations, and for other purposes."

I have had no involvement in support, research or drafting for these two bills and do not work with campaign organizers listed at preventgenocide2030: Rima Laibow and James Roguski. I have contacted Laibow and Roguski about the omission discussed below.

These are bills allegedly aimed at withdrawing the United States from the United Nations, which is a goal I endorse.

However, the bills as introduced do not include a provision to repeal the actual Senate vote that ratified the UN Charter on behalf of the US, which occurred on July 28, 1945. See p. 2, column 1, "Executive F."

- July 28, 1945 - Executive F, Ratification of the United Nations Charter[50]

[47] https://vicparkpetition.substack.com/p/where-is-the-australian-working-class
[48] https://www.congress.gov/bill/118th-congress/house-bill/6645/text
[49] https://www.congress.gov/bill/118th-congress/senate-bill/3428/text
[50] https://bailiwicknewsarchives.files.wordpress.com/2024/01/1945.07.28-senate-vote-ratify-un-charter-and-bretton-woods-executive-f.pdf

- July 28, 1945 - Congressional Record - Senate[51]

Instead, both HR 6645 and S 3428 begin with provisions to repeal a December 1945 Congressional act that established procedures for appointing representatives to the UN.

I don't know why repeal of the July 1945 Senate ratification vote is not included in HR 6645 and S 3428.

The bills — introduced by Rep. Chip Roy and Sen. Mike Lee — can be withdrawn, revised to include repeal of the Executive F ratification act by the Senate, and then reintroduced.

*

Archbishop Fulton J. Sheen, *War and Revolution* (1943)

> …A revolution we said involved ideologies, dogmas, and creeds. How many philosophies of life are involved in this revolution? It is quite generally and falsely assumed that there are only two: democracy and Totalitarianism, or the Christian and the anti-Christian. Would to God it were that simple! There are actually three great philosophies of life or ideologies involved:
>
> First, the Totalitarian which is anti-Christian, anti-Semitic, anti-human.
>
> Secondly, the secularist world view which is humanistic and democratic, but which attempts to preserve these values on a nonreligious and non-moral foundation by identifying morality with self-interest instead of morality with the will of God.
>
> Thirdly, the Christian world view which grounds the human and the democratic values of the Western world on a moral and religious basis. This Christian view includes not only Christians but also Jews, who historically are the roots of the Christian tradition, and who religiously are one with the Christian in the adoration of God and the acceptance of the moral law as the eternal reason of God.
>
> In the light of these three conflicting philosophies of life our task is three-fold.
>
> This anti-Christian, anti-Jewish and anti-human Totalitarian system must be defeated and crushed not just because it is a political or economic system contrary to ours, but because it is anti-human, and it is anti-human because it is anti-God, hence our war against it is not in the name of democracy but in the name of humanity.
>
> We must fearlessly admit that we are not fighting the war to keep everything just as it is, for the materialism, selfishness, and godlessness which would eat away the vitals of American traditions, justice and equality we can and should scrap. Then,

[51] https://bailiwicknewsarchives.files.wordpress.com/2024/01/1945.07.28-senate-vote-on-united-nations-charter-see-p.-57.pdf

having recovered our allegiance to God's moral law, we may be worthy of our mission to lead the world to the peace born of the justice and charity of God, for "Unless the Lord build the house, they labour in vain that build it. Unless the Lord keep the city, he watcheth in vain that keepeth it." (Ps. 126:1-2).

This war is incidental to the great decision the world must make: whether man is a tool of the State as Totalitarianism believes; or whether man is an animal as the secularist tradition of the Western world and too many Americans believe; or whether man is a creature made to the image and likeness of God as the Christian believes.

There is the essence of conflict.

We have a double enemy in the war, not a single one. We must defeat the active barbarism from without, and we must defeat the passive barbarism from within. We must use our swords with an outward thrust against Totalitarianism and its hard barbarism; but we must also use the sword with an inward thrust to cut away our own soft barbarism.

In personal language, each of us must say: I must fight the enemy of man, and I must fight myself when I am my own worst enemy. We have a war to win; and we have a revolution to win. A war to win by overthrowing the power of the enemy in battle; a peace to win by making ourselves worthy to dictate it.

Victory on the field will conquer the hard barbarism. Repentance and catharsis of spirit alone will conquer the soft barbarism. Guns, ships, planes, dynamite, factories, ships, and bombs will put down the first evil. Prayer, sorrow, contrition, purging of our hearts and souls, meditation, reparation, sacrifice, and a return to God will alone accomplish the second.

If we merely defeat the hard barbarism and lose to the soft, we will be at the beginning of cyclic wars, which will return and return until we are beaten and purged and broken in the creative despair of getting back to God…"

War and Peace: An Anthology, Sophia Institute Press, 2022, at pp. 209-210.

Archbishop Sheen was writing in 1943, during World War II.

In 1990, Fr. Malachi Martin published *The Keys of This Blood*, documenting the path along which the three-ideology worldwide geopolitical war had marched across the intervening decades.

Martin's book shaped my own understanding of current events — at each historical moment — as the geopolitical effects of ideological and spiritual causes.

To summarize what I've come to understand: As the shooting and bombing part of World War II ended, its orchestrators shapeshifted and transitioned their diabolical programs into the Cold War arms race; pogroms and genocides; biochemical warfare false-framed as biodefense and public health campaigns; and climate, population and resource scarcity panic-induction programs.

At the same time, totalitarians made common cause with secular materialists, to form an alliance against Christianity.

They have been working together to convince mankind of the lie that man is a "tool of the State" and a brute or "animal:" a being with no eternal soul joined to his material body at conception and sustained by God — at every instant — in that material-spiritual existence throughout his life.

Over those same decades, the totalitarian-secularist alliance began to reap the gains from their decades of mutual investment in infiltration, corruption and weakening of the Roman Catholic Church in its role as guardian of Christian truth and teacher of "adoration of God and the acceptance of the moral law as the eternal reason of God."

Pray the Rosary.

*

Related Bailiwick reporting and analysis

- Oct. 13, 2021 - Ternaries and Trinities
- Dec. 17, 2021 - Teleopolitics
- March 28, 2022 - Democidal Master-Class v. Humanity, 1944-present. A working model to shape forthcoming legal reporting on the dual-purpose kill-and-enslave campaign.
- July 12, 2022 - John Dewey, psycho-spiritual weapons and the war into which we've been conscripted.
- Dec. 25, 2022 - On why and how globalists, allied with communists, are fomenting federalist conflicts in America.
- May 19, 2023 - A three-part spiritual-geopolitical framework.
- July 12, 2023 - Catechisms of the counterchurch.
- Dec. 15, 2023 - Reflections on Christian history and Christian hope.

* * *

Jan. 24, 2024 - Constitutional challenges to kill box laws: draft factual history and list of constitutional violations. Also interview with Jason Bermas

New interview:

- Jan. 22, 2024 - Militarization of Medicine.[52] (30 min segment starts at 30:15, *Making Sense of the Madness* on American Media Periscope.) Speakers: Jason Bermas and Katherine Watt. Also on Rumble.[53]

Related Bailiwick reporting and analysis

- Oct. 13, 2022 - 18 USC 2333 cases: venue, national security, Fauci, summary judgment - "…One possible scenario includes motions for summary judgment, asking the federal judges to review the evidence and arguments presented, and rule that there is no dispute as to material facts: that the evidence against the US Government is so clear, the cases don't need to move to trial. Plaintiffs will be arguing that the US Government has criminally built an illegitimate statutory, regulatory and executive authority framework to *theoretically* de-criminalize acts of terrorism and use of chemical and biological weapons against the American people when committed by the US Government itself through the Department of Defense behind the false front of 'public health.' And that starting in January 2020, named officials within the US Government *actually* used those illegitimate legal frameworks to turn real bioweapons on the people…The US Government's primary defense will…be based on its arguments that everything done by defendants was authorized by Congress and US presidents through the same statutes, regulations and executive orders. Which means that on the basic issues of material fact, there is no dispute. The only questions are the moral and legal questions: can a government lawfully kill off its own people? Judges can and do summarily grant relief to plaintiffs on the basis of solid pleadings, early discovery and lack of dispute over material facts. The cognitive mind-fuckery the globalists set up is that there's usually a difference between the facts and the law during litigation. But in this case, **the material facts *are* the laws**…"
- Jan. 26, 2023 - War criminals
- Dec. 20, 2023 - Ending National Suicide Act. Draft bill for 118th Congress. PDF includes statutory history detail.

*

[52] https://americanmediaperiscope.com/msom-ep-915/

[53] https://rumble.com/v48mx5r-biden-exposed-and-the-militarization-of-medicine-msom-ep.-915.html

Constitutional challenges to kill box laws

How the acts of identifiable individuals claiming to serve as federal, state and local government officials (legislative, executive, judicial, administrative, military, public health and law enforcement officers) have violated and are violating provisions of the US Constitution and federal criminal laws, by means of international legal instruments, domestic statutes, regulations, executive orders and implementing acts, to enable the ongoing operation of depopulation/homicide programs camouflaged as public health programs.

Note: Development of criminal prosecutions and constitutional litigation requires prosecutors and attorneys interested in filing those cases, and injured parties: victims of crimes and civil plaintiffs. With a prosecutor and victims, or with a private attorney and a plaintiff, the facts of each specific case would need to be analyzed to decide which defendants to prosecute, for which overt acts and omissions, comprising which constitutional violations and crimes.

Draft Factual History

Congress and US presidents have ratified international legal instruments, and Congress and state legislatures have adopted domestic laws, purporting to transfer lawmaking authority (legislative powers) and law enforcement authority (prosecutorial and judicial powers) to the Health and Human Services Secretary, Defense Secretary and Homeland Security Secretary, and their state counterparts, under "emergency" conditions.

Citing these laws, Cabinet secretaries and their state counterparts have asserted and presently assert legal authority to search and seize the persons and property of citizens without probable cause that a crime has been committed and without warrants, and to deprive citizens of life, liberty and property without due process of law.

Cabinet secretaries and their state counterparts have established administrative procedures governing use of these legal authorities, through regulations.

At the federal level, the relevant administrative regulations authorize Cabinet secretaries and their state counterparts to prohibit speech; to limit occupancy, close and/or interfere with religious, social, commercial, governmental and political activity; to suspend product safety regulations, civil tort law, criminal laws, law enforcement, and judicial proceedings; to direct production, distribution, use and administration of toxic devices and poisons (countermeasures); and to impose contractual terms upon businesses and workers compelling compliance with such limits, closures, suspensions and product-use on penalty of forfeiture of federal contracts and federal funds for business owners;

forfeiture of employment, wages and salaries for workers; and criminal prosecution for noncompliance. (*See* USA v. Kirk Moore[54]).

These federal laws include but are not limited to:

- Title 42, The Public Health Service, Chapter 6A, Public Health Service, Subchapter II, General Powers and Duties, Part G, Quarantine and Inspection, § 264 to 272
- Title 50, War and National Defense, Chapter 32, Chemical and Biological Warfare Program, §1511 to 1528
- Title 42, The Public Health Service, Part F, Licensing of Biological Products and Clinical Laboratories, Subpart 1, biological products, 42 USC 262 to 263
- Title 42, The Public Health Service, Ch. 6A, Subchapter II, Part B, Federal-State Cooperation, § 247d to 247d-12, Public health emergencies
- Title 42, The Public Health Service, Chapter 6A, Public Health Service, Subchapter XIX, Vaccines, Part 1, National Vaccine Program, (§300aa-1 to 300aa-6); and Part 2, National Vaccine Injury Compensation Program, (§300aa-10 to 300aa-34).
- Title 21, Food and Drugs, Ch. 9, Federal Food Drug and Cosmetics Act, Subchapter V, Drugs and Devices, Part E, General Provisions Relating to Drugs and Devices, §360bbb to §360bbb-8d, Expanded access to unapproved therapies and diagnostics program
- Title 42, Public Health Service, Ch. 6A, Public Health Service, Subchapter XXVI, National All-Hazards Preparedness for Public Health Emergencies, Parts A-C, §300hh-1 to 300hh-37

See Ending National Suicide Act.[55] Draft bill for 118th Congress. PDF includes statutory history detail.[56] *See* Legal History: American Domestic Bioterrorism Program.[57] Enabling statutes, regulations, executive orders, guidance documents, etc. (May 2023 version).

Analogous state laws have been enacted in each state and the District of Columbia, through the Model State Emergency Health Powers Act program.

Presidents and governors have signed said laws, and invoked said laws in issuing related executive orders, including but not limited to presidential executive orders pertaining to "quarantinable communicable disease:" Executive Order 9708 (March 26, 1946); EO 10532 (May 28, 1954); EO 11070 (Dec. 12, 1962); EO 12452 (Dec. 22, 1983); EO 13295, (April 4, 2004); EO 13375 (April 1, 2005); EO 13674 (July 31, 2014); EO 14047 (Sept. 17, 2021).

Since January 2020, Cabinet secretaries and their state counterparts have used said laws to search and seize persons and property without probable cause that a crime has been

[54] https://bailiwicknews.substack.com/p/usa-v-dr-kirk-moore-et-al
[55] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[56] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[57] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf

committed and without warrant, and to deprive citizens of life, liberty and property without due process of law.

Public prosecutors and private attorneys have failed to file cases demanding basic constitutional review of said laws, although many have sought constitutional review of executive and administrative acts committed under the presumed legal authority of said laws.

Federal and state judges have failed to conduct basic constitutional review, deferring to the unconstitutional laws themselves and dismissing derivative claims on standing, procedural and/or mootness grounds.

Question presented

Whether said lawmaking acts by Congress and state legislatures; executive acts by presidents and governors; and administrative acts by Cabinet secretaries and state health and law enforcement officials violate the US Constitution and must therefore be ruled null, void and unenforceable.

Constitution violations applicable to one or more identifiable defendants among Congressional representatives, presidents, Cabinet secretaries, state legislators, state governors, state health and law enforcement officials, prosecutors, and judges.

- Article 1, Section 1 - Unconstitutional transfer of federal legislative powers from Congress to President and Cabinet secretaries.
- Article 1, Section 8 - Unconstitutional use of the Commerce clause power to insert intentionally toxic poisons into interstate commerce, and block state authority to protect state populations from toxic poisons.
- Article 2, Section 1 - Unconstitutional transfer of executive powers from President to Cabinet secretaries.
- Article 2, Section 3 - Unconstitutional failure of president to take care that the laws be faithfully executed, specifically Constitution and federal criminal laws.
- Article 2, Section 4 - Unconstitutional failure of Congress to charge, impeach and convict presidents, vice-presidents, and civil officers (Cabinet secretaries) for treason, bribery and other high crimes and misdemeanors.
- Article 3, Section 1 and Section 2 - Unconstitutional stripping of judicial powers from federal courts by Congress, US presidents and Cabinet secretaries, to prohibit judicial review of treaties, statutes, regulations, executive orders and government acts; unconstitutional failure of federal courts to use inherent constitutional authority to review and nullify unconstitutional treaties, statutes, regulations, executive orders and government acts.

- Article 3, Section 3 - Unconstitutional (treasonous) levying of War against the United States, or in adhering to their Enemies, giving them Aid and Comfort.
- Article 4, Section 4 - Unconstitutional failure of the United States federal government to guarantee to every State in the Union a republican form of government and to protect them against invasion and domestic violence.
- Article 6 - Unconstitutional failure of the US federal government to uphold the Constitution as the supreme law of the land that binds every Congress member, every federal judge, every President and every federal officer, in addition to every state governor, legislator and judge, and prohibits treaties, statutes, regulations, executive orders and administrative acts adopted and enforced in violation of the US Constitution.
- First Amendment - Unconstitutional Congressional and Presidential enactment of laws establishing religion (cult of public health emergencies); prohibiting the free exercise of other religions; abridging freedom of speech; abridging freedom of the press; abridging the right of the people peaceably to assemble; abridging the right of the people to petition the Government for redress of grievances.
- Second Amendment - Unconstitutional Congressional and Presidential enactment of laws infringing the right of the people to keep and bear arms.
- Fourth Amendment - Unconstitutional violation of right of the people to be secure in persons, houses, papers and effects, against unreasonable search and seizure.
- Fifth Amendment - Unconstitutional deprivation of life, liberty and property without due process of law (federal government); taking of private property for public use without just compensation.
- Sixth Amendment - Unconstitutional criminal prosecutions, convictions and penalties [extrajudicial killings] without speedy and public trial, without opportunity to obtain witnesses, and without the assistance of counsel.
- Seventh Amendment - Unconstitutional violation of right of trial by jury in civil suits.
- Eighth Amendment - Unconstitutional violation of prohibition on cruel and unusual punishments.
- Ninth Amendment - Unconstitutional denial and disparagement of rights held by the people but not enumerated in the Constitution.
- Tenth Amendment - Unconstitutional assertion and use of powers not delegated to the federal government by the Constitution, which are reserved to the States and to the people.
- Thirteenth Amendment, Section 1 - Unconstitutional violation of right to not be subjected to slavery and involuntary servitude, unless as punishment for a crime of which the person has been duly convicted.
- Fourteenth Amendment, Section 1 - Unconstitutional deprivation of life, liberty and property without due process of law by a State government; denial of the equal protection of the law by a State.
- Fourteenth Amendment, Section 3 - Unconstitutional holding of office by Senators, Representatives, or any federal office, civil or military, or State legislator, executive or judicial officer, who have taken an oath to support the Constitution

and have engaged in insurrection or rebellion against the United States, or given aid or comfort to the enemies of the United States.

Federal criminal laws suspended, superseded or overridden through unconstitutional acts committed by Congress, presidents, state legislatures, governors, and unconstitutional omissions by federal and state judges

- 18 USC 175 - prohibits development, production, stockpiling, transfer, acquisition, retention, possession of bioweapons
- 18 USC 201 - prohibits corruption in public office (federal bribery and gratuity)
- 18 USC 229 - prohibits development, production, stockpiling, transfer, acquisition, retention, possession of chemical weapons
- 18 USC 241 - prohibits conspiracy against rights.
- 18 USC 242 - prohibits deprivation of rights under color of law
- 18 USC 666 - prohibits program bribery
- 18 USC 872 - prohibits extortion by officer or employee of the U.S.
- 18 USC 875 - prohibits extortion through interstate commerce
- 18 USC 1001 - prohibits false statements, concealment
- 18 USC 1091 - prohibits genocide
- 18 USC 1346 - prohibits honest services fraud
- 18 USC 1918 - prohibits violation of oath of office to US Constitution
- 18 USC 1951 - prohibits obtaining of property by extortion or under color of official right
- 18 USC 2331(5) - defines domestic terrorism
- 18 USC 2331(1) - defines international terrorism
- 18 USC 2332a - prohibits using, threatening, attempting or conspiring to use Weapons of Mass Destruction
- 18 USC 2332b - prohibits acts of terrorism transcending national boundaries
- 18 USC 2332d - prohibits financial transactions with a country supporting international terrorism -
- 18 USC 2333 - authorizes civil remedies in US courts for international terrorism
- 18 USC 2339 - prohibits harboring or concealing terrorists
- 18 USC 2339A - prohibits providing material support to terrorists
- 18 USC 2339B - prohibits providing material support or resources to designated foreign terrorist organizations
- 18 USC 2340A - prohibits torture
- 18 USC 2441 - prohibits war crimes and crimes against humanity
- 18 USC 2381 - prohibits treason
- 18 USC 2384 - prohibits seditious conspiracy
- 18 USC 2385 - prohibits advocating overthrow of US government, Constitution and laws.

* * *

Jan. 25, 2024 - Law and Antilaw: 1995 report by Constitution Society

1995 - Law and Antilaw[58] (Constitution Society)

From Constitution to Emergency Rule

The establishment of the U.S. Constitution in 1789 and its Bill of Rights in 1791 was a fundamental innovation in jurisprudence. It introduced the first constitutional republic, with a written constitution that superseded the Common Law that preceded it, while incorporating that part of the Common Law not in conflict with it, and provided that all subsequent statutory law and official acts must be based on its provisions and not in conflict with it. Any statute or official act not so based, or in such conflict with it, was to be considered unconstitutional, and null and void from inception.

Unfortunately, despite the nominal commitment to compliance with the Constitution, legislators and officials have failed to comply with it in many instances. Most of these instances were justified as necessary to deal with perceived crises, especially war and depression. Some of these instances include the Dick Act of 1903 and the Federal Reserve Act of 1913.

But perhaps the most important was the Emergency Banking Act of March 9, 1933, and particularly its amendment to the Trading with the Enemy Act of October 6, 1917, and its ratification of such executive orders as the Proclamation 2040 by President Roosevelt issued on March 6, 1933, sometimes called the Emergency and War Powers order. This act, codified as 12 USC 95(b), effectively declared the Constitution suspended and conferred dictatorial powers on the President, a situation which continues to this day.

Following this there was a long train of unconstitutional legislation and executive orders, made possible by intimidation of the federal courts. Although some reference to provisions of the Constitution was made to justify them, especially an expanded interpretation of "interstate commerce", it is argued [by some] that what was really done was suspension of the Constitution as the "Supreme Law of the Land" and the extension of the "Law of the Sea" over the land, making all federal courts admiralty courts, under the executive authority of the President. The "Law of the Sea" is a branch of Common Law under which the President and admiralty courts exercise essentially dictatorial powers, akin to martial law.

Under this assumed authority, the U.S. Congress, the President, and the federal courts have extended their powers and jurisdiction far beyond the limits imposed on them under the Constitution, in violation of the 10th Amendment.

[58] https://constitution.org/1-Activism/mil/lawnanti.htm

Senate Report 93-549[59], written in 1973, said "Since March 9, 1933, the United States has been in a state of declared national emergency." It goes on to say:

"A majority of the people of the United States have lived all their lives under emergency rule. For 40 years, freedoms and governmental procedures guaranteed by the constitution have, in varying degrees, been abridged by laws brought into force by states of National emergency. In the United States, actions taken by government in times of great crisis have ... in important ways shaped the present phenomenon of a permanent state of National emergency."...

"These proclamations give force to 470 provisions of federal law. These hundreds of statutes delegate to the President extraordinary powers, ordinarily exercised by Congress, which affect the lives of American citizens in a host of all-encompassing manners. This vast range of powers, taken together, confer enough authority to rule this country without reference to normal constitutional process.

"Under the powers delegated by these statutes, the President may: seize property; organize and control the means of production; seize commodities; assign military forces abroad; institute martial law; seize and control all transportation and communication; regulate the operation of private enterprise; restrict travel; and, in a plethora of particular ways, control the lives of all American citizens."

The problem, of course, is that the Constitution does not provide for its own suspension, under some Rule of Necessity, only for temporary suspension of the right of *habeas corpus*, nor does Congress have such emergency and war powers or the power to delegate them to the President.

Such a doctrine of "emergency rule" is a legalistic façade, perhaps providing a defense against summary judgement by a lawful court, but not providing true legal authority.

The Constitution is not just the Supreme Law of the Land, but of all operations of the institutions it establishes, as agents of the People, including those at sea and those involving the laws of nations, forbidding them to exercise any powers not specifically delegated to them, in any field of action.

A difficulty for this regime is that the vast majority of people in and out of government are unaware of such emergency rule. As far as they are concerned, the Constitution is still in full force and effect. Many of them continue to take an oath to "preserve, protect, and defend the Constitution against all enemies, foreign and domestic." Some of them are aware of their role as militiamen, as defenders of the State and its Constitution, with a duty to not only obey the Constitution and constitutional laws, but to do what they can to enforce them as well, singly or in concert with one another.

[59] https://bailiwicknewsarchives.files.wordpress.com/2022/12/1973.11.19-church-report-emergency-powers.pdf

Two Bodies of Jurisprudence

What we have, then, is two bodies of jurisprudence: one based on the Constitution, the other not based on it, and, indeed, in fundamental conflict with it. Unfortunately, the full force of *de facto* government acts to enforce this second body of jurisprudence, and this puts it in fundamental conflict with the Militia and its duty to defend the Constitution and enforce it and its laws.

Since the statutes and official acts not based on the Constitution are null and void from inception, and in conflict with the real law, which is based on the Constitution, we may call this body of jurisprudence *antilaw*. It is sometimes referred to by the euphemism "public policy".

Almost any effort to enforce such antilaw infringes on the civil rights of persons, and is therefore itself a crime, specifically, violation of 18 USC 241, Conspiracy Against Rights, or 242, Deprivation of Rights Under Color of Law. These statutes are arguably constitutional, under the authority of the 14th amendment, therefore citizens have the duty, as militiamen, to enforce it against officials who attempt to enforce antilaw, to arrest them and bring them before a grand jury.

What we have, therefore, is the potential for conflict between two groups of Americans, each enforcing what they consider to be the law against the other, each trying to arrest the other, with armed force if necessary. The forces of *de facto* government may, for the most part, believe they are in the right. Most of them are just doing their jobs, following the orders of the people who pay their salaries, and many people, not knowing any better, think they are indeed the lawful government. They are better organized, funded, and equipped.

On the other side are a growing number of citizens who are becoming aware of the situation and their duties as militiamen, and while they are not yet as well organized, they are becoming more numerous and better organized, and they are even gaining support from within this *de facto* government.

Corruption and the Crisis of Legitimacy

This dysfunctional situation is exacerbated by pervasive corruption that infects almost every level and agency of government and institution of society. This has brought compromise of the integrity of those institutions, and the loss of their ability to meet the needs of the people. Computerized elections are often rigged. Many judges are compromised or intimidated. It is not uncommon for people to take a case before a federal judge, asking him to enforce the Constitution, and have him refuse to rule, saying "If I ruled on this, I would be dead before morning."

Take a case of high- level official misconduct to law enforcement authorities and they refuse to consider it. Investigating and exposing such corruption and the abuses it brings all too often results in the harassment, persecution, or even the

death of the investigator and his witnesses, and the confiscation or destruction of their evidence.

This crisis of legitimacy and corruption is causing severe conflicts within government as well, between factions that extend across institutions and align themselves with citizen activists. This conflict has become a kind of low-level civil war, in which there is real violence and the loss of lives.

Antilaw as Dyslaw

Antilaw might prevail if it met the needs of the people, eventually acquiring a kind of legitimacy, but it does not. It is fundamentally dysfunctional, as well as illegitimate, and therefore *dyslaw*. As such, it is doomed, and must eventually give way to a return to the Rule of Law under the Constitution. This will be a difficult transition to manage gracefully. Once the dominoes start falling, it may be difficult to avoid a sudden collapse that will bring chaos and economic upheaval.

The first shot across the bow of antilaw from the Supreme Court may have just been fired, in the case of *U.S. v. Lopez*,[60] which, for the first time since 1936, struck down a federal criminal statute based on the interstate commerce clause.

Comments:

I'm posting this short report by the Constitution Society because it's the clearest, most succinct description I've seen of the constitutional law predicament confronting Americans, as revealed and enforced in the form of Covid-times public-health-emergency totalitarianism.

As I've mentioned briefly previously,[61] I don't endorse the state assemblies or sovereign citizens movements.

I think those movements have developed in reaction to the law v. antilaw, low-level civil war that has been underway for more than 100 years, as accurately outlined above.

However, I think the sovereign citizens and state assemblies approach also represents a disordered legal relationship between the individual man, the society or State in which and under whose positive laws he lives, and God's eternal law.

I think the sovereign citizens approach is disordered differently from the also-disordered atheist-materialist global technocracy under construction by the Monster.

In my view, Catholic subsidiarity is the sociopolitical, legal and moral-religious framework that offers mankind a means to develop and sustain properly-ordered

[60] https://supreme.justia.com/cases/federal/us/514/549/case.pdf
[61] https://bailiwicknews.substack.com/p/on-catholic-subsidiarity-as-the-counterweight

relationships between man, society and God, avoiding the extremes of absolute individualism at one pole and absolute collectivism (i.e. Communism, Fascism, globalism, communitarianism) at the other.

Update

Reader question:

What is "Catholic subsidiary"? Is it a cultural phenomenon/identity? Is it an association or organization? What is its connection with or allegiance to Pope Francis and the Jesuits?

My reply:

- Jan. 20, 2023 - Subsidiarity. Political, social and economic organizing principle that stands in opposition to centralized bio-digital totalitarianism

Subsidiarity is not derived from or in allegiance to the Jesuits or Pope Francis. Pope Francis is all-in for transforming the true Catholic Faith (the teachings of Christ carefully transmitted defended through the centuries until the apostasies of the 20th century took root in the Vatican) into a doctrine-less, content-less, sin-enabling globalist pan-religion.

Subsidiarity is a sociopolitical framework that began to be developed in the late 1800s by Pope Leo XIII, to counter the rise of communism and related collectivist/communitarian/fascist movements. Pope Pius XI developed it somewhat further in the 1930s.

It is still in very early form — the 20th century wars were effective at suppressing its development — and will need to be studied, taught, applied and defended as history continues to unfold.

Update 2

(Entries added to American Domestic Bioterrorism Program timeline)

- 1917/10/06 - Congress and President Wilson passed Trading with the Enemy Act, 40 Stat. 411.[62] Established unconstitutional emergency powers concentrated in president and executive branch. Amended, expanded by Emergency Banking Act, March 9, 1933.
- 1921/03/03 - Congress passed Joint Resolution 382, 41 Stat. 1359,[63] terminating "the present war or of the present or existing emergency" but *excluding* from the termination, the unconstitutional emergency powers established by the Trading with the Enemy Act of 1917.
- 1933/03/09 - President Roosevelt signed Proclamation 2040[64] [Emergency and War Powers Order], continuing national emergency and 'bank holiday' until further notice, following Proclamation 2038 of March 5, 1933 [convening special session of Congress] and Proclamation 2039 of March 6, 1933 [declaring national emergency and proclaiming 'bank holiday' for March 6-9, inclusive.]
- 1933/03/09 - Congress and President Roosevelt passed Emergency Banking Act,[65] PL 73-1, including amendments to Trading With the Enemy Act of 1917 and ratification of presidential executive orders and proclamations. Codified at 12 USC 95(b).[66]

[62] https://uscode.house.gov/statviewer.htm?volume=40&page=411
[63] https://uscode.house.gov/statviewer.htm?volume=41&page=1359
[64] https://li.proquest.com/elhpdf/histcontext/1933-PR-2039.pdf
[65] https://fraser.stlouisfed.org/title/emergency-banking-relief-act-1098
[66] https://www.law.cornell.edu/uscode/text/12/95

Jan. 27, 2024 - Reports that may help readers explain the public-health/vaccines/bioterrorism program to others.

Email from a reader:

"…[We] read that either the Pharmaceutical Industry or DOD or someone admitted to it as a bioweapon or some similar language. We have been searching but are not able to find a reference. Is this accurate and could you…point me in the right direction?…"

My reply:

Attaching four reports and a screenshot that may be helpful.

- 1997 Paper Goldblat Bioweapons Convention[67]
- 2002 Ainscough Genetic Engineering and BW US Airforce No. 14[68]
- 2002 Ainscough JASON Group Latypova slide deck[69]
- 2010.01 Jonathan Tucker Arms Control Association vaccine and bioweapon production indistinguishable[70]
- 2010.06 Almosara Biotechnology Genetically Engineered Pathogens Paper USAF No. 53[71]

Sasha Latypova cites Michael Ainscough's work more than I do, so the screenshot is from one of her slide decks. The screenshot quotes are from pp. 267-268 of the 2002 report.

One thing to keep in mind when reading and using these reports is that the authors exaggerate the potential threat posed by communicable bioweapons and exaggerate the success record of gene therapies, because the reports are written to advance the interests of the biodefense industry and the depopulation/public health industry. They reports are not written to accurately convey threats and safety/efficacy of products.

I mention that because in conversations, it will probably be useful to explain to people that the health risks of circulating biologically-manipulated airborne, waterborne, foodborne, products are very low, but the threat posed by the injectable and sprayed chemical products that the government endorses (falsely) as preventatives and treatments is very high.

I call the vaccines biological weapons and biochemical weapons because their effects are biological and biochemical. Sasha tends to emphasize the synthetic chemical character of some of the products, especially the chemical poisons/products deployed in stores,

[67] https://bailiwicknewsarchives.files.wordpress.com/2024/01/1997-paper-goldblat-bioweapons-convention.pdf
[68] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2002-ainscough-genetic-engineering-and-bw-us-airforce-no.-14.pdf
[69] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2002-ainscough-jason-group-latypova-slide-deck.pdf
[70] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2010.01-jonathan-tucker-arms-control-association-vaccine-and-bioweapon-production-indistinguishable.pdf
[71] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2010.06-almosara-biotechnology-genetically-engineered-pathogens-paper-usaf-no.-53.pdf

subways, etc., that induce detoxification responses in targets, that the government falsely classifies as virus-caused disease.

The overlap among biological, chemical, natural, synthetic, genetic and non-genetic, is a complicating factor for everyone trying to understand what the killers are using against living creatures at any given time and place.

But the key point is that the threats posed by things that can be inserted into air, water and food, are magnified beyond their actual feasibility and lethality, to induce fear, overcome self-preservation instincts and thereby drive uptake of the more effective weapons (injections, nasal sprays, dermal patches) that are able to bypass the immune system's defenses.

Two of these reports address the dual-use purpose of 'vaccine' production facilities, which can help people understand that all vaccines have been biological weapons since the inception of vaccine programs, although prior to 2020, they were generally slower acting and more difficult to see as such (SIDS, autism, induction of many other chronic diseases population-wide, but plausibly denied by CDC/FDA and manufacturers).

From the Goldblat paper:

> "...Biological weapons are unpredictable in their effects and of limited value in combat. Since cheating under a BW Convention could not yield significant military advantages to the cheating party, a ban on biological weapons without verification of compliance was considered by the negotiators to be free of serious security risks.
>
> By contrast, chemical weapons are predictable, capable of producing immediate effects and, consequently, useful in combat..."

Related Bailiwick reporting and analysis

March 23, 2022 - Why Pfizer and Moderna and FDA are working toward government authorization to inject babies and small children.

> …The legislative trail: 1986 National Childhood Vaccine Injury Act gave manufacturers immunity for liability for injuries and deaths caused by vaccines listed on the government-recommended childhood immunization schedule. The argument used to exempt manufacturers from liability was that the government, through the Department of Health and Human Services, would monitor the childhood vaccination program, collect safety data, and report it to Congress to provide oversight and take harmful vaccines off the market. However, the HHS and Congressional oversight required by the 1986 law didn't occur. *See* Informed Consent Action Network v. US-HHS, 1:18-cv-03215-JMF, which ended with a July 9, 2018 stipulation [signed by Attorney Robert F. Kennedy Jr.] by the U.S. government that HHS had no records of any safety monitoring or public reporting of the childhood vaccination program, under the 1986 law, between 1986 and 2018. Later two reports were located, filed on 5/4/88 and 7/21/89. Since 1989: nothing. No evidence that the childhood vaccination schedule was safe at that time, nor any evidence that the injections added to the childhood schedule since 1986, alone or cumulatively, are safe.

April 22, 2022 - Permanent corporate liability exemption for vaxx manufacturers.

> "…By rulemaking that was proposed April 4, 2018 (83 FR 14391), announced Dec. 2, 2021 (86 FR 68423), and went into effect Jan. 3, 2022, CDC already made the Covid vaxx manufacturers permanently immune from civil liability for injuries and deaths inflicted on people through government-mandated injection of their products. Health and Human Services/CDC added "and/or pregnant women" to "children" on the list of vaccine recipients that, when a vaccine is on the 'recommended' list, puts compensation for injuries and deaths exclusively in the Vaccine Injury Compensation Program…"

Sept. 28, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package.

> "The 1998 dual-use legislation accomplished another key US Government objective: it rendered the DOD's illegal stockpile of biological and chemical agents into a 'legal' stockpile of pharmaceutical products and vaccines. Same deadly toxins. Different labels. Just as the 1997 dual-use legislation continued to support and fund the same unethical human testing program, on a larger human test subject population…Since the mid-1990s, the US Government's illegal chemical and biological warfare program has all been operated under HHS public health frameworks, by relabeling weapons as prophylactics and treatments. Since then, the US government has only developed, produced and deployed *FDA-authorized* bioweapons. Note, though, that FDA authorization doesn't mean that the products

> comply with any FDA consumer-protection regulations on clinical trials, manufacturing, distribution, labeling or administration. Or safety and efficacy. Or recalls. They don't comply with any of those legal standards, and there's no legal reason why they should comply. Compliance would be silly, because they're weapons, not medicines, and they're shot into targeted enemies (everyone on the planet) to kill them, not offered to patients to protect or heal them…"

Nov. 18, 2022 - Immunomodulation and fear modulation. Plus notes on the current spin-up of the Ebola threat.

> "…*Engineering immunodeficiency*. Manipulating a target population to have decreased immunity could increase the impact of a biological attack. This goal could be pursued either by manipulating a pathogen to simultaneously reduce immunity and cause disease (Jackson et al., 2001) or by separately introducing an immune-suppressing agent and a bioweapon into a target population…"

April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.

> "…The George H. W. Bush administration argued that verification was not possible with any degree of confidence because of the dual-use nature of biotechnological materials and equipment, which makes it easy to divert legitimate facilities such as vaccine plants to illicit production…Advances in fermentation technology have also eliminated the need to stockpile biowarfare agents. Instead, a legitimate production facility, such as a vaccine plant, could be commandeered to grow seed cultures into militarily significant quantities of agent within a period of weeks…"

April 24, 2023 - At-home gain-of-function kits. Biodefense is indistinguishable from biowarfare; the so-called biodefense industry is, in truth, the biochemical munitions industry.

> "…To stop the psychological and biochemical warfare program, it would be more effective to send do-it-yourself gain-of-function kits to every household, than to ban gain-of-function research. DIY gain-of-function kits — and the observable self-limiting outbreaks and low transmissibility of the resulting pathogens — would further clarify for people that "gain of function" or weaponization of naturally-occurring biological pathogens is a myth circulated to drive fear and to elicit behavioral compliance with biochemical weapon/toxic injection attacks camouflaged as "vaccines," including but not limited to members of the mRNA-LNP biochemical weapons class, soon (if not already) in continuous batch production as authorized and funded by Congress…"

Oct. 28, 2023 - Whatever is in the biochemical weapons bearing Pfizer and other pharma labels, is there because US SecDefs and their WHO-BIS handlers ordered it to be there.

> "...What Malone, Steve Kirsch and other DoD spokesmen are doing is a distraction maneuver to keep attention away from the **intentional** toxicity of the biochemical weapons, the DoD/WHO control of the programs, and the fact that "biodefense" is camouflage for straight-up State-sponsored biowarfare, conducted by bringing pharmaceutical companies into the military-industrial-Congressional complex, calling bioweapons "vaccines," and terrifying people into taking them under "public health emergency" and "pandemic" narratives..."

Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.

> "...On April 2, 2019, effective May 2, 2019, FDA Commissioner Scott Gottlieb changed the federal regulations governing inspection of licensed facilities manufacturing biological products including 'vaccines', from at least every two years to unspecified times; eliminated provisions about what would happen if a licensed facility failed an inspection; and eliminated all inspection duties for FDA inspectors..."

Jan. 9, 2024 - Biologic Markers in Immunotoxicology. 1992 report by Subcommittee on Immunotoxicology, Committee on Biologic Markers, Board on Environmental Studies and Toxicology, National Research Council

> "...This document presents a brief history and review of immunology, immunotoxicology, and biologic markers (Chapters 1 and 2). The effects of toxicants on the immune system can be expressed in two ways. Excessive stimulation can result in hypersensitivity or autoimmunity; suppression can result in the increased susceptibility of the host to infectious and neoplastic agents..."

* * *

Jan. 29, 2024 - Legal challenges that can terminate the 'public health emergencies' kill box programs and revoke the other 'emergency' powers wielded by the federal executive branch for 90+ years

Below is an edited email discussion about three potential legal paths that lead to stripping the federal executive branch of legal authorities it has wielded unconstitutionally and criminally for at least 90 years.

List of the federal laws that should be formally nullified by one or more states, to create an actual controversy for constitutional review by SCOTUS:

- Dec. 20, 2023 - Draft Ending National Suicide Act.[72]

States should nullify those federal laws, and also repeal their own state quarantine and 'public health emergency' management laws (MSEHPA).[73]

It's important to understand that the seven statutes listed in the draft are the foundational laws for the 'public health emergency'-predicated mass murder programs that have become much more visible and better-understood since January 2020:

1. Quarantine and Inspection, 42 USC §264 to 272
2. Chemical and Biological Warfare Program, 50 USC §1511 to 1528
3. Licensing of Biological Products, 42 USC §262 to 263
4. Public health emergencies, 42 USC § 247d to 247d-12
5. National Vaccine Program and National Vaccine Injury Compensation Program, 42 USC §300aa-1 to 300aa-34
6. Expanded access to unapproved therapies and diagnostics program, 21 USC §360bbb to 360bbb-8d
7. National All-Hazards Preparedness for Public Health Emergencies, 42 USC §300hh-1 to 300hh-37

Nullification of those seven federal statutes would terminate the PHE mass murder programs in the states that nullify them.

[72] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[73] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules

However, there are 90+ years' worth of other 'emergency'-predicated federal abuse of power acts that also need to be nullified and/or repealed.

- Jan. 25, 2024 - Law and Antilaw: 1995 report by Constitution Society

Here's information about why repeal or nullification of the federal laws listed in the Ending National Suicide Act is necessary for terminating the PHE-EUA-MCM mass murder programs:

- Weaponization of Language and Law: US Government Bioterrorism Program from 1969 to Covid.[74] (January 2023, 2-page abstract)
- Legal History: American Domestic Bioterrorism Program. Enabling statutes, regulations, executive orders, guidance documents, etc.[75] (May 2023 version, 14 pages)

*

Here's a draft nullification-procedure bill under consideration by the Tennessee legislature:

- Aug. 21, 2023 Draft - Tennessee House Bill 0726 (PDF):

...SECTION 4. As used in this chapter:

> (1) "Federal action" includes federal law; a federal agency rule, policy, or standard; an executive order of the president of the United States; an order or decision of a federal court; and the making or enforcing of a treaty; and
>
> (2) "Unconstitutional federal action" means a federal action enacted, adopted, or implemented without authority specifically delegated to the federal government by the people and the states through the United States Constitution...

SECTION 8.

> (a) Nullification is the process whereby this state makes an official declaration that:
>
> (1) A specific federal action has exceeded the prescribed authority under the United States Constitution;
>
> (2) That said action, as being *ultra vires*, will not be recognized as valid within the bounds of this state;

[74] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf
[75] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf
https://bailiwicknewsarchives.files.wordpress.com/2023/11/2023.08.21-tennessee-hb0726-draft.pdf

(3) That said action, as being *ultra vires*, is null and void in this state;

(4) That an officeholder, agency, or government employee, whether state, county, or city, serving under the authority of the Constitution of Tennessee shall not assist in any attempted enforcement of said federal action; and

(5) That state or local funds collected under the authority of the Constitution of Tennessee shall not be used to assist in any attempted enforcement of said federal action...

SECTION 9. State nullification of federal action may be accomplished in any of the following ways:

(1) The governor may, by the governor's own executive authority, issue an executive order nullifying the same, whereby all executive departments of the state are bound by said order;

(2) Any member of the general assembly may introduce a bill of nullification in the general assembly. For any such proposed bill of nullification, the bill is not subject to debate or passage in committees, and proceeds directly to the floor of each house, where said bill shall, within five (5) legislative days, be scheduled for debate on the floor of each house, and thereafter, within three (3) legislative days after the debate is closed, shall be presented for a roll call vote on each floor. The bill, if passed in the same manner as other general law, has the force and effect of law, and becomes effective immediately upon enactment. The time constraints listed in this subdivision (2) may be changed by majority vote of any house of subsequent general assemblies;

(3) Any court operating under the authority of the Constitution of Tennessee may render a finding or a holding of nullification in any case of which it otherwise has proper venue and jurisdiction, wherein the parties to said case will, upon final judgment, be bound thereby in the same manner as in other cases;

(4) Any combination of ten (10) counties and municipalities may... submit a petition of nullification [leading to] the same methods and protocols as described in subdivision (2); and

(5) The signed petitions of two thousand (2,000) registered voters of this state may submit a petition of nullification [leading to] the same methods and protocols as described in subdivision (2).

Edited email exchange on how state nullification acts represent one possible step in a sequence whose ultimate goal is restoration of constitutional rule of law nationwide.

Paraphrase of email correspondent's position:

> In your view, if I understand it correctly, a state act of nullification amounts to an act of secession, through which the state transfers the US Constitution as supreme law of the land to its own jurisdiction/territory, and simultaneously takes over the judicial review function of the US Supreme Court.

My views

I don't think your view of state legislatures, through nullification acts, superseding or displacing the US Supreme Court's constitutional review functions, is accurate.

In my view, the Supreme Court is empowered by the US Constitution to conduct constitutional review of statutes, regulations, executive orders and other laws, when an actual controversy is presented to them.

Meaningful litigation requires states to directly challenge the federal government to elicit violent federal backlash (lawsuits filed by federal government officials, against state government officials) and use the legal fight itself to expose and dismantle the unconstitutional, criminal enterprise that the federal government has become.

So far, I'm not aware of any constitutional lawyers, or even any other lawyer who practices any other type of law, who publicly discusses or is litigating these issues: the constitutional implications of the public health emergency laws, regulations and executive orders enacted since 1944 [American Domestic Bioterrorism Program laws[76]] and most forcefully executed since January 2020. I'm also not in contact with any lawyers privately who are willing to acknowledge the implications of the 'public health emergency' laws, regulations and EOs, and develop legal strategies based on those facts.

If and when such lawyers can be mobilized, their constitutional law credentials would enable them to draw the constitutional conflicts presented — emergency ruling power, which is also killing power through 'medical countermeasures' and other poisons and weapons falsely presented as regulated medicinal products, unconstitutionally concentrated in executive hands — further into public view and into federal court for SCOTUS to address.

SCOTUS would address the controversy by either ruling that the executive power as concentrated and exercised is unconstitutional and the laws are null and void, or by ruling that the constitution is suspended/superseded under 'emergency' conditions, such that America is under a federal executive dictatorship that will continue to kill and

[76] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

steal with legal impunity until citizens develop an alternative means to restore constitutional rule of law and stop the mass murder and mass theft programs.

As states consider codifying and using their nullification power, many appear to be focused on possible future federal laws they would potentially want to nullify at later dates, including what they erroneously construe as possible, future sovereignty-stripping federal acts related to the World Health Organization's international legal instruments (i.e. treaties) governing global management of worldwide 'pandemics.'

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

State governors, lawmakers, lawyers and judges need to understand the massive volume of unconstitutional federal and state kill box laws *already* on the books.

In proportion to their understanding of how federal and state, unconstitutional, emergency-powers laws are *already* being used to enable killing of Americans with complete preemption[77] — complete, wrap-around civil and criminal legal impunity — state-level government officials will be better equipped to handle debates on nullification-procedure bills and specific nullification acts in their respective state capitols.

All 50 state governments currently have the legal authority to adopt legislation (nullification acts) or issue governor's executive orders nullifying unconstitutional federal laws.

If and when a state or a group of states uses their legal authority to nullify unconstitutional federal laws, their action will elicit a legal response from the federal government's executive and legislative branches.

The President, Cabinet secretaries and Congress will file suit — at the US Supreme Court — to defend their own actions as constitutional and demand judicial review of the constitutionality of the state nullification acts themselves.

See also: Dec. 6, 2023 - Litigation proposals for state Attorneys General.[78]

Those cases will be heard by SCOTUS, and they will be useful cases because they will actually present the real disputed issues that have bulit up for many, many decades, and became more visible, more forceful, and more-rapidly deadly in 2020:

[77] https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/2101081078-jo-advisory-opinion-prep-act-complete-preemption-01-08-2021-final-hhs-web.pdf
[78] https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys

Does the US Constitution authorize the federal executive branch to centralize and use legal authority under self-declared emergency conditions to injure and kill American citizens and steal their property?

Or does the US Constitution prohibit such executive centralization and abuse of legal authority?

As comprised currently, the Supreme Court may rule that the federal executive branch is empowered to kill and steal from Americans with impunity.

If they do, however, the status of the American people as disposable chattel in a post-constitutional-rule-of-law, brute-force-based, totalitarian dictatorship will become more widely understood, allowing Americans the opportunity to better address the situation at the state and local level based on an accurate understanding of how Americans are legally construed by the federal government…

I think states can and should take action to nullify bad federal laws, articulating their reasons in terms of their assessment that the bad federal laws and acts (as passed by Congress and signed and implemented by Presidents/executive officials) are unconstitutional.

The federal executive branch and Congress hold the opposing view: they believe and are acting as if the laws they've passed and implemented are constitutionally-sound. They will defend their legal position and their acts by attacking/suing any state that dares to nullify federal acts.

But I think the Supreme Court is the institution, empowered by the US Constitution itself, to review and rule on the conflict (between the states' claim that the federal executive and legislative acts are unconstitutional, and the federal executive and legislature claims that the federal laws are constitutionally-sound) once that controversy becomes live or actual and is presented to SCOTUS.

The role to be fulfilled by states in passing nullification acts and/or filing federal complaints against the US Congress and US presidents,[79] is to create the real or actual controversy that can be put to the Supreme Court.

Without a state taking direct, open, legal action to challenge the federal laws, by using legal, constitutional state government authority, and in doing so, drawing the backlash lawsuit from the federal executive and legislative branches, there is no actual controversy for the Supreme Court to review and rule on.

SCOTUS does not review or rule on hypothetical controversies. SCOTUS only reviews and rules on actual controversies.

[79] https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys

After the SCOTUS ruling, whether SCOTUS finds the federal laws and acts constitutional or unconstitutional, the states and the people will have better information about how the federal executive, legislative and judicial branches interpret the constitution and the legal status of states and people, and can make decisions about further actions to take in light of that information.

In my view, the necessary sequence is

1. State governments nullify (or challenge[80]) federal acts.
2. President and Congress counter-attack by filing suit asking SCOTUS to void the nullification acts or rule on the state challenge.
3. SCOTUS rules.

From there, two possible paths open up.

If SCOTUS rules the US Constitution as supreme law of the land prohibits federal acts and programs to kill and steal from the population, then mass murder programs terminate and restoration of constitutional rule of law can begin.

If SCOTUS rules that the US Constitution as supreme law of land allows federal acts and programs to kill and steal from the population, then states understand that SCOTUS, president and Congress are at war with the people, secede and begin to properly defend their state sovereignty, state populations and territory.

Email correspondent added:

4. State refuses to comply….the Constitution wins.

My reply:

I agree. My view of the nullification work by the states is that it's one of the three most effective, fastest ways to get the country through Steps 1 through 3, and on to Step 4 if needed.

But if Step 3 goes well, by God's grace and human cooperation with it, the whole country gets back to constitutional rule of law, instead of just individual states one by one.

The other two most effective, fastest paths are state Attorney Generals filing constitutional challenges at SCOTUS, and Congressional repeal of the kill box enabling laws,[81] both of which would also elicit a federal executive and/or legislative branch backlash, and thereby also present actual controversies to SCOTUS, leading to either nationwide termination of the kill box programs, or to the greater public understanding that would make it politically possible for more states to openly defy the feds and uphold constitutional rule of law in their own states.

[80] https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys
[81] https://bailiwicknews.substack.com/p/ending-national-suicide-act

February 2024

Christ Triumphant Over Death and Sin. Painting by Peter Paul Rubens

Feb. 1, 2024 - 2023 Bailiwick posts, larger font PDF

For readers interested in saving information offline and/or printing it, I formatted the 2023 posts from Bailiwick News into a single file with a cover page, table of contents, increased font size (14-pt. Georgia instead of 10-pt Century Schoolbook), and other edits. Last week I did the same editing/formatting of a full collection of 2022 posts.

Both are available here:

- 2022 Bailiwick News, Vol. 6[82] (950 pages, 24 MB)
- 2023 Bailiwick News, Vol. 7[83] (785 pages, 10 MB)

Shorter versions of the key information:

- 2 pages - Weaponization of Language and Law: US Government Bioterrorism Program from 1969 to Covid[84]
- 14 pages - Legal History: American Domestic Bioterrorism Program.[85] Enabling statutes, regulations, executive orders, guidance documents, etc.
- 13 pages - Draft Ending National Suicide Act,[86] for use by Congress (to repeal enabling laws) and by states and courts (to nullify enabling laws)

[82] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2022-bailiwick-news-collection-full-volume-6.pdf
[83] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2023-bailiwick-news-vol-7-full.pdf
[84] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf
[85] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf
[86] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf

Feb. 5, 2024 - Presentations in video format, 15 min, 30 min, 75 min, more.

Also transcript of Feb. 9. 2023 (one year ago) presentation to Children's Health Defense group.

Feb. 9, 2023 Q & A transcript to follow as separate post due to length.

- Feb. 5, 2024 - Feb. 9, 2023 Children's Health Defense Q&A, transcript[87]

Available video presentations of basic legal kill box information, recorded in January and February 2023 (one year ago):

- 15 min video - Jan. 24, 2023 Katherine Watt briefing on legal kill box for L4Atv1.[88] 18 p. slide deck[89]. Transcript.[90]
- 30 min video - Feb. 9, 2023 Katherine Watt briefing on legal kill box for Children's Health Defense lawyers and others.[91] Presentation of 18 p. slide deck[92] is the first 30 minutes of the video, followed by 45 min Q&A. Transcript[93].
- 75 min video - Feb. 7, 2023 Katherine Watt briefing on legal kill box for Doctors4Covid Ethics.[94] 36 p. slide deck.[95] Post-presentation Q&A video[96] (90 min)

Related:

- Jan. 25, 2023 - C19: Public Health or Defense Operation?[97] (video, 60 min presentation 18 p. slide deck[98] with discussion)
- June 14, 2023 - Public health emergencies are camouflaged power grabs.[99] (video, 30 min) Abstract.[100] Slide deck.[101] Academic paper.[102]
- June 15, 2023 - Make murder a crime again.[103] (video, 20 min) Slide deck.[104]
- Oct. 4, 2023 - Intentional killing. Legal frameworks for State-sponsored biochemical warfare.[105] (video, 30 min). Slide deck.[106]

[87] https://bailiwicknews.substack.com/p/feb-9-2023-childrens-health-defense
[88] https://www.youtube.com/watch?v=q9mFc4_5S0A
[89] https://bailiwicknewsarchives.files.wordpress.com/2023/01/kill-box-presentation-1.pdf
[90] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.01.24-kill-box-transcript.pdf
[91] https://rumble.com/v4axgm3-feb.-9-2023-katherine-watt-briefing-on-legal-kill-box-for-chd-lawyers.html
[92] https://bailiwicknewsarchives.files.wordpress.com/2023/01/kill-box-presentation-1.pdf
[93] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2023.02.09-chd-briefing-kw-transcript-for-pdf-1.pdf
[94] https://rumble.com/v28tygs-katherine-watt-presentation.html
[95] https://bailiwicknewsarchives.files.wordpress.com/2023/02/kill-box-presentation-long-form-1.pdf
[96] https://rumble.com/v28u59s-q-and-a-after-katherine-watt-presentation.html
[97] https://rumble.com/v28q9c0-c19-public-health-or-defense-operation.html
[98] https://bailiwicknewsarchives.files.wordpress.com/2023/01/kill-box-presentation-1.pdf
[99] https://rumble.com/v2u81jq-katherine-watt-june-14-2023-presentation-to-dublin-conference..html
[100] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf
[101] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.06.14-public-health-emergencies-are-camouflaged-power-grabs-slide-deck.pdf
[102] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.05.23-watt-k.-securitisation-of-public-health-us-origin.pdf
[103] https://rumble.com/v2ug622-june-15-2023-make-murder-a-crime-again.-katherine-watt.html
[104] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.06.15-make-murder-a-crime-again-bornholm-denmark-presentation.pdf
[105] https://rumble.com/v3spjaz-intentional-killing-legal-frameworks-for-state-sponsored-biochemical-warfar.html
[106] https://bailiwicknewsarchives.files.wordpress.com/2023/10/2023.10.04-iceland-presentation.pdf

Transcript[107] - Feb. 9, 2023 Presentation

Katherine Watt - ...It's called Legal Walls of the COVID-19 Kill Box because it's about the militarization of the public health systems around the world, primarily led by the United States Department of Defense and Department of Health and Human Services, which can also be thought of as a public health false front on military programs.

It has been made visible through COVID-19 in a way that it was not visible before, even though it is a very old, multi-decade program that's been constructed over time and reinforced...

So it's called the kill box. It's a term I learned after I heard Todd Callender's interview with Elizabeth Lee Vliet on Truth for Health on January 30, 2022, talking about the World Health Organization, International Health Regulations of 2005, and how those were instrumental in getting all of the coordination at the nation-state level, at the state and province level, down to the county and local level, and into the hospitals and into the schools and the law enforcement.

He called it a kill box, and then I looked it up, and it refers to a military system of planning campaigns to kill people within geographic and temporal boxes. So they set it up. They plan what kinds of air-to-ground weapons they're going to use, what kind of surface weapons they're going to use. They do the killing of all the people in the box, and then they dismantle the framework and move on.

In the COVID-19 world, the kill box can be thought of as being the whole world, not just a specific individual geographic location. The targets can be thought of as being everybody. The duration that they have intended for it is permanent. And they have many, many different kinds of weapons.

This is sort of how I think about the Fifth Generation warfare paradigm. They started with the informational. That includes things like fraud, things like propaganda, things like censorship. And those things also started a long time ago. Sasha [Latypova] has talked about, and I've talked about the movies and television shows and scary reports in newspapers about the big threat of biological weapons and pandemics.

The next layer is the psychological one, where they take the information, and they use that to manipulate the emotions of populations through fear, through terrorism.

And then the next layer up, which is what became more visible through COVID-19, is the CBRN [chemical, biological, radiological, nuclear] weapons, called pharmaceuticals, called vaccines, called prophylactics, or treatments, but which are actually part of this weapons toolkit that they're using to take out the people in the world. Which is us.

[107] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2023.02.09-chd-briefing-kw-transcript-for-pdf-1.pdf

And after I gave the presentation [Feb. 7, 2023, Doctors4CovidEthics[108]], someone said, "You should also add in there about disrupting food supplies and financial currency systems and energy supplies," which is all true. So yes, I added that into this.

So the question I had that led me into this particular part of the global crime was, how did they change the legal systems ahead of time, so that the things which should have protected us from this campaign were rendered immobile and silent?

I saw it happening because I was like everybody else. I was in Pennsylvania with my kids and my husband and the kids' schools, and all this stuff was happening in the spring of 2020.

Then a group of business owners and county governments filed a suit called *Butler vs. Wolf*. And successfully got a federal judge in September 2020, to issue an order saying the governor, and the Secretary of Health for the state, don't have the power under the US Constitution, or under the state Constitution, to just to suspend peoples' businesses, and take away their property and shut them in their houses.

Then his order was stayed by the Third Circuit [Court of Appeals] almost immediately.

So I was trying to figure out why are these things not working? Why is the Constitution not working? Why are the federal laws not working?

That was where I was at when I heard Todd Callender's podcast about the World Health Organization, IHR as amended in 2005.

Then I started digging into, tracking all of the threads that went into that. And that's what I've been doing for the last year.

I was also interested in the financial coercion mechanisms, because I could see that happening at the school district level and at the employer level, where the schools put in the mask mandates, and were totally impervious to all kinds of evidence about how useless and also dangerous they are. That was because their receipt of the federal money was contingent on them complying with the CDC recommendations, which made them coercive, not recommendations.

That same coercive financial structure has been replicated in a fractal way throughout the whole thing, all the way around the world.

What I found in doing this digging is that the project itself of setting things up to kill lots of people has been going on for centuries, and many, many people have written about it and come at it from different angles throughout history.

[108] https://rumble.com/v28tygs-katherine-watt-presentation.html

But the basic version is that globalist central bankers would like to control all of us, they would like to control population numbers, and their main two mechanisms are banking and financial control, and military programs.

So the Federal Reserve Act is important in 1913, on the financial side in the United States.

Then in the 1930s and 40s, the public health piece sort of emerged pretty much out of the Nazi Holocaust. It was a way of taking what the Nazis did and putting it a little bit underground, so people wouldn't recognize it as it continued after the Holocaust.

This [slide] is just repeating that before World War II, and then for the immediate post-war period, they still were mostly orchestrating armed conflicts, wars, famines. It's also occurred to me that they orchestrate constitutional crises, which is one of the main ways I think about what's happening now. Not only is it a mass murder, but it's also a constitutional crisis that they have set in motion, which is making it harder for us to get through and out the other side.

It was hard when, when things are loud, when it's a war, and you're destroying cities, it's hard to have plausible deniability, and it's hard to have legal impunity, especially as the Geneva Conventions came in, and it was more clear that the world was going to try to respond to war crimes by setting better rules for war. That was the idea.

And so their response was to sort of put it, push it underground into inducing suicide, inducing homicide by fraudulently labeling poisons as medicines, as vaccines, prophylactics, and also putting across in the psychological operations, information warfare that submitting yourself to being poisoned or self-sterilized is a civic duty. "It's good for Grandma," in the COVID-19 world. "It's good for the planet if you don't have lots of kids."

It's quieter as a depopulation method. It's cleaner. People die suddenly, as we have seen, but they also die quietly. They die in their house, not on an open battlefield. And it leaves more critical infrastructure intact. Plus they have more plausible deniability, and it's easier to set up the legal impunity by doing this bait and switch kind-of thing between the military and the public health.

This [slide] is a little bit more about the coercion through the money. At the top is the Bank for International Settlements. At the bottom is individuals just living where you live with your kids and your elementary school.

Everywhere along the line people get incentives to cooperate under the lie that it's for the common good, it's benevolent, it's about public health. This is things like masking, testing, isolating, taking injections.

And you're also at the same time given pretty severe disincentives to resist, as we saw. If you don't go along with it, you lose your job, or you lose your place in school, or you lose access to banking services, or you lose your business if you're a small business owner.

So it's a carrot and a stick, and it goes all the way through the whole system. Bank for International Settlements, federal central banks, which control the national governments.

And the national governments with Medicare and Medicaid and the ESSER [Elementary and Secondary School Emergency Relief Fund] is the education one, that went to the schools, that helps control the states and the counties and the school districts and the universities. Everybody, all the way down to you and everybody you know.

I got a better understanding of a lot of this piece from Catherine Austin Fitts' work, which I am still plowing through and planning to use and write about more this year.

So, it can be traced back, like I said, to the thirties and forties, but for the purposes of just starting somewhere this slide show starts at 1969 because that's the year President Nixon, in November that year did a speech saying, 'the US Government is not going to do biological and chemical warfare anymore' because of, like I said, the international momentum around UN conventions on biological weapons, UN conventions on chemical weapons.

At the same time he was making those public statements, Congress passed this section of one of the military titles, and it's 50 US Code, Chapter 32, which starts at Section 1511, for chemical and biological warfare agents.

It basically said, 'these things can't be done unless the Defense Secretary says that we need to, and then they can be done, and the people who are doing them need to report to Congress a couple of times a year."

The way that they drove this genocide opportunity through the UN frameworks was to use terms like protective, prophylactic and defensive, and those exceptions were also built into the UN Conventions.

Which is a false distinction, because biological and chemical weapons cannot be solely defensive, solely protective. Every biologically active product that goes into somebody's body, may be toxic or lethal to them because of the things we know about toxicology, dose dependency, differences in how people metabolize things, pharmacokinetics, genotoxicity, all of that stuff.

So it was basically just a lie. But that's where the beginning of the dual use research of concern, and then gain of function, elaboration on that lie comes from that, in 1969.

And since 1969, most of the reporting requirements have been stripped out of that law, [requirements for] reporting to Congress.

Then we jump ahead a little bit to 1983 Public Health Service Act amendment. This was an amendment to the 1944 Public Health Service Act. The 1944 law was an initial militarization of public health.

The 1983 addition to that was the Public Health Emergencies section, and that gave new powers to the Health and Human Services Secretary and established a funding stream. There are many funding streams, but this was among the first, called the Public Health Emergencies Fund. I think it's now called the Public Health and Social Services Emergency Fund. It has 'social services' added into the name, and they they've given it billions of dollars in the last few years. It's totally under the control of the HHS Secretary.

In the eighties, they also added the 1986 National Vaccine Program. Obviously, everybody on here knows a ton about that.

But the piece for the legal thread that I was following is the Vaccine Injury Compensation Program, which is the model for the Countermeasures Injury Compensation Program, and the countermeasures are the weapons that have been disguised as vaccines and pharmaceuticals, as traditionally understood.

Bringing in the 2005 IHR piece, the World Health Organization got under way, I think, in the forties, maybe late, early fifties.

And they passed a first set of International Sanitary Regulations, and then over the decades they amended that from time to time, and, as everybody knows on this call, they're doing it again. They're working on more amendments to make it worse.

But the 2005 amendments were instrumental in setting all this up because they called on national governments to strengthen their own domestic laws and to put more money into domestic programs for surveillance, testing and diagnostics, detention systems, forced treatment systems, training for law enforcement, training, as it turns out, for legal, for lawyers.

Within the last few days, I've found a whole bunch of educational materials put together by FDA lawyers on 'legal preparedness,' which is the law side of all of this. I'm downloading stuff as fast as I can. I'm pretty sure everything I'm going to find will be versions of what I've already found, that they were doing at workshops all over the country, starting in about 2012.

The pretext was that, we need to do all this control to protect international trade from being disrupted by pandemics.

But the actual intent was to set up these legal systems to transfer governance from the nation-states to the one-world government through the portal of the World Health Organization and the event of a 'public health emergency of international concern' [PHEIC].

The result was that Congress and Presidents and Cabinet Secretaries complied. That's one way to put it. But actually, as we've seen in the latest round of amendments, a lot of the amendments pushed through WHO are driven by the US Health and Human services, and also Department of State.

So in the United States, many of the pieces for this 2005 IHR had already been put into place, and many more were put in after. So it was kind of compliance, but it was also kind of directing, because it's sort of a committee of World Health Organization with DoD with HHS that drive the whole program.

Two of the biggest, most relevant bait-and-switch things that happened were in 1997 and 1998.

In 1997, they did an NDAA [National Defense Authorization Act], and also the Food and Drug Administration Modernization Act. And that was the process through which they moved the CBRN program from DoD to HHS. Same products, same use of products, but different names for what they were doing, and different housing departmentally, through the 'expanded access to unapproved products' which later was amended into what we now know is the 'emergency use authorization' [EUA] program. And one way to think about it is that they changed the terminology a little bit from military readiness to public health emergency preparedness as just a linguistic thing.

The other piece of that part of it related to informed consent. They were reacting a little bit to the anthrax vaccination program in the military and the severe adverse effects from that and the lack of informed consent.

So Congress, in one section of the NDAA, said, "We're going to make it so that it's much more important and clear that the military has to get informed consent before giving troops these products.' But at the same time, by putting it over in the 'expanded access' program in HHS, they expanded the pool of people they could use, and they also stripped away the informed consent principles there.

So that's why I use the expression bait-and-switch, because it looked like they were doing a good thing, but actually they were not.

And on the product side of the picture they moved the CBRN weapon stockpile, that was now mostly illegal under international law because of the UN conventions, and reclassified it as a National Pharmaceutical Stockpile which they later renamed the Strategic National Stockpile and shifted that from DoD to HHS as well.

But it's the same products, same system, just put in a different department.

These are many of the pieces that were put in, as I said before, with the 2005 IHR under the bioterrorism threat and fear campaign that went along with 9/11 and the anthrax attacks on Congress.

So some of the things they put in place in that early period, with a bunch of different statutes, were to set up program management and who was going to be 'enemy combatants.'

A crucial one was the 2001 Authorization for Use of Military Force that was construed as putting the United States in a permanent state of war with every other country in the

world, because they [claimed] that 'terrorism' could be anybody, it could be anywhere. So the United States is going to go everywhere and kill or rendition, or whatever, everybody they want to, and all people could be construed as presumptive combatants in that war on terror.

People talked about this at the time. This is the kinds of stuff that Edward Snowden and Julian Assange, and lots of civil rights, civil liberties people were aware of at the time and fought against, like the ACLU, that it was *de facto* covert global martial law, as it has turned out to be.

And then the public health things that started in 2020 just reinforce that or added another layer, like a public health mask on the same structural programs.

2001 PATRIOT Act, 2002 Homeland Security Act set up the Department of Homeland Security as another Cabinet agency to do the same stuff.

So then, from 2003 to 2019, while they were pushing these things through the World Health Organization, they reinforced all of the bars of the kill box with executive orders, Continuity of Government plans.

Congress passed more public health emergency statutes, and appropriated more funding for it. Key ones were the Project Bioshield Act in 2004, and the PREP Act in 2005.

The agencies used those statutes as their legal authorization to draft regulations that they published through the Federal Register. Hundreds and hundreds of pages, implementing these things about testing and diagnostics and quarantine, and all of the stuff that was then revealed starting in 2020.

Department of Justice and Department of Home and Security, and FEMA wrote lots and lots of guidance reports that they circulated down to lower political divisions, like states, towns, tribal governments, and to law enforcement like sheriffs and police departments and state police. So that those people would understand that if a public health emergency was declared, that they would be essentially operating on a war footing. They would be subordinate to the federal government, military, and they would have as their main function, just maintaining public order on the idea that people would be scared and people would be belligerent about not wanting to cooperate with these things.

And that is why the hospital homicides could and still can go on without law enforcement stepping in on behalf of the patients and their families, because law enforcement sees itself, and has been trained to see itself as operating on behalf of the DoD in suppressing rebellion, basically.

They also issued lots of guidance for industry and sent that out to the academic institutions, to the manufacturers, to NGOs, [non-governmental organizations] like the Bill and Melinda Gates Foundation. And I'll just say as an aside, I'm sure that the NGOs we're all involved in writing these guidance [documents] for industries and

pharmaceutical manufacturers. Those were about, or they appear to be about, how clinical trials and product authorization procedures would be handled for things like biologics, vaccines, gene therapies.

We have now come to understand that EUAs fall outside of all of the things that apply to standard drug regulation, and that they were putting out these documents, I think, as part of the fraud, the play-acting.

In this timeframe, they also did more test runs. So that was what 2003 SARS, 2006 MERS, 2009 H1N1, H1N9, lots and lots of things. Each time they added in another piece of the psychological priming, so to speak. H1N1 they did have a 'vaccine,' and they did a big campaign that everybody should get it, but they didn't do that last step of mandating it. And some court cases came out of that that are --

In 2015, the Congress gave to the DoD much more access to the other transactions authority for contracting with private companies for prototype projects. And Sasha talks about this a lot too. I first came across it when I was looking at Pfizer's Motion to Dismiss Brook Jackson's False Claims Act because they argued in it that they were never obligated to do safety or efficacy studies or to submit valid studies to the FDA, because the products that they were hired to produce were prototypes, not drugs, biologics, or vaccines. And it's the drugs biologics and vaccines that the FDA has all of these guidance documents about how to do the studies.

But this was something different. Prototype, as far as I know, has not been defined by Congress. I found a report a couple weeks ago, actually Catherine Austin Fitts found this report, that said the DoD defined it in 2018 as a sort of catch-all addressing certain needs, like proof of concept, model, or novel application.

And then the US Government endorsed Pfizer's argument in their Statement of Interest in Brook's case, saying that it's true clinical trials were not material or necessary for DoD to pay the contractors for producing these weapons.

So in 2020, the Covid big reveal, the WHO Secretary-General issued the Public Health Emergency of International Concern at the end of January. The next day, the HHS secretary fulfilled his obligations under the IHR to declare the public health emergency at the domestic level, and follow that up with PREP Act declarations for medical countermeasures. And that triggered the beginning of the fraudulent clinical trials, product review and authorization sequence making it look as though it was being regulated, and it was a real drug.

And then Congress and the Presidents stepped in and did the major funding packages for the whole program. More executive orders [under the] Stafford Act, National Emergencies Act, Defense Production Act sort of nationalized the pharmaceutical companies as part of the DoD military, industrial complex and started doing the mandates in the middle of 2021.

This is kind of a summary of what the mechanisms do. They set up the funding streams. They eliminate informed consent in public health emergency context in two main ways. I'm still getting, practicing, how to explain this. One way is to reclassify potential carriers, which is everybody, as presumptive national security threats. And then the other way is to, explicitly for the products, transfer the risk-benefit analysis power from the individual recipients as separate human beings to [the HHS Secretary, deciding] on behalf of the whole population in the aggregate. I can talk about that a little more later.

It also shielded products, and which are actually weapons, from product liability. [The PREP Act] shields manufacturers, distributors, and the people who actually do the injections, shields all the people who fund it develop it, regulate it, from criminal prosecution and from civil liability.

So bad as it is, I do think it could be a lot worse. I think they rolled it out faster and sooner than they meant to. I think more people resisted than they expected. I think more people are resisting now over time as more information gets out, and that is making it so that people who formerly over the last 3 years thought it was okay and went along with it are now coming out of the box instead. I think of it sometimes as people on both sides of the walls of the box, and there's some of us who are trying to knock it down, tear it down, or whatever. And there's other people who are trying to keep it standing up. And over time the balance is shifting with that, those two groups of people.

And it's also useful, at least for me, to think about the fact that every day more of what we find is just corroborating the basic bone structure that we've already figured out. It's not like I'm finding stuff or other people are finding stuff like, "They really did do valid trials." Every day we find more stuff about what was wrong and totally invalid about what they did.

So I do think a tipping point is coming, and criminal prosecutions will start at some point...

So this is the last couple of slides, things that they don't like and that they try to weaken and destroy. They don't like federal constitutions, because the federal constitutions could have blocked a lot of this if they had not been set aside. And federal charters like Canada's, things that protect common law rights. They don't like the conflicting statutory frameworks and international laws. That's what I was talking about with the UN conventions against biological weapons and chemical weapons.

And then the domestic laws implementing some of those things like laws that we already have, that criminalize murder, conspiracy to murder war crimes, genocide, torture, fraud, biological and chemical weapons and terrorism, if we can clear past the "EUA-FDA-this-is-a-drug" lie.

...They don't like state and province level laws that protect common law rights, product liability, and things like that. So the more that states and counties and provinces bring their own cases, like state attorney generals, county district attorneys, in their own

jurisdictions, again from this criminal side. From this "it's-a-weapon" side. Those are things that they do not like.

They put together a whole report about things they don't like. They keep a database on it. I posted about it a couple of days ago [...]. They don't like things like prohibitions on mask mandates, prohibitions on vaccine mandates and stuff like that. And Wyoming has taken it another step in their state House of Representatives. A group of lawmakers introduced a bill that would block the jurisdiction of CDC and the World Health organization at Wyoming's border, and say "You can say whatever you want at CDC. You can say whatever you want the World Health Organization, but it's not binding in any way on what Wyoming people or Wyoming's government are going to do."

They don't like religious communities that stick together.

So if they don't like it, we should be doing it more, and we should be doing it harder. And then this is the actual last slide. Keep pushing. Keep speaking out against it. Exiting WHO is a very good idea. And everybody on this knows that not only would it to help to weaken a lot of the global systems that are being implemented at domestic levels, but it also would strip away some of the legal immunities that the non-governmental organizations have.

Keep refusing all of the products that they recommend. Keep pushing state legislators, prosecutors, attorney generals, and judges to, pushing the judges to accept cases, pushing the prosecutors to file the cases and the legislators to do these blocking maneuvers that I was talking about earlier.

And keep pushing the state and local governments to set up alternative, decentralized financial systems, because the main thing that they're going to do to crush resistance is to withdraw access to international and federal financial systems and transaction systems. And so we need to have the alternatives set up as soon as possible, so that the state governments, and even Congress, can feel confident enough that if they stop complying with what they're supposed to comply with, and the expected consequences come, there are already alternative systems in place to try to manage and recover from the financial chaos and the economic chaos that happens after that.

Feb. 5, 2024 - Feb. 9, 2023 Children's Health Defense Q&A, transcript

Part 2 of this post:

- Feb. 5, 2024 - Presentations in video format, 15 min, 30 min, 75 min, more. Also transcript of Feb. 9. 2023 (one year ago) presentation to Children's Health Defense group.

Transcript[109] - Feb. 9, 2023 Q&A. (Video[110])

Ray Flores, questions:

Thank you, Katherine. We're going to open it up for questions...I want to talk about this prototype agreement, and if there's any further information on that. To me that's really a problem. I put the Motion to Dismiss in the chat that has that language, and it cites that they do not, that they're above the law. They're above regulation, and this is extremely helpful to us. Could you please elaborate just a little bit more on this idea of prototype? Briefly, before I open it up for questions...Just a little bit more on the Brook Jackson Motion to Dismiss and what it means to you.

Katherine Watt

Okay. Brook Jackson filed a False Claims Act case, saying, "I, Brook Jackson, as a whistleblower, was working at Ventavia. As soon as I got there in August 2020, I saw that all this stuff was happening that should not happen. It was not safe. There was no informed consent, they weren't handling the product properly. I reported this to FDA. I reported it to Ventavia. I reported it to Pfizer. I reported it to FDA. They didn't do anything. Why not?" is essentially the question.

And the answer that Pfizer gave is, they didn't have to do anything, because these were not biological products, these were not drugs, these were not medications. These were prototypes and prototypes, under the Other Transactions Authority, can be produced by a contractor for the US Government without going through any of those regulatory hoops that would apply otherwise to a pharmaceutical product.

And it was just a way of saying it didn't matter. It never mattered. Nothing that we [Pfizer] did in what we called clinical trials, nothing that FDA did in looking at the data, such as it was, was ever relevant to whether the DoD was going to pay us, because, under the terms of the contract, the only condition for payment was that FDA would do this sham authorization. Which the DoD could control under the terms of the contract, because the DoD set itself up as mediator or supervisor for every communication that would happen between the manufacturers, the contractors, and the FDA regulators.

[109] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2023.02.09-chd-briefing-kw-transcript-for-pdf-1.pdf
[110] https://rumble.com/v4axgm3-feb.-9-2023-katherine-watt-briefing-on-legal-kill-box-for-chd-lawyers.html

And so they were in the room all the time, and everybody knew from long before any of it started that the FDA was just going to rubber stamp without any reference to what were called clinical trials, and what were called regulatory procedures.

Ray Flores

Then do you think it's odd that they make a prototype? They make 100 million doses in 4 months of a prototype? You think that's odd?

Katherine Watt

Well, I don't think it's odd now that I know it was a weapons program that was planned a long time in advance. They've been setting up to do this for at least two decades.

*

Meryl Nass, questions

If I can break in, two questions. One is that the EUA requires that there be no available product, licensed product that works for the condition. Well, although early on they could make the argument that hydroxychloroquine and Ivermectin didn't work, they really can't make that argument. I mean they can, I guess. But there are over 300 papers on hydroxychloroquine now, and over a 100 on Ivermectin. Do you see that that may be an opportunity to attack legally?

And my second question is, do you see any other opportunities for legal attack? In addition, they did not disclose significant adverse events as the EUA law, the PREP requires them to. And yet, to my knowledge, no one has brought lawsuits about those specific things.

Katherine Watt

My understanding on both of those questions. Well, on the question of other available treatments, things like that, is that they have built in enough redundancy throughout all of these different statutory sections and guidance documents that that is not, none of that is going to be relevant, because my view is, the whole project is going on under the 50 USC Chapter 32 chemical and biological weapons program.

And the FDA, EUA, all of that is just for show.

What I don't know — one of many things I don't know — is what happens if they get pushed into that corner and have to respond to that that challenge.

The challenge of:

"You said, this is an FDA-authorized, reviewed product. And yet we now have tons of evidence that it never went through any of the appropriate regulatory pathways. So either you lied to everyone in the world about this having gone through an FDA program, and

we can demonstrate that it never did. Or you lied about it ever being required to go through the FDA processes because it never was a pharmaceutical or a drug. It was always a weapon, and it was always completely under a military legal status."

[Note February 2024: The liars lied in making both statements. The truth is that none of the EUA products ever went through any FDA drug, device or biological product regulatory pathway, and none of the EUA products were ever required to go through any FDA regulatory pathway.]

And so, when I'm thinking about legal strategies, mostly I'm thinking about that, getting them pushed into a corner to the point where they have to admit that it's not a drug, it's not a pharmaceutical, it's not an FDA-regulated product, the entire FDA aspect, all the EUA, everything was a sham. It's just a weapon, and they're just killing people on purpose. And that was their intent from long before they started in 2020.

Meryl Nass

Okay. But the thing is that they're not, even though that might be a winning legal strategy, they're not going to use it, because that opens them up to all these other things. And a judge is not going to accept that as the reason. You know, they should get off if they've ignored the PREP Act. So I mean, I agree with you. I think there may, they may well have built in the legal structures to be able to make that claim, but it's not a claim that, you know. I mean, people will attack the courtroom if they try to make those claims in public...

*

James Roguski, comment

...This is a screen grab of page 61 of the International Health Regulations. It is a reservation from the United States. It's the US understanding that any notification that would undermine the ability of US armed forces to operate effectively in pursuit of US national security interests would not be considered practical for purposes of this article. And so that was in regards to reporting on any kind of outbreak or problem anywhere in the world. And they basically said, you know, if it affects our military, to heck with the IHR. I just want to pass that on as more corroborating evidence...

*

Catherine Austin Fitts, comment

So I did just want to make a brief comment. The financial coup started in 1995. There was a budget deal that busted and I was told by a variety of people that quote "They have given up on the country and are moving all the money out starting in the fall."

The money really started disappearing at the beginning of October 1997. But that would have taken, you know. It would have taken that long to put the planning in place.

But what is interesting is the month after the bust-up of the budget deal you had the FDA approve oxycontin. And the HUD, and some of the other agencies, approved predatory lending practices for poor neighborhoods.

And suddenly those neighborhoods were being targeted by three things: by oxycontin and the pill mills; by unbelievable predatory lending which was driving people out; and finally by SWAT teams that were rounding up and stuffing people into slave labor camps is the only way I can describe it, and I describe some of that in my online book, Dillon Reed[111].

And a series of things started. I call it the Great Poisoning, that we're bringing down life expectancy.

So the parallel to what Katherine is describing is all sorts of things. We're going to intentionally bring down life expectancy, because if you cannot get the retirement system on a sound financial footing, and there's no political support for that, then your only other way of balancing the budget is to either bring down life expectancy, and or take the money and run, which is what I think has happened.

But if you look at the idea that they've been working on this for decades, they absolutely have and can be, because they've been working on bringing down life expectancy for decades. And when you see it on an integrated basis with what's been going on the financial coup side, a lot of this makes a lot more sense.

It's just a matter of figuring out the precise train tracks that would have, you know, been happening behind the scenes with the judges, and that's part of what we're all trying to figure out anyway. But I, Katherine, I can't tell you how much I appreciate your work. It's hard to fathom this has been going on for decades, but it has.

*

[111] https://www.dunwalke.com/introduction.htm

[Speaker A, question 1]

My question is, based on your research when you say, you know, this was amended, and Congress did this in Congress. Is it your understanding that Congress actually knows what they're doing when they're passing certain things? And you reference the PATRIOT Act at one point. We know they didn't read it, that they get hoodwinked into it. Oh, it's 9-11. We need this. Oh, it's COVID-19. We need this. But every baby step that they've taken over the years. Do you think Congress really knew the contents of what they were signing?

Katherine Watt

I think a very small group of Congressional leaders knew. I don't think that most of the general members who just churn in and out have any idea. I think they're starting. Some of them are starting to figure it out. And I also think that as soon as they do figure it out, someone higher up quickly says to them, "Keep your mouth shut because we can't, we can't resist this in any way because of the relationship of the Federal Reserve Bank to the US Treasury and the financial coercion piece."

But to your bigger point, No, I don't think most of them understood the big picture or understand it yet.

I do think some of them are starting to wake up and think about what they might be able to do to throw some wrenches in it.

[Speaker A, question 2]

Just to follow up on the NDAA that you referenced as well. I put it in the chat, and you also mentioned to 2012 at one point, and that sort of connected two dots for me, because in 2012 that's when Obama amended the Smith-Mundt Modernization Act, and that was where the propaganda, it bubbled up to the surface and became legal, right? So I was just wondering if you had made any connections with that and 2012 and how they ramped up all that fear and the propaganda and everything.

Katherine Watt

Yes, I have that Smith-Mundt amendment in my larger, main American Domestic Bioterrorism Program timeline. I just didn't put it into this particular slide show. But yes, that was crucial. It was absolutely crucial to make to make the lying sustainable for them.

[Speaker B, question]

...I have a question...Why should a much realistically-inclined banker make a plan that ranges over several hundred years, and they can never write the profit from it? There must be some kind of spiritual dimension in this evil. That is my conclusion. But please comment.

Katherine Watt

I absolutely agree. That's my comment. That's how it's sustained over centuries.

*

...Shabnam Palesa Mohamed, comment and questions:

...Quick comment to the people...that are doing work into the ingredients of the vials, makes so much sense within the context of what people like Katherine are sharing with us.

A question regarding the FOIA applications, Katherine, that you either drafted or filed to HHS, and DoD if you can give us an update on that...

And the second, your comment on the contracts, the Pfizer contracts, which in certain countries possibly all hold as security military embassies and reserve banks. In your view, does that constitute a coup d'etat to military corporate imperialism, targeting the 99%?

Katherine Watt

The answer to number 2 is Yes.

...the FOIAs have been submitted, and then a separate one was submitted, specifically asking for delegation of authority letters that would have been or might have been written to delegate authority from the HHS secretary to someone else within FDA to sign the EUA documents. And there was a very rapid response to that second, smaller request...They said, we're going to look for it. But it's probable that that will be exempted under — I don't know the actual provision of the FOIA law exemption, but it was something to do with "foreseeable risk of harm."

Which the guy who filed it at Judicial Watch had never seen that exemption cited before, and so he forwarded it to the rest of us, and I looked at it, and I looked it up, and it seems to be a way of saying national security without saying national security, because the "foreseeable risk of harm" is something about, [harm] to any interest that would be compromised by releasing this document. I don't know what's the status right now. We're waiting. I think they have 20 days, and if they deny it in 20 days, then we can file a lawsuit to pursue it further, like what Aaron Siri did for the Public Health and Medical Professionals for Transparency case.

[Speaker C, question]

I have a question on this court case of...did you just mention that there was a verdict, judgment, or something that the judge also agreed with Pfizer?

Katherine Watt

No, not the judge, the US Government. So there's has not been a decision yet on the motion to dismiss. It's the, it's temporarily right now in a postponement where discovery is supposed to start, March the fifteenth [2023]. Unless he actually does dismiss the case before March fifteenth, and he might do that, I don't know, but it has not been dismissed yet. [Note February 2024 - The judge subsequently dismissed the case by order dated March 31, 2023]

[Speaker C, comments]

Some things that may complement your presentation. First I wanted to mention the Spanish flu of 1918. So I happen to have done a research in a video about this incident, and what's struck me as very interesting is that back then, in 1918, there was not yet any of these institutions. They did not exist. There was not even the League of Nations yet which preceded the United Nations and all these.

A group of high-level individuals such as, let's say, I wouldn't name the person. I will name the institute. It was called the Rockefeller Institute for Medical Research, and they took advantage that there was the Great War, later renamed World War I, going on, and they're starting in injecting toxic liquids into soldiers.

Well, it's amazing, is that when soldiers started dying, they started shipping these injections worldwide. And so the Spanish flu erupted globally, apart from some countries that did not receive the shipments of the injections, and no-- Congress, I think the US President was already captured then, nobody disturbed them.

There was no, you know, European Commission or Fed. Nothing, and they just did it, and they murdered, I think the number is still debated. It's between 50 and a 150 million people.

And also I want to suggest that you add to your list of kill box weapons: storms, earthquakes, and fires.

And then briefly, 2015, all the nations in the world signed the UN agreement that was known then as Agenda 2030, now rebranded as Sustainable Development Goals. So they have a deadline, which is 2030.

I want to mention murdered Presidents and Prime Ministers. Let's try to stand up to this. And finally I'm happy to see that you're optimistic about the courts and legal system. I just have my doubts. I think that courts and judges have been captured. But I hope that you are right and I'm wrong...

[Speaker D, comments]

My thoughts were drifting back to the beginning, and I guess that we can understand these people.

It goes back to the idea that if you're in the military, for example, it's all right to kill people. You have to psychologically adjust to the idea that you need these, this or that that set of people dead. And that is, I suppose...

Of course, the other thing is, this is the opposite of law. Because if you say well, this is or that group can simply be destroyed. And that is our objective. And then obviously, the concept of laws and constitutions which protect all people, lie outside what interests you. As far as you're concerned it's a war. All these people are a nuisance and it's all right to get rid of them, and it's perfectly justified outside the rein of law.

*

Mary Holland, questions

Two questions. You know that there are two select committees that have just been set up in the House of Representatives. That would seem to be very close to this one, the Covid response one, the weaponization of government. Are you in touch with them? Is there any hope of that?

And in terms of, I agree with you, the turning point will be real criminal prosecutions which we haven't, which you know there's still some grand jury efforts. But there hasn't really yet been prosecutorial movement for criminal charges. Do you have any inkling of where that's really moving forward the fastest?

Katherine Watt

Yes, we are in contact with some of the people on some of those committees. They are painfully slow to absorb and process the information, and get themselves to the point of being willing to talk about it publicly. But we are in touch with them.

[Note Feb. 2024 - We lost contact with them by March 2023. They stopped responding to communications.]

On criminal prosecutions, what do I think is the fastest path? I think Brook Jackson's case has gotten us the furthest so far and there are still possibilities for using that to make a bridge from the civil to the criminal, and then from the criminal to the treason. I don't know how likely that is, but that's one possibility.

And then I think the other fastest possibility is going to be with state attorney generals, for example, in Florida, or maybe even in Wyoming, now that it looks like Wyoming has at least some people in its government who are alert to these things. I think there could be some state cases, because most of the states have analogous laws about terrorism and

about bioweapons and chemical weapons that they could [use]. They could prosecute, in their state based on those laws, the people who are conducting the same, the things from the federal level.

*

[Speaker E, comment and question]

...I like the way that you basically linked the issue pertaining to the health regulations at the local level, the health regulations at an international level, and the aspect of exiting the WHO. To what extent, looking at the aspect that you made mention of, which basically spoke to the nature of the compromise of our judiciary, do you think that our courts could be used successfully in any of these three levels, which is the local health regulations, the international IHR, and the exiting of the WHO?

Katherine Watt

The courts in the United States or the courts in other countries?

[Speaker E]

Well, basically all over, because from what we are seeing, the compromise, in as far as the judiciary is concerned, is across the board. What you are lamenting about the judges in the US being compromised is the same thing that we are going through here... We are finding that to get a matter through the courts, as long as it has to do with this general agenda, is quite a feat in itself. You have to go through all sorts of hoops before you can even get the right of audience, and as far as getting your case heard. So I'm just wondering what your thoughts are, as far as addressing these particular issues, using the legal system as we have with structured and the compromise judiciary across the world?

Katherine Watt

I think the focus now, and for a long time already has been on the public education piece to build up enough social and political pressure to push the individual consciences of the judges who are compromised, or compliant, to switch sides.

Which depends on the belief, which I hold, that human beings are not programmable or hackable animals. They have free will. They learn from other human beings. They change their minds, they change their actions.

It takes a very long time. But that's the working model that I use to think about doing, continuing to do as much public education and explanation in as many different ways as possible.

On the belief that there are judges already, sitting already on the bench in these countries all over the world, who are aware already on some level of what's going on, but do not feel like they have the political or the social support or pressure, or whatever it is they

need to act on what they are starting to understand, and that over time they can be brought to act on what they understand better if we put together the political and social pressure to make it happen.

*

[Speaker F, question]

Did you detect any kind of pathway or link or paper trail to the medical licensing organizations that are going after people like Meryl Nass? And you know, for speaking out in disrupting this plan, or the American Academy of Pediatrics, or the Internal Medicine Organization.

Katherine Watt

I haven't. That's not a paper trail I've looked for. I've come across things in passing. I think that it's the same money mechanism. They will get bonuses if they get a certain percentage of people to get injected. They will not get those bonuses if they don't. They will lose their license if they object. They will keep their license if they go along with it.

And so that that has a lot to do with ObamaCare of 2012 or 2013, I can't remember, maybe that was 2009. Anyway, Obamacare is an important turnkey for the connections between the International Classification of Disease, ICD-10 codes and the health insurance databases which, through the way that ObamaCare made it required for people to have health insurance coverage, and then you have to fill out this IRS form every year.

They now have all the linkages they need between what happens to you in your doctor's office, which gets submitted through the IRS and the ICD-10 to the health, and the financial things. And that's connected to your bank account, so through all those things that's how I think they primarily control the doctors and nurses at the clinic, patient level, and the patients themselves.

[Speaker F, comment]

If I could just do a follow up on that. I recently did the math on my own practice, because I do a very modified vaccine schedule, and never meet the criteria for having every kid to have every vaccine by the age of two, and then just my small sole practice, it's cost me somewhere between $500,000 and $700,000, to make that choice. And so, you know, there aren't a lot of doctors that are going to be willing to give all that up.

Katherine Watt

That's another reason why I think that the movement among doctors like you to set up these independent, I don't know what they're called, but it's like a practice that's operated, or collection of practices that are operated outside the licensing, the professional associations. I think there's going to be more and more patient interest in having nothing to do with the insurance companies or the government.

The problem is because of Obamacare. If you do try to just get rid of your insurance coverage, then you have to pay the penalties as a family, or whatever. I didn't put that piece together until a few days ago, when I was looking at the ICD-10 thing about your up-to-dateness of your Covid vaccines, and how that could connect with the HIPAA and the ObamaCare stuff...

* * *

Feb. 6, 2024 - Read-aloud: Malcolm Muggeridge, On Humanae Vitae, July 1978

Note: My dog was running around during the last 10 minutes of the recording, eating out of his bowl, jingling his tags and clacking his toenails on the floor. So those sounds are in the background. Readers who find background sounds annoying shouldn't listen to this recording. I'll do better next time.

Documents:

- July 1968 - Pope Paul VI, Humanae Vitae[112]
- 1973 - Colin Clark, The Myth of Overpopulation[113]
- June 1978 - Aleksandr Solzhenitsyn, A World Split Apart[114]
- July 1978 - Malcolm Muggeridge, On Humanae Vitae[115]

Transcript, edited:

I'm going to read a transcript of a speech given by Malcolm Muggeridge in July of 1978 in San Francisco, and it is a speech about the 10th anniversary of the papal encyclical called Humanae Vitae, which was issued by Pope Paul VI on July 25th, 1968.

Malcolm Muggeridge was a British writer. He wrote about social and political issues. He was born in 1903 and he died in 1990. For most of his life, he was an agnostic, but he converted to Christianity in the late 1960s and then converted to Catholicism in 1982 at the age of 79. This speech was given when he was a Christian, but not yet a Catholic.

I'm reading it because, there are several writers who I read a lot, to try to understand the historical arc that led to where things are now and the difficulties that humanity is dealing with now, because those things, the things that we're dealing with now, have predicates.

They have things that happened in the past that have made what's happening now, not only possible, but kind-of essential. They couldn't have gone a different way once those past things had happened.

Some of those writers, if readers are interested in looking into their work yourselves, are

- Pope Leo XIII
- G.K. Chesterton
- Fulton J. Sheen
- C.S. Lewis
- Josef Pieper

[112] https://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html
[113] https://books.google.com/books/about/The_Myth_of_Over_population.html?id=uxY-AAAAYAAJ
[114] https://www.solzhenitsyncenter.org/a-world-split-apart
[115] https://www.abebooks.com/Malcolm-Muggeridge-Humanae-Vitae-Introduction-J-McFadden/30837336102/bd

- Christopher Dawson
- Aleksandr Solzhenitsyn
- Archbishop Marcel Lefebvre
- Walker Percy
- Malachi Martin

I'm just going to read the speech and maybe talk a little bit about it after I get done doing that.

Malcolm Muggeridge, On Humanae Vitae.

I find myself in a way in a curious position. After all, I'm not a Catholic. I haven't that great satisfaction that presumably most of you have. At the same time, I have a great love for the Catholic Church and I've had from the beginning of feeling stronger than I can convey to you that this document, Humanae Vitae, which has been so savagely criticized sometimes by members of your church, is of tremendous and fundamental importance and that it will stand in history as tremendously important. And that I would like to be able to express, and I'm happy to have occasion this evening to express, this profound admiration that I have for it. This profound sense that it touches upon an issue of the most fundamental importance and that it will be, in history, something that will be pointed to both for its dignity and for its perspicuity.

[So Humanae Vitae is a papal encyclical about birth control. And papal encyclicals, I think most Vatican documents are named after the first few Latin words of their Latin version, and it's on human life, the transmission of human life. Back to the speech.]

It happens 10 years ago that I found myself in the position of introducing a discussion on Humanae Vitae in a BBC television program on a Sunday evening. And I can remember it very vividly. The people who are assembled for these discussions or panels on the BBC fall usually into various categories, which are invariable. You generally have a sociologist from Leeds. You also have a life purist, usually with a mustache. You also have a knockabout clergyman of no particular denomination and enormous mutton chop whiskers. And you have, I regret to say also, usually a rather dubious father, which we had on this occasion, when I really very much wanted to have someone who was a passionate supporter of Humana Vitae.

However, I did have someone whom you're going to be fortunate enough to hear in the course of this symposium. And that was Dr. Colin Clark, who has so marvelously and effectively dealt with what I consider to be one of the great con tricks in this whole controversy of contraception and related matters, the population explosion. So he was a great solace and comfort.

And then in the course of presenting the program, something happened, which gave me inconceivable delight, and which was also in its way extremely funny, because I often think that the mercy and wisdom of God comes to us more in humorous episodes than

in solemn ones. In this program, the various people spoke for the first time, as the various people spoke for the first time, a short description of them was appended. And there had been prepared to append to Dr. Colin Clark's appearance, "Father of eight." But by a happy chance, this description got shifted to the "dubious father," so that he appeared on the program as a father of eight. You must agree with me that somewhere or other there is the hand of a loving God who also has, as an all-loving God must necessarily have to look after a human race such as ours, a tremendous sense of humor. Anyway, that was that.

Now tonight, I find myself 10 years later in the position of being responsible for what is called the keynote address. And after thinking about it and scribbling down a few notes (that I'm glad to say I haven't brought with me), I wondered what sort of a keynote address I could hope to present to a gathering, most of whose members would certainly know far more about the matter under discussion than I do, and be far better versed in assembling the pros and cons of it.

And then a rather interesting and indeed uplifting thought struck me that, of course, I couldn't hope to deliver a keynote address on this particular subject because the keynote address had already been delivered 2000 years ago.

In other words, this matter, which, as I've said, is of such tremendous importance, is an integral part of the revelation that came into the world in the Holy Land. That stupendous drama which has played such a fantastic role in the story of 2,000 years of Christendom: the birth, the life, the ministry, the death and the resurrection of Jesus Christ as recounted in the Gospels. That was the keynote address for the matter before us this evening.

And after all that keynote address, having been given to the world in those marvelous words of the fourth gospel, that the word that became flesh and dwelt among us, full of grace and truth, that Word, that keynote address for all the centuries of our Western civilization, was itself carried by the Apostle Paul to a Roman world, which was as bored, as derelict, as spent, as our civilization often seems today. Carried to it to animate it, to bring back the creativity which had been lost, to fill the world with great expressions in music, in architecture, in literature, in every sort of way of this great new revelation.

Now, why do I think that this was veritably our keynote address? Because in that revelation, an integral part of that revelation — also something that was wonderfully novel and fresh to a tired and jaded world — was the sacramental notion. So that out of, for instance, the simple need of men to eat and drink came the blessed sacraments. And similarly, out of the creativity in men, their animal creativity, came the sacrament of love; the sacrament of love, which created the Christian notion of family, of the marriage, which would last, which would be something stable and wonderful in our society, out of which it came. And which has endured through all those centuries until now, when we find it under attack.

In my opinion, what has brought about in the first case, this great weakening of the marvelous sacrament of reproduction, has been precisely what Humanae Vitae attacks and disallows. The procedures whereby eroticism, by its condition which is lasting love, becomes relegated to be a mere excitement in itself. And thereby are undermined not just relations between this man and that woman, but the whole shape and beauty and profundity of our Christian life.

Humanae Vitae recognized this and asked of Catholics what many of them were unable to accord, that they should *not* fall into this error, that they should eschew this dangerous procedure, which was now being made available in terms at once infinitely simple, but also infinitely more dangerous, namely the birth pill.

Now whether and how far and to what extent this inhibition is or can be or will be acceptable, it's not for me to say. What I want to say tonight as a non-Catholic, as an aspiring Christian, as someone who as an old journalist has watched this process of deterioration in our whole way of life, what I want to say is that in that encyclical, the finger is pointed on the point that really matters. Namely, that through human procreation, the great creativity of men and women comes into play. And that to interfere with this creativity, to seek to relate it merely to pleasure, is to go back into pre-Christian times and ultimately to destroy the civilization that Christianity has brought about.

That is what I want to testify to as just one individual who has been given the great honor of coming and starting off your discussions. If there is one thing I feel *absolutely certain* about, it is that. One thing that I know will appear in social histories in the future is that the dissolution of our way of life, our Christian way of life, and all that it has meant to the world, relates directly to the matter that is raised in Humanae Vitae.

The journalists, the media, write and hold forth about the various elements in the crisis of the Western world today. About inflation, about overpopulation, about pending energy shortages, about detente, about hundreds of things. But they overlook what your church has not overlooked,

this basic cause: the distortion and abuse of what should be the essential creativity of men and women, enriching their lives as it has and does enrich people's lives.

And when they are as old as I am, enriches them particularly beautifully when they see, as they depart from this world, their grandchildren beginning the process of living which they are ending. There is no beauty, there is no joy, there is no compensation that anything could offer in the way of leisure, of so-called freedom from domestic duties, which could possibly compensate for one thousandth part of the joy that an old man feels when he sees this beautiful thing: life beginning again as his ends, in those children that have come into the world through his love and through a marriage which has lasted through 50 and more years.

I assure you that what I say to you is true and that when you are that age, there is nothing this world can offer in the way of success, in the way of adventure, in the way of honors,

in the way of variety, in the way of so-called freedom, which could come within a hundredth part of measuring up to that wonderful sense of having been used as an instrument, not in the achievement of some stupid kind of personal erotic excitement, but in the realization of this wonderful thing, human procreation.

Now, of course, when Humanae Vitae was published to the world and was set upon by all the pundits of the media, it was attacked as being a failure to sympathize with the difficulties of young people getting married. That was the basis on which the attack was mounted. But it was perfectly obvious, and Colin Clark will remember from that symposium with which the coming of Humanae Vitae was celebrated by the BBC -- it was mentioned then that contraception was something that would not just stop with limiting families, that in fact it would lead inevitably as night follows day to abortion and then to euthanasia. And I remember that the panel jeered when I said particularly the last, euthanasia.

But it was quite obvious that this would be so. That if you once accepted the idea that erotic satisfaction was itself a justification, then you had to accept also the idea that if erotic satisfaction led to pregnancy, then the person concerned was entitled to have the pregnancy stopped. And of course, we had these abortion bills that proliferated through the whole Western world. In England, we have already destroyed more babies than lives were lost in the First World War. Through virtually the whole Western world, there now exists abortion on demand. The result has been an enormous increase in the misery and unhappiness of individual human beings, and again, the enormous weakening of this Christian family.

I should mention to you that the point has been reached in England where a bishop has actually produced a special prayer to be used on the occasion of an abortion. You know, one of the great difficulties in being editor of Punch was something that I hadn't envisaged when I took the job on. And that is that whenever you tried to be funny about somebody, you would invariably find that something they actually did was funnier than anything that you could possibly think of. I really don't know how you could get a better example of it than a bishop solemnly setting to work to produce a measured prayer on the occasion of murdering a baby. But that is actually what has happened.

Now we move on to the next stage in this dreadful story. And it's all this that is implicit in the encyclical we're talking about. If it is the case that the only consideration that arises is the physical well-being of individual people, then what conceivable justification is there for maintaining at great expense and difficulty the people who are mentally handicapped, the senile old? I myself have long ago moved into what I call the NTBR belt. And the reason I call it that is because I read about how a journalist who had managed to make his way into a hospital ward had found that all the patients in the ward who were over 65 had N-T-B-R on their medical cards. And when he pressed them to tell him what these initials stood for, he was told, "Not to be resuscitated."

Well, I've been in that belt for some ten years, so I know that as sure as I can possibly persuade you to believe, this is what is going to happen. Governments will find it impossible to resist the temptation with the increasing practice of euthanasia, though it is not yet officially legal, except in certain circumstances, I believe, for instance, in this state of California. The temptation will be to deliver themselves from this burden of looking after the sick and imbecile people or senile people by the simple expedient of killing them off.

Now this is in fact what the Nazis did. And they did it not, as is commonly suggested, through slaughter camps and things like that, but by a perfectly coherent decree with perfectly clear conditions. And in fact it is true that the delay in creating public pressure for euthanasia has been due to the fact that it was one of the war crimes cited at Nuremberg. So for the Guinness Book of Records, you can submit this, that it takes just about 30 years in our humane society to transform a war crime into an act of compassion. That is exactly what happened.

[Because the Nuremberg trials were in the late 1940s. And again, he's giving this lecture in 1978 in California.]

So you see the thought, the prayer, the awareness of reality behind Humanae Vitae has, alas,

been amply borne out precisely by these things that have been happening. I feel that Western man has come to a sort of parting of the ways, and that as time goes on, you who are much younger will realize this, in which these two ways of looking at our human society will be side by side, and it will be necessary to choose one or the other.

On the one hand, the view of mankind, which has all through the centuries of Christendom been accepted in one form or another by Western people, that we are a family, that mankind is a family with God, who is the Father. In a family, you don't throw out the specimens that are not up to scratch. In a family, you recognize that some will be intelligent and some will be stupid. Some will be beautiful and some will be ugly. But what unites the family is the fatherhood of God.

Now what our way of life is now moving towards is the replacement of this image of the family by the image of a factory farm in which what matters is the economic prosperity of the family and of the livestock so that all other considerations cease to be relevant. And you will find that this terrible notion increasingly occupies the minds of people and becomes acceptable to them.

There is something else that is envisaged in the encyclical that we are talking about. I wanted to say to you how desperately sorry I am that Mother Teresa won't be here at this gathering, partly because it's always an infinite joy for me to see her, because it would have been an infinite joy for you to hear her, but also because her feelings about what I am talking about are of the strongest and the deepest, which is why she agreed to come.

Her work — and to me this has been one of the great illuminations of life — her work itself is a sort of confutation of all the calculations behind this humanistic, scientific view of the world, of life, which the media and other influences are foisting upon our Western people. She considers it worthwhile to go to infinite trouble to bring a dying man in from the street in order that perhaps only for five minutes, he may see a loving Christian face before he finally dies. A procedure, which, in scientific terms or humanistic terms is completely crazy, but which I think increases enormously the beauty and the worthwhileness of being a human being in this world.

Similarly with children. She boasts, and the boast is true, I can assure you, that their children's clinic has never under any circumstances refused, however crowded it might be, to take in a child that wants to come there. I don't know if you saw the television program that was made about her called Something Beautiful for God. But in it, there is one episode that always sticks in my mind, and that is when I was walking up the steps with her and there was a little baby that had just been brought in, so small that it seemed almost inconceivable that it could live. And I say rather fatuously to Mother Teresa, "When there are so many babies in Calcutta and in Bengal and in India, and so little to give to them, is it really worthwhile going to all this trouble to save this little midget?" And she picks up the baby in the film and she holds it. And she says to me, "Look, there's life in it." Now that picture is exactly what Humanae Vitae is about.

I could talk until Kingdom Come about it and it wouldn't give such a clear notion as just that episode does. "Look, there's life in it." And life comes from God. Life, any life, contains in itself the potentialities of all life and therefore deserves our infinite respect, our infinite love, our infinite care. All ideas that we can get rid of manifestations of life which may be inconvenient or burdensome to us, that we can eliminate from our carnal appetites the consequences of carnality in terms of new life, all these notions are of the devil. They all come from below. They are all from the worst that is in us.

Just think of a Mother Teresa holding up the tiny baby with that triumphant word. "Look! There's life in her." And that's what we Christians have got to think about and hold on to in times when all that signifies is and will be under attack.

I don't want to close what I've been saying to you tonight, leaving the impression with you that I feel pessimistic. Of course, I can see, as anyone must, who looks at what's going on in the world, the terrible dangers. Pascal puts it very well, you know. He said that when men try to live without God — which is what, in fact, is happening in the Western world now, men and women are trying to live without God — Pascal says when they do that, there are two inevitable consequences: either they suppose that they are gods themselves and go mad, (and we have seen enough of that in our time), or they relapse into mere animality.

And of course what Pascal himself didn't see is that even to say they relapse into animality is a kind of gloss on what truly happens. It is something much worse than animality. It's not losing the sacramental idea of carnality of eating in order to have the

mere animal idea, but it is moving from the sacramental notion to the really sick notion of treating something that is by its nature related to this human creativity as itself a pleasure and a pleasure that we should demand to have.

Now, I don't want you to think that in pointing that out, I'm merely indulging in pessimism because it is not so. It is not possible to love Christ and to love the Christian faith and to see what it has done for Western man in the last 2000 years without feeling full of hope and joy. Not possible. Of course, it is possible that the particular civilization that we belong to can collapse as others have. Of course it is possible that what is called Christendom can come to an end.

But Christ can't come to an end.

And when we look around, even in this somber world of today, we have to notice one enormously hopeful thing. And that is that the efforts to create this world without God, whether through the means of shaping men and controlling men and molding men into a particular sort of human being, as the Communists have sought to do, or by the mere acceptance of libertinism, of self-indulgence, as Western people have sought to do, in both cases have proved a colossal failure.

From Communist countries, we had the voice of someone like Solzhenitsyn. In his recent speech at Harvard, which was a marvelous speech, he said that out of the great suffering of the Russian people would come some new great hope and understanding that the world lacked. And that out of the very failure of our efforts in the West to escape from the reality of God by the absurdities of affluence, we might expect men to recover their sense of what is real and to escape from a world of fantasy.

You know, it is a funny thing. When you are old, there is something that happens that I find very delightful. You often wake up about half past two or three in the morning when the world is very quiet and, in a way, very beautiful. And you feel half in and half out of your body. As though it really is a toss-up whether you will go back into that battered old carcass that you can actually see between the sheets, or to make off to where you can see in the sky, as it were, like the glow of a distant city, what I can only describe as Augustine's City of God.

And at that moment, in that sort of limbo between those two things you have an extraordinarily clear perception of life and everything. And what you realize with a certainty and a sharpness that I can't convey to you is first of all, how extraordinarily beautiful the world is; how wonderful is the privilege of being allowed to live in it as part of this human experience; of how beautiful the shapes and sounds and colors of the world are; of how beautiful is human love and human work and all the joys of being a man or a woman in the world.

And at the same time, with that, a certainty past any word that I could pass to you, that as a man, a creature, an infinitesimal part of God's creation, you participate in God's purposes for His creation. And that whatever may happen, whatever men may do or not

do, whatever crazy project they may have and lend themselves to, those purposes of God are loving and not hating, are creative and not destructive, are universal and not particular. And in that awareness, great comfort and great joy.

*

That's the speech that Malcolm Muggeridge gave in San Francisco in July 1978.

And I'll just say, as I said at the beginning, that I read it because it was one of the things that I inherited from my father's —. When my father died, I got the collection of his Catholic books and pamphlets. And I have been working my way through them for a few years. And I read this one a few months ago.

And along with the other authors that I listed at the beginning, he, Malcolm Muggeridge, could see where the policies and the programs that were coming into being in the 1960s and had also come into being in the 1940s and earlier, where those were taking society and families and individuals, and that it was not going to be good.

But they could also see that there was an arc to it. They were at the beginning of the arc, and we, I think, are closer to the end of the arc and the point at which people do realize that humans were made by God in a certain way, with certain characteristics and features, and that when we abandon those things and try to pretend that they don't exist, we get into terrible trouble.

And that when we remember those things and try to live aligned with them, then things can get better.

* * *

Feb 7, 2024 - On recursive, iterative legal instruments and intentional legal ambiguities.

Another example of how clear definitions, thinking, writing and speaking are helpful for moving human society through and past the crises.

Related to Sasha Latypova's latest:

- Feb. 7, 2024 - Audio recording leaked from AstraZeneca: Covid was classified a national security threat by the US Government/DOD on February 4, 2020.[116]

Other key Feb. 4, 2020 events:

Feb. 4, 2020 is the effective date for four public health emergency determinations issued by then-Secretary of Health and Human Services Alex Azar under the Food Drug and Cosmetics Act, to support declarations that "circumstances exist justifying the authorization of emergency use" of several product classes.

The determinations and declarations together enabled the subsequent issuance of PREP Act declarations and Emergency Use Authorization (EUA) letters of authorization (LOAs) to specific weapons manufacturers for specific products, exempting the contractors and everyone else in the supply, distribution and use chain from civil and criminal liability for the injuries and deaths that would be caused, intentionally, by use of those weapons on human targets, intentionally deceived into thinking they were receiving regulated medicinal products, instead of the intentionally-toxic poisons[117] they were actually receiving.

All four of those PHE determinations, and the derivative declarations, are still in force today.

- Dec. 6. 2023 - More on the workings of the war machine running on public health emergency determinations, PREP Act license-to-kill declarations, and EUA countermeasures.

- Dec. 15, 2023 - The PCR test viewed from the legal kill box perspective. - "...(1) in vitro diagnostics for detection and/or diagnosis of the novel coronavirus (85 FR 7316); ...(2) personal respiratory protective devices, also known as masks; (85 FR 13907); ...(3) medical devices, including alternative products used as medical devices, also known as ventilators and ventilator accessories. (85 FR 17335); ...(4) drugs and biological products, also known as "Covid-19 vaccines" along with Remdesivir, molnuparivir and others. (85 FR 18250)..."

[116] https://sashalatypova.substack.com/p/audio-leaked-from-astrazeneca-covid
[117] https://sashalatypova.substack.com/p/eua-countermeasures-are-neither-investigational

Feb. 4, 2020 is also the date on which the World Health Organization distributed a list of "candidate vaccines developed against SARS-CoV[118]," drafted by Pierre Gsell.[119]

- April 25, 2022 - The investigational drugs that weren't.

*

Reader sent a question about this timeline point (p. 191 of 2022 Bailiwick collection;[120] March 14, 2022 - Moderna's 2013 patent on furin cleavage site, Brook Jackson's 2020 report to FDA on clinical trial fraud, Pfizer 2021 SEC filings[121])

> 2021/11/17 - [86 FR 64075] - US-HHS added "SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV-2 virulence factors" to the list of "biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety" to 42 CFR 73.3. [NOTE: This classification change relates to Bailiwick's long report[122] about how US-HHS is at the center of the American branch of the World Health Organization under the 2005 International Health Regulations, such that WHO already is the bankers' one-world-government and the US government has already been rendered moot until US withdraws as a member state from WHO. US-HHS definition change may also be an attempt to forestall accountability efforts by preemptively reclassifying bioweapons as legally identical to pandemics, to block international law claims brought under the theory that SARS-CoV-2 is a bioweapon, and not a pandemic, thus nullifying the PHEIC pretext for sovereignty-removal issued by Tedros on Jan. 30, 2020 and still in effect, and instead bringing international laws prohibiting chemical and biological weapons to bear.]

Reader questions:

You say that US HHS's act classifying C19 as a biological agent (or weapon) or toxin (or weapon?) nullifies lawyer claims (that gain-of-function chimera viruses like C19 are not pandemic-eligible)? And HHS/WHO are saying WHO has power to wage war against a bioweapon attack(?). I'm not clear on that. So if WHO and co-conspirators develop a killer virus, WHO is entitled by its mission statement to hunt it down and "vax it"? WHO has an expanded power to wage war? Against itself now — an unscalable criminal conflict of interest.

[118] https://cdn.who.int/media/docs/default-source/blue-print/classes-of-candidate-vaccines-against-sars-cov.pdf?sfvrsn=5d3b1d2f_1&download=true
[119] https://www.researchgate.net/scientific-contributions/Pierre-Stephane-Gsell-2081518109
[120] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2022-bailiwick-news-collection-full-volume-6.pdf
[121] https://bailiwicknews.substack.com/p/modernas-2013-patent-on-furin-cleavage
[122] https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w

My reply, edited

Briefly, yes.

The recursivity is a feature, not a bug, of the worldwide warfare system.

WHO defines, develops and deploys the threats/pathogens/weapons platforms, which WHO orchestrates (with US-DoD and HHS) and WHO defines, develops and deploys the responses/treatments/prophylactics/weapons platforms.

In the same way that HHS Secretary has infinite recursive authority to deploy countermeasures allegedly against pathogens capable of causing "public health emergencies," and then countermeasures allegedly against the adverse effects of previously-deployed countermeasures.

- 21 USC 360bbb-3(c)(2)(A)(ii) - "…the product may be effective in diagnosing, treating, or preventing (i) such disease or condition; or (ii) a serious or life-threatening disease or condition **caused by a product authorized under this section**…for diagnosing, treating, or preventing such a disease or condition caused by such an agent."

WHO/US-DoD/US-HHS is the threat, although they project attention away from that fact by presenting the threat as external to themselves: natural or lab-made but deployed by an "other," and they also present themselves as the defense against the threat.

Foxes guarding henhouse. Trojan horse. Many ways to think about it.

Re: the specific addition to the scheduled toxins list, I think it's another example of the muddying-the-waters strategy they've used throughout and have built-in redundancies for.

I think the timing of the addition (Nov. 2021) was related to the August 2021 Joseph Murphy report, which was released publicly through Project Veritas in January 2022.

- Jan. 11, 2022 - Joseph Murphy report; Summary of DARPA analyst's report provided to Project Veritas.

The Murphy report was also (I now think) a controlled release of partly-true, partly-false information to further confuse and misdirect public attention and create a muddy paper trail for use in later legal proceedings.

If a legal case were ever to be brought against WHO or US-DoD or US-HHS/CDC/FDA officials under international laws prohibiting biological or chemical weapons development or use, the defendants would point to the Nov. 2021 addition of the compounds to the scheduled toxins list, as another layer of plausible deniability, to make it harder to pin down the legal status of the SARS-CoV-2 compounds themselves, and the legal status of the products deployed later (vaccines etc.) allegedly against SARS-

CoV-2, and the legal character of the actions of the people who developed and deployed both classes of weapons.

…I think that's what the blurring of lines between national security threat/natural pandemic/public health emergency, and scheduled toxin/biological weapon/natural pathogen are mostly about:

Confusing things and making it harder to get to legal clarity about what's happening and what the legal status of the various compounds and products are, and what the legal statuses of the people using, manipulating and deploying the products are.

* * *

Feb. 12, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: Latypova memo on legal status of EUA countermeasures.

I hope to put together a more concise, easier-to-use set of tools for readers interested in working to inform others about, defy/disobey and dismantle the illegitimate, unjust kill-box laws at the individual, workplace, school, county, state and federal levels.

Easier to use, I mean, than my previous attempt:

- Feb. 21, 2023 - Reconstitution starter pack[123]

I'll try to post several of the tools separately this week, and then combine them in a single post that's better organized than the February 2023 one.

Below is a memo written by Sasha Latypova, for use in educating doctors, pharmacists, employers, school officials, sheriffs, county commissioners, state lawmakers and others.

*

Also, I encourage Bailiwick readers to read Debbie Lerman's detailed, well-sourced two-part series on Department of Defense (DoD) and Department of Health and Human Services (HHS) use of EUA, OTA, and PREP Act law for the development, production and use of "Covid-19 vaccines."

- Dec. 6, 2023 - Covid mRNA Vaccines Required No Safety Oversight[124] (Debbie Lerman, Brownstone Institute)
- Jan. 14, 2024 - Covid mRNA Vaccines Required No Safety Oversight: Part Two[125] (Debbie Lerman, Brownstone Institute)

In my view, the answer to Lerman's interspersed questions — about why legal frameworks allegedly devised by Congress, signed by US Presidents and instrumentalized by Cabinet secretaries (through regulations), to enable rapid deployment of military prototypes during deadly CBRN WMD attacks on military personnel, have been used to develop, produce and use "Covid-19 vaccines" on civilians during an allegedly natural outbreak of a communicable disease that causes mild or no illness in most people — is that "vaccines" are and were from the beginning, military weapons intended to harm recipients, and civilians are among the intended targets of these intentionally-lethal weapons.

[123] https://bailiwicknews.substack.com/p/reconstitution-starter-pack
[124] https://brownstone.org/articles/covid-mrna-vaccines-required-no-safety-oversight/
[125] https://brownstone.org/articles/covid-mrna-vaccines-required-no-safety-oversight-part-two/

Sasha Latypova recently drafted a Memo Re EUA Countermeasures to send to your doctor, pharmacist, employer, school, sheriff, county commissioner and state lawmakers.

Text below, citations omitted.

- PDF - Memo Re EUA Countermeasures for doctors, pharmacists, employers, schools, sheriffs, county commissioners and state lawmakers, with citations,[126] for offline storage, printing, delivery to doctors, pharmacists, employers, schools, sheriffs, county commissioners and state lawmakers.

Memo Re EUA Countermeasures to send to your doctor, pharmacist, employer, school, sheriff, county commissioner and state lawmakers

Purpose: To clarify the legal status of EUA Medical Countermeasures (MCMs)

Summary: The process through which the EUA products enter interstate commerce and claims about their safety, efficacy or contents are based solely on the HHS Secretary opinion, which requires no supporting scientific evidence.

Misrepresentation of safety, efficacy or contents of EUA products is allowed by federal law.

Thus, claims provided by the federal health authorities or manufacturers cannot be considered reliable sources of information.

1. Pursuant to Section 564 of the FD&C Act, as amended by PAHPRA, 2013, and the Supremacy Clause of the United States Constitution (Article VI, Clause 2), EUA MCMs have potentially been exempted from testing using Good Laboratory Practices, Good Clinical Practice, including informed consent, and from being assessed to determine if Risk Evaluation and Mitigation Strategies (REMS) are necessary.

2. Safety regulations governing the manufacture, shipment, holding, dispensing, administration and labeling do not necessarily apply to MCMs, rather, they are subject to an opinion by FDA and HHS officials without proper Congressional or judicial review for the duration of HHS-declared emergency. The declaration of emergency is likewise without properly defined stopping criteria, nor Congressional or judicial review.

3. Under federal law, FDA must approve any new drug product prior to a manufacturer introducing it into interstate commerce. [1] This process requires manufacturer to open an Investigational New Drug application and obtain an exemption from the FDA for its use in regulated investigational clinical research (trials). This normal regulated process is therefore referred to as an

[126] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01-memo-to-doctors-pharmacists-sheriffs-commissioners-state-lawmakers.pdf

"investigational" regulatory pathway. It requires a manufacturer to conduct regulated clinical research (trials) under the IND, obtaining Institutional Review Board's (IRB) approval for clinical trial protocols, independent safety monitoring oversight, and properly executed informed consent from clinical trial volunteers. In addition, manufacture of the drugs and biologics subject to the investigational status is regulated by the current Good Manufacturing practices (cGMP) [2]

4. EUA Medical Countermeasures are a radically different, defined in law as ***non-investigational*** drugs, biologics and devices deployed under FDA's authorization power known as the "Emergency Use Authorization" (EUA) process [3].

5. The EUA process is used only when the United States Secretary of Health and Human Services declares an emergency[4].

6. By law, the EUA process is non-investigational[5]: while the manufacturers may choose and FDA may ask to undertake some of the activities typically expected from an investigational clinical trial and manufacturing validation process, none of the typical regulatory standards are applicable in an enforceable way.

7. FDA has the discretion to issue an EUA if the applicant shows that its product **"may be effective"** in treating the relevant disease or condition [6]. It is important to emphasize the **no other criteria for approval apply in an enforceable way**.

8. FDA will approve EUA products on incomplete information so long as the applicant shows that the "known and potential benefit of the product" merely "outweigh[s] the known and potential risks" [7] and considers it unlikely that "comprehensive effectiveness data" will be available before an EUA grant. In contrast, for an investigational drug (under normal regulatory approval process) the FDA "shall" deny approval if the applicant "do[es] not show that such drug is safe." [8]

9. Therefore, the EUA status of an MCM precludes collection of the investigational (subject to IRB and informed consent) clinical trial data and thus precludes reliable, valid scientific knowledge of risks and benefits associated with the EUA Countermeasure.

10. The EUA process precludes meaningful informed consent from the recipients of the product: while Congress mandated that FDA directly inform health care professionals and product recipients of any "significant known and potential benefits and risks," [9] formal regulated clinical trials are neither required nor possible for a non-investigational EUA product. Thus, there is no reliable and scientifically valid information on risks and benefits of an EUA, especially for extremely novel technologies such as mRNA shots.

11. Furthermore, there are no required standards for quality-control in manufacturing; no inspections of manufacturing procedures; no lot-release testing and no prohibition on wide variability among lots; no prohibition on adulteration; and no required compliance with Current Good Manufacturing Practices (cGMP). EUA products, even though unregulated and non-standardized, "shall not be deemed adulterated or misbranded." [10]

In summary, the process through which the EUA products enter interstate commerce and claims about their safety, efficacy or contents are based solely on the HHS Secretary opinion, which requires no supporting scientific evidence.

Misrepresentation of safety, efficacy or contents of EUA products is allowed by federal law.

Thus, claims provided by the federal health authorities or manufacturers cannot be considered reliable sources of information.

* * *

Feb. 14, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: Questions to stimulate curiosity about EUA countermeasures.

Questions to stimulate curiosity, study and responses to EUA countermeasures. (PDF[127])

1. Do you think something weird is going on with FDA oversight of the "safety" and "efficacy" of the biological products known as Covid-19 vaccines that have entered interstate commerce and human recipients in the United States?

2. Are you interested in understanding how the legal classification of the biological products known as Covid-19 vaccines relates to the FDA's regulatory functions during the "public health emergency" that was declared in January 2020?

3. Are you familiar with the difference between the "expanded access to unapproved products" program established by Congressional act in 1997, and the "Emergency Use Authorization" (EUA) program established by Congressional act in 2004?

4. Are you familiar with the legal mechanisms through which products classified as EUA "countermeasures," under the EUA program during a declared public health emergency, are subject to abrogation of and/or exemption from standard FDA legal/regulatory definitions, product classifications and consumer safety duties pertaining to most other pharmaceutical drugs, devices and biological products?

5. Are you familiar with the PREP Act [Public Readiness and Emergency Preparedness Act] "targeted liability protections for pandemic and epidemic products and security counter-measures" program established by Congressional act in 2005?

6. Are you familiar with the legal mechanisms through which products classified as EUA countermeasures and used during a declared public health emergency, and manufacturers and administrators of EUA countermeasures, are subject to abrogation and/or exemption from standard civil liability and criminal prosecution for injuries and deaths caused by use of such products?

7. Are you aware of the Vaccine Injury Compensation Program established by Congressional act in 1986, alongside the National Vaccine Program, which removed vaccine injury and death claims from civil courts to a judicial forum in which due process and evidentiary standards differ significantly from standard civil tort claims? Are you aware of the Countermeasures Injury Compensation Program modeled on the VICP, established by Congressional act in 2005?

[127] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.02.14-questions-to-stimulate-curiosity-re-eua-countermeasures.pdf

8. Are you aware that EUA countermeasures under current PREP Act declarations can be legally adulterated, contaminated and misbranded, and that cGMP (current Good Manufacturing Practice) compliance is not enforceable for these products?

9. Are you aware that the informed consent requirements in human clinical research are not applicable (are moot) for use of EUA countermeasures?

10. Are you aware that most Covid-19 EUA countermeasure products, including injections marketed as "Covid-19 vaccines," were ordered and paid for by the Department of Defense (DoD), via non-transparent Other Transaction Authority procurement mechanisms?

11. Are you aware that all "Covid-19 vaccines" were ordered by the DoD as "prototypes and demonstrations," and not as medical products?

12. Are you aware of a 2018 stipulation through which the US Department of Health and Human Services (HHS) acknowledged that no public records of safety assessments exist for the biological products classified as "vaccines" and listed on the childhood immunization schedule; that HHS cannot produce safety assessments for individual products and cannot produce safety assessments for the additive and cumulative harms caused by multiple products administered simultaneously or over time?

13. Are you aware of a 2019 regulatory amendment through which HHS suspended all previously enforceable rules pertaining to independent testing, site inspections and regulatory compliance for *all* biological products and *all* biological product manufacturing facilities, including but not limited to products classified as "vaccines," and products classified as "EUA countermeasures"?

<u>More orientation reports and response tools:</u>

- American Domestic Bioterrorism Program[128] (Feb. 10, 2024 version)
- January 2023 – Abstract, US Government State-sponsored bioterrorism[129] (2 pages)
- May 2023 – Legal History American Domestic Bioterrorism Program[130] (14 pages)
- Dec. 2023 – Draft Ending National Suicide Act[131] (13 pages)
- January 2024 – Memo to doctors, pharmacists, sheriffs, commissioners, state lawmakers[132] (4 pages)

[128] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.02.10-adbp-download-for-pdf.pdf
[129] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf
[130] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf
[131] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[132] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01-memo-to-doctors-pharmacists-sheriffs-commissioners-state-lawmakers.pdf

Feb. 14, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: Medical Countermeasures Awareness Bill.

Template legislation for introduction, deliberation and adoption by any governmental entity that levies and distributes taxes.

Notes:

An earlier version of the template bill posted below was drafted by Lydia Hazel in October 2023, and she circulated it to state legislators in Illinois and to Congressman Thomas Massie the same month. Hazel forwarded her draft to me in December; I formatted and revised it and received Hazel's permission to publish the revised version for Bailiwick reader use.

The PDF includes references and bracketed sections that can be filled in with the names of specific EUA countermeasure products and manufacturers as needed.

For the text posted below, as an example, I filled in "Pfizer-BioNTech COVID-19 Vaccine/BNT162b2" for the product, and "Pfizer Inc. and BioNTech" for the manufacturer, and State of Illinois as the sample government entity adopting the bill.

To summarize the basis for the bill: the default position is that no compliance with any FDA regulation for drugs, devices or biological products is required of any EUA product manufacturer and/or enforced by FDA against any EUA product or product manufacturer, because by definition, under 21 USC 360bbb-3(k), once the product has the EUA classification, it cannot be the subject of valid clinical trials, Investigational New Drug (IND) applications, manufacturing standards, quality control testing, inspections of facilities where it's manufactured, or any other FDA product regulation pathway. Further, since a May 2019 HHS-FDA rule change, the same non-regulation by default holds true for *all* biological products and biological products manufacturing facilities, whether they're making licensed, approved, unlicensed, unapproved, EUA, IND or any other class of products.

*

Medical Countermeasures Awareness Bill

Template legislation for introduction, deliberation and adoption by any governmental entity that levies and distributes taxes: city/town, school district, county, state and federal. (PDF[133])

Medical Countermeasures Awareness Bill

Every entity (public, private and/or public-private) receiving State of Illinois funds who makes any announcements, statements and/or declarations regarding any medical countermeasure, for example, statements about the medical countermeasure's availability, purpose, safety, efficacy, history of development, etc., shall simultaneously include the following notice to prospective users and recipients:

Pursuant to Section 564 of the Food Drug and Cosmetics Act, 21 USC 360bbb, governing use of "Emergency Use Authorization" (EUA) products, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPRA) of 2013 and related federal legislation, and the Supremacy Clause of the United States Constitution (Article VI, Clause 2),

Pfizer-BioNTech COVID-19 Vaccine/BNT162b2, manufactured by Pfizer Inc. and BioNTech, has been exempted from testing using Good Laboratory Practices; from Good Clinical Practice, including informed consent; from Good Manufacturing Practice; and from being assessed to determine if Risk Evaluation and Mitigation Strategies (REMS) are necessary.

Safety regulations governing the manufacture, shipment, holding, dispensing, administration and labeling of Pfizer-BioNTech COVID-19 Vaccine/BNT162b2, manufactured by Pfizer Inc. and BioNTech do not apply to this product.

No Federal or State agency assures that the contents of the batch of Pfizer-BioNTech COVID-19 Vaccine/BNT162b2**,** manufactured by Pfizer Inc. and BioNTech, from which the dose you are about to receive was taken, has similar contents to any other batch of Pfizer-BioNTech COVID-19 Vaccine/BNT162b2**,** manufactured by Pfizer Inc. and BioNTech, making any practical determination of the safety of your dose of Pfizer-BioNTech COVID-19 Vaccine/BNT162b2**,** manufactured by Pfizer Inc. and BioNTech impossible.

Failure for any entity to comply will result in loss of all State of Illinois funding until compliance occurs.

[133] https://bailiwicknewsarchives.files.wordpress.com/2024/02/medical-countermeasures-awareness-bill.pdf

Feb. 15, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: county commission resolutions recommending against administration of mRNA shots into children.

Notes:

Sample text (Boise, Idaho) and PDF template[134] are below.

This county-level campaign has been led by Laura Demaray of Idaho. Demaray has been organizing presentations to Idaho county boards of commissioners since Spring 2023. Her approach is based on the doctrine of lesser magistrates, articulated in a 2013 book by Matthew Trewhella.[135] Related Bailiwick reporting at footnote.

The lesser magistrates doctrine is a form of subsidiarity,[136] which is the framework for the organization of human societies that I think holds out most hope for helping people survive and move beyond the totalitarian-atheist-materialist annihilism made more visible since January 2020.

Witnesses organized by Demaray to testify to Idaho county commissioners have included Sasha Latypova, Janci Lindsay, Peter McCullough, James Thorp, Ryan Cole, Renate Moon, Christina Parks and many others.

To date, to my knowledge, they have successfully obtained votes and signatures on resolutions recommending against administration of mRNA shots into children in three Idaho counties: Washington County (Nov. 6, 2023), Boise County (Jan. 2, 2023[137]) and Adams County (Jan. 8, 2023). The Demaray team's most recent Idaho presentation was held Feb. 12, 2024, for the Payette County Board of Commissioners.

In my view, based on what I've learned since January 2020, prudence dictates that each person decline *every* offered 'vaccine' or vaccine-adjacent product, and defy *every* alleged mandate or order to use or receive *every* 'vaccine' or vaccine-adjacent product.

I also think that the Demaray county campaign is an extremely valuable and important path for county populations nationwide to pursue, even though the resolutions adopted by Idaho commissioners thus far are limited to "recommending against" administering toxic EUA countermeasures to children and recommending further protective actions be taken by the Idaho state government.

These resolutions are part of the long, difficult, worthwhile process of helping more people understand what's happening and firm up the personal resolve necessary to respond appropriately.

---

[134] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01-model-county-resolution-advising-against-genetic-injection-of-children.pdf
[135] https://www.amazon.com/Doctrine-Lesser-Magistrates-Resistance-Repudiation/dp/1482327686
[136] https://bailiwicknews.substack.com/p/on-catholic-subsidiarity-as-the-counterweight
[137] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01.02-boise-idaho-board-of-commissioners-resolution-2024-10-signed.pdf

A collection of links about the Idaho campaign is housed at Big E's Big Mouth Substack:

- Jan. 18, 2024 - Idaho's County Commissioners Advise Against Gene Therapy Shots[138]

Demaray's description of her work from a recent email she sent to Idaho lawmakers:

This information is censored globally so we are bringing brave scientists, genomists, doctors and subject matter experts county to county to show the truth about the crimes, the harm, and the genomic integration that can and is adversely changing the course of human health and history.

Please consider taking action, by defunding, or bringing forth bills, that will hold the line against this travesty. Please give citizens an opportunity to publicly discuss in a legislative committee the adverse effects, injuries, and contamination of this dangerous product.

I bring thumb drives to share with over 3,500 studies that prove harm plus the documents and data that show the up to 35% DNA plasmid contamination, the ribosomal frameshifting, and the documents that trace this operation to its origin. We answer why the only recourse for the injured and to protect Idahoans from this dangerous product is in the hands of the county and state level of lesser magistrates.

*

A County Resolution to Advise Against Use of Genetic Biologic "Vaccine" Platform Technology on the Child Vaccine Schedule Until Forensics Investigation, State Health Audit, and Transparent and Accurate Informed Consent (PDF[139])

WHEREAS, Idaho residents have been injured by genetic biologic "vaccine" platform technology making it more injurious than any other vaccine mechanism in US history with at least 30 deaths and 103 permanent disabilities, 33 cases of myocarditis in the State of Idaho, 2 of which are children 6-17 years old.

WHEREAS, total US deaths are under-reported at over 18,000 deaths and Americans who were permanently disabled are over 17,000. According to VAERS, CDC total reports show over 36,000 deaths and over 67,000 permanently disabled individuals, and over 27,000 cases of myocarditis/pericarditis, since their release in 2021; and

WHEREAS, the mRNA genetic platform technology shots should be scrutinized and investigated due to the egregious number of adverse events, disabilities, and deaths to

[138] https://eolson47.substack.com/p/idaho-county-commissioners-advise
[139] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01-model-county-resolution-advising-against-genetic-injection-of-children.pdf

adults and children. Adversely affecting children in the womb, it increases rates of miscarriages, and adversely affects women's menstruation and fertility; and

WHEREAS, multiple labs demonstrate that both the Pfizer and Moderna's misbranding, and adulteration of consumer products, substandard products, and substandard and under-powered clinical trials may violate Consumer Product Protection statutes and informed consent as well as multiple other laws that regulate pharmaceutical safety in the State of Idaho; and

WHEREAS, the mRNA technology shots are adulterated with over a thousand times the allowable level of DNA from the DNA plasmids used to make the shots in E. coli bacteria. They represent up to 35% of the shot genetic material; and

WHEREAS, some of these shots have non-disclosed SV40 sequence promoters that allows them to infect human cells and go to the cell nucleus. SV40 is known to grow tumors and cause cancer; and

WHEREAS, due to adulteration, there is possibility of contamination with E. coli bacterial proteins and "endotoxins" which can cause auto immune reactions and sepsis in the recipients. The material in the shot was designed to infect E. coli, such as present in the human gut. This can make the gut become a permanent spike protein factory through the E. coli that are naturally present; and

WHEREAS**,** the mRNA in the shots is also broken and degraded. Contamination and degradation of the mRNA genetic sequence can lead to changing our God-given DNA, it can turn off genes that we need, like those that fight cancer, and these genetic changes can be passed on to our children. The material in genetic injections can shed through bodily secretions and transfect through fluids and contact, as well as through milk of a mother including cow milk.

THEREFORE**,** Boise County, Idaho, declares that we value the health and lives of our children and **recommend AGAINST any administration of the genetic "vaccines" or gene therapies, in any modality, to be administered to children under 18 in our County. We recommend they be removed from the child vaccine schedule in our County, and in the State of Idaho**, until a forensics investigation and a health audit of Idaho can be administered by qualified agents, as well as until transparent and accurate informed consent can be given to parents and families; and

THEREFORE, Boise County, Idaho, supports legislation that investigates, or requires informed consent, that may recall, or may create corporate liability for products that use mRNA, DNA, or any genetic technology for human pharmacological use and/or consumption, use regarding any livestock, and/or use regarding any agricultural products that may adversely affect human health, animal health, and/or the food supply thereof; and

THEREFORE, Boise County, Idaho, supports The Idaho State Statute 18-3323 Bioweapons Law with the specific emphasis to section 18-3323 (4) (a, b, c, and d); and

THEREFORE, Boise County, Idaho, supports the definition of vaccines from Idaho Code 41-6002(8): "vaccine" means any preparations of killed microorganisms, living attenuated organisms, or living fully virulent organisms, which are approved by the Federal Food and Drug Administration, and recommended by the Federal Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention; and

THEREFORE, Boise County, Idaho, supports legislation that requires informed consent, transparency, and labeling of any proposed product, including imported food supply or pharmacological products that use mRNA, DNA, LNP, or any genetic technology for human pharmacological use or food consumption, or use regarding any livestock or agricultural products; and

THEREFORE, Boise County of Idaho supports legislation that prohibits mandates, local, state, national, or global, regarding forced medical procedures or vaccinations in any modality; and

THEREFORE, Boise County of Idaho supports life-affirming legislation and laws and declare that Idaho adults and children, including the unborn, have the right to normal cell growth.

* * *

Feb. 15 2024 - On waivers of sovereign immunity as contract provisions for nation states buying US military countermeasures.

A reader sent me a link to a Twitter post[140] of an excerpt from one of my videos, asking for more information. about financial and legal coercion mechanisms used to force governments to use chemical and biological weapons on their own people.

Part of my reply:

...There are provisions in all the Pfizer contracts (that I've seen) between Pfizer and other governments worldwide, waiving sovereign immunity and authorizing confiscation of state-owned assets as penalty for a state purchaser of the products filing suit against Pfizer or otherwise violating the terms of the contract.

For example, Chile:[141]

> 9.4 Waiver of Sovereign Immunity. Purchaser, on behalf of itself and the State of Chile, expressly and irrevocably waives any right of immunity which either it or its assets may have or acquire in the future (whether characterized as sovereign immunity or any other type of immunity) in respect of any arbitration pursuant to Section 12.2 (Arbitration) or any other legal procedure initiated to confirm or enforce any arbitral decision, order or award, or any settlement in connection with any arbitration pursuant to Section 12.2 (Arbitration), whether in Chile or any other foreign jurisdiction, including but not limited to immunity against service of process, immunity of jurisdiction, or immunity against any judgment rendered by a court or tribunal, immunity against order to enforce the judgment, and immunity against precautionary seizure of any of its assets.
>
> Purchaser expressly and irrevocably submits to the jurisdiction of the courts of New York, or any other court of competent jurisdiction, for the purposes of enforcing any arbitral decision, order or award, or any settlement in connection with any arbitration pursuant to Section 12.2 and represents and warrants that the person signing this Agreement on its behalf has actual authority to submit to such jurisdiction.
>
> Purchaser also expressly and irrevocably waives the application of any Law in any jurisdiction that may otherwise limit or cap its obligation to pay damages arising from or in connection with any Indemnified Claims.
>
> Purchaser represents and warrants that the person signing this Agreement on its behalf has actual authority to waive such immunity and bind Purchaser and the State of Chile to the limitations of liability and liability waivers set forth herein.

[140] https://twitter.com/sensereceptor/status/1757258326545473831?s=42&t=ipo2m2kLhYESaPfXH_ySaPfXH_yoGA
[141] https://www.chiletransparente.cl/wp-content/uploads/2021/07/Acuerdo-de-fabricacion-y-suministro-PFIZER.pdf

12.2 Arbitration - …The arbitration award shall be final and binding on the Parties, and the parties undertake to carry out any award without delay. Judgment upon the award may be entered by any court having jurisdiction of the award or having jurisdiction over the relevant party or its assets…

Related Bailiwick reporting and analysis:

- July 23, 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?

- Sept. 14, 2022 - Biotech idolatry: DOD-Pfizer contracts have replaced federal constitutions and laws. And the DOD-DOJ-HHS complex has replaced federal legislatures and courts. "…Latypova asked: "Can this be viewed as invasion, i.e. takeover of legislature of sovereign states by the DOD-Pharma cartel? Are the buyers effectively signing away their rights to make laws in their own countries?" *I replied:* Yes. But also, there are many, many precedents for that signing away of sovereignty over the last few decades, especially through the General Agreement on Trade and Tariffs (1947) as updated and institutionalized in the World Trade Organization (1995) to override laws protecting domestic industrial production rights, labor and environmental standards and intellectual property rights held by formerly-sovereign nations and people…"

- March 15, 2023 - Duress, State-sponsored, State-protected contract crimes, and the Bank for International Settlements

- April 6, 2023 - On enforcement mechanisms wielded against non-compliant nation-states. "…Cyprus circa 2012-2013 was one demonstration of the system as it functions at the nation-state level, as was the 2013 Vatican shutdown to *de facto* (if not *de jure*) eject Benedict XVI from the papacy…We're currently living through a global demonstration of the extortion/enforcement system, with one salvo fired in 2007-2008 with the Great Financial Crisis, and a second salvo launched in August/Sept. 2019 with the overnight repo rate crisis followed immediately by the falsified "pandemic" as the massive systemic shock pseudo-justifying implementation of long-prepared economic and political centralization plans. (The criminals call it "policy coordination.")…"

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies. "…WHO (IHR, 2005)…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 any international agreement.' "

Feb. 16, 2024 - Tools for illuminating, defying and dismantling kill-box anti-laws: state nullification procedure acts.

Notes:

The model Nullification Procedures Act posted below using Louisiana as an example, and as a PDF,[142] is a model law that can be adopted by state legislatures to establish procedures for nullifying unconstitutional federal acts.

It is a revised and condensed version of Tennessee House Bill 726, introduced in January 2023 and reintroduced and renumbered as House Bill 2795 on Jan. 31, 2024.

The Nullification Procedures Act does not itself serve as a tool to nullify the federal laws underpinning the public health emergency/EUA countermeasures program through which war is being waged by the US federal government against the people of the world, disguised as a 'public health emergency' response, and toxic chemical and biological weapons of mass destruction are being deployed against the people of the world, disguised as 'medical countermeasures.'

The model Nullification Procedures Act simply provides the method or path by which state governments can nullify those laws.

Future acts of nullification of specific laws will, in all likelihood, trigger immediate and forceful backlash from the federal government, in the form of aggressive legal challenges filed at the Supreme Court, against states adopting nullification acts, seeking judicial endorsement of the federal laws and counter-nullification of the state nullification acts.

The main advantage held by the enemy coalition (Bank for International Settlements, United Nations, World Health Organization, US-DoD, US-HHS, BMGF, GAVI, CEPI and related depopulation institutions) is widespread lack of understanding that a war is even happening, and how the intentionally-destructive acts of mankind's enemies have been pseudo-legalized (by the enemies themselves), to shroud their attacks and render their targets confused, blind and immobile.

This war has been building for many decades, and because it's been constructed through quiet, covert changes to federal and state law, the people and the states are only just beginning to understand that it is a war.

Learning how to fight effectively against the federal government is a difficult, heart-breaking, tiring and lengthy process.

Put one foot in front of the other and keep going.

I want to emphasize one other point in the model Nullification Procedures Act. Section 6(b)(3) provides: "…for any such proposed bill of nullification, the bill shall not be

[142] https://bailiwicknewsarchives.files.wordpress.com/2024/02/model-nullification-procedures-act.pdf

subject to debate or passage in committees, but shall proceed directly to the floor of each house…"

This an extremely important provision, because many of the bills introduced in the last few years to revoke or constrain powers transferred, under state public health emergency laws, to public health officials within each state executive branch, have been killed in committee by deception, bribery, extortion, blackmail and intimidation campaigns long before they could reach the floor for debate and roll call votes.

These campaigns are waged against state lawmakers, by public health law partisans who cloak themselves in false *common good*, *emergency preparedness*, *communicable disease control* and *scientific expert* garments. (*See*, for example, Oct. 2022 State Laws Limiting Public Health Protections: Hazardous for Our Health,[143] Network for Public Health Law.)

Public health and emergency preparedness lawyers are very, very good at the deceptive work they do; they have had many decades of training and practice.

That's why it's important to establish procedures to bypass the committee system for nullification bills — to push the bills directly to floor debate and roll call votes to get each state lawmaker on record — and it's important to understand and anticipate the character of the legislative battles triggered by nullification proposals.

The kill-box-law battles have and will continue to pit people interested in protecting human life, liberty and property, against public health and military officials interested in intentionally killing, enslaving and stealing from the people of the United States and the people of every other country, without being stopped by constitutional, civil or criminal legal challenges.

State public health officials and public health lawyers serve as state-level proxies for the US Department of Defense chemical and biological warfare leaders, who themselves serve as proxies for the Bank for International Settlements, United Nations, World Health Organization, World Economic Forum, World Trade Organization and related supranational, outside-the-law, lawless, global governance institutions.

*

[143] https://www.networkforphl.org/wp-content/uploads/2022/11/Analysis-of-State-Laws-Limiting-Public-Heatlh-Protections-1.pdf

The following seven federal kill-box statutes are the foundational laws for the public health emergency-predicated mass murder programs that have become more visible and better-understood since January 2020.

They should be presented for nullification in every state that adopts a Nullification Procedures Act, immediately after the nullification procedures have been established, in a form similar to this draft written to support Congressional repeal[144] of the same laws.

1. Quarantine and Inspection, 42 USC §264 to 272
2. Chemical and Biological Warfare Program, 50 USC §1511 to 1528
3. Licensing of Biological Products, 42 USC §262 to 263
4. Public health emergencies, 42 USC § 247d to 247d-12
5. National Vaccine Program and National Vaccine Injury Compensation Program, 42 USC §300aa-1 to 300aa-34
6. Expanded access to unapproved therapies and diagnostics program, 21 USC §360bbb to 360bbb-8d
7. National All-Hazards Preparedness for Public Health Emergencies, 42 USC §300hh-1 to 300hh-37

*

Nullification Procedures Act (PDF[145])

An ACT to Establish Procedures for Nullification of Unconstitutional Federal Acts

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF LOUISIANA:

SECTION 1. Louisiana Revised Statutes (LRS), Title 24, "Legislature and Laws", is amended by adding Sections 1 through 11 as a new chapter at LRS 24:9.1.

SECTION 2. This chapter is known and may be cited as the "Nullification Procedures Act."

[144] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[145] https://bailiwicknewsarchives.files.wordpress.com/2024/02/model-nullification-procedures-act.pdf

SECTION 3. Findings by Louisiana General Assembly:

(a) The Declaration of Independence (1776) sets forth, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness" and that "when a long train of abuses and usurpations, pursuing invariably the same Object evinces a design to reduce them under absolute Despotism, it is their right, it is their duty, to throw off such Government, and to provide new Guards for their future security."

(b) Articles I, II, and III of the Constitution of the United States (1789), respectively, vest the legislative, executive, and judicial powers to and within separate branches of the federal government (horizontal separation of powers), such that lawmaking powers are vested only in the legislative branch (United States Congress); enforcement powers are vested only in the executive branch (president and executive agencies); and judicial powers are vested only in the judicial branch (Supreme Court of the United States and other inferior federal courts created by the United States Congress);

(c) Article I, Section 8 of the Constitution of the United States sets forth a vertical "separation of powers," wherein only limited, enumerated, powers are granted to the federal government;

(d) The Ninth Amendment of the Constitution of the United States further sets forth the separation of powers: "The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people."

(e) The Tenth Amendment of the Constitution of the United States further sets forth the separation of powers: "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, or to the people."

(f) The Constitution of the United States is the supreme law of the land. Therefore, any and all federal acts that violate the horizontal "separation of powers" imposed by the Constitution, and/or exceed the jurisdictional limits imposed by the vertical "separation of powers," are void.

(g) "Resolved…whensoever the [Federal] government assumes undelegated power, its acts are unauthoritative, void and of no force…Resolved…Where powers are assumed which have not been delegated, a nullification of the act is the rightful remedy: that every state has a natural right and duty in cases not within the compact [Constitution of the United States…] to nullify of their own authority all assumptions of powers by others within their own states boundaries." Thomas Jefferson, Draft Kentucky Resolutions of Nov. 10, 1798.

(h) Any acts by the federal government that purport to be law, or that purport to be treated as law, that violate the US Constitution, are not laws but rather are *ultra*

vires [beyond the legitimate power or authority] usurpation of powers not delegated by the States or the people. “Human law is law only by virtue of its accordance with right reason; and thus it is manifest that it flows from the eternal law. And in so far as it deviates from right reason it is called an unjust law; in such case it is no law at all, but rather a species of violence.” Thomas Aquinas*, Summa theologica*, Part I-II, Q. 93, Art. 3, Reply obj. 2. "[A] law repugnant to the Constitution is void." *Marbury v. Madison*, 5 U.S. 137 (1803); "An unconstitutional law is void and is as no law. An offense created by it is not crime. A conviction under it is not merely erroneous but is illegal and void and cannot be used as a legal cause of imprisonment." *Ex parte Siebold*, 100 U.S. 371 (1879); "An unconstitutional act is not law; it confers no rights; it imposes no duties; it affords no protection; it creates no office; it is, in legal contemplation, as inoperative as though it had never been passed." *Norton v. Shelby County*, 118 U.S. 425 (1886); "Where rights secured by the Constitution are involved, there can be no rule-making or legislation which would abrogate them." *Miranda v. Arizona*, 384 U.S. 436 (1966).

SECTION 4. Federal act, definitions.

As used in this chapter:

(a) "Federal act" includes federal laws; federal statute; federal agency rule, policy, or standard; an executive order of the president of the United States; an order or decision of a federal court; and the making or enforcing of a treaty; and

(b) "Unconstitutional federal act" means a federal act enacted, adopted, promulgated or implemented without authority specifically delegated to the federal government by the people and the states through the United States Constitution.

SECTION 5. Nullification process, definitions.

(a) Nullification is the process whereby this state makes an official declaration that:

(1) A specific federal act has exceeded the prescribed authority under the United States Constitution;

(2) That said act, as being *ultra vires*, shall not be recognized as valid within the bounds of this state;

(3) That said action, as being *ultra vires*, is null and void in this state, and shall not be enforced;

(4) That an officeholder, agency, or government employee, whether state, county, or city, serving under the authority of the Constitution of Louisiana shall not assist in any attempted enforcement of said federal act; and

(5) That state or local funds collected under the authority of the Constitution of Louisiana shall not be used to assist in any attempted enforcement of said federal act.

(b) The general assembly has sole authority to prescribe the crimes, penalties, fines, or other consequences of the violation of a bill of nullification by any person found within the boundary of this state, said consequences to be specified in the bill of nullification before a final vote is taken on its passage.

SECTION 6. Nullification process, methods:

(a) Louisiana Governor executive order. The governor may, by the governor's own executive authority, issue an executive order nullifying unconstitutional federal acts, whereby all executive departments of the state are bound by said order;

(b) Louisiana General Assembly bill of nullification.

(1) Any member of the general assembly may introduce a bill of nullification in the general assembly.

(2) Each bill of nullification shall

(i) identify the unconstitutional federal act(s) by statute, executive order, regulation, court order, or other legal instrument title, numerical citation, and date of adoption and/or promulgation;

(ii) identify the federal government branch, department, agency and/or official adopting and/or promulgating said unconstitutional federal act;

(iii) provide a brief statement describing how said unconstitutional federal act(s) violates the US Constitution.

(3) For any such proposed bill of nullification, the bill shall not be subject to debate or passage in committees, but shall proceed directly to the floor of each house within five (5) legislative days of introduction for debate on the floor of each house, and thereafter, within three (3) legislative days after the debate is closed, shall be presented for a roll call vote on each floor**.**

(4) The bill, if passed in the same manner as other general law, has the force and effect of law, and becomes effective immediately upon enactment.

(5) The time constraints listed in this subdivision (3) may be changed by majority vote of any house of subsequent general assemblies.

(c) Louisiana Courts. Any court operating under the authority of the Constitution of Louisiana may render a finding or a holding of nullification in any case of which it otherwise has proper venue and jurisdiction, wherein the parties to said case will, upon final judgment, be bound thereby in the same manner as in other cases;

(d) Louisiana Counties and Municipalities. Any combination of ten (10) counties and municipalities may, through the action of the executive or through the action of a majority of the governing legislative body, submit a petition of nullification to the speaker of the house of representatives, with a copy to the office of the attorney general and reporter, and upon satisfactory proof that said petitions are valid, the speaker of the house of representatives shall proceed to introduce the bill and follow the same methods and protocols as described in subdivision (3); and

(e) Louisiana registered voters. The signed petitions of two thousand (2,000) registered voters of this state may submit a petition of nullification to the speaker of the house of representatives, with a copy to the office of the attorney general and reporter, and upon satisfactory proof that said signatures are valid, the speaker of the house of representatives shall proceed to introduce the bill and follow the same methods and protocols as described in subdivision (3). Said voter petitions must not be submitted individually, but said petitions must be coordinated and compiled in batches, by county of voter registration, of not less than twenty-five (25) voters per county in a bundled batch.

SECTION 7. Louisiana General Assembly committee review and debate.

(a) Before conducting a roll call vote on the floor of each house of the general assembly, the several committees of the general assembly may debate any bill of nullification, express its approval or disapproval, and add any penalty for violations of the bill.

(b) The results of all committee actions, as well as the result of the roll call vote on each house floor, shall be published in the official records of each house and disseminated to the people in the same manner as with other bills.

SECTION 8. Statutes of limitations void.

(a) The procedures contained in this chapter may be used to nullify any unconstitutional federal act, whether said action is past, present, or future.

(b) A bill of nullification shall not be rejected because of any asserted statute of limitation or because said unconstitutional federal act was taken in the distant past.

SECTION 9. Review of unconstitutional federal act by state no more than once per calendar year.

(a) Regarding the same unconstitutional federal act, a bill of nullification shall not be considered by the general assembly more than once each calendar year.

(b) If said bill fails, then it may be considered again in any succeeding year, but not more than once per year.

(c) If said bill passes, then the provisions of Section 5 become the law of this state.

SECTION 10. Form of Petition. Petition for nullification shall include and set forth the following information substantially in the form set forth below:

(a) Title: Petition for Action Under the "Nullification Act."

(b) Statement: The undersigned asserts that the federal government has exceeded its authority under the U.S. Constitution, through enactment and/or enforcement of the following unconstitutional federal act(s), and petitions the Louisiana General Assembly to nullify said acts.

(c) Identification of unconstitutional federal act(s) by statute, executive order, regulation, court order, or other legal instrument title, number/citation, and date of adoption and/or promulgation.

(d) Identification of federal government branch, department, agency and/or official adopting and/or promulgating said unconstitutional federal act.

(e) Brief statement describing how said unconstitutional federal act violates the US Constitution.

(f) Name and Address of Petitioner(s)/Registered Voter(s)

SECTION 11. This act takes effect upon becoming a law, the public welfare requiring it.

*

Related Bailiwick reporting and analysis

- Oct. 17, 2023 - Texas and Oklahoma v. US Department of Health and Human Services and Xavier Becerra: case documents
- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past.
- Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults through repeal of Model State Emergency Health Powers Act (MSEHPA) laws at the state level.
- Nov. 30, 2023 - Model Restoring State Sovereignty Through Nullification Act: Tennessee HB726
- Dec. 6, 2023 - Litigation proposals for state Attorneys General.
- Dec. 20, 2023 - Ending National Suicide Act. Draft bill for 118th Congress to repeal seven of the main kill box enabling acts.
- Jan. 5, 2024 - Read-aloud: Cooper v. Aaron with notes, links and transcript of commentary.
- Jan. 29, 2024 - Legal challenges that can terminate the 'public health emergencies' kill box programs and revoke the other 'emergency' powers wielded by the federal executive branch for 90+ years "...If and when a state or a group of states uses their legal authority to nullify unconstitutional federal laws, their action will elicit a legal response from the federal government's executive and legislative branches. The President, Cabinet secretaries and Congress will file suit — at the US Supreme Court — to defend their own actions as constitutional and demand judicial review of the constitutionality of the state nullification acts themselves...Those cases will be heard by SCOTUS, and they will be useful cases because they will actually present the real disputed issues that have built up for many, many decades, and became more visible, more forceful, and more-rapidly deadly in 2020: Does the US Constitution authorize the federal executive branch to centralize and use legal authority under self-declared emergency conditions to injure and kill American citizens and steal their property? Or does the US Constitution prohibit such executive centralization and abuse of legal authority?...The role to be fulfilled by states in passing nullification acts and/or filing federal complaints against the US Congress and US presidents,[146] is to create the real or actual controversy that can be put to the Supreme Court..."

* * *

[146] https://bailiwicknews.substack.com/p/litigation-proposals-for-state-attorneys

Feb. 20, 2024 - Disparate standards of scientific evidence: EUA biochemical weapons program; Countermeasures Injury Compensation Program; and PACT Act military toxic exposure compensation program.

Notes:

I'm sorting through my "Notes" files from the last couple of years, because I want to stop focusing on public health emergency/emergency use authorization/medical countermeasures/PREP Act/chemical and biological warfare law for Bailiwick readers. New focus is still taking shape, and has been for the last several months.

The decision to move in a new direction work-wise is partly related to my view of the legal field at this time.

If there are private attorneys who understand the EUA-PHE-PREP Act kill box laws and are using that knowledge to develop civil cases, I don't know who they are.

The private attorneys I've become aware of, have briefed by video or phone call, or corresponded with since April 2022, either don't understand the kill box laws, or understand them but don't want to incorporate the knowledge into their civil litigation plans. I've had initial conversations with a half-dozen or so, and no follow-up conversations. I can offer information to people who are looking for it and willing to look at it. I can't compel anyone to see something he doesn't want to see, or use something he doesn't want to use.

The public prosecutors I've become aware of for the last two years either don't understand the kill box laws, or understand them but don't want to incorporate the knowledge into their criminal prosecution plans.

There may be private civil attorneys and public prosecutors who are developing, or have already filed, civil and criminal cases that incorporate their knowledge of the kill box laws, and I simply don't know about those legal teams and their work.

I hope there are. The information I've compiled is public and I want it to be used.

I'm interested in seeing civil and criminal cases challenge kill box laws; seeing the kill box laws nullified and repealed; seeing the killing programs come to an end; and someday seeing some of the responsible lawmakers held accountable for the ongoing public-health-military murder-and-sterilization programs their willed acts enabled to begin, and their willed omissions now continue to authorize and fund. If asked in the future to support credible legal teams and provide information from my base of knowledge and my document collection to help bring those events about, I will.

In the process of shifting my attention and preparing for new work, I've been sorting through notes files, and found one about the differences between the zero scientific evidence required for EUA countermeasures deployment into human targets, and the high standards of evidence required for victims of EUA countermeasures injury and

death to obtain financial compensation under the Countermeasures Injury Compensation Program (established in 2005 through the PREP Act and modeled on the Vaccine Injury Compensation Program set up in 1986), and also for victims of military toxic exposures to obtain financial compensation under the PACT Act (Promise to Address Comprehensive Toxics Act, 2022).

Some relevant sections of the three laws below.

*

Emergency use authorization/EUA

21 USC 360bbb-3(c), Criteria for issuance of authorization.

The Secretary [of Health and Human Services] may issue an authorization under this section with respect to the emergency use of a product only if, after consultation with the Assistant Secretary for Preparedness and Response, the Director of the National Institutes of Health, and the Director of the Centers for Disease Control and Prevention (to the extent feasible and appropriate given the applicable circumstances described in subsection (b)(1)), the Secretary concludes—

> (1) that an agent referred to in a declaration under subsection (b) can cause a serious or life-threatening disease or condition;
>
> (2) that, based on the totality of scientific evidence available to the Secretary, including data from adequate and well-controlled clinical trials, if available, it is reasonable to believe that—
>
> > (A) the product may be effective in diagnosing, treating, or preventing—
> >
> > > (i) such disease or condition; or
> >
> > > (ii) a serious or life-threatening disease or condition caused by a product authorized under this section, approved or cleared under this chapter, or licensed under section 351 of the Public Health Service Act [42 U.S.C. 262], for diagnosing, treating, or preventing such a disease or condition caused by such an agent; and
> >
> > (B) the known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product, taking into consideration the material threat posed by the agent or agents identified in a declaration under subsection (b)(1)(D), if applicable;
>
> (3) that there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating such disease or condition...

Translation:

No standards of evidence, data collection or analysis specified, required or enforceable.

Data, evidentiary and decisional review (judicial, state/local/tribal, Congressional) preempted under 42 USC 247d-6d(b)(7); 42 USC 247d-6d(b)(8); 42 USC 247d-6d(b)(9).

Under EUA law, "adequate and well-controlled" and all other clinical trials are precluded; they cannot occur; no clinical trial data can become "available."

- Feb. 9, 2023 - On the significance of 21 USC 360bbb-3(k): "use" of EUA products "shall not constitute clinical investigation." (Katherine Watt)
- Nov. 8, 2023 - FDA "Approval" for Covid-19 Vaccines Was Fake-based non-investigational use of a non-experimental unapproved substance (a poison)[147] (video discussion, Sasha Latypova and Katherine Watt)
- Dec. 2, 2023 - EUA Countermeasures are neither investigational nor experimental![148] (Sasha Latypova)
- Feb. 19, 2024 - Lead me in your truth[149] (video discussion, Sasha Latypova and Refuge of Sinners interviewer)

*

<u>CICP, Countermeasures Injury Compensation Program</u>

42 USC 247d-6e(5), Covered countermeasure injury table

> (A) In general. The [HHS] Secretary shall by regulation establish a table identifying covered injuries that shall be presumed to be directly caused by the administration or use of a covered countermeasure and the time period in which the first symptom or manifestation of onset of each such adverse effect must manifest in order for such presumption to apply. The Secretary may only identify such covered injuries, for purpose of inclusion on the table, where the Secretary determines, based on compelling, reliable, valid, medical and scientific evidence that administration or use of the covered countermeasure directly caused such covered injury.

42 USC 247d-6e(4) Determination of eligibility and compensation

> ...In making determinations, other than those described in paragraph (5)(A) as to the direct causation of a covered injury as to the direct causation of a covered injury, the Secretary may only make such determination based on compelling, reliable, valid, medical and scientific evidence.

[147] https://sashalatypova.substack.com/p/fda-approval-for-covid-19-vaccines
[148] https://sashalatypova.substack.com/p/eua-countermeasures-are-neither-investigational
[149] https://rumble.com/v4ebpp0-lead-me-in-your-truth-an-interview-with-sasha-latypova.html

PACT Act - Promise to Address Comprehensive Toxics Act.

38 USC 1173(b), Evidence, data and factors

The [Veterans Administration] Secretary shall ensure that each formal evaluation under subsection (a) covers the following:

> (1) Scientific evidence, based on the review of available scientific literature, including human, toxicological, animal, and methodological studies, and other factors.
>
> (2) Claims data, based on the review of claim rate, grant rate, and service connection prevalence, and other factors.
>
> (3) Other factors the Secretary determines appropriate, such as—
>
> > (A) the level of disability and mortality caused by the health effects related to the case of toxic exposure being evaluated;
> >
> > (B) the quantity and quality of the information available and reviewed;
> >
> > (C) the feasibility of and period for generating relevant information and evidence;
> >
> > (D) whether such health effects are combat- or deployment-related;
> >
> > (E) the ubiquity or rarity of the health effects; and
> >
> > (F) any time frame during which a health effect must become manifest.

*

38 USC 1173(c) Conduct of evaluations

> (1) The [VA] Secretary shall ensure that each formal evaluation…
>
> > (A) reviews scientific evidence in a manner that—
> >
> > > (i) conforms to principles of scientific and data integrity;
> > >
> > > (ii) is free from suppression or distortion of scientific or technological findings, data, information, conclusions, or technical results…
>
> (2) A formal evaluation [of toxic exposure injury claim] shall include reviewing all relevant data to determine the strength of evidence for a positive association based on the following four categories:
>
> > (A) The 'sufficient' category, where the evidence is sufficient to conclude that a positive association exists;

(B) The ‘equipoise and above’ category, where the evidence is sufficient to conclude that a positive association is at least as likely as not, but not sufficient to conclude that a positive association exists;

(C) The ‘below equipoise’ category, where the evidence is not sufficient to conclude that a positive association is at least as likely as not, or is not sufficient to make a scientifically informed judgment;

(D) The ‘against’ category, where the evidence suggests the lack of a positive association.

*

38 USC 1176(d), Scientific determinations concerning diseases.

For each disease reviewed under subsection (c), the [National Academies of Sciences, Engineering, and Medicine] shall determine, to the extent that available scientific data permit meaningful determinations—

(1) whether an association exists between toxic exposures and the occurrence of the disease, taking into account the strength of the scientific evidence and the appropriateness of the statistical and epidemiological methods used to detect the association;

(2) the increased risk of the disease among those reporting toxic exposures during active military, naval, air, or space service;

(3) whether there exists a plausible biological mechanism or other evidence of a positive association between the toxic exposure and the occurrence of the disease; and

(4) determine the strength of evidence for a positive association.

* * *

Feb 22, 2024 - Government-directed mass murder: legal issues for further research.

Notes:

As I posted yesterday, I'm sorting through files where I jotted notes about legal topics that are relevant to the process of challenging, nullifying and repealing the kill box laws passed by Congress, signed by US presidents, used by American Cabinet secretaries and their delegates (and their counterparts in other countries worldwide), as laid out in timeline form in the American Domestic Bioterrorism Program[150] post.

The list below is only a subset. Every time I've explored one legal subject, the path branches out into many related issues, and that continues to the present.

(For some of the entries, I've done some reporting; if so, I put a link labeled with date of publication. If there's no link, it's a topic I've written about a lot — and there is still much more to learn — or a topic that I haven't written about publicly at all.)

There's value in doing more legal research about how these laws and programs have developed over time, but only to the extent that there are private attorneys, public prosecutors, and federal and state lawmakers interested in using the material to challenge, nullify and repeal the kill box laws. If contacted by credible legal teams with requests for more legal research, I'll do more research. If not, I probably won't, so that I can devote time to studying and writing about different law-related things.

I encourage Bailiwick readers interested in understanding the issues listed in more detail to study them. Contact me if you want copies of the materials I've collected so far.

*

As a recap, the kill box law evidence supports the conclusion that injuries, diseases, sterilizations and deaths sustained by the world's population in recent decades through public health programs are not accidental or inadvertent, or the result of incompetence.

The massive harms are the result of **intentional, planned, criminal government acts, omissions and frauds**, including but not limited to the injuries and deaths caused since 2020 by the EUA countermeasures known as "Covid-19 vaccines."

The **primary crime scene is Congress** — the floors of the US House of Representatives and US Senate.

The core **crime is treason**: levying war against the United States, adhering to their enemies, giving them aid and comfort within the United States or elsewhere, while owing allegiance to the United States (18 USC 2381).

[150] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

The enemies of the United States — and all other countries — are the individuals funding and operating the United Nations, World Health Organization and related supranational institutions.

The **treasonous acts committed by members of Congress are their public votes** to enact federal laws enabling homicide under 'public health emergency' conditions and shielding killers from criminal prosecution and civil liability.

The **treasonous acts committed by US Presidents are their public signatures** on those Congressional acts.

The evidence includes public records of roll call votes and laws, regulations, executive orders, contracts, treaties, court orders, and other legal instruments. They derive the force of law from their nature as instruments issued, published and cited as the source of authority, by a visible sovereign government and visible, individual officials publicly presenting themselves as authorized representatives of a sovereign government.

Destruction of the evidence is unlikely, and the attempt itself would shed cleansing light on the existing but difficult-to-see state of war, open the eyes of more people who don't yet know they are under government military-public health attack, and go a long way toward bringing about a ceasefire.

The current, visible, public legal instruments serve as weapons in that war, enabling traitors to covertly attack, incapacitate and kill the people of the United States, operating through more or less knowing, visible 'public health' proxies (pharmacists, nurses and doctors) using legalized poisons (EUA countermeasures).

The legal instruments also serve as shields or blocks, protecting the traitors and the proxies from accountability and justice.

The traitors have vested interests in maintaining access to the legal weapons and the legal shields.

The best method available to the traitors to destroy the evidence of their crimes is for criminals serving in Congress to repeal kill box laws,[151] and thereby void all derivative regulations; for criminals serving in the executive branch to revoke executive orders and withdraw from contracts and treaties; and for criminals serving as federal judges to overturn kill-ratifying court decisions.

Again, the attempt itself — to destroy evidence — would shed cleansing light on the existing but difficult-to-see state of war, open the eyes of more people who don't yet know they are under government military-public health attack, and go a long way toward bringing about a ceasefire.

[151] https://bailiwicknews.substack.com/p/ending-national-suicide-act

Update, Feb. 23, 2024

ExcessDeathsAU wrote[152]:

> They are destroying evidence in Western Australia and I caught them by anticipating they would do this. I downloaded and printed the original documents when they were issued (see article in comments[153]). Unfortunately, the legal experts said it was a 'conspiracy theory' to think it was intentional because they are funded by the same state body that issued the Emergency and injection mandates. The media does not report on it, I am in a digital prison, and the populace thinks the 'government keeps them safe.' We had actual destruction of evidence and coverup and there was no 'cleansing light' because there is no one to prosecute the case, no one important enough to report on it, and no one cares. They're all at Taylor Swift.

My reply:

The laws themselves (for example, the Western Australia Emergency Management Act of 2005[154]) are in a different category of evidence, than the application of the laws to specific events (for example, the "Proof of Vaccination Direction" signed and issued by Christopher Dawson on Jan. 26, 2022, citing the EMA Act of 2005, sections 56, 67, 70 and 72A as the source of his authority.)

I agree that the killers will destroy and/or corrupt event-specific evidence, including things like the Dawson "direction" and also data about 'vaccine' coverage rates, injuries and deaths and many other types of records.

But the killers intend to use the underlying laws to carry out similar attacks again and again in the future.

They can only destroy the enabling laws by repealing them, and if they repeal them, then they can't use them anymore as the public, legal justification for issuing and enforcing new rounds of event-specific decrees.

[152] https://substack.com/@excessdeathsau/note/c-50167101?utm_source=activity_item
[153] https://vicparkpetition.substack.com/p/if-you-want-a-document-ask-a-conspiracy
[154] https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_45857.pdf/$FILE/Emergency Management Act 2005 - %5B01-f0-00%5D.pdf?OpenElement

Government-directed mass murder: legal issues for further research

- 1933 to present - Executive Orders and other forms of presidential decree; provisions blocking judicial review of EOs. For example, EO 12630 (1988) - "Judicial Review. This Order is intended only to improve the internal management of the Executive branch and is not intended to create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, its officers, or any person."

- 1944 to present - "Quarantinable disease," "quarantinable communicable disease," "qualifying stage," and "precommunicable stage" law (42 USC 264); Fourth Amendment; probable cause; warrantless searches and seizures; non-law enforcement related activity. Jan. 20, 2024

- 1944 to present - "Biological products" law, 42 USC 262. Dec. 19, 2023

- 1945 International Organizations Immunity Act, Dec. 29, 1945

- 1947 to present - Informed consent law and human clinical trials, regulatory changes, exceptions when "not ethical" and/or "not feasible;" 1947 Nuremberg Code; 1974 Belmont Report; 1991 Common Rule; 2017 Final Rule, *Federal Policy for the Protection of Human Subjects*.

- 1950 to present - Defense Production Act (50 USC Ch. 55) as related to contract law, voluntary agreements, plans of action, duress; criminal law; civil tort law. Oct. 23, 2023

- 1969 Jaffe memorandum on population control; restraint stress; immobilization stress; depression; anxiety.

- 1974 RICO - Racketeer Influenced and Corrupt Organizations Act (18 USC 1961). Jan. 16, 2023.

- 1976 National Emergencies Act (50 USC Ch. 34), laws and programs. April 11, 2023

- 1976 to present - Disparate standards of scientific evidence: National Swine Flu Immunization Program (1976); Vaccine Injury Compensation Program (1986); EUA biochemical weapons program (1997); Countermeasures Injury Compensation Program (2005); and PACT Act military toxic exposure compensation program (2022). Feb. 20, 2024

- 1983 to present - Public health emergency (42 USC 247d), laws and programs

- 1986 to present - National Vaccine Program and Vaccine Injury Compensation Program (42 USC 300aa), laws and programs.

- 1988 to present - Department of State, Department of Health and Human Services, delegation of authority "to carry out international health activities;" treaty negotiation; personal services contracts; as related to World Health Organization. April 4, 2023
- 1988 to present - Property takings under public health laws, relating to "owners of property posing a threat of introduction, transmission or spread of infectious disease."
- 1995 to present - Law enforcement, military and judicial functions during health-related events, law and programs; Fourth Amendment; probable cause; warrantless searches and seizures; non-law enforcement related activity. July 23, 2022; Jan. 20, 2024
- 1996 to present - Military apprehension and detention of civilians, law and programs; 10 USC 382; 10 USC 282; Fourth Amendment; probable cause; warrantless searches and seizures; non-law enforcement related activity. May 21, 2022; Jan. 20, 2024
- 1997 to present - Emergency Use Authorization/EUA law (21 USC 360bbb), laws and programs. Feb. 9, 2023
- 1998 to present - FDA Guidance for Industry on gene therapy, cGMP, PREP Act amendments, EUA and related
- 2000 to present - Good Samaritan laws providing liability immunity to health care workers acting during an emergency, waiver of informed consent for individual patient (due to patient incapacity and/or immediate threat to life); waiver of informed consent population-wide during declared public health emergency with use of emergency use authorization (EUA) medical countermeasures; Model State Emergency Health Powers Act campaign
- 2000 to present - Biological agents, select agents and toxins lists, 42 CFR 73, law and programs. Feb. 7, 2024
- 2004 to 2014 - BARDA Project Bioshield reports
- 2005 to present - PREP Act (42 USC 247d-6d and related); preemption; development of HHS Office of General Counsel (OGC) legal guidance on PREP Act liability immunities, blanket preemption. July 1, 2023
- 2006 to present - Public Health Emergency Medical Countermeasures Enterprise, (42 USC 300hh), law and activity; PHEMCE Strategic Implementation Plans. Dec. 20, 2022
- 2007 to present - FDA “legal preparedness,” law and programs. July 4, 2022

- 2008 to present - "Points of dispensing," law and training programs. July 1, 2023
- 2011 to present - FDA Medical Countermeasures Initiative (MCMi) reports
- 2012 Smith-Mundt Modernization Act, propaganda, Federal Trade Commission, false advertising.
- 2016 to present - Development and deployment of "real world evidence" models, law and programs (21 USC 355g); defined (21st Century CURES Act, Dec. 16, 2016, as "data regarding the usage, or the potential benefits or risks, of a drug derived from sources other than randomized clinical trials;" biomarker models, defined (21st Century CURES Act, Dec. 16, 2016) as "(A) a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and (B) includes a surrogate endpoint;" animal testing alternatives, nonclinical tests and related, defined (Consolidated Appropriations Act, Dec. 29, 2022) as "a test conducted in vitro, in silico, or in chemico, or a nonhuman in vivo test, that occurs before or during the clinical trial phase of the investigation of the safety and effectiveness of a drug. Such test may include the following: (1) Cell-based assays. (2) Organ chips and microphysiological systems. (3) Computer modeling. (4) Other nonhuman or human biology-based test methods, such as bioprinting. (5) Animal tests." May 4, 2022.
- 2017 (Dec. 12) - NDAA FY 2018 (PL 115-91) and Act to amend FDCA EUA "to authorize additional emergency uses for medical products" (PL 115-92); 21 USC 360bbb-3c, provisions for Defense Secretary requests for expedited EUA countermeasures review; 10 USC 1107a; 10 USC 1107a(d). May 25, 2022; Nov. 8, 2023
- 2021 to present - Federal Retail Pharmacy Program. July 1, 2023
- 2021 (July 6) - Deputy Attorney General Dawn Johnsen July 6, 2021 opinion, "Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization."
- 2022 (Aug. 10) - PACT Act, Promise to Address Comprehensive Toxics Act, (38 USC 1710 and related), law and programs; presumptions of toxic exposure for military and veterans; Veterans Administration. Feb. 20, 2024
- 2022 (Dec. 23) - Global Health Security and International Pandemic Prevention, Preparedness and Response Act (22 USC 2151b, *Population planning and health programs,* note), enacted through NDAA FY23, law and programs. Aug. 1, 2022.
- 2022 (Dec. 29) - Food and Drug Omnibus Reform Act of 2022 (21 USC 360bbb-5a and related) and Prepare for and Respond to Existing Viruses, Emerging New

Threats, and Pandemics (PREVENT) Act, (42 USC 242c and related), enacted through Consolidated Appropriations Act, law and programs. Dec. 18, 2023

Civil and criminal case analysis:

- USA v. Moore et al (DOJ criminal prosecution). Aug. 8, 2023
- Ealy v. Redfield (Attorney Stephen Joncus). May 11, 2022
- Smith v. US Health Resources and Services Administrator (Attorney Aaron Siri)
- Estate of Watts v. Lloyd Austin (Attorney Ray Flores). Sept. 19, 2023
- Texas, Oklahoma v. US Department of Health and Human Services. Oct. 17, 2023
- Texas v. Pfizer (Texas AG Ken Paxton)
- Jackson v. Ventavia, Pfizer et al (Attorneys Robert Barnes, Warner Mendenhall). April 10, 2023
- *In re:* Abbott I-IV.
- South Bay United Pentecostal Church v. Newsom
- Bridges v. Houston Methodist Hospital. Aug. 18, 2023
- Butler v. Wolf. Feb. 4, 2022
- Griner v. Biden
- Robert v. Austin (Attorney Todd Callender)
- Roberts v. Shriners Hospital

Feb. 23, 2024 - What section of the US Code did the Global Health Security and International Pandemic Prevention, Preparedness and Response Act enter after enactment Dec. 22, 2022? 22 USC 2151b, Population planning and health programs, as a statutory note.

I've been updating the list of legal issues for further research a bit, to add in US Code citations for some of the laws in case readers want to research any of those issues.

The Global Health Security and International Pandemic Prevention, Preparedness and Response Act was formerly known as the Global Health Security Act.

The Global Health Security Act was first introduced during the 115th Congress, on Dec. 13, 2018.[155]

The 117th Congress enacted it — under its new name — as part of the NDAA for FY2023, President Biden signed it, and it became law Dec. 23, 2022.[156]

The Global Health Security and International Pandemic Prevention, Preparedness and Response Act was codified at 22 USC 2151b, as a statutory note.

I ran across 'statutory notes' as a category of law last summer — Richard J. McKinney, Assistant Law Librarian for the Board of Governors for the Federal Reserve Board, reported at a May 26, 2011 meeting:

> "In statutory research it is common to find that a provision of Federal law has been placed in the note area following a related section of the United States Code. The question then arises as to whether the provision in the note has as much authority as a section in the body of the U.S. Code and, if so, why the codifiers did not give the provision its own section or perhaps add it to the related section.
>
> The authority of statutes placed in a note area, although sometimes questioned, cannot be doubted — they do indeed have the same authority as statutes placed as U.S. Code sections. It may be more difficult to locate and distinguish these statutes from other matters in the note area or to cite to them, but it follows logically that if a U.S. statute is valid then it does not matter where it is placed in the Code..."

---

[155] https://www.congress.gov/search?q=%7B%22source%22%3A%22all%22%2C%22search%22%3A%22%5C%22Global+Health+Security+Act%5C%22%22%7D&pageSort=latestAction%3Aasc

[156] https://www.congress.gov/bill/117th-congress/house-bill/7776/text

22 USC 2151b is a section of the US Code under Title 22, Foreign Relations and Intercourse.

22 USC 2151b, Population planning and health programs, was enacted by Congress and President on Dec. 17, 1973 (PL 93-189, 87 Stat. 714), as an addition to the Foreign Assistance Act of 1961.

After about a dozen amendments[157], 22 USC 2151b now includes the provisions below and more, authorizing and funding global depopulation programs as US geopolitical policy.

To get the true sense of this law, and the programs it authorizes, it's important to translate as you read to replace the ostensible reasons — for example, "vaccines for immunizations" to reduce "incidence of communicable diseases among children, mothers, and infants," reduce "childhood mortality" and increase "child survival" — with the actual reasons: injection of sterilizing and disease-causing agents to reduce present fertility and life expectancy among mothers and fathers, and life expectancy and future fertility among children and infants. "Protection" should be translated as "sterilization" or "destruction."

It's also important to understand that the use of the term "voluntary" is deceptive, and legally irrelevant. The sterilize-and-kill programs are housed under the US State Department, US Agency for International Development (US-AID) and the Foreign Assistance program.

Message to countries: no sterilizing injection of your men, women and children, no public or private aid money.

22 USC 2151b(a) Congressional declaration of policy.

> The Congress recognizes that poor health conditions and uncontrolled population growth can vitiate otherwise successful development efforts. Large families in developing countries are the result of complex social and economic factors which change relatively slowly among the poor majority least affected by economic progress, as well as the result of a lack of effective birth control. Therefore, effective family planning depends upon economic and social change as well as the delivery of services and is often a matter of political and religious sensitivity. While every country has the right to determine its own policies with respect to population growth, voluntary population planning programs can make a substantial

[157] (Pub. L. 87–195, pt. I, § 104, as added Pub. L. 93–189, § 2(3), Dec. 17, 1973, 87 Stat. 715; amended Pub. L. 93–559, § 4(1), Dec. 30, 1974, 88 Stat. 1795; Pub. L. 94–161, title III, § 304, Dec. 20, 1975, 89 Stat. 857; Pub. L. 95–88, title I, § 103(a)–(c), Aug. 3, 1977, 91 Stat. 534; Pub. L. 95–424, title I, § 104(a), Oct. 6, 1978, 92 Stat. 945; Pub. L. 96–53, title I, § 102, Aug. 14, 1979, 93 Stat. 360; Pub. L. 96–533, title III, § 302, Dec. 16, 1980, 94 Stat. 3145; Pub. L. 97–113, title III, § 302, Dec. 29, 1981, 95 Stat. 1532; Pub. L. 98–473, title I, § 101(1) [title V, § 541(a)], Oct. 12, 1984, 98 Stat. 1884, 1903; Pub. L. 99–83, title III, §§ 303–305(a), Aug. 8, 1985, 99 Stat. 214; Pub. L. 99–529, title I, § 103, title IV, § 404(1), Oct. 24, 1986, 100 Stat. 3011, 3019; Pub. L. 106–264, title I, § 111(a), title II, § 203, Aug. 19, 2000, 114 Stat. 751, 759; Pub. L. 108–25, title III, §§ 301(a)(1), 303(c), May 27, 2003, 117 Stat. 728, 737.)

> contribution to economic development, higher living standards, and improved health and nutrition. Good health conditions are a principal element in improved quality of life and contribute to the individual's capacity to participate in the development process, while poor health and debilitating disease can limit productivity.

22 USC 2151b(b) Assistance for voluntary population planning.

> In order to increase the opportunities and motivation for family planning and to reduce the rate of population growth, the President is authorized to furnish assistance, on such terms and conditions as he may determine, for voluntary population planning. In addition to the provision of family planning information and services, including also information and services which relate to and support natural family planning methods, and the conduct of directly relevant demographic research, population planning programs shall emphasize motivation for small families.

22 USC 2151b(c) Assistance for health programs; special health needs of children and mothers; Child Survival Fund; promotion of immunization and oral rehydration; control of AIDS and tuberculosis…

22 USC 2151b(c)(2)(A) In carrying out the purposes of this subsection, the President shall promote, encourage, and undertake activities designed to deal directly with the special health needs of children and mothers. Such activities should utilize simple, available technologies which can significantly reduce childhood mortality, such as improved and expanded immunization programs, oral rehydration to combat diarrhoeal diseases, and education programs aimed at improving nutrition and sanitation and at promoting child spacing…

22 USC 2151b(c)(3)…The promotion of vaccines for immunization…is an essential feature of the health assistance program. To this end, the Congress expects the agency primarily responsible for administering subchapter I of this chapter to set as a goal the protection of not less than 80 percent of all children, in those countries in which such agency has established development programs, from immunizable diseases by January 1, 1991…

*

The "Notes" section of 22 USC 2151b is where the lengthy Global Health Security and International Pandemic Preparedness and Response Act entered US law after Congress passed it in December 2022.

Readers who want to read it, go to the 22 USC 2151b page,[158] click on the blue "Notes" tab, and scroll down.

Congress enacted this law to comply — as it has in so many other instances in recent decades — with the dictates of the United Nations World Health Organization under the already-binding terms of the International Health Regulations, 2005:

See, for example, the definitions section:

….(2) The terms 'Global Health Security Agenda' and 'GHSA' mean the multi-sectoral initiative launched in 2014, and renewed in 2018, that brings together countries, regions, international organizations, nongovernmental organizations, and the private sector—

(A) to elevate global health security as a national-level priority;

(B) to share best practices; and

(C) to facilitate national capacity to comply with and adhere to—

(i) the International Health Regulations (2005);

(ii) the international standards and guidelines established by the World Organisation for Animal Health;

(iii) United Nations Security Council Resolution 1540 (2004);

(iv) the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological and Toxin Weapons and on their Destruction, done at Washington, London, and Moscow, April 10, 1972 (commonly referred to as the 'Biological Weapons Convention');

(v) the Global Health Security Agenda 2024 Framework; and

(vi) other relevant frameworks that contribute to global health security.

(3) The term 'Global Health Security Index' means the comprehensive assessment and benchmarking of health security and related capabilities across the countries that make up the States Parties to the International Health Regulations (2005).

(4) The term 'Global Health Security Initiative' means the informal network of countries and organizations that came together in 2001, to undertake concerted global action to

[158] https://www.law.cornell.edu/uscode/text/22/2151b

strengthen public health preparedness and response to chemical, biological, radiological, and nuclear threats, including pandemic influenza.

(5) The term 'IHR (2005) Monitoring and Evaluation Framework' means the framework through which the World Health Organization and the State Parties to the International Health Regulations, as amended in 2005, review, measure, and assess core country public health capacities and ensure mutual accountability for global health security under the International Health Regulations (2005), including through the Joint External Evaluations, simulation exercises, and after-action reviews.

Top three program goals listed under Global Health Security and International Pandemic Prevention, Preparedness and Response Act at Section 5561, Enhancing the US' International Response to Pandemics, (a) Leveraging United States Bilateral Global Health Programs for International Pandemic Response:

(1) strengthening vaccine readiness

(2) reducing vaccine hesitancy

(3) delivering and administering vaccines

Related Bailiwick reporting and analysis

- March 28, 2022 - Democidal Master-Class v. Humanity, 1944-present. A working model to shape forthcoming legal reporting on the dual-purpose kill-and-enslave campaign. - "...As currently set up, laws and courts are useless tools in and of themselves, at least in the hands of the global human peasantry, for purposes of protecting our lives and liberties and holding criminals accountable. The criminals wrote the laws decades ago, to render their acts — no matter how heinous or incomprehensible to ordinary people — as fully lawful... I'm focusing on digging in this specific vein — uncovering and explicating the legal frameworks set up at judicial, executive, legislative and administrative levels between the 1944 Public Health Service Act and the present to confuse, frighten, kill and enslave human beings — because I think it's an important piece to understand two key things: (1) Why civil and criminal lawsuits haven't gained any traction over the past two years and won't be any more fruitful in the coming years; and (2) Which specific laws are reinforcing the enslavement and killing programs, and therefore must be deliberately, consciously, openly broken and exposed as inherently illegitimate, and then repealed and stripped of power, by Human Life and Liberty fighters, much as the African-American and white civil rights protestors broke segregation laws. The laws are unjust, derived from false premises. People who care about justice and truth cannot in good faith obey or uphold unjust laws, or be complicit in lies. In the meantime, two small ways to inoculate yourself against the mind-level acts of war: Whenever you read or hear the Master-Class phrase 'public health,' translate it for yourself, in your own mind, as 'chemical and biological genocide.' And whenever you read or hear the Master-Class phrase 'conspiracy theory,' translate it for yourself, in your own mind, as 'observed reality, critically assessed.' "

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

- Feb. 22, 2024 - Government-directed mass murder: legal issues for further research.

* * *

Feb. 26, 2024 - On whole-of-government criminal conspiracies: pandemic preparedness, biological and chemical weapons contracting, and EUA countermeasures. [Response to Jonathan Couey]

This post is for Bailiwick readers who also read and listen to Sasha Latypova's work and Jonathan Couey's work.

Last week, Sasha Latypova emailed to let me know that Jonathan Couey had been discussing my work on his Gigaohm Biological video podcast, stating that Latypova misrepresents my legal research in her public interviews and writing.

I found an email address for Couey in a group message on which we were both recipients, and — based on Latypova's summary of Couey's statements — contacted him to clarify that **Latypova accurately presents my legal research through her own work**, and request that he stop making claims that she misrepresents my work. The email exchange is below. I had not had any email exchanges or conversations with Couey before Feb. 21, I'm not on any social media other than SubStack, and I haven't had further communication with him since I sent my reply on Feb. 22.

Today I listened to Couey's Feb. 21, 2024 podcast to hear what he said about my work and about the relationship between my work and Latypova's work.

From listening to the podcast, it's clear to me that Couey is not familiar with Latypova's body of work in much detail. Couey acknowledged, in the video and in the email thread posted below, that he is not familiar with my body of work in much detail, including my framing of **treason as the foundational crime** underpinning the whole-of-government criminal conspiracy, through acts of treason committed by members of Congress, US presidents, Cabinet secretaries and their legal delegates.

*

Since January 2022, I've worked to assemble an evidence collection documenting changes in statutory, regulatory and other US law — since the 1944 enactment of the Public Health Service Act and establishment of programs covering biological products, communicable disease control, quarantine and inspections; 1969 enactment of the Chemical and Biological Warfare program; 1983 establishment of the public health emergencies program; 1986 establishment of the National Vaccine Program and Vaccine Injury Compensation Program; 1997 establishment of the "expanded access to unapproved therapies and diagnostics" program; 2002 establishment of the National All-Hazards Preparedness and Response Planning, Coordinating, and Reporting program; 2004 establishment of the Emergency Use Authorization program; 2005 establishment of the "targeted liability protections for pandemic and epidemic products and security countermeasures" and Countermeasures Injury Compensation Program (PREP Act liability preemption); 2016 establishment of the "real world evidence" program; 2017 establishment of the "expedited development and review of medical products for emergency uses" program and many more authorization and funding acts

— as the legal foundations for the intentional government-directed sterilizing, sickening and killing programs these acts authorize and fund, which have become more visible through the Covid-19 events that emerged into public view in January 2020.

The essential components of the kill box law evidence collection are public documents available in complete, unredacted and accurate form. The evidentiary package includes dozens of Congressional acts with dated roll call votes and dated presidential signatures; dozens of dated executive orders with presidential signatures; and hundreds of dated regulatory amendments promulgated through Federal Register notices signed by Cabinet secretaries and their delegates.

The basic kill box law evidence (statutes, executive orders and regulations) is supported by corroborating evidence in the form of contracts (often heavily redacted), treaties and treaty-negotiation documents, and other evidence collections.

*

As far as my understanding of Couey's work, I watched a few of Couey's video podcasts in late 2022. I watch very few videos. I prefer to research using documents because documents can be skimmed, stored and searched using keywords in a way that videos can't, unless an accurate transcript is available, and also because dated, signed documents are, in my view, a better form of evidence for building legal cases and drafting legal memos, civil complaints and criminal presentments.

In November 2022, I was specifically interested in Couey's discussion of Ralph Baric's work at the University of North Carolina and purified "infectious clones" as a possible vector for causing self-limiting local outbreaks of symptomatic disease or detoxification responses that could — through coordinated use of mass testing protocols rigged to produce overwhelmingly false-positive results logged on “dashboards” and interpreted for the public by government officials — be falsely attributed to pathogens with potential to cause deadly global pandemics, in order to drive public fear and thus drive public submission to military biochemical weapons falsely labeled as "Covid-19 vaccines."

I was interested in Couey's hypotheses because I regarded them as a set of biologically and epidemiologically plausible mechanisms to explain events as experienced by populations at the individual, community and regional levels.

I was also interested in Couey's hypotheses because of how Robert Malone reacted to them and how Malone presented information about immune dysregulation, "immune imprinting," "original antigenic sin," and "defective interfering particles."

Those topics are important because, in my view, the primary target for the biological and chemical weapons known as 'vaccines' within each recipient's body is the immune system. ‘Vaccine’ weapons as a class are intentionally designed to be immuno-toxic, using techniques developed through decades of immunotoxicology research.

Watt-Couey email exchange

Katherine Watt email to Jonathan Couey, Feb. 21, 2024, 3:48 p.m. Eastern

> Sasha Latypova emailed to let me know that you are claiming on social media platforms (that I don't participate in) that she (Sasha) misrepresents my work.
>
> If you're making that claim, please know that it's false, and please stop making it.
>
> Sasha doesn't misrepresent my work; she represents it better than I do myself, and accurately conveys it to a broader audience than I could reach working alone.
>
> Thank you.

Jonathan Couey email to Katherine Watt, Feb. 21, 2024. 6:07 p.m. Eastern

> I have read this message and acknowledge it. Thanks for taking the time to contact me about this.
>
> I confess I didn't download the movie I listened to where you explained your ideas. But I seem to have understood you as saying HHS and the Executive branch were responsible for unleashing the military on us.
>
> Do you claim that the military acted independently of HHS and the Executive branch? Because on Shannon Joy's broadcast, Sasha seemed to agree that HHS and the executive branch took orders from DOD. Sasha also said the DOD released an agent or agents that made people got the hospital for the death protocols, which I don't think you have ever claimed to believe.
>
> The chain of command was the specific point I speculated you'd disagree with her about. I would contend that the authority in an HHS declared emergency under the PREP act would put HHS in charge of DOD. The DOD does what they are told as I understand things from others I've asked. That doesn't mean I know, so that's why I am asking for information.
>
> Would you want to take a few minutes to clarify your ideas here, or be able to point me to your best video? Maybe I just misunderstood you in the video I saw. I certainly know it was at least a year ago that I last heard you speak on camera.

Katherine Watt email to Jonathan Couey, Feb. 22, 2024, 9:34 a.m.

Thank you for your reply.

My view is that the US illegal chemical and biological military warfare program has been conducted since 1969 as a whole-of-government program under the joint leadership of the US DoD and the HHS. DoD is at the head of the organizational charts in the [Operation Warp Speed] documents, as Sasha correctly reports, and OWS itself was run by General Gustavo Perna.

SecDef and HHS Secretary coordinate with most other Cabinet secretaries, so that the intentional poisoning of populations (here and abroad) using illegal military weapons produced by military contractors, could and still can be deployed disguised as legal medical treatments and prophylactics (including but not limited to vaccines) as part of legal public health campaigns.

The Public Health Service is a branch of the US military, and through federal and state laws, regulations, executive orders, guidance documents and court rulings over the last 20-30 years, military and public health programs have been fully merged, and illegal acts have been rendered legal, for so long as the anti-laws authorizing them remain on the books and are enforced by federal military officers, and federal, state and local law enforcement, public health and judicial officials.

In my view, the only method available to stop the military-public-health killing programs is to repeal and nullify the enabling laws.

If you are interested in further information, please see a 2-page abstract I wrote in January 2023 — Weaponization of Language and Law: US Government Bioterrorism Program from 1969 to Covid[159] and a 9-page legal history memo with 5 pages of citations, that I last updated in May 2023 — Legal History: American Domestic Bioterrorism Program. [160]

I find more laws, regulations and other legal instruments supporting the conclusions outlined above every time I do more research.

A full list of available videos is at the link below — all of my interviews and presentations are there, and a few of Sasha's solo interviews and presentations, but because she does so many more videos than I do, I don't have all of hers linked.

- July 6, 2023 - Video presentations, interviews, slide decks and transcripts.[161]

I recently did a post linking to 15-min, 30-min and 75-min versions of my basic slide deck.

[159] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf
[160] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf
[161] https://bailiwicknews.substack.com/p/video-presentations-interviews-slide

- Feb. 5, 2024 - Presentations in video format, 15 min, 30 min, 75 min, more.[162]

with a transcript of the 30-min version that I presented to CHD lawyers and other CHD people in February 2023 (a year ago) — Katherine Watt briefing on legal kill box for Children's Health Defense lawyers and others.[163]

Thank you again for your reply.

*

Related Bailiwick reporting and analysis:

- Nov. 9, 2022 - Jonathan Couey and Mathew Crawford Gain-of-Purity discussion: new analysis of the virus, lab-manipulation, fraud-on-the-world frameworks
- Nov. 10, 2022 - Legal context for the Couey hypothesis discussions.
- Nov. 12, 2022 - More SARS-CoV-2 and spike protein biology, immunology and vaccinology from Nov. 3 CHD panel discussion with Jonathan Couey, Robert Malone and others.
- Nov. 18, 2022 - Immunomodulation and fear modulation. Plus notes on the current spin-up of the Ebola threat.
- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.
- April 24, 2023 - At-home gain-of-function kits. Biodefense is indistinguishable from biowarfare; the so-called biodefense industry is, in truth, the biochemical munitions industry
- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past. The Monster has only devised means to produce the illusion of deadly global pandemics. And that's all he will ever be able to do.
- Jan. 9, 2024 - Biologic Markers in Immunotoxicology. 1992 report by Subcommittee on Immunotoxicology, Committee on Biologic Markers, Board on Environmental Studies and Toxicology, National Research Council

* * *

[162] https://bailiwicknews.substack.com/p/presentations-in-video-format-15
[163] https://rumble.com/v4axgm3-feb.-9-2023-katherine-watt-briefing-on-legal-kill-box-for-chd-lawyers.html

Feb. 29, 2024 - Poison pills, sinful structures and legal unpalatability. Thinking through possible sequelae to repeal of kill box laws.

This post is for Bailiwick readers with an interest in philosophy and theology as related to human law and an interest in the creative possibilities offered by living during the period of history after the kill box laws are repealed or nullified, whenever and however those laws are struck down. The period of history, that is, when sound legal systems are being rebuilt from the rubble of ruined law.

My thinking and writing are not well-formed yet on these subjects, because they are confusing subjects. Living through a period of history dominated by anti-law masquerading as legitimate law, and watching criminals use anti-law law to hide their crimes and pre-exonerate themselves from future prosecution, is confusing and disorienting.

I hope to work out some of the ideas more clearly and fully over time.

*

Poison pill, corporate finance:[164] "A poison pill is a defense strategy used by the directors of a public company to prevent activist investors, competitors, or other would-be acquirers from taking control of the company." "The goal is to make the accumulation of shares beyond a defined limit financially unpalatable."[165]

*

The most effective legal remedy for the excruciating legal disease of the American kill box laws[166] is Congressional repeal of those laws:[167] a fully-conscious amputation of gangrenous law to protect the life of society, the body politic, from further injury.

And like an amputation without anesthetic, if applied, the remedy will also be excruciatingly painful: it is legally unpalatable.

This is by design. Toxic tripwires are embedded in the laws to discourage members of Congress, who hold the authority to perform the amputation by revoking the legal authorization for the killing programs they and their predecessors granted in the past and continue to extend in the present — from using that authority.

I haven't fully explored this issue yet, and it's among the thorny dilemmas that I believe can and will only be resolved by divine intervention, by mankind turning to Almighty God, Who is the supernatural, supranational, creative and legitimate source of properly-ordered Law strong enough to turn back the forces of anti-law chaos wielded by diabolical, destructive globalists.

---

[164] https://www.investopedia.com/terms/p/poisonpill.asp
[165] https://www.investopedia.com/ask/answers/042015/why-shareholder-rights-plan-called-poison-pill.asp
[166] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[167] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf

During the Q&A part of the Oct. 4, 2023 Iceland event,[168] I articulated the dilemma very briefly, in terms of the division of time into two segments delineated by the hypothetical repeal and nullification of kill box enabling laws.

The laws need to be repealed and nullified, because if they stay on the books, they will be used repeatedly to hurt and kill more people, day after day, year after year. That's why they were put on the books in the first place: to authorize, disguise and pre-exonerate acts that would otherwise be recognized and handled by human societies as outrageous crimes.

And the killers have been very, very clear about their intent to continue using the laws to plan and direct and delegate and pre-exonerate the commission of more of those crimes, during the many future "public health emergencies" they will declare, using the many future "countermeasures" they will deploy.

The legal weapons need to be removed from the killers' hands, to give the people who have survived the first onslaughts, better ability to care for the wounded and dying, and better odds of surviving and thriving in the future with intact bodies and souls.

The gangrenous kill box laws need to be amputated from the body politic so that the rest of the body can granulate new, healthy political tissue at the stump.

But.

Repealing the kill box laws means acknowledging they exist at all; that they have been in force, and enforced — that they had the force of law — prior to repeal, for all the years since 1944 and most visibly and violently and destructively since 2020.

To the extent that society wants the very principle of legitimate rule-of-law to prevail over rule-by-brute-force-hidden-behind-an-anti-law-mask, most of the otherwise criminal acts committed under the authority of the perverted, gangrenous anti-laws — lying, torture, murder, extortion and theft — will be construed as legally unprosecutable.

They will be construed as unprosecutable because when committed — between 2020 and date-of-repeal — most of those crimes were, by definition, not-crimes, especially the not-crime crimes committed by deceived health care workers following HHS Secretary orders and attacking also-deceived targets with illegal, biochemical, military weapons camouflaged — from pharmacists, nurses, and victims — as legal medicinal products.

And because, even though the evidence of the higher crimes of treason and sedition is and will remain readily available, in the form of Congressional roll call voting records on enabling statutes and Presidential signatures on executive orders and Cabinet secretary signatures on Federal Register notices, it will be much more difficult to determine and

[168] https://www.youtube.com/watch?v=pJ6x5MqxVGg

collect solid evidence about when each individual Congress member, president and Cabinet secretary crossed the line.

The kill box laws passed, because most of the members of Congress were led to believe, were deceived into thinking, that they were engaged in lawful governing to prepare for and manage truly life-threatening infectious disease events. Some of those who did the deceiving of Congress members, were themselves deceived into believing the same things.

With time, with experience, with honest assessment of reality, it's possible to understand that the threats presented as ostensible justification are not real. They have been manufactured and theatrically-produced to drive public health officials and Congress toward the actual purpose: transforming rule of law into rule of anti-law to destabilize and weaken society and transfer governing power to outlaw, supranational, globalist institutions.

When did each Congress member finally understand what was really going on? Each public health official? When did each President figure it out, and each Cabinet secretary? Each state governor? Each judge? Each state lawmaker? And for those who haven't yet, when will they?

It's absolutely clear, from the legal history, that the laws were put in place with malicious intent to injure and kill targets using toxic EUA countermeasures during declared public health emergencies. It's not at all clear which specific public health officials, lawmakers and executives possessed that malicious intent, when they first formed the intent, and when — if ever — they will renounce malicious intent, form good intent, and take concrete action to repeal the kill box laws.

In other words, recourse to repeal-of-law, as the remedy to restore soundness to Law itself, because Law has been corrupted by toxic anti-law adopted through normal lawmaking procedures, requires some degree of acceptance that many if not most of the identifiable criminals will never be brought to account for their crimes under human law, in the temporal world.

Again, because when those specific people committed the specifics acts of deceit, torture, murder, extortion and theft they committed, under the provisions of then-in-force anti-law, those acts were lawful, and because some number of those specific people didn't understand the intrinsic evil of the acts they were undertaking.

I focus on supporting repeal and nullification efforts because, in my view, the first priority must be removing the legal weapons from the killers' arsenal, so that the killing programs enabled by the kill box laws can be brought to an end.

I also focus on building cases for treason and sedition prosecutions, targeting the lawmaking, Law-destructive acts that enabled the other criminal acts to be committed without the perpetrators having any legal obligation to fully inform themselves about the

moral dimensions of the acts they would commit, and without fear that they could be stopped by application of legitimate law.

I can see that the double-binds outlined above may well be among the reasons why there are no American lawyers or lawmakers publicly acknowledging the American kill box laws, much less publicly working to generate momentum for repeal and nullification.

Some of the litigators refuse to look at the kill box laws due to greed; they're driven by the irrational hope that the killers have left escape hatches in the walls of the legal kill box. Some of the lawmakers refuse to look at the kill box laws due to terror about the financial consequences that will be unleashed by central bankers in response to legislative acts of resistance to medicalized intentional killing.

Some refuse to look at the kill box laws because the likelihood that many of the perpetrators — high-level and low-level — may well "get away with it," because human law has become so sick that it lacks the moral strength to impose true justice, is such a bitter pill to swallow.

Vengeance belongs to Almighty God alone. The magnitude of the criminal conspiracy is vast, and the depth of the evil profound.

Is it possible for Almighty God to also guide mankind to create good legal structures that could provide some measure of temporal justice for the Covid-era criminals in the decades to come?

Yes. I have no idea what those good legal structures will look like. I find them hard to imagine.

But I'm also mindful that before January 2020, I found the evil legal workings of the human world as laid open to view *since* January 2020, equally unimaginable.

Pray the Rosary.

*

<u>Sinful structures</u>

Malachi Martin, writing in 1990:

> As Christians and Roman Catholics, [Pope John Paul II] insists, we not only can but must speak of 'sinful structures' when we find that such structures are created by men and women who are inspired *uniquely* by economic, financial, political or ideological gain. For in acting out of such motives alone, the builders of such structures violate at least the First Commandment, which forbids the worship of false gods.

When money, ideology, class or technological development dictates exclusively how we behave, then we are in effect worshipping idols, just as surely as if we were to set up a golden calf in the Sinai of our world, ascribe omnipotence to it, and give it our obeisance and adoration.

In that sort of situation, at least one and probably two sinful intentions are operative: an all-consuming desire for profit; and the thirst for power. In fact, as these human attitudes and propensities are built into the structures of our society, they are not merely operative; they quickly become absolutized. They dominate our thoughts, our intentions and our actions. They become the household gods on the mantels of our structures.

The structures themselves, therefore, are rooted in the personal sins linked to the choices and the concrete acts of the individuals to design and introduce those structures, consolidate them, promote them, build their lives on them, define success in their terms, and make those structures difficult to remove.

As such structures grow stronger and spread farther, they become the source of other personal sins. They influence the behavior of increasing numbers of individuals, leading them in turn to violate God's moral law and thus to commit sin.

The originators of those structures have, in other words, introduced into the everyday world of men and women influences and obstacles that last far beyond the actions and brief life span of any individual. The structures are the vehicles of their sins, and can aptly and accurately be described as 'sinful structures.'

-Malachi Martin, *The Keys of This Blood* (1990) at pp. 158-159.

*

Oct. 23, 2023 - On civil suits against Pfizer for "contamination" of Covid-19 biochemical weapons.

A reader sent an email asking for my views on claims that Pfizer is newly vulnerable to civil suits, in the wake of 1) a Michigan state court ruling about the applicability of the PREP Act in cases involving "contaminated" pharmaceutical products and 2) the growing pile of sequencing studies replicating Kevin McKernan's identification[169] of plasmids, SV-40 promoters and other "contaminants" in the DoD biochemical weapons formerly known as "Covid-19 vaccines."

Brief recap of events since 2020:

The alleged manufacturers (Pfizer, Moderna, etc.) did not disclose the ingredients now being found by independent researchers, to the alleged regulators (US-FDA,

[169] https://anandamide.substack.com/p/dna-fragments-detected-in-monovalent

European Medicines Agency, Australian Therapeutic Goods Association, etc.) or to the public.

The alleged regulators did not demand disclosure of ingredients; did not independently evaluate the ingredient claims of the alleged manufacturers; and — even when they noted irregularities (see Latypova memo to Sen. Ron Johnson, Dec. 18, 2022,[170] at p. 4/12, re: EMA Nov. 2020 "rolling review" of Pfizer's Chemical and Manufacturing (CMC) Controls documentation) — did not enforce purity and non-adulteration regulations.

Instead, the alleged regulators granted "approvals" and "authorizations," and instructed populations to submit to injection and shun anyone who wouldn't submit.

Together, the alleged manufacturers and alleged regulators withheld ingredient information and information about regulatory non-regulation, from victims of the DoD's biowarfare campaign formerly known as the "Covid-19 vaccination program."

...the goal (of the Monster-agents pushing for new "contamination" civil suits against Pfizer) is to make it somewhat clearer that PREP Act coverage not only gives killers a "just following orders" defense if they're challenged for doing the things HHS/CDC/DoD orders them to do (lethal injections, hospital homicides) but it also forces them to follow those orders by making the only circumstances under which they can be prosecuted, circumstances in which they don't follow HHS/CDC/DoD orders to the letter.

...for example, HHS/CDC/DoD orders hospitals and health care workers to use Remdesivir, even though in its uncontaminated form, it's deadly.

Hospitals and health care workers that refuse to use Remdesivir are the only ones who are liable under PREP.

That's why the ones who didn't want to be killers have all quit the "Covid wards," and the only ones left are happy to kill...

HHS/CDC/DoD also orders Gilead to produce Remdesivir, to specifications that don't include glass shards. Gilead is only liable to the extent that non-HHS-approved-toxins (ie glass shards) end up in the product...

PREP Act is a legal tunnel to trap health care workers and turn them into criminals.

*

[170] https://bailiwicknewsarchives.files.wordpress.com/2023/02/2022.12.18-latypova-memo-re-cgmp-intentional-noncompliance-12-p.pdf

Related Bailiwick reporting and analysis

- Jan. 13, 2023 - Covid-19 bioweapons and the Defense Production Act of 1950
- March 2, 2023 - Key quotes from Pfizer's April 22, 2022 Motion to Dismiss and US Government's Oct. 4, 2022 Statement of Interest in Support of MtD.
- April 28, 2023 - Draft discovery materials for civil and criminal cases. Useful for promoting understanding that the factual record of events since January 2020 supports the legal conclusion that products labeled 'vaccines' are presumptive injectable biochemical weapons. PDF.
- Aug. 8, 2023 - USA v. Dr. Kirk Moore et al. - "...Moore's case is unusual because the US government is prosecuting alleged criminal acts, allegedly committed by civilians, relating to the products known as Covid-19 vaccines. Most other Covid-19 vaccine cases are civil cases (not criminal prosecutions) and the parties are individual civilians and military personnel as plaintiffs, suing Department of Defense manufacturing contractors (including Pfizer and Moderna) and the US government as defendants — for violations of plaintiffs' civil and constitutional rights..."
- Oct. 26, 2023 - 21 USC 360bbb-3(e)(3) and 360bbb-3a(c): federal law authorizing HHS Secretary to waive current Good Manufacturing Practices (cGMP) for EUA products.
- Dec. 1, 2023 - On 'mandates,' and the irrelevance of informed consent principles in the EUA countermeasures use context. "...I also think PREP Act and related laws legalize federal government to threaten federal contractor businesses and funding recipients (hospitals, nursing homes) that failure to reach vaxx uptake targets will result in loss of contracts and funding. And PREP Act sets up conditions so that the only acts by 'covered persons,' 'program planners' and 'qualified planners' that don't enjoy full civil and criminal liability protection, are acts of resistance. Bribery, coercion, assault and murder do have full liability exemption. Refusal to commit bribery, to coerce other people, to assault other people and to kill them, will strip the PREP Act protections and expose the refusers to civil and criminal prosecution..."

March 2024

St. Joseph and the Christ Child. Painting by Guido Reni.

March 1, 2024 - Tools for illuminating, defying and dismantling kill box laws: collection.

Notes:

This collection of informational and legal tools is being posted March 1, 2024 to replace the previous pinned post, the American Domestic Bioterrorism program timeline,[171] which has been the main post at Bailiwick since April 28, 2022.

I'm still drafting a few documents; if there's no link at a placeholder below, it's because I don't have a good-enough draft done. Will update the collection as I finish other pieces.

*

For individuals and families

- Questions to stimulate curiosity, study and responses to EUA countermeasures.[172]
- Memo Re EUA Countermeasures for doctors, pharmacists, employers, schools, sheriffs, county commissioners and state lawmakers[173]
- Notice of War Crimes to Health Care Providers and Health Insurance Corporations[174]
- Affidavit of Noncompliance[175]

For American litigators: private civil attorneys and public criminal prosecutors (state and federal attorneys general, county district attorneys)

- Legal History: American Domestic Bioterrorism Program[176]; Summary[177]
- Draft discovery materials[178]
- Notes[179]

[171] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[172] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.02.14-questions-to-stimulate-curiosity-re-eua-countermeasures.pdf
[173] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01-memo-to-doctors-pharmacists-sheriffs-commissioners-state-lawmakers.pdf
[174] https://bailiwicknewsarchives.files.wordpress.com/2023/02/notice-of-war-crimes-icd-10-z28.310.pdf
[175] https://5smallstones.com/wp-content/uploads/2022/10/Affidavit-of-Noncompliance-with-Title-Case-Type.pdf
[176] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf
[177] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf
[178] https://bailiwicknewsarchives.files.wordpress.com/2023/08/2023.04.28-discovery-materials-pdf.pdf
[179] https://bailiwicknews.substack.com/p/draft-discovery-materials-for-civil

For American governmental entities that levy and distribute taxes: city/town/municipal, school district, county, state and federal and citizen petitioners

- Medical Countermeasures Awareness Act[180]
- Notes[181]

For American county commissioners and citizen petitioners

- County Resolution to Advise Against Use of Genetic Biologic "Vaccine" Platform Technology[182]
- Notes[183]

For American state legislators, governors, judges and citizen petitioners

- Nullification Procedures Act[184]
- Chemical and Biological Warfare-Public Health Emergency Program Nullification Act
- Notes[185]

For American state legislators, governors, judges and citizen petitioners

- Repeal state public health emergency, emergency management, communicable disease control laws[186]
- Notes[187]

For American members of Congress and citizen petitioners

- Ending National Suicide Act[188] - "An Act to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes."
- Notes[189]

[180] https://bailiwicknewsarchives.files.wordpress.com/2024/02/medical-countermeasures-awareness-bill.pdf
[181] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-3bd
[182] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2024.01-model-county-resolution-advising-against-genetic-injection-of-children.pdf
[183] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-d2e
[184] https://bailiwicknewsarchives.files.wordpress.com/2024/02/model-nullification-procedures-act.pdf
[185] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-d95
[186] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf
[187] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency
[188] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[189] https://bailiwicknews.substack.com/p/ending-national-suicide-act

March 5, 2024 - Four questions and four responses.

Notes:

Occasionally, interviewers provide me with a list of the questions they plan to present, before the recording. That happened for a recent interview aimed at an audience that probably knows very little about the ongoing, intentional, worldwide killing and sterilization project being carried out through use of intentionally injurious military-medical laws, policies, programs and products. I wrote an outline for my responses, which is posted below.

Four questions and four responses.

What are the most important things people need to know right now?

For more than 100 years, the US government, through the military, and specifically through the Public Health Service branch of the US military, in collaboration with private pharmaceutical companies and the UN-World Health Organization, has been intentionally and effectively poisoning the population in the US and worldwide, using products known as vaccines and immunizations (toxic mixtures of active ingredients listed on labels, adjuvants listed on labels, and undisclosed ingredients), and thereby hidden from public understanding.

The intentional poisoning program has been escalating decade by decade. It started smaller and less deadly than it is now.

Due to changes in US law, acts that are crimes in other legal contexts, such as poisoning, battery, torture and homicide, if carried out by vaccines (and many other drugs, devices and biological products) are legal. Perpetrators cannot be held liable under civil tort law and cannot be prosecuted under criminal law.

This intentional poisoning is much more visible to the public because of the Covid-19 events since 2020, so there are more possibilities for stopping the programs.

One of the main methods to carry out the mass deception is false attribution of cause and effect. [For Sage Hana readers familiar with the Day Tapes, these are examples of ostensible reason v. real reason.[190]]

[190] https://sagehana.substack.com/p/but-why-would-they-do-this-made-elevator

Effect - Observed decline in communicable disease, infectious disease burdens since approximately 1950s or earlier.

- False cause, presented by US Gov/military/public health/pharmaceuticals: more available vaccine products and rising vaccine uptake among population.
- Actual causes: Cleaner water supplies, better air quality, better nutrition, better housing, better working conditions.

Effect - Observed increase in chronic diseases such as obesity, diabetes, asthma, allergies, autism, autoimmune disorders, infertility, depression, anxiety, heart disease and cancers since approximately 1950s.

- False cause, presented by US Gov/military/public health/pharma: lifestyle choices, alcohol, smoking, lack of exercise, stress, poor diet, environmental pollutants in air, water, soil, and inherited genetic traits (all of which probably contribute.)
- Actual primary cause - More available vaccine products and rising vaccine uptake among population, especially children, and especially since 1970s.

Effect - Observed positive results from diagnostic tests on "dashboards" and mortality statistics listing Covid as cause of death, since 2020.

- False cause, presented by governments and public health authorities: deadly global pandemic.
- Actual cause - Rigged diagnostic tests, data sets and hospital/nursing home homicide protocols, incentivized by federal funding to hospitals and nursing homes.

Effect - Observed increase in illness, sudden deaths, turbo cancers, among your friends and family since early 2021.

- False cause, presented by governments and public health authorities: Covid or Long-Covid.
- Actual cause: Covid-19 vaccines and other vaccines, damage to organs and organ systems, especially damage to immune system.

How do you know it? How did you find this out? What is the evidence?

My background is in newspaper and online journalism and legal research, as a paralegal for lawyers handling constitutional, civil rights, criminal and environmental law cases.
After I got past the first couple of months of US government messaging and realized it did not align with what I could see happening, I've spent the Covid years doing legal research.
I wanted to understand why the systems that should have been able to correct things weren't working: things like investigative journalism, scientific data analysis, pharmaceutical regulatory agencies like the FDA, lawsuits against government agencies and manufacturers, and state and federal courts.

I followed the court cases that were being filed, to see how the judges handled them, and tracked down the laws being cited by the government officials and pharmaceutical companies in defending their actions.

By January 2022, I had some pieces put together, and a large one fell into place when I heard a podcast about the World Health Organization, International Health Regulations, the 2005 IHR amendments.

2005 IHR required WHO member states to align their domestic laws — statutes, regulations, executive orders, policies, programs — at the federal and state levels, to legalize the government acts that were happening: lockdowns, business and school closures, mandates, firings, school expulsions, military discharges, liability exemptions for manufacturers of toxic products, immunity from criminal prosecution for users of toxic products.

US Congress, US presidents, Health and Human Services, FDA, CDC, Department of Defense, Department of Homeland Security, Department of Justice, governors, state legislatures, etc., complied.

Laws legalizing homicide and other crimes, when committed by people using EUA countermeasures under 'public health emergency' legal conditions, are on the books.
Since January 2022, I've continued doing legal research, building the timeline, and writing about the laws and regulations through which the US Congress, US presidents, US Cabinet secretaries have constructed a "legal kill box."

Kill box is military term to describe a geographical and temporal space in which enemy targets are trapped so they can be killed more easily by military weapons — traditional weapons such as guns and missiles, and now pharmaceutical weapons labeled as drugs, devices and biological products, including all vaccines.

In this case, the sides of the kill box are formed by American laws.

Where can people go for more info?

Bailiwick News on Substack[191]

Main work product, posted April 28, 2022, is called American Domestic Bioterrorism Program.[192] It's a timeline of the changes to law.

It was the pinned post until a few days ago, when I replaced it with a collection of informational and legal tools[193] for understanding and defying the kill box.

But the timeline is linked at the top of that pinned post and I continue updating it as I find more supporting evidence.

I have an Orientation for new readers[194] post, that includes links to about 50 video presentations and interviews on these topics, starting in June 2022.

I also recommend that people follow my colleague Sasha Latypova, a retired pharmaceutical executive, who has compiled evidence from her in-depth knowledge of standard FDA regulatory procedures that were not applied or enforced, because they are not applicable to the specific 'vaccine' products known as "Covid-19 vaccines" and other Emergency Use Authorization or EUA countermeasures. Her evidence collections include data interpretation related to batch variability, (different toxicity profiles for different batches); adverse effects data stored at the VAERS database and non-enforcement of current Good Manufacturing Practice (cGMP) regulations and chemistry, manufacturing and controls (CMC) regulations and much more.

Sasha has done many presentations and interviews that can be found on YouTube, Rumble, BitChute, Odyssey and other video platforms, and she writes a Substack called Due Diligence and Art.[195]

[191] https://bailiwicknews.substack.com/
[192] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[193] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-874
[194] https://bailiwicknews.substack.com/p/orientation-for-new-readers
[195] https://sashalatypova.substack.com/

What are you asking or recommending that people do?

Stop taking vaccines and all other offered biological products — gene therapy, cell therapy, many terms, and stop getting your babies and kids vaccinated. You may have already taken many, you may have already been harmed. But you can make the last one you took, the last one you ever take, so you don't add any more toxins to your system. And you can give your body a chance to heal.

Get rid of your Smartphone. It's the main drip-feed for the false attribution, informational weapons used by the US government/military/public health/pharmaceutical/media complex to mislead people and get people to comply with intentional poisoning programs.

Pray and go to church. The evil of these intentional poisoning programs is massive, and the programs can only be stopped with divine intervention. The men and women who built the kill box legal system have clearly informed the world that they plan to use it again and again in the future to poison and kill more people. I'm Catholic, so I especially encourage people to Pray the Rosary.

Consider working at the individual, county, state and federal level to help more people understand the legal kill box and pressure lawmakers to challenge, repeal and nullify the kill box enabling laws.

Tools are at the pinned post at Bailiwick.[196]

Related:

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb. "...To summarize: On April 2, 2019, effective May 2, 2019, FDA Commissioner Scott Gottlieb changed the federal regulations governing inspection of licensed facilities manufacturing biological products including 'vaccines', from at least every two years to unspecified times; eliminated provisions about what would happen if a licensed facility failed an inspection; and eliminated all inspection duties for FDA inspectors...."

* * *

[196] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-874

March 8, 2024 - Regulatory simulations at home and abroad: Mutual Recognition Agreements

First in series on legal links connecting domestic and international non-regulation of non-medicines.

Related Bailiwick reporting and analysis

- Feb. 15, 2023 - European Commission regulations implementing the global pharma-military kill box
- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.
- April 4, 2023 - Government by silent immobility: an effective ruling innovation developed by the globalists, capitalizing on natural human aversion to hard work, conflict and pain.
- Sept. 26, 2023 - On the European Union lawmaking process.
- Nov. 8, 2023 - Sasha Latypova and Katherine Watt discussing non-regulation of non-medicines known as 'vaccines,' and other US military biochemical weapons.
- Dec. 6, 2023 - More on the workings of the war machine running on public health emergency determinations, PREP Act license-to-kill declarations, and EUA countermeasures
- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- Jan 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'

*

Introduction

Sasha Latypova and I have documented how American pharmaceutical companies have contracted with the US Department of Defense, Department of Health and Human Services and many other federal agencies, divisions and officials, under authorities granted by Congress and US presidents through the 1938 Food Drug and Cosmetics Act, 1944 Public Health Service Act, 1950 Defense Production Act and related statutes, implementing regulations and executive orders, to intentionally, with complete legal impunity, poison recipients of vaccines and other drugs and biological products since January 2020, through the deployment of non-regulated, intentionally toxic medical countermeasures (MCM) under public health emergency (PHE) legal conditions.

Recently, I've been looking at international Mutual Recognition Agreements, and how they fit into the global legal system that enables poisons-labeled-as-medicines to enter

interstate commerce in the US, and also enter international trade, unimpeded by American drug safety regulations and also unimpeded by regulatory systems in other countries.

Mutual Recognition Agreements are mechanisms through which regulatory agencies in one country can legally rely on the claimed validity of another country's regulatory reviews and decisions, to authorize import and use of the allegedly regulated product in the importing country.

International MRAs were put into place in the 1990s, and should be understood as working together with the gutting of US biological product regulation under non-emergency conditions, which predates Covid.

So far, I've identified at least four examples of such rule changes promulgated by FDA officials since 1973 that I hope to describe in future installments of this series.

One of those is the elimination of scheduled FDA inspections of biological product factories and inspector duties, effective May 2, 2019.

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.

Mutual Recognition Agreements and the gutting of US-FDA biological product regulation should also be understood as working together with the Public Health Emergency-Emergency Use Authorization-Medical Countermeasures system, which guts regulatory functions under emergency conditions.

These are examples of redundancies built into kill box laws, layer upon layer, allowing the killers to assure themselves that they will be able to legally continue to kill even if some of the enabling laws and regulations were to be acknowledged and repealed or nullified by Congress, American state governors and lawmakers, and/or state and federal judges.

The takeaway message is this:

Stop taking vaccines.

Every layer of kill box law identified, supports the actionable conclusion that governments are intentionally sterilizing and killing off their populations, and that vaccines and other biological products are the class of weapons they prefer to use.
The killers prefer biological weapons packaged as medicines because it's very difficult for targets to see needles, nasal sprays and skin patches as weapons.

It's very difficult for targets to see pharmacists, nurses and doctors as armed military contractors.

It's very difficult for targets to see neighborhood retail pharmacies and doctors' offices as killing floors.

Memoranda of Understanding and Confidentiality Commitments

During a recent interview, the topic of Memoranda of Understanding or MOUs between the US Food and Drug Administration (FDA) and drug regulators in other countries, came up.

The MOUs I have on file are mostly internal to the United States. They are contracts between different agencies to share information about "medical countermeasures" development, regulation and production among themselves and keep the information out of public view.

- March 2014 - MOU among Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and participating federal agencies[197]: Department of Health and Human Services; HHS Office of the Assistant Secretary For Preparedness And Response (ASPR); HHS-CDC; HHS-NIH; HHS-FDA; Department of Defense; Department of Homeland Security; Department Of Veterans Affairs and Department Of Agriculture covering "information-sharing exchanges" and confidentiality. MOU 225-13-0028.
- Feb. 2016 - MOU between US-FDA and US Centers for Disease Control and Prevention (CDC)[198] "for coordination regarding emergency use instructions for medical countermeasures." MOU 225-16-008.

I also have some confidentiality agreements between the US-FDA and other countries, contracting to share information about drug, device and biological product regulation among themselves and keep the information from the public.

- Sept. 2003 - US-FDA and Swiss Agency for Therapeutic Products (Swissmedic), Confidentiality Commitment[199]
- August 2017 - US-FDA, European Commission Directorate-General for Health and Food Safety, and European Medicines Agency Confidentiality Commitment.[200] EMA/490709/2017, supplementing 2005 and 2010 agreements.

[197] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2014.03.11-mou-225-13-0028-medical-countermeasures-phemce-hhs-aspr-dod-dhs-fda-cdc-nih-usda-va-information-sharing-and-confidentiality-13-p.pdf
[198] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2016.02.22-mou-225-16-008-medical-countermeasures-fda-cdc-emergency-use-instructions-information-sharing-and-confidentiality.pdf
[199] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/2003.09.05-fda-swiss-agency-for-therapeutic-products-swissmedic-agreement-confidentiality-commitment.pdf
[200] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2017.07.31-fda-ema-confidentiality-agreement-us-signed-partly-replace-2005-and-2010-agreements.pdf

While looking at the domestic drug regulation MOUs and international drug regulation confidentiality agreements, I found another form of international contract: Mutual Recognition Agreements.

Mutual Recognition Agreements

Mutual Recognition Agreements or MRAs are international treaties or trade agreements governing the import and export of regulated, manufactured consumer products.

MRAs have been negotiated and signed to enable regulators representing different countries to share information about their regulatory reviews, keep the regulatory information confidential from the public, and defer to each others' legal decisions concerning regulatory compliance, without conducting independent evidentiary collection and assessments.

Political and economic momentum for MRAs developed in the mid-1980s, exemplified by a May 7, 1985 European Council resolution "on a new approach to technical harmonization and standards," followed by EC Resolution 90/C 10/01,[201] "on a global approach to conformity assessment" adopted Dec. 21, 1989, accompanied by the founding of the International Committee for Harmonisation in 1990.[202]

The US-European Union Mutual Recognition Agreement was negotiated in 1997 and 1998, signed in London on May 18, 1998, and entered into force Dec. 1, 1998.

- May 18, 1998 - US EU Mutual Recognition Agreement MRA[203]

The MRA covers several manufacturing sectors, including telecommunication equipment, electromagnetic compatibility, electrical safety, recreational craft, pharmaceutical Good Manufacturing Practices (GMPs) and medical devices.

[201] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1989.12.21-ec-resolution-90c-1001-global-approach-conformity-assessment-.pdf
[202] https://www.ich.org/page/history
[203] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1998.05.18-us-eu-mutual-recognition-agreement-mra-effective-1998.12.01-pharmaceutical-gmp-sectoral-annex-pharma-p-34-of-78.pdf

US-FDA inserted the 1998 MRA sectoral annex provisions on pharmaceutical GMPs into the US Code of Federal Regulations at 21 CFR 26,[204] by Federal Register Notice of Final Rule.

- Nov. 6, 1998 - FDA Notice Final Rule Mutual Recognition Agreement US EU[205] (63 FR 60122)

US and EU officials negotiated an "amended sectoral annex for pharmaceutical good manufacturing practices," signed in 2017, which entered into full force July 11, 2019 after a transition period.

- Jan. 19, 2017 - US EU Mutual Recognition Agreement Amended Sectoral Annex Pharma GMP[206]

Among other provisions relevant to the non-regulation of the non-medicines known as Covid-19 vaccines, Article 9 of the 2017 sectoral annex for GMP "relieved" the "qualified persons" in EU countries who receive drug products imported from the United States of "responsibility for carrying out" batch testing controls,[207] under Article 51, Paragraph 2 of EU Directive 2001/83/EC,[208] Community code relating to medicinal products for human use, as adopted by European Parliament and European Council Nov. 6, 2001.

The US-FDA currently has signed, in-force MRAs covering pharmaceuticals intended for human use with at least 29 countries in Europe.[209]

Effective May 30, 2023, more than half of the participating countries expanded the scope of the Mutual Recognition Agreements to also include animal (veterinary) drugs. Biological products for poisoning livestock are being rapidly developed and deployed on ranches and farms in the US and worldwide.

[204] https://www.ecfr.gov/current/title-21/chapter-I/subchapter-A/part-26
[205] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1998.11.06-63-fr-60123-fda-final-rule-mutual-recognition-agreement-us-eu-revisions-21-cfr-26-regulations-1997.06.20-effective-1998.12.07.pdf
[206] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2017.01.19-us-eu-mra-mutual-recognition-agreement-cgmp-amended-sectoral-annex-pharma-effective-2017.11.01-fully-in-force-2019.07.11-vaccines-therapeutic-biotechnology-derived-1.pdf
[207] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2023.05.31-ema-qa-mutual-recognition-agreement-mra-human-veterinary-can-i-stop-batch-testing-yes-relieved-of-responsibility-effective-2019.07.11.pdf
[208] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2001.11.06-eu-directive-200183ec-medicinal-products-for-human-use.pdf
[209] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2023.05-list-of-fda-european-union-eu-mutual-recognition-agreements-fda-vaccines-not-covered-therapeutic-biotechnology-derived-covered.pdf

Sasha Latypova reporting:

- Oct. 25, 2023 - Genetic Vaccines in Animals/Food Supply, Part 1 - Merck Sequivity[210]
- Nov. 2, 2023 - Genetic Vaccines in Animals and Food Supply - Part 2[211]
- Nov. 28, 2023 - Animal vaccines Part 3[212]

Most European countries were folded into the US-EU MRA treaty through the European Union, with each country's government recognizing the treaty and the amended sectoral annex between November 2017 and November 2019.[213]

Nov. 1, 2017

- Austrian Agency for Health and Food Safety;
- Croatian Agency for Medicinal Products and Medical Devices
- French National Agency for Medicines and Health Products Safety
- Italian Medicines Agency
- Malta Medicines Regulatory Authority
- Spanish Agency of Medicines and Medical Devices
- Sweden Medical Products Agency

March 1, 2018

- Czech Republic State Institute for Drug Control
- Greece National Organisation for Medicines
- Hungary National Institute of Pharmacy and Nutrition
- Romania National Agency for Medicines and Medical Devices

June 1, 2018

- Ireland Health Products Regulatory Authority
- Lithuania State Medicines Control Agency

Sept. 14, 2018

- Portugal National Authority of Medicines and Health Products

Nov. 16, 2018

- Belgian Federal Agency for Medical and Health Products

[210] https://sashalatypova.substack.com/p/genetic-vaccines-in-animals-and-food
[211] https://sashalatypova.substack.com/p/genetic-vaccines-in-animals-and-food-078
[212] https://sashalatypova.substack.com/p/animal-vaccines-part-3
[213] https://www.fda.gov/international-programs/international-arrangements/european-union-eu-mutual-recognition-agreement

- Danish Medicines Agency
- Finnish Medicines Agency
- Latvia State Agency of Medicines

Feb. 7, 2019

- Poland, Main Pharmaceutical Inspectorate
- Slovenia Agency for Medicinal Products and Medical Devices

April 29, 2019

- Bulgarian Drug Agency
- Cyprus Ministry of Heath - Pharmaceutical Services

June 10, 2019

- Luxembourg Ministry of Health, Division of Pharmacy and Medicines
- Netherlands Healthcare Inspectorate

June 26, 2019

- German Central Office of the Federal States for Health Protection for Drugs and Medical Devices

July 11, 2019

- Slovakia State Institute for Drug Control

Nov. 28, 2019

- Estonia State Agency of Medicines

Although Switzerland and United Kingdom are not member-states of the European Union, both are also parties to MRAs with the United States, effective Nov. 1, 2017 for the UK Medicines and Healthcare products Regulatory Agency (MHRA), and July 27, 2023 for the Swiss Agency for Therapeutic Products (Swissmedic).

* * *

March 12, 2024 - Regulatory simulations at home and abroad: statutory and regulatory definitions for drugs, biological products, and biosimilars.

Part 2 of series.

Information to support further reporting on regulation and non-regulation of biological product manufacturing, sample testing, lot-release, use.

Related Bailiwick reporting and analysis

- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.
- Nov. 8, 2023 - Sasha Latypova and Katherine Watt discussing non-regulation of non-medicines known as 'vaccines,' and other US military biochemical weapons.
- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- March 8, 2024 - Regulatory simulations at home and abroad: Mutual Recognition Agreements

*

This overview is focused on the development of *biological product* definitions, statutes and regulations since July 1944, when Congress established the *Regulation of biological products* program under the Public Health Service Act at Section 351, codified at 42 US Code 262.[214]

Biological product manufacturing regulations may be found at 21 CFR Subchapter F,[215] Parts 600 to 680 and related sections of the Code of Federal Regulations as they have developed, especially since 1973.

Key points:

Chemical drugs are produced by quantifiable, predictable, controllable chemical and physical manufacturing processes involving the breaking and forming of chemical bonds; they tend to have smaller molecular structures than biological products.

Biological products are produced by non-quantifiable, unpredictable, uncontrollable biological processes, such as replication and division within living cells and organisms, with widely variable effects on other living organisms when introduced into a recipient. Biological products tend to have larger molecular structures than chemical drugs.

[214] https://www.law.cornell.edu/uscode/text/42/262
[215] https://www.ecfr.gov/current/title-21/chapter-I/subchapter-F

Chemical drugs manufactured using predictable, measurable chemical reactions can be produced and assessed for compliance with purity, potency, activity, safety and efficacy standards.

Biological products manufactured using biological processes cannot.

Drugs vs. Biological Products - Generally

Small Molecule Drugs	Biological Products
Generally low molecular weight	Generally high molecular weight
Usually made by organic or chemical synthesis	Made with/from live cells/organisms ➝ *inherent & contamination risk*
Fewer critical process steps	Many critical process steps
Well-characterized	Less easily characterized
Known structure	Structure may or may not be completely defined or known
Homogeneous drug substance	Heterogeneous mixtures ➝ *May include variants*
Usually not immunogenic	Often immunogenic

Slide: November 2013 - Biosimilar Biological Products, Clinical Investigator Course, FDA[216]

*

Statutory definitions of "drug"

June 30, 1906 - Pure Food and Drug Act, PL 59-384,[217] 34 Stat. 768.

Through the Pure Food and Drug Act, Congress prohibited adulteration and misbranding of drugs, and established civil and criminal penalties for manufacturers producing and distributing adulterated and misbranded drugs.

Congress delegated authority to promulgate and enforce rules and regulations to the Secretary of the Treasury, Secretary of Agriculture, Secretary of Commerce and Labor, and US district attorneys, including "collection and examination of specimens."

[216] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2013.11.13-fda-biosimilar-biological-products-slide-deck-small-molecule-biological-product-comparison-chart.pdf
[217] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1902.07.01-biologics-control-act-pl-57-244-32-stat-728.pdf

Biological products, including "viruses, therapeutic serums, toxins, antitoxins, or analogous products" had been listed in a different Congressional act, signed in 1902 (see below) and were not covered by the Pure Food and Drug Act.

Congress defined "drug" to include

> "...all medicines and preparations recognized in the United States Pharmacopoeia or National Formulary for internal or external use, and any substance or mixture of substances intended to be used for the cure, mitigation, or prevention of disease of either man or other animals."

*

June 25, 1938 - Federal Food Drug and Cosmetics Act, PL 75-717,[218] 52 Stat. 1041.

Through the Food Drug and Cosmetics Act (FDCA), Congress repealed and replaced the 1906 Pure Food and Drug Act, and codified federal food and drug regulation at 21 USC Chapter 9,[219] Sections 301 et seq.

Congress defined *drug* at 21 USC 321(g).

> The term "drug" means
>
> (1) articles recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and
>
> (2) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and
>
> (3) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and
>
> (4) articles intended for use as a component of any article specified in clause (1), (2), or (3) but does not include devices or their components, parts, or accessories.

[218] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1938.06.25-food-drug-cosmetics-act-pl-75-717-52-stat-1040.pdf
[219] https://www.law.cornell.edu/uscode/text/21/chapter-9

Current FDCA Section 201/ 21 USC 321(g)(1)[220]

> The term "drug" means
>
> (A) articles recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and
>
> (B) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and
>
> (C) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and
>
> (D) articles intended for use as a component of any article specified in clause (A), (B), or (C).
>
> A food or dietary supplement for which a claim, subject to sections 343(r)(1)(B) and 343(r)(3) of this title or sections 343(r)(1)(B) and 343(r)(5)(D) of this title, is made in accordance with the requirements of section 343(r) of this title is not a drug solely because the label or the labeling contains such a claim.
>
> A food, dietary ingredient, or dietary supplement for which a truthful and not misleading statement is made in accordance with section 343(r)(6) of this title is not a drug under clause (C) solely because the label or the labeling contains such a statement.

Drugs@FDA Glossary of Terms,[221] last updated Nov. 14, 2017

> A drug is defined as:
>
> - A substance recognized by an official pharmacopoeia or formulary.
> - A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.
> - A substance (other than food) intended to affect the structure or any function of the body.
> - A substance intended for use as a component of a medicine but not a device or a component, part or accessory of a device.
> - Biological products are included within this definition and are generally covered by the same laws and regulations, but differences exist regarding their manufacturing processes (chemical process versus biological process.)

[220] https://www.law.cornell.edu/uscode/text/21/321
[221] https://www.fda.gov/drugs/drug-approvals-and-databases/drugsfda-glossary-terms

Statutory and regulatory definitions of biologics, biological products and biosimilars intended for use in humans, domestic animals

July 1, 1902 - Biologics Control Act or Virus-Toxin Act,[222] 32 Stat. 728.

Through the Biologics Control Act, Congress regulated "sale of and interstate traffic" in viruses, serums, toxins and analogous products, and delegated authority to promulgate and enforce rules and regulations to the Secretary of Treasury, in consultation with the Surgeon-Generals of the Army, Navy and Marine-Hospital Service.

> "No person shall sell, barter, or exchange...any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention and cure of diseases of man...unless (a) such virus, serum, toxin, antitoxin, or product has been propagated and prepared at an establishment holding an unsuspended and unrevoked license, issued by the Secretary of the Treasury [and] ...that the Surgeon-General of the Army, the Surgeon-General of the Navy, and the supervising Surgeon-general of the Marine-Hospital Service, be...constituted a board with authority...to promulgate...such rules as may be necessary in the judgment of said board to govern the issue, suspension, and revocation of licenses for the maintenance of establishments for the propagation and preparation of viruses, serums, toxins, antitoxins, and analogous products..."

March 4, 1913 - Virus-Serum Toxin Act,[223] 37 Stat. 832.

Through the Virus-Serum Toxin Act, Congress regulated preparation and sale of "virus, serum, toxin, or analogous product intended for use in the treatment of domestic animals," and delegated authority to promulgate and enforce rules and regulations to the Secretary of Agriculture.

> "...It shall be unlawful for any person, firm or corporation to prepare, sell, barter, or exchange...or to ship or deliver...any worthless, contaminated, dangerous, or harmful virus, serum, toxin, or analogous product intended for use in the treatment of domestic animals, and no person, firm, or corporation shall prepare, sell, barter, exchange, or ship as aforesaid any virus, serum, toxin, or analogous product manufactured within the United States and intended for use in the treatment of domestic animals, unless and until the said virus, serum, toxin, or analogous product shall have been prepared, under and in compliance with regulations prescribed by the Secretary of Agriculture, at an establishment holding an unsuspended and unrevoked license issued by the Secretary of Agriculture..."

[222] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1902.07.01-biologics-control-act-pl-57-244-32-stat-728.pdf
[223] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1913.03.04-virus-toxin-serum-act-agriculture-37-stat-832-domestic-animals.pdf

July 1, 1944 - Public Health Service Act[224] (PHSA) Section 351, *Regulation of biological products*. PL 78-410, 58 Stat. 702.

Through the PHSA, Congress codified regulation and licensing of biological product manufacturing at 42 USC 262.

PHSA Section 351, Regulation of biological products (1944):

> "Section 351(a) No person shall sell, barter, or exchange, or offer for sale, barter, or exchange...any virus, therapeutic serum, toxin, antitoxin, or analogous product, or arsphenamine or its derivatives (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of diseases or injuries of man unless (1) such...product has been propagated or manufactured and prepared at an establishment holding an unsuspended and unrevoked license..."

Notes

Congress did not place regulation of biological products under the Food Drug and Cosmetics Act, or under the Food and Drug Administration.

Instead, Congress placed regulation of biological products under the control of the Public Health Service, which is a branch of the US military.

Congress provided a list of biological product categories to be regulated under 42 USC 262, but did not provide legal definitions of the specific products to be regulated, instead describing them generally as products "applicable to the prevention, treatment or cure of diseases or injuries of man."

Between 1937 and 1972, biological product regulation was housed in the National Institute of Health Division of Biologics Standards. In 1972, biological product regulation was moved to the FDA Bureau of Biologics, now called the Center for Biologics Evaluation and Research, or CBER.

*

[224] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1944.07.01-public-health-service-act-pl-78-410-58-stat-682.pdf

Oct. 30, 1970 - Heart Disease, Cancer, Stroke, and Kidney Disease Amendments of 1970.[225] PL 91-515, 84 Stat. 1297.

Congress added *vaccine* to the list of biological products subject to manufacturing regulation under the Public Health Service Act.

> Section 351 of the Public Health Service Act [42 USC 262] is amended by inserting, after "antitoxin", each time such word appears, the following: "vaccine, blood, blood component or derivative, allergenic product."

As of 1970, biological products listed by Congress as subject to federal manufacturing regulation under 42 USC 262 included:

> "Any virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or analogous product, or arsphenamine or its derivatives (or any other trivalent organic arsenic compound) applicable to the prevention, treatment, or cure of diseases or injuries of man."

*

Nov. 20, 1973 - Department of Health, Education and Welfare, Food and Drug Administration, Notice of Reorganization and Republication, 38 Federal Register 32048[226]

Through this Federal Register notice, FDA Acting Associate Commissioner for Compliance William F. Randolph announced the consolidation and re-publication of federal regulations governing biological product manufacturing.

Sections included 21 CFR 600, Biological Products: General; 21 CFR 601, Licensing; 21 CFR 610, General Biological Products Standards; 21 CFR 620, Additional Standards for Bacterial Products; 21 CFR 630, Additional Standards for Viral Vaccines; 21 CFR 640, Additional Standards for Human Blood and Blood Products; and three other sections.

[225] https://www.congress.gov/91/statute/STATUTE-84/STATUTE-84-Pg1297.pdf
[226] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1973.11.20-38-fr-32048-fda-biological-product-regulation-baseline-21-cfr-600-to-680-42-usc-262.pdf

FDA defined several terms at 21 CFR 600.3, but did not define the term *vaccine*.

> 21 CFR 600.3 (h) - *Biological product* means any virus, therapeutic serum, toxin, anti-toxin, or analogous product applicable to the prevention, treatment or cure of diseases or injuries of man.
>
> 21 CFR 600.3(h)(1) - A *virus* is interpreted to be a product containing a minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozos.
>
> 21 CFR 600.3(h)(2) - A *therapeutic serum* is a product obtained from blood by removing the clot or clot components and the blood cells.
>
> 21 CFR 600.3(h)(3) - A *toxin* is a product containing a soluble substance poisonous to laboratory animals or to man in doses of 1 milliliter or less...and having the property, following the injection of non-fatal doses into an animal, of causing to be produced therein another soluble substance which specifically neutralizes the poisonous substances and which is demonstrable in the serum of the animal thus immunized.
>
> 21 CFR 600.3(h)(4) - An *antitoxin* is a product containing the soluble substance in serum or other body fluid of an immunized animal which specifically neutralizes the toxin against which the animal is immune.

*

Nov. 18, 1997 – National Defense Authorization Act FY1998,[227] PL 105-85, 111 Stat. 1915. Congress amended 50 USC 1520a,[228] *Restrictions on the use of human subjects for testing of chemical or biological agents.*

In the wake of the Gulf War (1990-1991), during which DoD forced soldiers to submit to batteries of vaccines and toxic exposures in theatre, including burn pits, Congress defined "biological agents."

> 50 USC 1520a(e) ...The term "biological agent" means any micro-organism (including bacteria, viruses, fungi, rickettsiac, or protozoa), pathogen, or infectious substance, and any naturally occurring, bioengineered, or synthesized component of any such micro-organism, pathogen, or infectious substance, whatever its origin or method of production, that is capable of causing—
>
> (1) death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism;
>
> (2) deterioration of food, water, equipment, supplies, or materials of any kind; or
>
> (3) deleterious alteration of the environment.

Note

The November 1997 NDAA section on *biological agents* is one of the main Congressional two-part maneuvers through which Congress appeared to be terminating illegal chemical and biological warfare programs, but actually just moved, renamed and expanded the same programs as public health emergency-medical countermeasures programs.

- May 10, 2022 - Shell game. November 1997. Congress pretended to protect military servicemen and women from forced submission to biological and chemical weapons experiments. But really just transferred the program to FDA.
- Sept. 28, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package

*

[227] https://www.congress.gov/105/plaws/publ85/PLAW-105publ85.pdf
[228] https://www.law.cornell.edu/uscode/text/50/1520a

March 23, 2010 - Biologics Price Competition and Innovation Act, Title VII, Subtitle A of Patient Protection and Affordable Care Act,[229] PL 111-148, 124 Stat. 814-815.

Through the BPCIA, Congress added "protein (except any chemically synthesized polypeptide)" and added a new category of *biosimilars* to the list of biological products subject to regulation under 42 USC 262.

> ...Section 351(i) of the Public Health Service Act (42 U.S.C. 262(i)) is amended—
>
> ...by inserting "protein (except any chemically synthesized polypeptide)," after "allergenic product," and...by adding:
>
> "(2) The term 'biosimilar' or 'biosimilarity,' in reference to a biological product that is the subject of an application under subsection (k) [*Licensure of biological products as biosimilar or interchangeable*], means—
>
> (A) that the biological product is highly similar to the reference product notwithstanding minor differences in clinically inactive components; and
>
> (B) there are no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product.
>
> (3) The term 'interchangeable' or 'interchangeability'...means that the biological product may be substituted for the reference product without the intervention of the health care provider who prescribed the reference product.
>
> (4) The term 'reference product' means the single biological product licensed under subsection (a) [Biologics license] against which a biological product is evaluated in an application submitted under subsection (k).

As of 2010, biological products identified by Congress as subject to manufacturing regulation under 42 USC 262 included:

> "a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein, (except any chemically synthesized polypeptide), or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings"
>
> and
>
> "biosimilar" products.

[229] https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf

Dec. 20, 2019 - Further Consolidated Appropriations Act, 2020,[230] PL 116-94, 133 STAT. 3127

Congress removed "(except any chemically synthesized polypeptide)" — which had been added, with "protein" in 2010 — from the biological products definition.

> Section 351(i)(1) of the Public Health Service Act (42 U.S.C. 262(i)(1)) is amended by striking "(except any chemically synthesized polypeptide)."

As of December 2019, biological products listed by Congress as subject to manufacturing regulation under 42 USC 262 include:

> "a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein, or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings" and "biosimilar" products.

FDA "What is a biological product?[231] (undated)

> Biological products are regulated by the Food and Drug Administration (FDA) and are used to diagnose, prevent, treat, and cure diseases and medical conditions. Biological products are a diverse category of products and are generally large, complex molecules.
> These products may be produced through biotechnology in a living system, such as a microorganism, plant cell, or animal cell, and are often more difficult to characterize than small molecule drugs.
>
> There are many types of biological products approved for use in the United States, including therapeutic proteins (such as filgrastim), monoclonal antibodies (such as adalimumab), and vaccines (such as those for influenza and tetanus).
>
> The nature of biological products, including the inherent variations that can result from the manufacturing process, can present challenges in characterizing and manufacturing these products that often do not exist in the development of small molecule drugs. Slight differences between manufactured lots of the same biological product (i.e., acceptable within-product variations) are normal and expected within the manufacturing process...

*

[230] https://www.congress.gov/116/plaws/publ94/PLAW-116publ94.pdf
[231] https://www.fda.gov/files/drugs/published/Biological-Product-Definitions.pdf

Statutory and regulatory definitions of "vaccine"

Congress established the federal biological products licensing and regulation program in 1944.

Vaccines were added to the list of regulated, licensed biological products by Congressional statute in 1970, and regulatory, licensing functions were transferred from NIH to FDA in 1972. Congress did not define the term *vaccine*.

FDA regulations covering biological product manufacturing, including vaccines, were consolidated and re-published in 1973, and have been amended extensively since.

FDA did not define the term *vaccine*.

In 1976, Congress authorized and funded a nationwide vaccination campaign including liability exemption for manufacturers, for swine flu, (National Swine Flu Immunization Act,[232] PL 94-380, 90 Stat. 1113) without defining the term *vaccine*.

In 1986, Congress authorized and funded a nationwide child vaccination program, including liability exemption for manufacturers and establishment of the Vaccine Injury Compensation Program, (National Childhood Vaccine Injury Act,[233] PL 99-660, 100 Stat 3755, codified at 42 USC 300aa-1 to 34[234]), without defining the term *vaccine*.

Vaccine has not been defined by Congress through amendments to the Food Drug and Cosmetics Act (FDCA), or to the Public Health Service Act (PHSA), and the term has not been defined by the FDA through regulations published in the Federal Register.

In 1987, Congress provided a statutory definition of *vaccine* through in the Internal Revenue Code, 26 USC 4132.[235]

The "*Certain vaccines*" provision authorized collection of excise tax by the Treasury Secretary, from manufacturers, per dose of vaccine sold. The list of taxable vaccines has been expanded since 1987.

> 26 USC 4132a(2) Vaccine.
>
> The term “vaccine” means any substance designed to be administered to a human being for the prevention of 1 or more diseases.

[232] https://www.congress.gov/94/statute/STATUTE-90/STATUTE-90-Pg1113.pdf
[233] https://www.congress.gov/99/statute/STATUTE-100/STATUTE-100-Pg3743.pdf
[234] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XIX
[235] https://www.law.cornell.edu/uscode/text/26/4132

26 USC 4132a(1) Taxable vaccine

The term “taxable vaccine” means any of the following vaccines which are manufactured or produced in the United States or entered into the United States for consumption, use, or warehousing:

(A) Any vaccine containing diphtheria toxoid.

(B) Any vaccine containing tetanus toxoid.

(C) Any vaccine containing pertussis bacteria, extracted or partial cell bacteria, or specific pertussis antigens.

(D) Any vaccine against measles.

(E) Any vaccine against mumps.

(F) Any vaccine against rubella.

(G) Any vaccine containing polio virus.

(H) Any HIB vaccine.

(I) Any vaccine against hepatitis A.

(J) Any vaccine against hepatitis B.

(K) Any vaccine against chicken pox.

(L) Any vaccine against rotavirus gastroenteritis.

(M) Any conjugate vaccine against streptococcus pneumoniae.

(N) Any trivalent vaccine against influenza or any other vaccine against seasonal influenza.

(O) Any meningococcal vaccine.

(P) Any vaccine against the human papillomavirus.

*

Federal public health officials have also published definitions of the term *vaccine* that have not been established by statute or regulation.

Some are dictionary definitions or medical and scientific definitions, including the revised definition promulgated by CDC in September 2021, replacing "a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease," to "a preparation that is used to stimulate the body's immune response against diseases."[236]

CDC-Advisory Committee on Immunization Practices Glossary[237] (ACIP) currently defines *vaccine*:

> A suspension of live (usually attenuated) or inactivated microorganisms (e.g., bacteria or viruses) or fractions thereof administered to induce immunity and prevent infectious disease or its sequelae. Some vaccines contain highly defined antigens (e.g., the polysaccharide of *Haemophilus influenzae* type b or the surface antigen of hepatitis B); others have antigens that are complex or incompletely defined (e.g., *Bordetella pertussis* antigens or live, attenuated viruses).

CDC Vaccines and Immunizations Glossary[238] defines *vaccine*:

> A suspension of live (usually attenuated) or inactivated microorganisms (e.g., bacteria or viruses), fractions of the agent, or genetic material of the [sic] administered to induce immunity and prevent infectious diseases and their sequelae. Some vaccines contain highly defined antigens (e.g., the polysaccharide of Haemophilus influenzae type b or the surface antigen of hepatitis B); others have antigens that are complex or incompletely defined (e.g. *Bordetella pertussis* antigens or live attenuated viruses).

*

[236] https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm
[237] https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/glossary.html
[238] https://www.cdc.gov/vaccines/terms/glossary.html

Brief Analysis

There are many terms for, and/or related to, biological products currently in use.

Statutes, regulations, FDA guidance documents, World Health Organization documents, Mutual Recognition Agreements, and other records include allergen; allergenic product; antitoxin; antigen; biopharmaceutical; biosimilar biological product; biotechnology product; biotechnology; blood, blood component, or derivative; cell therapies; emerging technology in the context of the pharmaceutical and related industries; first interchangeable biosimilar biological product; gene therapies; immunogen; intentionally altered genomic DNA; monoclonal antibody; plasma-derived pharmaceutical; plasma-derived product; plasmid; polypeptide; protein; recombinant protein; reference product; somatic cell therapy; synthetic biological product; therapeutic biotechnology-derived biological product; therapeutic recombinant DNA-derived product; therapeutic serum; vaccine; virus; toxin; and more.

Many of the documents acknowledge the extent to which biological product manufacturing cannot be standardized, such that product purity is an impossible regulatory standard for any biological product to achieve.

Manufacturing quality for a given package of biological material can, at best, contain a percentage of product assayed to be in conformity with contents as described on the label, at the moment of sample testing.

Even if products meet limited, fractional purity standards at the moment of sample testing, the contents of each package are subject to further changes over time due to metabolic processes and byproducts, sedimentation, mixing, temperature changes, degradation and other factors, because the contents are comprised of living, dynamic and therefore non-stable components.

After entering the body of each recipient, each biological product undergoes additional unpredictable, widely variant changes as the components interact with the living organism through billions of biological events.

* * *

Mar 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present.

Don't-ask-don't-tell as applied to vaccines and other difficult-to-characterize, highly-susceptible-to-contamination medical-military poisons.

Related Bailiwick reporting and analysis

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- Feb. 5, 2024 - Feb. 9, 2023 Children's Health Defense Q&A, transcript.

  Catherine Austin Fitts, speaking Feb. 9, 2023 -

  > "...The financial coup started in 1995. There was a budget deal that busted and I was told by a variety of people that quote, 'They have given up on the country and are moving all the money out starting in the fall...'
  >
  > But what is interesting is the month after the bust-up of the budget deal you had the FDA approve Oxycontin. And the HUD, and some of the other agencies, approved predatory lending practices for poor neighborhoods. And suddenly those neighborhoods were being targeted by three things: by Oxycontin and the pill mills; by unbelievable predatory lending which was driving people out; and finally by SWAT teams that were rounding up and stuffing people into slave labor camps is the only way I can describe it...
  >
  > And a series of things started. I call it the Great Poisoning, that we're bringing down life expectancy...
  >
  > We're going to intentionally bring down life expectancy, because if you cannot get the retirement system on a sound financial footing, and there's no political support for that, then your only other way of balancing the budget is to either bring down life expectancy, and or take the money and run, which is what I think has happened..."

- March 8, 2024 - Regulatory simulations at home and abroad: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines.
- March 12, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars. Information to support further reporting on regulation and non-regulation of biological product manufacturing, sample testing, lot-release, use.

As reported in the March 12 post, in November 1973, FDA issued a set of consolidated regulations[239] governing biological product manufacturing under Section 352 of the Public Health Service Act (42 USC 262), including definitions for key terms.

> 21 CFR 600.3(h) *Biological product* means any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention, treatment or cure of diseases or injuries of man:
>
> 21 CFR 600.3(h)(1) A *virus* is interpreted to be a product containing the minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa.
> 21 CFR 600.3(h)(2) A *therapeutic* serum is a product obtained from blood by removing the clot or clot components and the blood cells.
>
> 21 CFR 600.3(h)(3) A *toxin* is a product containing a soluble substance poisonous to laboratory animals or to man in doses of 1 milliliter or less (or equivalent in weight) of the product, and having the property, following the injection of non-fatal doses into an animal, of causing to be produced therein another soluble substance which specifically neutralizes the poisonous substance and which is demonstrable in the serum of the animal thus immunized.
>
> 21 CFR 600.3(h)(4) An *antitoxin* is a product containing the soluble substance in serum or other body fluid of an immunized animal which specifically neutralizes the toxin against which the animal is immune.
>
> 21 CFR 600.2(h)(5) A product is *analogous*:
>
> > (i) *To a virus* if prepared from or with a virus or agent actually or potentially infectious, without regard to the degree of virulence or toxicogenicity of the specific strain used.
> >
> > (ii) *To a therapeutic serum*, if composed of whole blood or plasma or containing some organic constituent or product other than a hormone or an amino acid, derived from whole blood, plasma, or serum.
> >
> > (iii) *To a toxin or antitoxin*, if intended, irrespective of its source of origin, to be applicable to the prevention, treatment, or cure of disease or injuries of man through a specific immune process…
>
> 21 CFR 600.3(p) The word "*safety*" means the relative freedom from harmful effect to persons affected, directly or indirectly, by a product when prudently

[239] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1973.11.20-38-fr-32048-fda-biological-product-regulation-baseline-21-cfr-600-to-680-42-usc-262.pdf

> administered, taking into consideration the character of the product in relation to the condition of the recipient at the time.
>
> 21 CFR 600.3(q) The word "*sterility*" is interpreted to mean freedom from viable contaminating microorganisms, as determined by the tests prescribed in Section 610.12 of this chapter.
>
> 21 CFR 600.3(r) "*Purity*" means relative freedom from extraneous matter in the finished product, whether or not harmful to the recipient or deleterious to the product. "Purity" includes but is not limited to relative freedom from residual moisture or other volatile substances and pyrogenic substances…

*

As noted in the March 12, 2024 post, FDA has never defined the term *vaccine* through rule-making.

After reading through rule-making documents and thinking about things more the last few days, I now think that *vaccines* as a biological product class are defined in 21 CFR 600.3(h).

I think *vaccines* are products "*analogous to*" viruses, therapeutic serums, toxins and antitoxins, for which FDA has promulgated definitions, and *vaccines* are probably also covered by a new category of *protein* added to the list in February 2020.

To wit, in February 2020, at the initiation of fake clinical trials for the biological products unleashed on the world as Emergency Use Authorization "Covid-19 vaccines," then-FDA Commissioner Stephen Hahn issued a Final Rule (85 FR 10057[240]) revising the definition at 21 CFR 600.3(h), *biological product*, to align it with statutory changes made by Congress to 42 USC 262 between 1973 and 2019.

The introductory section now reads:

> 21 CFR 600.3(h) - *Biological product* means a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein, or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings.

And the *protein* category of biological product has been added to the list of defined biological products:

[240] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2020.02.21-85-fr-10057-fda-final-rule-definition-protein-40-amino-acid-21-cfr-600.3h6-biological-product.pdf

> 21 CFR 600.3(h)(6) - A *protein* is any alpha amino acid polymer with a specific, defined sequence that is greater than 40 amino acids in size. When two or more amino acid chains in an amino acid polymer are associated with each other in a manner that occurs in nature, the size of the amino acid polymer for purposes of this paragraph (h)(6) will be based on the total number of amino acids in those chains, and will not be limited to the number of amino acids in a contiguous sequence.

*

Don't-ask-don't-tell was a Clinton-era military policy.

> "Don't ask, don't tell" (DADT) was the official United States policy on military service of non-heterosexual people. Instituted during the Clinton administration, the policy was issued under Department of Defense Directive 1304.26 on December 21, 1993, and was in effect from February 28, 1994, until September 20, 2011…The act prohibited any non-heterosexual person from disclosing their sexual orientation or from speaking about any same-sex relationships, including marriages or other familial attributes, while serving in the United States armed forces…The "don't ask" section of the DADT policy specified that superiors should not initiate an investigation of a service member's orientation without witnessing disallowed behaviors… (Wikipedia[241])

*

The mechanisms for legalized non-regulation of biological products are very similar in structure to "Don't ask, don't tell."

Briefly, since the mid-1990s, citing authority derived from Congressional acts and Presidential executive orders, the Food and Drug Administration has been quietly eliminating its own regulatory functions through Federal Register rule-making notices and Guidance for Industry publications.

FDA has essentially told biological product manufacturers:

> "We're not going to ask you what's in the products that you send out of your factories, and you shouldn't tell us what's in the products that you send out of your factories."

The ostensible reason was to relieve paperwork burdens and costs on pharmaceutical manufacturers. The changes are scientifically pseudo-justified with assertions that manufacturers have developed such excellent internal quality-control processes and technologies, that FDA validation of manufacturer claims about product purity, sterility and safety are no longer needed.

[241] https://en.wikipedia.org/wiki/Don%27t_ask,_don%27t_tell

This is nonsense, as are many other FDA claims to be found in Federal Register notices and guidance documents.

Biological products, including but not limited to vaccines, are inherently heterogeneous, impure, non-sterile, immuno-toxic, and unstable.

FDA lawyers, pharmacologists, toxicologists, factory inspectors and product reviewers know those truths. They have known those truths for many, many decades.

The real reason for the rule changes was to enable biological product factories to be more fully converted to non-regulated, black-box poison factories and to increase the toxicity of the poisons distributed from their loading bays.

As I continue working my way through the documents to understand what happened in more detail and write about it more fully, some relevant records are listed below for readers who are also interested in piecing the story together.

*

Pray the Rosary.

Stop taking vaccines.

*

Documents: deregulation of biological product manufacturing; 21 CFR 600.3, Definitions; 21 CFR 610.2, samples, protocols, lot-by-lot release; etc.

- 21 CFR 600.3 Human biological product definition virus serum toxin antitoxin protein analogous footnote FR revisions
- 1973.11.20 38 FR 32048 FDA Biological product regulation baseline 21 CFR 600 to 680 42 USC 262
- 1980.09.19 PL 96-354 Regulatory Flexibility Act
- 1993.09.30 EO 12866 Regulatory Planning and Review Clinton
- 1995.05.22 PL 104-13 Paperwork Reduction Act
- 1995.11 National Performance Review Reinventing the Regulation of Drugs Made from Biotechnology
- 1995.12.08 60 FR 63048 FDA Notice Interim Definition Rule Elimination lot by lot release biologics 610.2
- 1996.01.29 61 FR 2733 FDA Proposed Rule exempt well characterized elimination lot by lot release testing 21 CFR 610 620 630 since 1973 full product reference standards
- 1996.01.29 61 FR 2739 FDA Proposed Rule Changes to Approved Application
- 1996.05.14 61 FR 24227 FDA Final Rule Eliminate ELA and lot release test biotech synthetic biological products 610.2 42 USC 262 DNA plasmid monoclonal antibody recombinant DNA
- 1997.07 FDA Guidance Post approval Changes Specified Biotechnology Synthetic Biological Products
- 2004.04.08 69 FR 18728 FDA Final Rule supplement approved biological product manufacturing change 600.3(kk) specification
- 2010.02 FDA Guidance characterization qualification cell substrates viral vaccines infectious disease definition purity 21 CFR 600.3(r)
- 2011.06.21 76 FR 36019 FDA Proposed Rule amendments sterility definition 600.3(q) requirements biological products 610.12
- 2012.05.03 77 FR 26162 FDA Final Rule amendments sterility definition 600.3(q) test biological products 610.12
- 2012.05.24 77 FR 30887 FDA Final Rule correct amendments sterility definition 600.3(q) test biological products 610.12
- 2017.01.30 EO 13771 Reducing regulation and controlling regulatory costs Trump
- 2017.03.01 EO 13777 Enforcing the regulatory reform agenda Trump
- 2018.09 FDA Guidance Post-approval Changes to Drug Substances
- 2018.12.12 83 FR 63817 FDA Proposed Rule biological product definition protein 600.3(h)(6)
- 2020.01 FDA CBER Guidance Chemistry Manufacturing Controls CMC Information Human Gene Therapy IND Applications
- 2020.02.21 85 FR 10057 FDA Final Rule definition protein 40 amino acid 21 CFR 600.3(h)(6) biological product
- 2024.02.12 89 FR 9743 FDA Final Rule Biologics License Applications and Master Files deemed rely on DMF

March 18, 2024 - Interview with Refuge of Sinners

New interview

- Feb. 27, 2024 - Woe to those who make unjust laws.[242] (1 hr. 25 min) Speakers: Katherine Watt and Elizabeth, Refuge of Sinners interviewer.

Refuge of Sinners also has several short clips from this interview at Rumble.[243]

Related Bailiwick reporting and analysis

- Feb. 9, 2023 - On the significance of 21 USC 360bbb-3(k): "use" of EUA products "shall not constitute clinical investigation."
- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- March 8, 2024 - Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines.
- March 12, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars. Information to support further reporting on regulation and non-regulation of biological product manufacturing, sample testing, lot-release, use.
- March 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present.

* * *

[242] https://rumble.com/v4jdqr9-woe-to-those-who-make-unjust-laws-an-interview-with-katherine-watt.html?mref=ox58r&mc=3jwbv
[243] https://rumble.com/user/RefugeOfSinners

March 20, 2024 - Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals.

Public health and regulatory systems have consistently hidden those truths behind false claims about the effects of vaccines, and behind legalized non-regulation of biological product manufacturing.

The US Food and Drug Administration and other drug manufacturing regulators claim that drug manufacturing regulation is about assessing product purity, sterility, potency, safety and efficacy to protect humans and animals from impure, adulterated, contaminated, impotent, harmful, and/or ineffective products.

Biological products can be defined as a subset of the larger category of drugs. Biological products are drugs manufactured through biological processes that take place within living organisms. Drugs that aren't biological products are manufactured through chemical processes. Vaccines are included in the biological products class of drugs.

A defining characteristic of biological products, in legal terms, is their rule-governed exemption from regulatory oversight that applies to and is enforceable for drugs manufactured using chemical processes.

One of several defining characteristics of biological products as murder weapons, is their ability to biologically incorporate into the target's body, such that weapons become indistinguishable from victims. Empty vials, syringes and other residual evidence disappears into garbage dumps and medical waste incinerators.

*

Eleanor McBean published a book in 1957 called *Poisoned Needle*.[244]

She carefully documented the history of vaccination lies prior to and since Edward Jenner's cow-pox and smallpox lies. She collected dozens of doctors' observations throughout the 1700s, 1800s and early 1900s, supporting the conclusion that vaccines have always been nothing more than toxic slurries introduced into healthy people and animals for the purpose of making them weaker and sicker and dead, while enabling the poisoners to lie to themselves and to their victims about what they're doing, how and why.

[244] https://archive.org/details/the_poisoned_needle_mcbean

One example from *Poisoned Needle*:

> Dr. J. W. Hodge had considerable experience with vaccination before he denounced it and wrote a book on his collected data. In his [1902] book *The Vaccination Superstition* (p. 41) he states:
>
> "After a thorough investigation of the most authentic records and facts in harmony with the physician's daily observations and experiences, the conclusion is drawn that instead of protecting its subjects from contagion of smallpox, vaccination actually renders them more susceptible to it.
>
> Vaccination is the implantation of disease — that is its admitted purpose. Health is the ideal state to be sought, not disease . . . Every pathogenic disturbance in the infected organism wastes and lowers the vital powers, and thus diminishes its natural resisting capacity.
>
> This fact is well known and so universally conceded that it seems superfluous to cite authorities. Nevertheless, I shall mention one. *The International Textbook of Surgery - Vol. 1.* p. 263, is authority for the following statement: 'Persons weakened by disease or worn out by excessive labor yield more readily to infection than healthy individuals.'
>
> If this is true, it explains why, in various epidemics, smallpox always attacks the vaccinated first, and why these diseases continue to infest the civilized world while its allied (unvaccinated) 'filth diseases' have disappeared before the advance of civilization, through the good offices of sanitation, hygiene and improved nutrition."

*

For the last few years, I've been documenting the development of American public health emergency anti-law[245] as a distinct layer of statutes, regulations, executive orders and court cases that overrides and suspends good laws criminalizing (among other crimes[246]) intentional use of poisons, including vaccines, to injure and kill people.

Public health emergency law as a tool to enable deniable, spatially-distant, time-shifted homicide became more visible because public health emergency law was used to start the Covid-19 killing programs and is still being used to maintain the Covid-19 killing programs.

[245] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[246] https://bailiwicknews.substack.com/p/constitutional-challenges-to-kill

Public health emergency statutes, regulations, executive orders and court cases govern, among other things, non-regulation of poisons (i.e. emergency use authorization/EUA countermeasures[247]) during declared emergencies.

In December 2023, I located a *Federal Register* Notice of Final Rule through which then-FDA Commissioner Scott Gottlieb shut the doors of all biological product manufacturing facilities to FDA inspections, effective May 2, 2019, eight months before public announcement of Covid-19, and more than a year and a half before the Covid-19 mass vaccination campaign got underway in December 2020.

This fact helps to answer the question: How could hundreds of millions of doses be manufactured, shipped and ready for use a few weeks after the FDA's December 2020 "emergency use authorization" decisions? Manufacturing began well before Covid was announced, inside factories not subject to inspection. That's how.

Reading Gottlieb's rule-change a few months ago, I realized that non-regulation of biological product manufacturing under routine, non-emergency conditions, had been in effect — or, rather, non-effect — since long before Covid, and will still be in effect/non-effect even if emergency declarations about Covid and other fake communicable disease and public health threats are revoked someday.

So for the last couple of months, I've been thinking about and collecting more **legal evidence that biological product anti-law under non-emergency conditions *also* suspends or overrides good laws criminalizing (among other crimes) intentional use of poisons to injure and kill people, just as effectively as public health emergency anti-laws do.**

The legal history of routine non-regulation of all biological products can be assembled in the same way the legal history of emergency-predicated non-regulation of EUA countermeasures has been assembled.

Such a collection would document how, over time, built-in exemptions from otherwise applicable, enforceable manufacturing rules, along with rule changes, and explicit notices from FDA to manufacturers (called Guidance for Industry) that FDA would not, will not and does not enforce rules, have rendered biological product non-regulation more non-regulatory as each year has passed.

However, sifting through hundreds of rule changes to track each rule as it's become increasingly inapplicable and unenforceable, is an exercise in grasping at smoke. So I'm not planning to pursue it further, unless an attorney contacts me with a credible proposal for a case that would be strengthened by detailed accounts of FDA *Federal Register* rule-making activities over the past half-century or so.

[247] https://bailiwicknews.substack.com/p/on-the-significance-of-21-usc-360bbb

As an example, in November 1973, just after regulation of biological products transferred from NIH Division of Biologics Standards to the FDA Bureau of Biologics, FDA published a revised, consolidated set of biological product manufacturing regulations at 21 CFR 600 to 21 CFR 680.[248]

At 21 CFR 610.11, the 1973 FDA rules established that the only "general safety" test (GST) required to claim a biological product was safe, was to inject a sample into two mice and two guinea pigs. If the two mice and two guinea pigs didn't get "significant symptoms" or die within seven days, "the product meets the requirements for general safety."

FDA authorized "exceptions to this test...when more than one lot is processed each day" and "variations of this test...whenever required." Manufacturers were directed to apply to the Bureau of Biologics (now the Center for Biologics Evaluation and Research) for exemptions.

After a series of revisions, FDA eliminated general safety test requirements for biological products, effective Aug. 3, 2015 (80 FR 37971).

FDA has made dozens of similar rule changes, weakening and eliminating rules about samples, protocols and lot-by-lot release; establishment and product licensing applications; post-approval manufacturing process changes; mixing, diluting and repackaging and more, including the elimination of facility inspections Gottlieb put in place effective May 2, 2019.

It's important to understand that the acts FDA officials have committed, to eliminate applicability and enforceability of drug manufacturing regulations for biological product manufacturing, have not been acts to eliminate actual regulation of medicines.

They have been acts to eliminate what has, from the start, been pretend-regulation to enable unimpeded manufacture, distribution and use of intentional poisons, so that their true character as poisons could be hidden from and invisible to the public.

*

[248] https://bailiwicknewsarchives.files.wordpress.com/2024/03/1973.11.20-38-fr-32048-fda-biological-product-regulation-baseline-21-cfr-600-to-680-42-usc-262.pdf

A few weeks ago, I located Mutual Recognition Agreements. MRAs are international trade treaties. When signed and ratified by national governments, MRAs authorize national regulators — including drug regulators — to be "relieved of" their regulatory obligations and instead, recognize and rely on the regulatory decisions of other countries' regulators, especially the US Food and Drug Administration.

The two systems interlock.

Under the legal terms of MRA treaties, US-FDA can be legally construed as the sole regulator for worldwide drug manufacturing and distribution systems.

Under the legal terms of the US-FDA drug regulation system, all biological product manufacturing can be legally conducted with no substantive disclosure, monitoring or enforcement of rules controlling purity, sterility, safety, potency, efficacy, raw materials, manufacturing processes, or chemical and biological composition of finished, packaged, distributed products.
Also note, the legal structure of Mutual Recognition Agreements plus FDA-non-regulation-of-biological-products, operates separate from and in addition to the UN-World Health Organization, International Health Regulations system.

National governments interested in shielding their populations from intentional poisoning must withdraw from the United Nations and WHO treaties; must withdraw from the IHR treaty; and also must withdraw from each Mutual Recognition Agreement treaty that subordinates their own federal drug regulation to other countries' regulators, including the US-FDA non-regulation, poison-facilitation system.

*

It's plausible that some simpler biological products (insulin, for example) may have historically been manufactured, and may still today be manufactured, to meet measurable, achievable standards of safety and batch-to-batch consistency, because doing that would help US-FDA and pharmaceutical companies maintain public confidence and reduce the likelihood that the public would begin to see and understand the biological-product-based intentional poisoning program.

It's also plausible that biological products labeled as vaccines have had, for many decades and still today, a high degree of batch-to-batch variation ranging from low to high toxicity, because that also would be a sensible way for US-FDA and pharmaceutical companies to maintain high levels of public ignorance, complacency and compliance with vaccination programs.

Pray the Rosary.

Stop taking vaccines.

Related Bailiwick reporting and analysis

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- Jan. 25, 2024 - Law and Antilaw: 1995 report by Constitution Society
- March 8, 2024 - Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines.
- March 12, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars.
- March 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present.

* * *

March 21, 2024 - Vaccine and related biological product manufacturing as US government-licensed poison manufacturing.

Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS.

Summary of legal history findings to date

The development since 1944, of American statutes and regulations governing US-Food and Drug Administration product licensing functions and non-functions, along with international Mutual Recognition Agreements and public health emergency/emergency use authorization/medical countermeasures law, support the conclusion that *all* biological products allegedly regulated by the FDA for compliance with manufacturing quality standards, distributed and used on the American population — and through MRAs, exported to countries around the world for use on populations worldwide — are in fact, unregulated.

Laws have been written to enable operators of biological product manufacturing facilities to legally make and distribute poisons. Legalized poisons are produced by US military-public health contractors working under black box conditions inside pharmaceutical factories in the US and in countries occupied by US financial, public health and military forces.

FDA, DoD and military-pharmaceutical manufacturing contractors don't take every opportunity to adulterate every production run. They have vested interests in keeping the public in the dark about their legal access to production lines, and the availability of some harmless and/or beneficial products makes it more difficult for people to understand that the chemical and biological weapons emerging from the same factories are weapons.

The toxicity of vaccines and vaccine-related biological products has been incrementally increased over time.

Injuries and deaths caused by vaccines are falsely attributed to communicable disease, inherited genetic disorders and environmental exposures by the same public health, military and pharmaceutical manufacturing executives jointly running the intentional poisoning programs.

*

One of the most striking features of this almost-unimaginably vast military/public-health/pharmaceutical deception program is how the things that don't happen matter as much as — and often more than — the things that do happen.
The records that can't be located are as revealing as, and often more revealing than, the records that can be found.

One vivid example: blank pages enclosed as package inserts with Covid-19 vaccines.

Another example: if there had ever been any legal requirement for FDA to prevent Covid-19 vaccines from harming clinical trial subjects, and from later harming recipients in what many still irrationally insist is a consumer product market, FDA officials would have denied all of the Covid-19 vaccine manufacturers' licensing applications submitted starting in February and March 2020.

FDA would have denied the applications based on evidence accrued since genetic engineering research began, about harms caused to animal and human recipients of cell- and gene-based compounds, lipid nanoparticles, and other components listed on and/or redacted from application documents.

FDA did not deny manufacturers legal access to human targets.

Instead, FDA authorized legal access to several thousand targets in spring, summer and fall 2020, and then authorized legal access to everyone else in the world in December 2020.

Following FDA's failure to deny manufacturers' authorization to conduct what have since been revealed as fake clinical trials,[249] if FDA had held a legal obligation to protect the public from biological product poisons, FDA officials would have immediately halted the alleged clinical trials in mid-2020 upon the first reported adverse effects and deaths.

Failing that, a drug manufacturing regulator with a legal obligation to protect people from harm would have immediately recalled all Covid-19 vaccines as soon as general public recipients in December 2020 and early 2021 started having anaphylactic reactions, developing heart damage and turbo-cancers and dropping dead; as soon as women started shedding decidual casts and miscarrying babies in the womb; and as soon as all the other injuries, diseases and deaths became clearly observable worldwide. (*See,* for example, Pfizer 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports received through Feb. 28, 2021, Table 1 at p. 7[250])

FDA did not halt the pretend clinical trials, and has not recalled the vaccines, ordered the manufacturers to cease production, or ordered pharmacists, nurses and doctors to stop using them.

[249] https://sashalatypova.substack.com/p/eua-countermeasures-are-neither-investigational
[250] https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

National Childhood Vaccine Injury Act

The "mandate for safer vaccines" section of the 1986 National Vaccine Act and the Vaccine Injury Compensation Program offers another good example of events that should have taken place but didn't, and records (recording those events) that should have been produced but weren't.

In November 1986, Congress and President Reagan passed the State Comprehensive Mental Health Services Plan Act.[251]

The National Childhood Vaccine Injury Act section of the act (Title III) amended the 1944 Public Health Service Act to establish and fund a National Vaccine Program; grant vaccine manufacturers legal immunity for injuries and deaths caused by their products; and establish and fund a National Vaccine Injury Compensation Program, all of which was codified at 42 USC 300aa et seq.[252]

At 42 USC 300aa-27,[253] Congress established a "mandate for safer vaccines."

> (a) General rule. In the administration of this part and other pertinent laws under the jurisdiction of the [HHS] Secretary, the Secretary shall—
>
> > (1) promote the development of childhood vaccines that result in fewer and less serious adverse reactions than those vaccines on the market on December 22, 1987, and promote the refinement of such vaccines, and
> >
> > (2) make or assure improvements in, and otherwise use the authorities of the Secretary with respect to, the licensing, manufacturing, processing, testing, labeling, warning, use instructions, distribution, storage, administration, field surveillance, adverse reaction reporting, and recall of reactogenic lots or batches, of vaccines, and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.
>
> (b) Task force
>
> > (1) The Secretary shall establish a task force on safer childhood vaccines which shall consist of the Director of the National Institutes of Health, the Commissioner of the Food and Drug Administration, and the Director of the Centers for Disease Control.
> >
> > (2) The Director of the National Institutes of Health shall serve as chairman of the task force.

[251] https://www.congress.gov/99/statute/STATUTE-100/STATUTE-100-Pg3743.pdf
[252] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XIX
[253] https://www.law.cornell.edu/uscode/text/42/300aa-27

> (3) In consultation with the Advisory Commission on Childhood Vaccines, the task force shall prepare recommendations to the Secretary concerning implementation of the requirements of subsection (a).
>
> (c) Report. Within 2 years after December 22, 1987, and periodically thereafter, the Secretary shall prepare and transmit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report describing the actions taken pursuant to subsection (a) during the preceding 2-year period.

*

The 1986 National Childhood Vaccine Injury Act gave manufacturers immunity from liability for injuries and deaths caused by vaccines listed on the government-recommended childhood immunization schedule.

One of the justifications used to exempt manufacturers from liability was that the US government, through the Department of Health and Human Services, would monitor the childhood vaccine program, collect safety data, report the data to Congress to provide oversight, and take harmful vaccines off the market.

Safety monitoring and reporting as called for in the 1986 law did not occur.

In August 2017, the Informed Consent Action Network[254] (ICAN) filed a FOIA request with HHS, requesting copies of the biennial reports that should have been prepared and submitted to House and Senate committees between 1987 and 2018.

In June 2018, HHS responded to ICAN's request:

> "The [Department]'s searches for records did not locate any records responsive to your request. The [HHS] Immediate Office of the Secretary (IOS) conducted a thorough search of its document tracking systems. The Department also conducted a comprehensive review of all relevant indexes of HHS Secretarial Correspondence maintained at Federal Records Centers that remain in the custody of HHS. These searches did not locate records responsive to your request, or indications that records responsive to your request and in the custody of HHS are located at Federal Records Centers."

[254] https://icandecide.org/get-informed/?t=25

Informed Consent Action Network v. US-HHS, (1:18-cv-03215-JMF), resulted in a July 9, 2018 stipulation[255] signed by Attorney Robert F. Kennedy Jr.

The stipulation quoted the June 2018 acknowledgement, by HHS, that HHS had no record of any safety monitoring activity or public, Congressional reporting of the childhood vaccination program, under the 1986 law, between 1986 and 2018.

Later two reports were located, filed on May 4, 1988[256] and July 21, 1989[257] (partial, no appendices). The 1988 and 1989 reports addressed vaccine promotion, vaccine supply, vaccine research activity (see, for example, pp. 67-78 of 1988 report), and set-up of reporting and data analysis programs.

Since 1989: nothing.

HHS has never systematically collected or reported information from parents, pediatricians, toxicologists, manufacturers, or anyone else about harms caused by childhood vaccines administered in single doses, combined doses (i.e. measles-mumps-rubella), or cumulative doses (the childhood schedule), and HHS has never collected or reported information about the harmful effects of biological components, chemical adjuvants, preservatives or any other ingredients.

*

What would a true vaccine monitoring, reporting and product safety program have looked like?

It would have included detailed records of:

- Date, time and location of vaccine administration, including the name of the nurse or other health care worker who administered the vaccine, and the doctor who ordered the vaccine.
- Parent and doctor observations of symptoms of injury in the baby and child post-vaccination: what the symptoms were, when they occurred in relation to the vaccine, how long they lasted, how severe they were, whether they were transient or chronic, and whether the parent was subsequently advised to refrain from further vaccination of the child.
- Serial number of the vaccine vial, identifying the manufacturing facility by name and address, lot number, batch number, date of manufacture, and names of

[255] https://www.icandecide.org/wp-content/uploads/2019/09/Stipulated-Order-copy.pdf
[256] https://www.documentcloud.org/documents/5835885-Report-1.html
[257] https://www.documentcloud.org/documents/5835886-Report-2.html

production line workers who prepared the batch, separated out the lot, and filled the vial.

- Dates, times and shipping methods through which the vaccine vial was shipped from the factory and received by the doctors' office, hospital or pharmacy.
- Storage and handling of the vaccine vial by the employees at the doctors' office, hospital or pharmacy.
- Each chemical and biological component listed or not listed on the vaccine label, including chemical and molecular structure, raw materials, cell lines, active ingredients, adjuvants, preservatives and all other components.
- Each manufacturing protocol used at each step in the production process, fully describing the chemical and biological reactions, procedures and methods used to make each component of the vaccine, including the final, finished product.
- Names of the suppliers of each chemical and biological ingredient; date and time at which each ingredient was delivered to the vaccine factory; name of the employee who received the delivery.
- FDA inspections of the manufacturing facility during the period when the vaccine was manufactured, including date and time of inspections and names of the inspectors.
- Samples and protocols from the lot, submitted by the manufacturers to the FDA Bureau of Biologics, including date, time, shipping method and name of the person who submitted the samples and protocols.
- Samples and protocols from the lot, received by the FDA Bureau of Biologics, including date, time, shipping method and the name of the person who received the samples and protocols.
- Results of sample and protocol testing, by FDA inspectors, validating that the sample contained the compounds listed on the label; did not contain any compounds (adulterations or contaminants) not listed on the label; and that the protocol the manufacturer reported using, in fact yielded a chemically and biologically identical final product when applied by an FDA inspector to the same ingredients in the same sequence using the same methods.
- FDA written certification of each lot for release, distribution and use, including names of FDA inspectors, signatures and dates of lot-release.

*

The July 2018 ICAN-HHS stipulation supports the conclusion that none of those regulatory functions have been performed, no records of vaccine manufacturing regulation have been produced by FDA or regulated manufacturers, and no records have been collected, assessed or used by HHS.

No vaccine manufacturing safety regulation has been conducted by FDA, NIH, CDC or any other HHS department, at any time since Congress passed the 1986 "mandate for safer vaccines."

Or, if such evidence has been collected, it's been collected under classified military data collection systems, to confirm and refine national vaccination programs as an effective chemical and biological weapons production and distribution system capable of deniably inducing rapid death (i.e. Sudden Infant Death Syndrome) and chronic diseases including asthma, allergies, neurological disorders, gastrointestinal disorders, autoimmune disorders, heart disease, diabetes, obesity, cancer and other immune-mediated diseases.

Pray the Rosary.

Stop taking vaccines.

*

Related Bailiwick reporting and analysis

- March 23, 2022 - Why Pfizer and Moderna and FDA are working toward government authorization to inject babies and small children.
- April 22, 2022 - Permanent corporate liability exemption for vaxx manufacturers. "…By rulemaking that was proposed April 4, 2018 (83 FR 14391), announced Dec. 2, 2021 (86 FR 68423), and went into effect Jan. 3, 2022, CDC already made the Covid vaxx manufacturers permanently immune from civil liability for injuries and deaths inflicted on people through government-mandated injection of their products. HHS/CDC added "and/or pregnant women" to "children" on the list of vaccine recipients that, when a vaccine is on the 'recommended' list, puts compensation for injuries and deaths exclusively in the Vaccine Injury Compensation Program…"
- Sept. 28, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package.
- Nov. 18, 2022 - Immunomodulation and fear modulation. "…*Engineering immunodeficiency*. Manipulating a target population to have decreased immunity could increase the impact of a biological attack. This goal could be pursued either by manipulating a pathogen to simultaneously reduce immunity and cause disease (Jackson et al., 2001) or by separately introducing an immune-suppressing agent and a bioweapon into a target population…"
- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons. "…a legitimate production facility, such as a vaccine plant, could be commandeered to grow seed cultures into militarily significant quantities of agent within a period of weeks."
- Aug. 8, 2023 - USA v. Dr. Kirk Moore et al. "…a useful defense strategy would be for Moore to ask the DOJ to prove two things: 1) That the US government ever produced and delivered any regulated pharmaceutical products or 'vaccines' to his business premises and; 2) That the contents of any vials that may have passed through Moore's office included any ingredients complying with any alleged 'vaccine' labels, information sheets or product specifications listed in applications submitted to FDA and other regulators. DOJ can't provide that proof, because it doesn't exist. The proof doesn't exist, because the products allegedly delivered to Moore's office, which he and his staff allegedly improperly disposed of, were and are prohibited biological and chemical weapons, manufactured and adulterated with a wide variety of known and unknown ingredients. These biochemical weapons are exempt from, and therefore non-compliant with, all pharmaceutical regulation. As such, DoD, CDC and FDA took great care to not produce any pharmaceutical chain-of-custody paper trail between suppliers, manufacturers, distributors, 'vaccinators' and targets. If they can produce any chain of custody records at all, those records will demonstrate that the products are military-grade biological and chemical weapons passed through the Strategic National Stockpile — not handled by regulated pharmaceutical distributors — under direct military

control from the point at which raw materials entered production facilities to delivery of finished vials to retail pharmacies, medical offices, drive-through vaccination centers and other points of dispensing."

- Oct. 28, 2023 - Whatever is in the biochemical weapons bearing Pfizer and other pharma labels, is there because US SecDefs and their WHO-BIS handlers ordered it to be there. "…What Malone, Steve Kirsch and other DoD spokesmen are doing is a distraction maneuver to keep attention away from the intentional toxicity of the biochemical weapons, the DoD/WHO control of the programs, and the fact that "biodefense" is camouflage for straight-up State-sponsored biowarfare, conducted by bringing pharmaceutical companies into the military-industrial-Congressional complex, calling bioweapons "vaccines," and terrifying people into taking them under "public health emergency" and "pandemic" narratives…"
- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- Jan. 9, 2024 - Biologic Markers in Immunotoxicology. "…The effects of toxicants on the immune system can be expressed in two ways. Excessive stimulation can result in hypersensitivity or autoimmunity; suppression can result in the increased susceptibility of the host to infectious and neoplastic agents…"
- March 8, 2024 - Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines.
- March 12, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars.
- March 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present.
- March 20, 2024 -Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals. Public health and regulatory systems have consistently hidden those truths behind false claims about the effects of vaccines, and behind legalized non-regulation of biological product manufacturing.

* * *

March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws.

Repeal of state public health emergency laws (PDF[258])

How to draft a bill for a state legislature to repeal state-level emergency management, public health emergency, and communicable disease control laws.

Contents:

- Note about intended users
- Synopsis: Model State Emergency Health Powers Act (MSEHPA)
- Steps for state legislators and governors to repeal public health emergency laws
- Sample repeal bill

Note about intended users

This how-to guide is intended for readers who have read and understood the documentary evidence base for three premises:

> Global pandemics of deadly communicable disease pathogens are not possible, whether the allegedly highly-transmissible and highly-virulent pathogen is natural or lab-manipulated;
>
> Global pandemics of deadly communicable disease can and have been simulated, using laws (communicable disease control law, public health emergency law); local, self-limiting dispersal of biologically-active poisons; falsified/manipulated diagnostic, medical coding and epidemiological data; and mass media propaganda.
>
> Public health emergency law is part of a mass-deception program used to generate public fear, facilitate biodefense racketeering, promote compliance with economic and military-pharmaceutical homicide programs, and shorten human lives.

Supporting the conclusions:

> Public health emergency law is about centralizing political power to legalize crime, and lawmakers who understand and object to the legalization of crime have sound moral and legal reasons to repeal public health emergency and communicable disease control laws, and shut down public health, emergency management and communicable disease control programs.

[258] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf

If you do not yet understand the evidence, and would like more information, please see legal and regulatory analysis by Katherine Watt[259] and Sasha Latypova.[260]

*

Synopsis: Model State Emergency Health Powers Act (MSEHPA)

Emergency-predicated centralization of government authority within the federal executive branch has a long history in the United States.

Examples of Congressional acts signed by US Presidents to consolidate executive power in response to circumstances construed as national emergencies include the Trading with the Enemy Act (1917), Emergency Banking Act (1933), Reorganization Act (1939), Public Health Service Act (1944), War Powers Resolution (1973), National Emergencies Act (1976), Robert T. Stafford Disaster Relief and Emergency Assistance Act (1988), PATRIOT Act (2001), Agricultural Bioterrorism Protection Act (2002), Public Health Security and Bioterrorism Preparedness and Response Act (2002), Homeland Security Act (2002).

Executive legislation has also been enacted to expand executive emergency power, taking the form of executive orders and agency regulations published in the *Federal Register*. Many US states have also enacted state-level general emergency management laws, mostly during and since the 1970s.

In 2001, public health lawyers affiliated with Johns Hopkins University, Georgetown University and the US Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) published a Model State Emergency Health Powers Act (MSEHPA).[261]

The MSEHPA was drafted to further override constitutional separation of powers and centralize state-level executive authority on public health emergency predicates, including communicable disease outbreaks. The ensuing lobbying campaign drew momentum from false-flag anthrax attacks in September 2001.

Several related model acts are in circulation, including the Model State Public Health Privacy Act (1999); Model State Public Health Act (2003) and Uniform Emergency Volunteer Health Practitioners Act (2007).

[259] https://bailiwicknews.substack.com/p/orientation-for-new-readers
[260] https://sashalatypova.substack.com/p/summary-of-everything-and-quick-links
[261] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/11/2001.12.21-johns-hopkins-model-state-emergency-health-powers-act-msehpa-copy.pdf

These model acts, combined with deception campaigns providing false information to federal and state lawmakers and the public about biological threats, biodefense, biosecurity, bioterrorism, emerging infectious diseases and related topics, have been used to lobby state lawmakers to expand government authority to apprehend, detain, injure and kill people and seize private property during declared public health emergencies.

Since 2001, state legislatures and governors have updated and amended state legal codes to enact many provisions of the MSEHPA.

MSEHPA:

> "The Model Act is structured to reflect 5 basic public health functions to be facilitated by law:
>
> (1) preparedness, comprehensive planning for a public health emergency;
>
> (2) surveillance, measures to detect and track public health emergencies;
>
> (3) management of property, ensuring adequate availability of vaccines, pharmaceuticals, and hospitals, as well as providing power to abate hazards to the public's health;
>
> (4) protection of persons, powers to compel vaccination, testing, treatment, isolation, and quarantine when clearly necessary; and
>
> (5) communication, providing clear and authoritative information to the public."

Since January 2020, federal and state public health, military and law enforcement officials have demonstrably used federal and state public health emergency laws to commit acts of fraud, extortion, theft, torture, homicide, and other crimes, by characterizing Covid-19 as a global pandemic of a life-threatening communicable disease, and by characterizing criminal acts as components of a lawful, coordinated, necessary, life-saving, government emergency response program.

Under existing federal and state laws, fraudulent, non-validated government claims about the existence, transmissibility and virulence of communicable disease pathogens form the legal basis for government declarations, determinations, executive orders, expenditures, policies and programs.

Under existing federal and state laws, fraudulent, non-validated diagnostic tests form the legal basis for government acts classify, apprehend, detain and treat tested persons

as public health threats, as 'asymptomatic,' 'precommunicable,' or symptomatic carriers of non-validated communicable disease pathogens.

Note: Presidential Executive Order 13295, as amended by EO 13375, 13674 and 14047, currently in force under 42 USC 264, classifies non-specific respiratory diseases as "quarantinable" diseases,[262] including "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled" and "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

Under existing federal and state laws, fraudulent, non-validated data about the safety, efficacy, purity, potency and sterility of drugs, devices and biological products form the legal basis for government officials to contract with pharmaceutical companies to develop, manufacture, purchase and deploy emergency "medical countermeasures" used to intentionally injure and kill recipients.

Federal and state government acts legalized by public health emergency laws include but are not limited to issuance of public health emergency declarations, determinations and executive orders; establishment of fraudulent diagnostic testing programs and epidemiological 'dashboards;' imposition of school and business occupancy limitations and closures; mask mandates; hospital homicide protocols (sedation, dehydration and starvation); and military-pharmaceutical homicide protocols (vaccine mandates).

Public health law, and especially civil and criminal liability exemptions under the Defense Production Act (1950), "Good Samaritan" laws, National Childhood Vaccine Injury Act (1986), and the PREP Act (2005), have given public health and military officials; manufacturers and regulators of biological products, drugs and devices; pharmacists, nurses, doctors, school administrators, public and private employers and other individuals, license to kill.

*

[262] https://bailiwicknews.substack.com/p/on-the-historical-development-and

Steps for state legislators and governors to repeal public health emergency laws

If you are a state lawmaker interested in repealing your state's crime-enabling public health emergency laws, or a citizen interested in lobbying your state lawmakers to repeal crime-enabling public health emergency laws, the following information may be useful.

STEP 1 - Identify public health emergency laws enacted by your state legislature and governor.

Several organizations collect this data, including Network for Public Health Law,[263] Temple University Center for Public Health Law Research,[264] and National Conference of State Legislatures.[265]

For example, the Network for Public Health Law produced a table in 2012,[266] summarizing some of the state-level public health emergency laws that had been enacted through 2011.

Column headers referred to sections of the 2001 Model State Emergency Health Powers Act:

§ 104(m) - Defines public health emergency or like term.
§ 301 - Public health emergency reporting
§ 401 - Public health emergency declaration
§ 404(a)(1) - Suspension of laws
§ 502 - Access/control of facilities and properties
§ 603 - Vaccination/Treatment
§ 604, 605 - Isolation & Quarantine
§ 608 - Licensing of health care workers
§ 804 - Immunity for state/private actors.

For example, some of the Texas state laws identified in the 2012 table include:

§104(m) - Texas Codes Annotated §81.003(7). Defines "public health disaster" and "public health emergency."

§301 - T.C.A. §81.041(f) - Authorizes state health commissioner, "in a public health disaster," to "require reports of communicable diseases or other health conditions from providers."

[263] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf
[264] https://lawatlas.org/topics
[265] https://www.ncsl.org/health/state-quarantine-and-isolation-statutes
[266] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2012.06-msehpa-network-for-public-health-law-report-re-states.pdf

§401 - T.C.A. § 81.003(7)(a) - Defines "public health emergency" as a "determination" issued by commissioner, in the form of an "emergency order."

§401 - T.C.A. 81.082(d) - Authorizes commissioner to renew "public health emergency orders" in 30-day increments.

§502 - T.C.A. 81.082(c-1) - Authorizes commissioner to designate health care facilities "capable of providing services for the examination, observation, quarantine, isolation, treatment or imposition of control measures."

§603 - T.C.A. § 81.085(i) - Authorizes commissioner to "impose an area quarantine coextensive with the area affected" by a communicable disease outbreak; authorizes health department officers to demand individuals disclose "immunization status;" and authorizes law enforcement officers to "use reasonable force to secure a quarantine area and...prevent an individual from entering or leaving the quarantine area."

STEP 2 - Locate the online database for your state's laws and identify the public health emergency, emergency management and communicable disease control sections. Titles of the laws vary from state to state.

You may find public health emergency law under titles such as:

- Public Health Emergency Response Authority
- Public Health Disaster
- State Public Health Emergency
- Public Health Emergencies
- Emergency Management
- Emergency Management and Security
- Emergency Services Act
- Military Affairs and Civil Defense
- Militia and Military Affairs
- Law Enforcement, Emergency Management and Military Affairs
- Military, Emergency Management and Veterans Affairs
- Disaster Preparedness Act
- State Disaster Preparedness Act
- Homeland Security Act
- Control of Diseases of Public Health Importance
- Disease Control and Threats to Public Health
- Prevention of Spread of Communicable Diseases
- Quarantine and Isolation

- Reporting requirements for infectious or contagious diseases and conditions
- Good Samaritan Act
- Limitation on liability for medical care or assistance in emergency situations

In Texas, for example, T.C.A. § 81 is located in the Texas Health and Safety Code, under Title 2, Health, Subtitle D, Prevention, Control, and Reports of Diseases; Public Health Disasters and Emergencies, at Chapter 81.

Chapter 81 is titled "Communicable Diseases; Public Health Disasters; Public Health Emergencies"[267]

Texas Health and Safety Code, Chapter 81 was enacted in 1989 as the "Communicable Disease Prevention and Control Act." It has been amended and expanded by Texas legislators and governors in 1991, 1997, 1999, 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021 and 2023.

You can find related laws by reading.

For example, Texas Health and Safety Code §81.009(a) recognizes "exemption from medical treatment," and authorizes detention and isolation of an individual who declines treatment. §81.009(b) revokes recognition of the right to be "exempt from medical treatment," stating it "does not apply during an emergency or an area quarantine or after the issuance by the governor of an executive order or a proclamation under Chapter 418, Government Code (Texas Disaster Act of 1975)."

Chapter 418 is titled "Emergency Management"[268] and is located in the Texas Government Code, Title 4, Executive Branch, Subtitle B, Law Enforcement and Public Protection.

Texas Government Code Chapter 418 was first enacted in 1975 as the "Texas Disaster Act" and has been amended and expanded in 1987, 1995, 1997, 2005, 2007, 2009, 2011, 2013, 2019, 2021 and 2023.

Continue your legal research until you've located all the state laws addressing communicable disease control, public health emergencies, and emergency management in your state.

NOTE: The Texas example provided above, and used for the sample repeal act below, is not a complete list of all relevant Texas laws that should be repealed. It's a demonstration of how the investigation process starts, intended to help readers conduct legal research in their own states.

[267] https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm
[268] https://statutes.capitol.texas.gov/Docs/GV/htm/GV.418.htm

STEP 3 - Draft a repeal bill and provide it to your state lawmakers.

If:

> (1) You understand how state public health emergency laws have already been used to injure, kill and steal from the people of your state, because you have seen those laws invoked and applied since January 2020, and
>
> (2) You don't want your governor or state health officials to exercise existing legal authority to extend Covid-19 emergency policies and programs further, and you don't want your governor or state health officials to declare additional public health or other emergencies in the future; exercise legal authority to deploy state and local public health and law enforcement officers and federal military officers (National Guard); expel you and your children from schools, businesses, workplaces and public facilities; enforce masking, social distancing, occupancy and medical treatment mandates; and apprehend, detain, assault, torture and kill people on false, non-validated and impossible-to-validate premises

Then:

(1) Draft a short bill (sample below) and give it to state lawmakers in your state who can repeal the relevant laws.

(2) Help your state lawmakers understand the lies that they and their predecessors have been told, which led to the passage of the state public health emergency, communicable disease control, and emergency management laws.

(3) Urge your state lawmakers to repeal the public health emergency, communicable disease control, and emergency management laws.

*

Sample repeal bill

XX TEXAS Legislature
YY Session

[Senate bill] S. XX or [House bill] H. YY

AN ACT to repeal T.C.A. § 81, Texas Health and Safety Code, Chapter 81, "Communicable Disease Prevention and Control Act," and T.C.A. §418, Government Code, Chapter 418, "Texas Disaster Act" [and related acts]

FINDING that public health emergency management and communicable disease control laws have been enacted under false pretenses and used to facilitate the commission of crimes and civil torts against the People of Texas,

Be it enacted by the Senate and House of Representatives of the State of Texas assembled,

SECTION 1. Repeal of Texas Disaster Act of 1975, as amended.

> Texas Government Code, Chapter 418, "Texas Disaster Act of 1975," as amended 1987, 1995, 1997, 2005, 2007, 2009, 2011, 2013, 2019, 2021 and 2023, is hereby repealed.

SECTION 2 - Repeal of Texas Health and Safety Code, Chapter 81, Communicable Disease Prevention and Control Act, 1989, as amended

> Texas Health and Safety Code, Chapter 81, Communicable Disease Prevention and Control Act, 1989, as amended 1991, 1997, 1999, 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021 and 2023, is hereby repealed.

Passed the Senate: _____ [Date]
Passed the House: _____ [Date]
Attest:

Related Bailiwick reporting and analysis

- Nov. 23, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults.
- Jan. 20, 2024 - On the historical development and current list of ‘quarantinable communicable disease.

* * *

March 29, 2024 - On a July 2022 petition filed by state AGs, asking HHS to give up three of the five predicates HHS uses to consolidate executive power on public health emergency pretexts.

Meryl Nass, highlighting a petition filed by the Attorneys General of fifteen US states in July 2022:

- March 28, 2024 - In 2022 17 State Attorneys General tried to overturn an initial transfer of health sovereignty to the WHO by Obomber[269]
- March 28, 2024 - You are not excited about the AG petition because you did not read it! It is DYNAMITE[270]

Notes

After the US Department of Health and Human Services (HHS) refused the states' petition in October 2022, Texas and Oklahoma filed a federal case in January 2023.

The federal judge dismissed the case by order dated Aug. 18, 2023, and the Texas and Oklahoma AGs chose not to appeal the decision to the circuit court of appeals.
PDF links to the case documents below.

Oct. 17, 2023 - Texas and Oklahoma v. US Department of Health and Human Services and Xavier Becerra: case documents

> It would be good if some state AGs filed a new complaint, challenging the first two definitions of a "public health emergency" as promulgated by HHS by regulatory notice on Jan. 19, 2017,[271] in addition to the latter three definitions the states have already challenged during this first litigation.
>
> The states should challenge HHS to provide any factual, evidentiary basis for the claim that a "public health emergency" is different from the mere fact that human beings sometimes get sick, sometimes recover (with or without treatment), and eventually, inevitably die.
>
> This would help expose other fraud-based elements of the global criminal enterprise, including mass-testing of populations to present pseudo-diagnostic data to the public, fraudulently characterized as evidence that a pandemic is occurring.

[269] https://merylnass.substack.com/p/in-2022-17-state-attorneys-general
[270] https://merylnass.substack.com/p/you-are-not-excited-about-the-ag
[271] https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-00615.pdf

To pursue this legal strategy, state AGs will need to reject the foundational lie they have swallowed hook, line and sinker to date: that a pandemic happened.

They will need to understand the Covid-19 fraud in its entirety — from the centuries of propaganda-based preparation (fear-mongering and pharmaceutical idolatry) that created the conditions for the present-day crimes to occur, right through to the intentional misrepresentation of illegal US DoD biochemical weapons as FDA-regulated "Covid-19 vaccines" and the injury and death toll caused by the intentional military attacks as conducted within each state.

They will also need to reckon with the role that their own states' disease surveillance, detention, quarantine and forced treatment laws[272] play in 1) maintaining many mutually-reinforcing public fictions and 2) rendering their state populations vulnerable to State-sponsored mass theft, mass torture and mass murder conducted under public health law pretexts...

Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past.

...One reason why the Texas federal judge dismissed the petitioner states' case against Xavier Becerra and the Department of Health and Human Services is that the judge didn't think the states presented any evidence of actual harm, concrete injury or threatened imminent injury to the people living in the states.

HHS argued, and the judge agreed, that the harm from the WHO-based definitions of "public health emergency" were speculative, hypothetical, conjectural, and therefore the states lacked standing.

Soon, the next "deadly global pandemic" performance will begin.

If and when state AGs file new cases to protect state residents from "public health emergency"-predicated arrest, detention, torture and murder, it will be very important that they incorporate the information that has so painfully been brought into the light these last few years.

They must lay out the evidence that "deadly global pandemic" stories are fiction.

They must incorporate the facts about the injuries and deaths caused in each state by use of products known as "Covid-19 vaccines" under Emergency Use Authorization status: the actual harms and concrete injuries.

[272] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency

They must lay out how deployment of EUA products, as covert biochemical weapons, is directly connected to HHS declarations that a "public health emergency exists."

And they must lay out how HHS declarations that a "public health emergency exists" are directly connected to all five of the legal definitions inserted into American regulatory law through the January 19, 2017 edition of the Federal Register, and connected to the whole system of treaties and laws built to enable State-sponsored mass murder,[273] which grows more ripe for dismantling with every passing day...

*

Case documents - Texas, Oklahoma v. HHS, Becerra

- 2016.08.15 HHS Notice of Proposed Rulemaking 81 FR 54230 Communicable Disease Control Public Health Emergency
- 2017.01.19 HHS Federal Register Final Rule Communicable Disease Control Public Health Emergency 82 FR 6890
- 2022.07.18 Petition for Rulemaking Texas Oklahoma v. HHS
- 2022.10.31 HHS refuse Oklahoma petition for rulemaking Texas Oklahoma v. HHS
- 2023.01.18 Texas Oklahoma v HHS Becerra WHO PHE
- 2023.03.27 Texas Oklahoma v. HHS Defendants Brief MtD
- 2023.05.01 Texas Oklahoma v. HHS Plaintiffs Opposition to MtD
- 2023.05.15 Texas Oklahoma v. HHS Defendants Reply in further support MtD
- 2023.08.18 Texas Oklahoma v. HHS Order Dismissal Lack of Standing

Related

- March 22, 2023 - On the utility, for inducing peaceful compliance with violent globalist control-and-kill programs, of presenting fake threats as real. Plus war criminal Xavier Becerra extends the public health emergency, effective March 15, 2023, using slightly-different wording.
- Aug. 28, 2023 - March 15, 2023 and May 11, 2023 HHS Dictator-Secretary determinations and declarations.

* * *

[273] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

April 2024

Virgin of the grapes. Pierre Mignard.

April 02, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.

Question forwarded to me this morning:

> I am trying to find the information presented by Katherine Watt on the World Health Organization and International Health Regulations treaty going into effect without signatures or Congressional oversight needed.
>
> Could you send this to me? I am trying to get it before legislators.

I responded with links to a few posts.

Interested readers can use the information to help state and federal lawmakers and judges and state governors see and more fully understand the legal predicaments into which Congress and US Presidents have placed themselves and the American people.

It's impossible to get out of a legal cage whose walls are invisible to the prisoners.

But it is possible to break down the walls of a legal cage when the walls become visible to the prisoners and the prisoners work to tear them down.

*

April 4, 2023 - Government by silent immobility: an effective ruling innovation developed by the globalists, capitalizing on natural human aversion to hard work, conflict and pain.

> ...Under the IHR amendment process, the default position is that amendments adopted by "consensus" at the World Health Assembly each May are automatically enforceable in each member state 24 months later...
>
> IHR amendments adopted this way automatically go into force in all the WHO member countries 24 months after the WHA acts, *unless* within 18 months of being notified about the amendments, any individual government moves, speaks and sends a letter saying "No, we don't agree to this..."
>
> The WHO Constitution and International Health Regulations created and now keep in place the global kill box[274] and the American statutory and regulatory

[274] https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w

framework,[275] through the criminal complicity and nonfeasance of Congress, US Presidents, Cabinet secretaries, state governments, and federal and state courts.

The United States delegation to WHO led the most recent round of [May 2022] amendments, which were submitted by HHS Assistant Secretary Loyce Pace to the United Nations/World Health Organization on Jan. 18, 2022[276]…

Two of the US-proposed, WHA-adopted amendments will reduce the time windows between WHA adoption and automatic enforcement at the nation-state level…

Currently, to the extent that the WHO governmental procedures are construed as legitimate by nation-state governments, no Senate or Parliament, or President/Prime Minister, or health secretary anywhere in the world has an opportunity or an obligation, to review, debate, vote on, formally ratify or put his or her signature on any IHR amendments…

It's important to note that, because the US delegation is the source of the May 27, 2022 amendments to the 2005 International Health Regulations, the odds of the same delegates, or the President, sending a rejection letter to reject those amendments, are very small…

The odds go up if social and political pressure continues to build, pushing more members of Congress and federal judges to overcome their default setting of silence and immobility, and choose to deal with the Constitutional crisis in a loud, confrontational way instead…

*

April 6, 2023 - On enforcement mechanisms wielded against non-compliant nation-states.

…[Reader questions] What entity or agency or person/people does the actual enforcing? Who? What form would the "enforcing" take? What would be the consequences of just refusing?

[Response]

Some national leaders have been assassinated…

[275] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[276] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2022.01.18-us-loyce-pace-submit-us-proposed-ihr-amendments-to-who.pdf

But the primary enforcement mechanism, as I understand the structure of the global extortion system, is financial.

National governments that don't comply lose access to international banking systems: transaction processing; loans; manageable interest rates on borrowing; currency stability; aid packages. Everything. The lifeblood of their economies is drained…

Cyprus circa 2012-2013[277] was one demonstration of the system as it functions at the nation-state level, as was the 2013 Vatican shutdown to *de facto* (if not *de jure*) eject Benedict XVI from the papacy…

We're currently living through a global demonstration of the extortion/enforcement system, with one salvo fired in 2007-2008 with the Great Financial Crisis[278], and a second salvo launched in August/Sept. 2019 with the overnight repo rate crisis[279] followed immediately by the falsified "pandemic" as the massive systemic shock pseudo-justifying implementation of long-prepared economic and political centralization plans. The criminals call it “policy coordination.”…

The salvo that started in late summer 2019 is still going on, and poised for an intensification as the dollar is being forced out of its reserve currency status, the injections continue to kill off populations, and sovereign governments continue to be hollowed out through infiltration, corruption, bribery, extortion, blackmail, censorship, propaganda and demoralization…

Many of those things are very old methods for overthrowing enemy nation-states, repeated throughout history.

The difference is that for the past century or so, those methods have been used with far greater precision, coordination and durable effects by non-State actors (central banking families) to destroy all of the national governments, countries and populations around the world simultaneously…

[V]arious sub-sets of the central banker class have some different and conflicting goals.

But they try to set those differences aside and work together as much as possible to achieve the goals on which they can agree: killing lots of people and weakening the survivors (physically, economically, socially, religiously and politically);

[277] https://en.wikipedia.org/wiki/2012%E2%80%932013_Cypriot_financial_crisis
[278] https://en.wikipedia.org/wiki/2007%E2%80%932008_financial_crisis
[279] https://en.wikipedia.org/wiki/September_2019_events_in_the_U.S._repo_market

stealing lots of resources and productive assets; and centralizing lots of power in their own hands...

*

Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

A reader asked me to provide my understanding of the legal instruments governing exercise of political authority during declared public health emergencies, and how the United Nations World Health Organization International Health Regulations (IHR, 2005); the current proposed IHR amendments; and American statutes, regulations, executive orders and other domestic legal instruments, fit together within that legal framework.

Nutshell:

My understanding is that all officers of US federal and state governments are subordinated to the US Secretary of Health and Human Services for the duration of any 'public health emergency,' as unilaterally declared by the HHS Secretary, using authority placed in his hands through domestic kill box laws enacted through the mechanisms of Congressional votes and presidential signatures.

And the HHS Secretary himself, and the US federal and state government officials he controls for the duration of any declared 'public health emergency,' are subordinated to the UN and WHO, under the terms of international agreements adopted and sustained by the mechanism of silence/inaction/non-rejection/non-withdrawal by Congress, presidents, federal and state courts, and state legislatures.

The HHS Secretary serves two functions: he's an administrator, tasked by his United Nations supervisors with implementing and directing UN-WHO military-public health policies and programs in the US, and he's a dictator in his relationship to other branches and officers of the US government, the governments of the 50 states, and the people...

...I regard [these] as the most effective forms of resistance to the ongoing mass murder programs and strengthening of the walls of the global kill box:

Repeal and nullification[280] of the domestic implementing laws, at the federal and state level, by Congress,[281] state legislatures,[282] and federal and state courts whose

[280] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-d95
[281] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[282] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency

members understand that 'public health emergencies' are camouflaged power grabs...

I think US domestic law has already transferred sovereign government functions to the United Nations World Health Organization, such that current IHR amendments, (if the United States remains a UN and WHO member), and when they enter into force, will increase the speed, expand the scope and strengthen the force of the geopolitical coup that that has already taken place.

But they won't comprise a new theft of sovereignty...

Further, I don't think there are any substantive political mechanisms to directly intervene or stop the adoption or amendment of international legal instruments, because there is no political nexus between ordinary people and global governing institutions. Treaties are contracts between nation-states, not between governments and those who are governed. The men and women coercing public submission to their edicts — through supranational institutions — have no political subjects or constituents...

As Roguski has reported, the World Health Assembly adopts IHR amendments by “silence procedure,” consensus mechanisms; there is no recorded vote. IHR amendments then enter into force in member-states through non-rejection mechanisms, which are also silent. Unless the legislature and executive formally file notice of rejection or reservation with the WHO Director-General, before the end of the interval specified in Article 59 of the IHR (2005), the amendments enter into force at the end of another, short interval.

They are self-executing.

As also laid out in Article 59, member-states are obligated to "adjust domestic legislative and administrative arrangements fully" to align them with IHR provisions within that entry-into-force time interval, by adopting implementing statutes and regulations (kill box laws) that are triggered when trigger conditions are met...

Article 56, Sections 1-3 of the IHR lay out procedures for state parties to resolve disputes about the "interpretation or application" of the regulations, including mechanisms for negotiation, mediation, conciliation, and compulsory arbitration. As a June 2022 Congressional Research Service report noted, "To date, no WHO Member State has ever invoked the Article 56 process against another Member State."

None have needed to, because Article 56, Section 4 recognizes that WHO member-states, including the United States, are also controlled by the coercive power of other "international agreements" and "intergovernmental organizations," such as the Bank for International Settlements and World Trade Organization, which are empowered to use financial mechanisms to enforce the terms of the WHO Constitution and the IHR on the US Government and the people of the United States.

To avoid or reduce the financially destructive wrath of the BIS, WTO and other supranational organizations, governments of sovereign countries have subordinated themselves to the United Nations: they have "adjusted domestic legislative and regulatory arrangements" to comply with the WHO-IHR...

*

Related

- Feb. 2, 2022 - January 19, 2017 Federal Register. US Health and Human Services final rulemaking, WHO International Health Regulations, and human liberty.
- March 17, 2022 - On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation.
- April 7, 2022 - Responding to Steve Kirsch, James Roguski and others. World War Biochemistry has been underway for decades, key battle won by World Health Organization silently in January 2020.
- Oct. 27, 2022 - How can HHS, DOD and DHS be 'foreign terrorist organizations?'
- Jan. 6, 2023 - US no longer Constitutional republic; domestic deployment of military has been pseudo-legalized
- March 30, 2023 - Sen. Ron Johnson gets senators on record re: international contracts that enslave Americans to globalists through the World Health Organization and pharmaco-martial law.
- Sept. 24, 2023 - 51 Congress members co-sponsoring Rep. Andy Biggs HR-79, WHO Withdrawal Act.
- Oct. 17, 2023 - Texas and Oklahoma v. US Department of Health and Human Services and Xavier Becerra: case documents Re: WHO "public health emergency of international concern" declarations as legal triggers for US public health emergency programs.
- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past.
- Dec. 20, 2023 - Ending National Suicide Act. Draft bill for 118th Congress. "…An Act to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes."
- March 29, 2024 - On a July 2022 petition filed by state AGs, asking HHS to give up three of the five predicates HHS uses to consolidate executive power on public health emergency pretexts.

* * *

April 03, 2024 - On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s. Part 6 of series.

Bailiwick reporting and analysis

- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons
- May 26, 2023 - 93 biochemical weapons to decline whenever a medical mercenary offers them to you or your children
- Nov. 8, 2023 - Sasha Latypova and Katherine Watt discussing non-regulation of non-medicines known as 'vaccines,' and other US military biochemical weapons
- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb
- March 8, 2024 - Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines
- March 12, 2024 - Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars
- March 15, 2024 - Part 3: Deregulation of biological product manufacturing, mid-1990s to present
- March 20, 2024 - Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals
- March 21, 2024 - Part 5: Vaccine and related biological product manufacturing as US government-licensed poison manufacturing

*

March 24, 2024 - Katherine Watt email to Sasha Latypova

> I've been thinking about the FDA regulation and guidance changes that sped up during the 1990s. Since the FDA's function regarding biological products, especially vaccines, was non-regulatory from the beginning because the contents have always been toxic mixtures intended to harm recipients, I wondered why they would need or want to get rid of or change the way the earlier rules were/are inapplicable and unenforceable.
>
> Part of the reason has to do with pretend-oversight events by Congress, such as after thalidomide in the late 1950s, after some Government Accountability Office (GAO) and news reports about vaccines in the early 1970s, and then after the military anthrax vaccine events in the early 1990s. After each such event, a new shuffling of departments and/or set of non-rule rules came into play.

I think another reason is that the non-regulation rules had to be aligned with technical improvements in the ability to sequence biological and genetic samples.

If it's correct that the 1990s were the beginning of more widespread laboratory access to equipment and computer software capable of processing samples and producing a more accurate, detailed gene map of what was in the samples, and the graduates of more biology and chemistry programs would have known how to use that equipment and interpret that data as they started filling the lab positions at FDA, then there would have been a need to make sure that the equipment either never got installed at FDA, or got installed in alignment with proper indoctrination of the incoming FDA lab technicians/inspectors alongside the elimination of the procedures for manufacturers to submit samples and protocols to be tested by the FDA technicians.

Probably that also aligned with the increased ability of the poisoners to insert specific types of damaging gene fragments, with a greater knowledge about what those sequences would do in vivo.

In other words, the poisons pre-1990s were somewhat more crude, and since 1990s are somewhat more refined. Still dirty bombs,[283] but dirty bombs whose components can increasingly be identified, as the separation chemistry techniques and software and sequence-matching databases get better.

Kevin McKernan's work is an example of what an FDA technician could have done, if the manufacturers had had to submit samples, and if FDA had had to run the samples and produce accurate, public reports about the results.

Does this line up with what you know about the development of chromatography and related techniques, equipment, software and databases since the 1990s?

*

March 24, 2024 - Sasha Latypova email to Katherine Watt

Yes, in general this would be the evolution.

Kevin McKernan's lab is a good example. He is set up to perform only one aspect of impurity testing: plasmid DNA removal.

There are many more things that would need to be tested properly to identify RNA stability, LNP stability, other impurities, etc.

[283] https://bailiwicknews.substack.com/p/mrna-lnp-compounds-are-cellular-genetic

The evolution of tools to characterize what is being produced by bio-chemistry methods is very important.

I didn't work in the area of biologics, so I am not too familiar with these methods and the current state of technology.

From what I read in Pfizer's leaked manufacturing documents, however, a very large portion of the characterization techniques were either missing or de-novo invented by Pfizer, and thus were black box, unvalidated, non-standard techniques that would normally require a separate approval. So, this area of manufacture is basically still an unknown.

They can't demonstrate that they make what they claim. It is, of course, on purpose.
This also explains why FDA removed all the requirements for testing samples by the inspectors in 2019, because they knew there is no way to do this, and the inspectors themselves would have raised concerns.

*

From another email exchange, with a reader who holds the view that the killers possess the knowledge and manufacturing methods to develop “high quality heterogeneous products that specifically target multiple physiological processes and cause variable expected (on target) and unexpected disease (off target) outcomes.”

Sasha Latypova:

There is no "gene targeting" whatsoever.

They cannot manufacture what they claim they do.

As I said in an interview with Malik,[284] their CRISPR and other "gene targeting" claims amount to claiming that they can bake a loaf of bread with exact number of holes of exact size in exact locations.

They cannot do that.

They can't even make the loaves weigh the same every time.

The manufacturing quality control is non-existent.

They don't even have methods to evaluate LNP size, and can't figure out what those might be.

[284] https://docmalik.substack.com/p/152-sasha-latypova-on-the-covid-19

Katherine Watt:

> I think researchers who have studied Gardisil, Covid-19 and other vaccines have correctly identified some of the mechanisms of injury caused by some of the possible contents of the studied products, keeping in mind that the main sources for information about what may be in the products, are manufacturers, who provide only false and incomplete/redacted information to regulators and regulators, who provide only false and incomplete/redacted information to the public and to academic researchers.
>
> My understanding of all vaccines — based on my understanding of drug manufacturing, communicable disease control, and public health emergency law — is that since the beginning of their modern use, as far back as the mid-1800s, then increasing use starting in the first decade of the 20th century, vaccines have been mixtures comprised primarily of fragments of foreign (xeno) proteins whose basic function is to interfere with and damage normal cells and normal cell growth, division, repair and destruction processes.
>
> The exact composition of each batch, lot and vial contents is not predictable, because the manufacturing processes themselves don't lend themselves to standardization. Biological products result from biological processes, which are complex and highly variable. As sequencing equipment and techniques became more sensitive and widely available in the 1990s, the protein fragments have become increasingly identifiable, but the only way to identify all of the fragments in each vial, would be to test all of the contents, leaving none for use.
>
> Also, identification of all the fragments would lead to public knowledge of their inherent and intentional toxicity; this is why the regulatory systems had to develop more complex written forms and justifications for non-regulation over the last several decades.
>
> The chemical components (i.e. adjuvants and preservatives) have their own toxicity profiles, and are more subject to standardization.
>
> On a population-wide scale, therefore, people who want to induce infertility, cancer, heart disease, autoimmune disorders, and all the other observed disorders that have increased throughout the 20th century and exploded since 2021, have not needed or wanted, and still do not need or want, predictability of effect for a given vial or dose (or series of doses), as used on a specific individual.
>
> They need and want widespread, non-critical trust in the class of products known as vaccines combined with mass, ongoing, serial use of the products, which are widely varying, protein-fragment-rich and toxic-chemical-rich mixtures whose

compositions are highly unpredictable and which are not subject to testing to identify their contents before use.
The less predictable the effects on a per-dose, per-target basis under social conditions of high, non-critical trust in vaccines as a product class, the better for the killers, because the chain of causation is more difficult to discern.

The only change the killers have needed or wanted to introduce over time to increase infertility, cancers, and other causes of premature death, has been to increase the concentration and variety of the toxic protein fragments and toxic chemical compounds, while maintaining and increasing non-critical public trust in the product class and increasing the number of doses on the child and adult immunization schedules.

They maintain the high levels of non-critical public trust in the vaccine product class, in two main ways.

First, they attribute all observed adverse effects to non-vaccine causes and attempt to discredit and suppress all information that correctly identifies vaccines as intentional toxins, preventing sound investigation into vaccines as the primary causes.

Second, they suggest that if, hypothetically, some vaccines have some adverse effects, those effects are due to specific, predictable, identifiable components with specific, predictable, identifiable effects, thus reinforcing the false notion that vaccines generally are a class of products whose contents and effects are specific, predictable and identifiable, thus maintaining and/or increasing non-critical public trust in the product class.

This is why I'm working to disrupt public trust in the entire class of products known as vaccines, not only Covid-19 vaccines.

One way to confirm or refute the claim that all vaccines are heterogeneous mixtures of intentional toxins, would be to subject vials of all vaccines promoted by the CDC through the child and adult immunization schedules, to complete, accurate genetic sequencing and chemical analyses, at research laboratories equipped with the appropriate sequencing and analytical tools and databases.

That’s why complete, accurate, publicly-reported genetic sequencing and chemical analysis of vaccines isn’t done and why FDA changes biological product manufacturing rules over time, to more fully legalize the non-conduct of such investigations.

* * *

April 5, 2024 - Congressional acts passed between 1990 and 2022, implementing the World Health Organization, International Health Regulations (2005)

I received an email today, as one recipient among a group blind-copied by the email sender. The email topic was soon-to-be-in-force amendments to World Health Organization, International Health Regulations (2005).[285]

Excerpt:

> [Question from another person on the email chain, to the email author] "Do you know the implementing legislation that incorporates the IHR into US domestic law (Federal law)?
>
> [Email author's response] No. I believe that everyone just states that it is legally binding on the U.S. from an international agreement point of view, but I know of no implementing legislation."

*

I replied to the sender:

The answer to your correspondent's question, and your bolded response, is the package of public health emergency law laid out in the American Domestic Bioterrorism Program timeline,[286] and all related reporting and presentations about the implementation of IHR provisions in US domestic law.

Some of the Congressional laws passed, funded and implemented, focusing on 1990 to 2022, plus a few related executive orders and other legal instruments, are below.

These acts of Congress, signed into law by Presidents, have put the IHR regulations into US domestic law, mostly at seven statutory sections, which I've identified and drafted a Congressional repeal act to address.[287]

1. Quarantine and Inspection, 42 USC §264 to 272
2. Chemical and Biological Warfare Program, 50 USC §1511 to 1528
3. Licensing of Biological Products, 42 USC §262 to 263
4. Public health emergencies, 42 USC § 247d to 247d-12
5. National Vaccine Program and National Vaccine Injury Compensation Program, 42 USC §300aa-1 to 300aa-34

[285] https://bailiwicknews.substack.com/p/help-state-and-federal-lawmakers
[286] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[287] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/12/ending-national-suicide-act-without-links-formatted.pdf

6. Expanded access to unapproved therapies and diagnostics program, 21 USC §360bbb to 360bbb-8d
7. National All-Hazards Preparedness for Public Health Emergencies, 42 USC §300hh-1 to 300hh-37

1990-1999 - Presidents George H.W. Bush, William J. Clinton

- 1992/07/10 - Congress and President Bush passed Alcohol, Drug Abuse, Mental Health Administration (ADAMHA) Restructuring Act. PL 102-321, 106 Stat. 323. Expanded drug abuse prevention and treatment programs; reorganized HHS subdivisions.
- 1992/10/27 - Congress and President Bush passed Preventative Health Amendments. PL 102-531, 106 Stat. 3504. Changed name from Centers for Disease Control to Centers for Disease Control and Prevention.
- 1992/10/29 - Congress and President Bush passed Prescription Drug User Fee Act. PL 102-571, 106 Stat. 4491.
- 1993/06/10 - Congress and President Clinton passed National Institutes of Health Revitalization Act, PL 103-43, 107 Stat. 122. Reorganized and expanded research programs; reversed moratorium on fetal tissue research.
- 1993/11/30 - Congress and President Clinton passed NDAA for FY1994, PL 103-160, 107 Stat. 1547. Section 1703 related to DOD reporting to Congress on chemical and biological weapons testing programs. Codified at 50 USC 1523. Amended 11/18/1997 and 10/17/2006. Repealed 12/23/2016, effective 12/31/2021, Also authorized DOD to "enter into agreements with Secretary of HHS to provide support for vaccination programs…in the US through use of the excess peacetime biological weapons defense capability of the DOD." Codified at 50 USC 1524.
- 1994/09/13 - Congress and President Clinton passed Violent Crime Control and Law Enforcement Act (Clinton Crime Bill). PL 103-322, 108 Stat. 1796. Expanded American prison state, by expanding predicates for incarcerating nonviolent civilians for long sentences, increasing funding for prison construction/operation, and law enforcement officers.
- 1996/02/10 - Congress and President Clinton passed National Defense Authorization Act for FY96. PL 104-106, 110 Stat. 443. Section 1061(k) repealed 50 USC 1511 as adopted in 1977 and amended in 1982, eliminating requirement that DOD report to Congress on chemical and biological weapons experiments conducted on military personnel.
- 1996/04/24 - Congress and President Clinton passed Antiterrorism and Effective Death Penalty Act; Illegal Immigration Reform and Immigrant Responsibility Act; Prison Litigation Reform Act. PL 104-132. 110 Stat. 1214. Section 521(a) prohibited DOD chemical and biological weapons testing in urban and suburban areas, codified at 18 USC 2332C. That provision was repealed in 1998. Also related to court stripping: Congress passing laws to remove federal courts' oversight power regarding legislative and executive acts, eliminate checks and balances. *See* ACLU

report, Oct. 2001, Upsetting Checks and Balances: Congressional Hostility Toward the Courts in Times of Crisis.

- 1996/09/23 - Congress and President Clinton passed NDAA for FY97 - PL 104-201, 110 Stat. 242. Section 1401 et seq, Defense Against Weapons of Mass Destruction Act of 1996, Section 1416, "Military Assistance to Civilian Law Enforcement in Emergency Situations Involving Biological or Chemical Weapons," codified at 10 USC 382, later renumbered to 10 USC 282, authorized domestic deployment of military against civilians.
- 1997/11/18 - Congress and President Clinton passed National Defense Authorization Act for FY98 - PL 105-85, 111 Stat. 1915. Section 1078, "Restrictions on the use of human subjects for testing of chemical or biological agents," repealed and replaced a 1977 section of 50 USC Chapter 32, the Chemical and Biological Warfare Program. The 1977 provision (50 USC 1520) had added a requirement that DOD report to Congress about DOD human experimentation programs. In 1997, Congress replaced 1520 with 1520a, purportedly to prohibit DOD conducting experiments on soldiers without the individual soldiers informed consent. It was passed by Congress in response to public outrage over injuries and deaths caused by mandated anthrax injections of soldiers during and after the 1991 Gulf War. However, the authority for federal government experimentation on non-consenting human beings continued; Congress simply transferred the program to the Food Drug and Cosmetics Act, 21 USC 360bbb (see below, passed three days after the NDAA) under declared emergency situations (Emergency Use Authorizations/EUA).
- 1997/11/21 - Congress and President Clinton passed Food and Drug Administration Modernization Act - PL 105-115, 111 Stat. 2296. Added new section to Federal Food Drug and Cosmetics Act to expand access to investigational drugs and devices during emergency situations. Codified at 21 USC 360bbb - "Expanded Access to Unapproved Therapies and Diagnostics". This was the beginning of the Emergency Use Authorization/EUA framework that culminated in the American government's psychological, social and economic coercion program aimed at universal injection of all American citizens with products marketed as Covid-19 vaccines, operational from mid-2020 to the present.
- 1998/10/17 - Congress and President Clinton passed National Defense Authorization Act for FY1999. PL 105-261, 112 Stat. 1920. Section 1401, Defense Against Weapons of Mass Destruction Act of 1998.
- 1998/10/21 - Congress and President Clinton passed Omnibus Consolidated and Emergency Supplemental Appropriations for FY1999 - PL 105-277, 112 Stat. 2681-358. Division I, Chemical Weapons Convention Implementation Act of 1998, established prohibitions on chemical weapons. Codified at 18 USC 229 and 22 USC 6701. Title II established the National Pharmaceutical Stockpile, later renamed the Strategic National Stockpile. Appropriated $51,000,000 "to remain available until expended…for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention." Strategic National Stockpile codified in 2002

(Public Health Security and Bioterrorism Preparedness and Response Act) at 42 USC 300hh-12, renumbered in 2004 (Project Bioshield Act) to 42 USC 247d-6b.

- 1999/10/05 - Congress and President Clinton passed NDAA for FY2000 - PL 106-65, 113 Stat. 512. Section 1023, Military Assistance to Civil Authorities to Respond to Act or Threat of Terrorism, Note to 10 USC 382, renumbered in 2016 to 10 USC 282, authorizing domestic deployment of US military against civilians

*

2000 - 2009 - Presidents William Clinton, George W. Bush, Barack H. Obama

- 2000/11/13 - Congress and President Clinton passed Public Health Improvement Act - PL 106-505, 114 Stat. 2314. Title I, Public Health Threats and Emergencies Act, reworked and expanded Section 319 of Public Health Service Act, 42 USC 247d (the Public Health Emergencies section first added in 1983). Appropriated funding and established a working group on bioterrorism 'countermeasures' research and development.
- 2001/09/18 - Congress and President Bush passed Authorization for Use of Military Force. PL 107–40; 115 Stat. 224. Passed under the 1973 War Powers Act, 50 U.S. Code § 1541, and construed as putting the United States in a permanent state of war (Global War on Terror) with no limitations in time or geographically.
- 2001/10/23 - Model State Emergency Health Powers Act promulgated by CDC and the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities, "structured to reflect 5 basic public health functions to be facilitated by law: (1) preparedness, comprehensive planning for a public health emergency; (2) surveillance, measures to detect and track public health emergencies; (3) management of property, ensuring adequate availability of vaccines, pharmaceuticals, and hospitals, as well as providing power to abate hazards to the public's health; (4) protection of persons, powers to compel vaccination, testing, treatment, isolation, and quarantine when clearly necessary; and (5) communication, providing clear and authoritative information to the public."
- 2001/10/26 - Congress and President Bush passed Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act - PL 107-56, 115 Stat. 272. Amended 18 USC 2331 - Definitions section of 18 USC 113B - Terrorism - to add "domestic terrorism," defined as activities that "(A) involve acts dangerous to human life that are a violation of the criminal laws of the United States or of any State; (B) appear to be intended—(i)to intimidate or coerce a civilian population; (ii) to influence the policy of a government by intimidation or coercion; or (iii) to affect the conduct of a government by mass destruction, assassination, or kidnapping; and (C) occur primarily within the territorial jurisdiction of the United States."
- 2002/06/12 - Congress and President Bush passed Public Health Security and Bioterrorism Preparedness and Response Act - PL 107-188, 116 Stat. 594. Major amendments to Public Health Service Act (42 USC 201) and Federal Food Drug

and Cosmetics Act (21 USC 9). This law fully constructed and expanded funding for the federal government's domestic bioterrorism apparatus headquartered at the HHS, disguising it as a program to protect Americans from non-state actors. Sections included National Preparedness and Response Planning, Coordinating, and Reporting; Strategic National Stockpile; Development of Priority Countermeasures (i.e. fast-tracking approval of drugs and devices without standard safety testing, efficacy testing, and regulatory compliance); Improving State, Local, and Hospital Preparedness for and Response to Bioterrorism and Other Public Health Emergencies; Emergency Authorities (i.e. federal quarantine power); Controls on Dangerous Biological Agents and Toxins (Title II, Subtitle B: Agricultural Bioterrorism Protection Act of 2002); Safety and Security of Food and Drug Supply; Drinking Water Security and Safety.

- 2002/11/25 - Congress and President Bush passed Homeland Security Act - PL 107-296, 116 Stat. 2135. Established Department of Homeland Security as a cabinet-level administrative arm of the executive branch. Expanded militarization of domestic surveillance and law enforcement. Title V: established a Directorate of Emergency Preparedness and Response within Department of Homeland Security, headed by an Undersecretary. Strengthened crosslinks between DHS and other federal agencies: Health and Human Services, Federal Emergency Management Agency (FEMA), Department of Defense, Department of Justice and Department of Agriculture, to build and operate a public-health-predicated martial law system.
- 2003/04/04 - President Bush signed Executive Order 13295, added symptomatic SARS to list of quarantinable communicable diseases, authorizing HHS to order apprehension and indefinite detention of Americans for contracting common respiratory illnesses under 42 USC 264(b) and 42 CFR 70.6. 68 Federal Register 17255.
- 2003/09/16 - Model State Public Health Act published by Johns Hopkins, Georgetown and CDC, working through Turning Point Initiative/Turning Point National Collaborative.
- 2003/11/24 - Congress and President Bush passed National Defense Authorization Act for FY2004. PL 108-136, 117 Stat. 1392. Section 1603(a), created 21 USC 360bbb-3 - "FDCA Section 564 - Authorization for Medical Products for Use in Emergencies" under the EUA part of the Federal Food Drug and Cosmetics Act as amended in 1997 to add 21 USC 360bbb "Expanded Access to Unapproved Diagnostics and Therapies." At Section 1603(b)(1), Congress added Section 1107a to the military code after 10 USC 1107, authorizing the US President to waive informed consent rights of military personnel during declared emergencies and redefining the meaning of the right to be "informed of an option to accept or refuse administration of a product."
- 2004/07/21 - Congress and President Bush passed Project Bioshield Act. PL 108-276, 118 Stat. 835. Amendments to Public Health Service Act and Federal Food Drug and Cosmetics Act. Nullified informed consent principles under US law. Amended and expanded 21 USC 360bbb on authorization for investigational drugs and devices to be used in emergencies (Emergency Use Authorization). Established

program for 'qualified countermeasure' research, procurement, contracting, manufacture, use and liability exemptions. Expanded authority of NIAID Director (Fauci). Appropriated $640,000,000 for the Strategic National Stockpile for FY2002, $590,000,000 for smallpox vaccine development for FY2002, and $5,593,000,000 for "procurement of security countermeasures." Expanded HHS power to subject citizens to involuntary relocation and indefinite detention on communicable disease predicates. Expanded coordination among Secretary of Health and Human Services, Secretary of Defense and Secretary of Homeland Security.

- 2005/04/01 - President Bush signed Executive Order 13375, adding symptomatic influenza to list of quarantinable communicable diseases, authorizing HHS Secretary to use force to apprehend and detain people under 42 USC 264(b) and 42 CFR 70.6. 64 Federal Register 17299.
- 2005/09/15 - World Health Assembly adopted World Health Organization International Health Regulations 2005 revisions. Entered into force 06/15/2007.
- 2005/12/30 - Congress and President Bush passed Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act - PL 109-148, 119 Stat. 2818, Division C at last 14 pages: Public Readiness and Emergency Preparedness (PREP) Act. Amended Public Health Service Act. Established power of Secretary of Health and Human Services, during self-declared public health emergency under Section 319, to unilaterally issue declarations recommending "manufacture, testing, development, distribution, administration, or use of one or more covered countermeasures." Codified at 42 USC 247d-6d(b). Added more detail on liability shields for pandemic and epidemic products and security countermeasures. Set pre-suit hurdle requiring HHS to first bring claims against defendants, and bar private claims until after HHS claims resolved, if and only if defendant found liable. Set liability standard at willful misconduct, "establishing a standard…more stringent than negligence in any form or recklessness," requiring proof defendant 1) intentionally engaged in misconduct 2) proximate to victim's injury or death. Established just-following-orders defense for vaccinators and others in the chain of distribution. Established court-alternative, tax-and-debt-funded Covered Countermeasure Process Fund, similar to Vaccine Injury Compensation Fund established in 1986 for products on childhood vaccine schedule. Another provision of the DOD Supplemental Emergency Appropriation funded the Public Health and Social Service Emergency Fund (PHSSEF), a slush fund under the control of the Secretary of Health and Human Services, with $3.3 billion to start.
- 2006/10/17 - Congress and President Bush passed NDAA/John Warner Defense Authorization Act for FY2007 - PL 109-364, 120 Stat. 2083. Section 1076 amended 1807 Insurrection Act, (10 USC 333, renumbered as 10 USC 253), providing exemptions to 1878 Posse Comitatus Act, to expand the authority of federal government to deploy US military on American soil against American citizens during "natural disaster, epidemic, or other serious public health emergency,

terrorist attack or incident, or other condition in any State or possession of the United States." Repealed in NDAA for FY2008. Passed again in NDAA for FY2012.

- 2006/12/19 - Congress and President Bush passed Pandemic and All-Hazards Preparedness Act. PL 109-417, 120 Stat. 2878. Fulfilled many of the requirements of the World Health Organization International Health Regulations of 2005, by further consolidating and centralizing power in federal Health and Human Services Secretary's hands. Created new HHS department, led by new Assistant Secretary for Preparedness and Response (counterpart to the DHS Director of Emergency Preparedness and Response position created in 2002). Established rules for coordination among HHS, Secretary of Defense, Secretary of Veterans Affairs, Secretary of Transportation and "any other relevant federal agency." Established national framework subordinating state, county, tribal and local public health and law enforcement systems to federal agencies. Expanded surveillance programs. Clarified definitions of qualified countermeasure, security countermeasure, and infectious disease for purposes of 2004 Project Bioshield Act. Established Biomedical Advanced Research and Development Authority (BARDA) division under HHS, "to facilitate a broad-based approach to emergency medical countermeasure-related activities," including $1,070,000,000 appropriation. Tools included HHS access to Other Transactions Authority contracting provisions, and authority to limit competition among manufacturers of pandemic products as defined under 2004 Project Bioshield Act.
- 2007/01/15 - Congress and President Bush passed National Institute of Health Reform Act - PL 109-482, 120 Stat. 3675. Reorganization, consolidation of power and funding.
- 2007/06/15 - World Health Organization International Health Regulations, 2005 Amendments, entered into force.
- 2007/09/27 - Congress and President Bush passed Food and Drug Administration Amendments Act of 2007. PL 110-85, 121 Stat. 823.
- 2008/01/28 - Congress and President Bush passed National Defense Authorization Act for FY2008. PL 110-181, 122 Stat. 325. Section 1068 repealed 2007 amendments to Insurrection Act which had expanded exemptions to 1878 Posse Comitatus Act limits on US Presidents' power to deploy the military domestically. Amendments passed again in NDAA for FY2012, again giving President power to deploy military domestically.
- 2008/10/13 - Congress and President Bush passed Comprehensive Tuberculosis Elimination Act. PL 110-392, 122 Stat 4195. Directed HHS Secretary to "promulgate regulations to update the current interstate and foreign quarantine regulations," authorized by 42 USC 264: 42 CFR 70 and 42 CFR 71.
- 2009/02/17 - Congress and President Obama passed Health Information Technology for Economic and Clinical Health (HITECH) Act as part of American Recovery and Reinvestment Act (ARRA). PL 5-111, 123 Stat. 115. Added Title XXX to Public Health Service Act, to establish and expand electronic medical records.

- 2010/03/23 - Congress and President Obama passed Patient Protection and Affordable Care Act (ObamaCare). PL 111-148, 124 Stat. 119. Title VII, Biologics Price Competition and Innovation Act of 2009, related to the legal, approval/authorization, labeling and marketing differences among 'biosimilars,' BLA (Biologics License Application) products, and EUA products.
- 2011/12/31 - Congress and President Obama passed National Defense Authorization Act for FY2012 - PL 112-81, 125 Stat. 1298. Section 1021 codified authority for US President to order military arrest and indefinite detention of American civilians without charge or trial under 10 USC 801 et seq. (Uniform Code of Military Justice), to the extent the 2001 Authorization for Use of Military Force, passed under the 1973 War Powers Act, (50 U.S. Code § 1541) is construed as putting the United States in a permanent state of war (Global War on Terror) and the national emergency first declared by President Bush in 2001 is extended. It has been extended, every year since.
- 2012/07/09 - Congress and President Obama passed Food and Drug Administration Safety and Innovation Act. PL 112-144, 126 Stat. 993. Amendments to Federal Food, Drug, and Cosmetic Act regarding user-fee programs for prescription drugs and medical devices, generic drugs and biosimilars, and for other purposes.
- 2013/01/02 - Congress and President Obama passed National Defense Authorization Act for FY2013. PL 112-239, 126 Stat. 1957. Section 1078 "modernized" Smith-Mundt Act of 1948 to authorize domestic deployment of propaganda by the US government, on the American population. Propaganda used with tremendous effect on US population to instill fear and promote behavioral compliance with government orders.
- 2013/01/29 - Congress and President Obama passed Disaster Relief Appropriations Act. PL 113-2, 127 Stat. 4. Division B, Sandy Recovery Act: most major FEMA overhaul since 1988 Robert T. Stafford Act.
- 2013/03/13 - Congress and President Obama passed Pandemic and All-Hazards Preparedness Reauthorization Act. PL 113-5, 127 Stat. 161. Renewed and updated 2006 Pandemic and All-Hazards Preparedness Act, with amendments to Public Health Service Act and Federal Food Drug and Cosmetics Act. Added sections 564A and 564B to the FDCA to further authorize emergency use of approved products in emergencies and products held for emergency use. Amended definitions of covered countermeasures and qualified pandemic and epidemic products in Section 319F-3 of PHSA (2005 PREP Act provisions). Extended definitions to include products or technologies intended to enhance the use or effect of a drug, biological product, or device used against the pandemic or epidemic or against adverse events from these products.
- 2014/07/31 - President Obama signed Executive Order 13674, adding asymptomatic, suspected SARS to list of quarantinable communicable diseases under 42 USC 264(b) and 42 CFR 70.6. 79 Federal Register 75461

- 2015/04/16 - Congress and President Obama passed Medicare Access and CHIP Reauthorization (MACRA) Act. PL 114-10, 129 Stat. 87. Largest changes to health care system since 2010 ObamaCare. Section 511 directed HHS to clarify how changes to human subjects protections under 1991 Common Rule would apply to Medicare and Medicaid "clinical data registries." Related to 'real world evidence' with no legal protections for human subjects, replacing traditional clinical trial procedures that did have legal protections for human subjects.
- 2015/11/25 - Congress and President Obama passed National Defense Authorization Act for FY-2016. PL 114-92, 129 Stat. 893. Section 815 added 'prototype' procurement contracting language (Other Transactional Authority - OTA), authorizing Department of Defense to contract with pharmaceutical corporations to produce bioweapons labeled as medical countermeasures or security countermeasures. Used to contract for production of 'Covid-19 vaccine' bioweapons in 2020, through Medical CBRN [Chemical Biological Radiological Nuclear] Defense Consortium program members. Codified at 10 USC 2371b, renumbered 10 USC 4022 effective 01/01/2021.
- 2016/11/04 - President Obama signed Executive Order 13747: *Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats*
- 2016/12/13 - Congress and President Obama passed 21st Century Cures Act (Cures Act 1.0) - PL 114-255, 130 Stat. 1033. Updated and expanded Public Health Service Act "to accelerate the discovery, development, and delivery of 21st century cures." Section 3022 authorized 'real world evidence' instead of clinical trials as grounds for FDA authorizing general use of experimental products, transforming Americans into human subjects and our communities into unmonitored, unregulated experimental test sites. Sections 3023 and 3024 granted broad authority for HHS Secretary to waive or alter human subject protections and informed consent requirements. Codified at 21 USC 360bbb-3(e)(1)(A)(ii); 21 USC 360bbb-3(e)(2)(A); 21 USC 355(i)(4); 21 USC 360j(g)(3)(D)(i).
- 2016/12/23 - Congress and President Obama passed National Defense Authorization Act for FY2017. PL 114-328,130 Stat. 2000. 10 USC 111 note at 130 Stat. 2400 terminated DoD requirement to report Chemical and Biological Warfare projects to Congress, effective Dec. 2021. Section 1241, reform and renumbering, establishment of new chapter (10 USC Ch. 16, for Defense Security Cooperation); DOD Defense Security Cooperation Agency (DSCA) and Director of DSCA, with authority to coordinate and synchronize US military with foreign military forces, and conduct domestic military campaigns in violation of the 1878 Posse Comitatus Act. Authorization for domestic military deployment against American civilians, originally codified in 1996 at 10 USC 382, renumbered to 10 USC 282. Section 1086 directed HHS to develop National Biodefense Strategy, false name for US military covert biochemical warfare program. Task fulfilled with Sept. 18, 2018 release of National Biodefense Strategy document and President Trump signature on National Security Presidential Memorandum 14, directing HHS, DOD, DHS and related agencies to implement the plan.

- 2017/01/23 - Department of Homeland Security published Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans. At p. 70, stated that 10 USC 382 [added in 1996, renumbered to 10 USC 282 in 2016) "permits Department of Defense to provide support to the Department of Justice under certain circumstances in emergency situations involving Weapons of Mass Destruction, including biological weapons and materials."
- 2017/08/18 - Congress and President Trump passed FDA Reauthorization Act - PL 115-52. 131 Stat. 1005. More expansion of Emergency Use Authorization (EUA) program.
- 2017/12/12 - Congress and President Trump passed National Defense Authorization Act FY 2018 - PL 115-91, 131 Stat. 1283. Section 716 added subsection (d) to 10 USC 1107a, re: EUA product use in military. *But see* FDCA amendment, PL 115-92 (below) passed same day, which immediately repealed 10 USC 1107a(d) while adding new FDCA section on military use of EUAs.
- 2017/12/12 - Congress and President Trump passed Act to amend FDCA EUA statute, 21 USC 360bbb-3. PL 115-92, 131 Stat. 2023. Provided for "Additional Emergency Uses for Medical Products to Reduce Deaths and Severity of Injuries Caused by Agents of War."
- 2019/05/02 - Effective date, legalized non-inspection of all "biological products" (including *all* 'vaccines') manufacturing facilities, (42 USC 262; 21 CFR 600) through Final Rule promulgated by FDA Commissioner Scott Gottlieb by Federal Register April 2, 2019. 84 FR 12505.
- 2019/05/22 - Congressional Research Service Opinion: An Overview of State and Federal Authority to Impose Vaccination Requirements by Wen W. Shen
- 2019/06/24 - Congress and President Trump passed Pandemic and All-Hazards Preparedness and Advancing Innovation Act - PL 116-22, 133 Stat. 905. Amended Public Health Service Act (42 U.S.C. 201), further consolidating federal power in HHS Secretary's hands during public health emergencies, further merging public health and law enforcement systems, and further subordinating state, tribal, county and municipal governments and American civilians to direct federal control.
- 2019/09/19 - President Trump signed Executive Order 13887: *Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health*. Directed and prioritized federal agency collaboration with industry for rapid-deployment mRNA/DNA/LNP bioweapon platforms misclassified as public health protection.
- 2019/12/20 - Congress and President Trump passed Further Consolidated Appropriations Act, PL 116-94, 133 Stat. 2534. Amended FDA biological products definitions [42 USC 262] — deleting "(except any chemically synthesized polypeptide)" from "proteins (except any chemically synthesized polypeptide)" as added March 3, 2010; amended licensing regulations; deemed licenses; more. Codified at 42 USC 262(k)(7)(D) and 42 USC 262 statutory notes.

- 2020/03/06 - Congress and President Trump passed Coronavirus Preparedness and Response Supplemental Appropriations Act - PL 116-123, 134 Stat. 146. $8.3 billion to Health and Human Services, Centers for Disease Control and Prevention, National Institute of Health, National Institute of Allergy and Infectious Diseases, Food and Drug Administration, Small Business Administration, Department of State and US Agency for International Development, for research and development of vaccines, therapeutics and diagnostics and other Covid programs.
- 2020/03/18 - Congress and President Trump passed Families First Coronavirus Response Act - PL 116-127, 134 Stat. 178. $3.5 billion for Covid mass testing, supplemental nutrition (Department of Agriculture), sick leave, family medical leave, and unemployment compensation (Department of Labor) programs.
- 2020/03/27 - Congress and President Trump passed Coronavirus Aid, Relief, and Economic Security (CARES) Act - PL 116-136, 134 Stat. 281. 15 USC 9001. $2.2 trillion in corporate and small business loans, household stupport and unemployment insurance, tax deferrals, aid to state and local governments, aid to universities and colleges, aid to K-12 schools, aid to hospitals and veterans programs, airline loans and grants, and $10 billion for “Operation Warp Speed.”
- 2020/04/24 - Congress and President Trump passed Paycheck Protection Program and Health Care Enhancement Act - PL 116-139, 134 Stat. 620. $75,000,000,000 for Public Health and Social Services Emergency Fund (first funded in 2005), “to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally” plus $25,000,000,000 for research, development and deployment of Covid-19 tests.
- 2020/12/27 - Consolidated Appropriations Act - PL 116-260, 134 Stat. 1182. $2.3 trillion spending bill, including $900 billion for Covid programs.
- 2021/01/01 - Congress and President Trump passed NDAA for FY2021. PL 116-283, 134 Stat. 3388. Amended and renumbered Other Transaction Authority for DoD prototype manufacturing from 10 USC 2371b to 10 USC 4022, *Authority of the Department of Defense to carry out certain prototype projects*.
- 2021/01/05 - Orange Book Transparency Act - PL 116-290, 134 Stat. 4889. Amendments to patent law under Federal Food Drug and Cosmetics Act, (21 USC 9)
- 2021/03/11 - Congress and President Biden passed American Rescue Plan/Consolidated Appropriations Act. PL 117-2, 135 Stat. 4. Section 7401, Covid-19 Consumer Protection Act. Criminalized advocacy of alternative treatments under Federal Trade Commission provisions.
- 2021/04/02 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination (Version 1) by Wen W. Shen
- 2021/07/06 - Dawn Johnsen, Deputy Attorney General, published DOJ Opinion: Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization. Related federal government’s position on legal status and regulatory control

differences between Emergency Use Authorization (EUA) products, Investigational New Drugs (IND) and Investigational Device Exemptions (IDE).

- 2021/12/27 - Congress and President Biden passed National Defense Authorization Act FY2022 - PL 117-81, 135 Stat. 1541. At Section 716, established military vaxx tracking system, including refusals, under 10 USC 1110 (originally re anthrax vaxx). At Section 6501, authorized US government to engage with Bill Gates Coalition for Epidemic Preparedness Innovations (CEPI). More coverage.
- 2022/02/07 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination
- 2022/03/15 - Congress and President Biden passed Consolidated Appropriations Act - PL 117-103, 136 Stat. 49. $1,274,678,000 for the Public Health and Social Services Emergency Fund (HHS slush fund established in 2005). $780,000,000 for new domestic bioweapons production, classified as 'security countermeasures' under the Public Health Service Act as amended by 2004 Project Bioshield Act, 42 USC 247d-6b(c)(1)(B); $845,000,000 to stock the Strategic National Stockpile established 1998, controlled by the CDC within HHS 42 USC 247d-6b(a); $300,000,000 "to prepare for or respond to an influenza pandemic," including federally-funded construction or renovation of privately-owned pharmaceutical manufacturing facilities, if the Secretary of Health and Human Services finds such construction or renovation necessary; $1,000,000,000 to establish ARPA-H: Advanced Research Program Agency - Health, to conduct research and development of bioweapons misbranded as public health measures; $3,880,000,000 to US Agency for International Development (US-AID) for programs mislabeled as 'Global Health Programs,' including immunization programs, HIV/AIDS programs, The GAVI Alliance [population-control zealot Bill Gates' Global Alliance for Vaccines and Immunization] and a multilateral vaccine development partnership, for, among other projects, "experimental contraceptive drugs, devices and medical procedures."
- 2022/12/23 - Congress and President Biden passed NDAA for FY2023. PL 117-263, 136 Stat. 2395. Section 5559: Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022. Authorizes, expands and funds globalized military-health structure linking US military to global genocide apparatus operating under WHO frameworks, codified at 21 USC 2151b, Notes.
- 2022/12/29 - Congress and President Biden passed Consolidated Appropriations Act for FY2023. PL 117-328, 136 Stat. 4459. Many federal and state-level public health/martial law authorization and funding provisions included. "Public Health and Social Services Emergency Fund. For expenses necessary to support activities related to countering potential biological, nuclear, radiological, chemical, and cybersecurity threats to civilian populations, and for other public health emergencies, $1,647,569,000, of which $950,000,000…for expenses necessary to support advanced research and development…of the Biomedical Advanced Research and Development Authority." $1,500,000,000 for ARPA-H: Advanced Research Projects Agency for Health. Section 2235 at H.R. 2617-1297, One Health

Framework: “coordination mechanism at the Federal level to strengthen One Health collaboration related to prevention, detection, control, and response for zoonotic diseases and related One Health work across the Federal Government.” Section 3209, FDA Modernization Act 2.0 (sponsored by Rand Paul) substitutes “nonclinical tests” for “animal tests” for drugs, cosmetics and biosimilars. Novel bioagents can be used on humans without prior testing on animals.

* * *

April 9, 2024 - Other researchers who have compiled evidence that US military-public health-vaccination programs injure and kill people.

In studying American legal history, scientific fraud, drug manufacturing deregulation/non-regulation, and military/vaccination/public health/communicable disease/emergency management programs these last few years, I've found the work of other researchers who have traveled similar paths.

Some of these investigators are listed below, with examples of their work reporting on US government chemical and biological warfare, vaccination, communicable disease and population control programs; smallpox; polio; swine flu; avian flu; AIDS; brucellosis; anthrax; immune system disorders; cancer; public health emergency law, and related topics.

I'm posting the list for readers who may be interested in it.

It's not a complete list of authors who have studied and written about these issues, and the listed researchers have not reached identical historical or scientific conclusions.

I haven't read all of the works listed and I don't find all of the conclusions I have read, to be equally plausible, credible or actionable.

I've read enough of their work to conclude that each researcher has studied some of the same things I've studied.

What do they have in common?

Each researcher has compiled evidence that US government statements about military, public health, and vaccination program objectives, historical events and scientific, regulatory data, have been demonstrably false for a very long time, and each researcher's work has been suppressed and maligned, to prevent widespread public interest in it and access to it.

Some of the listed investigators have concluded that documented injuries and deaths caused by chemical and biological agents, including vaccines, deployed against foreign and domestic human targets, have been unintentional, unexpected effects of willed acts undertaken with benevolent intent.

Others have concluded that injuries and deaths have been intentional, planned, anticipated effects of willed acts undertaken with malicious intent.

The evidence Sasha Latypova[288] and I have added to the work done by these men and women includes federal and state statutes, regulations, executive orders, international

[288] https://sashalatypova.substack.com/p/summary-of-everything-and-quick-links

treaties, contracts, and other legal instruments that have — since 1944 — legalized government-directed, pseudoregulation-mediated, drug-caused torture, mutilation, sterilization and killing.

I think the legal history supports the conclusion that injuries and deaths are intentional; they result from legalized, premeditated, goal-oriented acts.

I think the FDA is a non-credible, false-front institution. It is not a regulatory agency. FDA employees have never had, and still do not have, any enforceable legal obligation to regulate vaccine development, manufacturing and use for safety and efficacy, and cannot produce any valid records of ever having fulfilled such regulatory functions.

- Wallace, Alfred Russel - *Vaccination: Proved Useless & Dangerous* (1889); *Vaccination a Delusion* (1898)
- Eleanor McBean - *The Poisoned Needle* (1957), *Swine Flu Expose* (1977)
- Robert and Theodore Strecker - *This Is a Bio-Attack Alert* (1986); *The Strecker Memorandum* (video, 1988)
- Stanley Monteith - *AIDS: The Unnecessary Epidemic* (1991); *The Population Control Agenda* (1997)
- Bryan J. Ellison and Peter Duesberg - *Is the AIDS Virus A Science Fiction? Immunosuppressive Behavior, Not HIV, May Be the Cause of AIDS* (1990); *HIV and AIDS research. Why We Will Never Win the War on AIDS* (1996)
- Peter Duesberg - *Inventing the AIDS Virus* (1996)
- Donald W. Scott and William L.C. Scott - *The Extremely Unfortunate Skull Valley Incident (1997); The Brucellosis Triangle: Neurodegenerative/Systemic-Degenerative Diseases (1997)*
- Leonard M. Horowitz - *Emerging Viruses: AIDS & Ebola -- Nature, Accident or Intentional* (1996); *Death in the Air: Globalism, Terrorism & Toxic Warfare* (2001)
- Edward Hooper - *The River: A Journey to the Source of HIV and AIDS* (1999)
- Boyd Graves - *The Smoking Gun of AIDS: A 1971 Flow Chart*; *State Origin: The Evidence of the Laboratory Birth of AIDS* (2001)
- Donald W. Scott - *Common Mycoplasmas: Now Weaponized, Pathogenic & Deadly* (2001)
- Barbara Loe Fisher - *Smallpox and Forced Vaccination: What Every American Needs To Know* (2002)
- Gary Matsumoto - *Vaccine A: The Covert Government Experiment That's Killing Our Soldiers, and Why GIs Are Only the First Victims* (2004)
- Debbie Bookchin and Jim Schumacher - *The Virus and the Vaccine: Contaminated Vaccine, Deadly Cancers, and Government Neglect* (2005)
- Edward Haslam - *Dr. Mary's Monkey: How the Unsolved Murder of a Doctor, A Secret Laboratory in New Orleans and Cancer-Causing Monkey Viruses Are Linked to Lee Harvey Oswald, The JFK Assassination and Emerging Global Epidemics* (2007)

- Jane Burgermeister - *WHO Memorandum from 1972 outlined three-step approach to killing people using vaccines, specifically to trigger cytokine storms* (2009); *WHO moves forward in secrecy to accomplish forced vaccination and population agenda* (2009)
- William Engdahl - *Now Legal Immunity for Swine Flu Vaccine Makers* (2009)
- Michel Chossudovsky, *The Worldwide H1N1 Flu Vaccination Program: Martial Law and the Militarization of Public Health* (2009)
- Stephen Lendman, *Readying Americans for Dangerous, Mandatory Vaccinations* (2009)
- Suzanne Humphries and Roman Bystrianyk - *Dissolving Illusions: Disease, Vaccines, and The Forgotten History* (2013)
- Anthony R. Mawson and Ashley M. Croft, *Gulf War Illness: Unifying Hypothesis for a Continuing Health Problem* (2019)
- Joy Garner - *Health versus Disorder, Disease, and Death: Unvaccinated Persons Are Incommensurably Healthier than Vaccinated* (IJVTPR, 2022)

*

PDF compilations of Bailiwick News posts for readers who want to save the legal research material offline and/or print, including January and February 2024 collections:

- 2022 Bailiwick News, Vol. 6[289] (950 pages, 24 MB)
- 2023 Bailiwick News, Vol. 7[290] (785 pages, 10 MB)
- 2024 Bailiwick News, Vol. 8 to date[291] (January to March, 258 pages, 7.6 MB)

The files compile more than two years of legal research and writing in support of this synopsis from a January 2023 abstract for an academic paper:[292]

> ...Through gradual, covert statutory reclassification and program transfers, reinforced through Presidential Executive Orders and related executive branch declarations, and implemented through hundreds of regulatory amendments, the US Government's Chemical and Biological Warfare Program originally housed in the Department of Defense (DOD), became the Public Health Emergency [PHE]-Emergency Use Authorization [EUA]-Medical Countermeasures program housed in the Department of Health and Human Services (HHS).
>
> The bioterrorism program is now jointly operated by DOD, HHS, Department of Homeland Security, Department of State, most other US federal agencies and their subordinate departments, divisions, offices, authorities, enterprises, committees, advisory boards and employees, in collaboration with the World Health

[289] https://bailiwicknewsarchives.files.wordpress.com/2024/01/2022-bailiwick-news-collection-full-volume-6.pdf
[290] https://bailiwicknewsarchives.files.wordpress.com/2024/02/2023-bailiwick-news-vol-7-full.pdf
[291] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024-vol-8-to-date-bailiwick-news.pdf
[292] https://bailiwicknewsarchives.files.wordpress.com/2023/06/2023.01.13-watt-k.-abstract-us-government-state-sponsored-bioterrorism.pdf

Organization, the Bill and Melinda Gates Foundation, and other public, private and public-private hybrid institutions around the world…

* * *

April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.

For readers looking for an overview/timeline of how Congress and US presidents have enacted laws to decriminalize extortion, mutilation and homicide under false public health emergency pretenses since 1944:

- American Domestic Bioterrorism Program[293]

For readers looking for a more detailed understanding:

- Orientation for new readers[294]

For readers looking for things to do to correct the errors of previous and current lawmakers:

- Tools for dismantling kill box anti-law[295]

*

A few weeks ago, I got an email asking for my views on international and US domestic law, as related to state bills attempting to protect state citizens from forced communicable disease surveillance, reporting, quarantine (apprehension and detention), and treatment, including vaccinations.

The email writer referred, as an example, to Louisiana Senate Bill 133,[296] "to disallow the exercise of jurisdiction by certain international organizations" including the World Health Organization, and similar proposed bills.[297]

I think it's a good idea for state lawmakers to draft, introduce and vote for bills that help each state lawmaker go on public record as denying that officials representing the United Nations, World Health Organization, and other supranational entities have legal jurisdiction over American citizens living in American states.

However, such laws are not enough to protect Americans from officials representing American state governments, and the US federal government, exercising domestic legal jurisdiction, under American federal and state law, to surveil, report, apprehend, detain and poison Americans under 'public health emergency' pretexts.

[293] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[294] https://bailiwicknews.substack.com/p/orientation-for-new-readers
[295] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-874
[296] https://legiscan.com/LA/text/SB133/2024
[297] https://standforhealthfreedom.com/state-sovereignty-v-the-who/

Louisiana citizens, for example, are currently subject to communicable disease surveillance, reporting, quarantine, and treatment, including vaccination, within their own state and country, under federal communicable disease control law (42 USC 264, 42 CFR 70, 42 CFR 71, and related statutes, regulations and executive orders) and under Louisiana state communicable disease control law and policy, enforceable by Louisiana public health and law enforcement officers.

See, for example: 29 LRS 764A(2)(e) and A(4)(c)[298] and related laws and communicable disease control program guidelines.[299]

Louisiana citizens are also currently subject to surveillance, reporting, quarantine and vaccination under existing law if they choose to travel abroad, under the federal laws as implemented by other countries' governments to execute the terms of the WHO International Health Regulations treaty.

In my view, fights around the WHO pandemic treaty and WHO IHR amendments are distraction maneuvers to occupy the time and energy of people who might otherwise work on repealing or nullifying federal and state public health emergency and communicable disease control law.

Seven federal public health emergency, communicable disease control, biological product licensing and vaccination laws that should be repealed by Congress, and nullified by state legislatures:

1. Quarantine and Inspection, 42 USC §264 to 272 (in effect since 1944)
2. Chemical and Biological Warfare Program, 50 USC §1511 to 1528 (since 1969)
3. Licensing of Biological Products, 42 USC §262 to 263 (since 1944)
4. Public health emergencies, 42 USC § 247d to 247d-12 (since 1983)
5. National Vaccine Program and National Vaccine Injury Compensation Program, 42 USC §300aa-1 to 300aa-34 (since 1986)
6. Expanded access to unapproved therapies and diagnostics program, 21 USC §360bbb to 360bbb-8d (since 1997)
7. National All-Hazards Preparedness for Public Health Emergencies, 42 USC §300hh-1 to 300hh-37 (since 2002)

Tools Congress members and state lawmakers can use to repeal and nullify the federal laws, and the state versions of same:

- Ending National Suicide Act[300]
- Notes[301]

[298] https://www.legis.la.gov/legis/Law.aspx?p=y&d=207680
[299] https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/sanitarycode.pdf
[300] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[301] https://bailiwicknews.substack.com/p/ending-national-suicide-act

- Repeal state public health emergency, emergency management, communicable disease control laws[302]
- Notes[303]

*

Related Bailiwick reporting and analysis

- Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults.
- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'
- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.
- April 5, 2024 - Congressional acts passed between 1990 and 2022, implementing the World Health Organization, International Health Regulations (2005)

* * *

[302] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf
[303] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency

April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide.

That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.

I received an email from a reader in response to this post:

- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.[304]

The reader made two false claims:

- "The purpose of the WHO documents is to globalize the PREP Act and the other emergency bills."
- "It [focusing public attention on Congressional and state lawmaker authority to repeal bad federal and state laws] would allow our leaders to say they have no control and blame the WHO."

*

My reply

Your two points are false.

First, the PREP Act and other emergency laws are already operationalized globally through the manufacturing, sales, supply and purchasing contracts.

See, for example, Section 11 (Other, PREP Act) of the DoD-ATI-Pfizer contract, July 21, 2020,[305] combined with Section 8 (Indemnification), Section 9.2 (Limits on Liability), Section 9.4 (Waiver of sovereign immunity), Section 9.5 (Conditions Precedent to Supply) and Section 12.2 (Arbitration) of the Pfizer "Manufacturing and Supply" agreements.

These purchasing agreements were signed by national governments, and are enforceable in US courts under international trade law and under the dispute resolution functions of the International Chamber of Commerce.

[304] https://bailiwicknews.substack.com/p/globalist-misleaders-focus-public
[305] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf

The same language is in all Pfizer contracts and term sheets worldwide, although section numbering differs among contracts and some sections are redacted in the publicly-available contracts.

Cut-and-paste from Pfizer-Albania contract, at section 9.5,[306] Conditions Precedent to Supply:

> Purchaser [Albania, all purchasing countries] represents that it has and will continue to have adequate statutory or regulatory authority and adequate funding appropriation to undertake and completely fulfil the indemnification obligations and provide adequate protection to Pfizer and all Indemnitees from liability for claims and all Losses arising out of or in connection with the Vaccine or its use.
>
> Purchaser hereby covenants and acknowledges and agrees that a condition precedent for the supply of the Product hereunder requires that Purchaser shall implement and maintain in effect such statutory or regulatory requirements or funding appropriation sufficient to meet its obligations in this Agreement prior to supply of the Product by Pfizer and thereafter shall maintain such statutory and regulatory requirement and funding appropriation, each as applicable, for so long as necessary to meet all of Purchaser's obligations under this Agreement, including, without limitation, any such obligations that, pursuant to Section 6.5, survive expiration or termination of this Agreement.
>
> For clarity, the sufficiency of such statutory or regulatory requirements or funding appropriation shall be in Pfizer's sole discretion…

Your second point is equally false.

It's non-productive to encourage Congress members to play-act at having influence within international organizations for which they are not appointed or elected, voting members.

Congress members actually do have legal authority and moral agency, as Congress members, to repeal bad US laws that they and their predecessors passed.

By repealing those laws, Congress will not only strip DoD, HHS and the other federal agencies of their legalized authority to mask, test, track, quarantine, mutilate, poison and kill Americans in conspiracy with pharmaceutical drug and vaccine manufacturers such as Pfizer, BioNTech, Moderna, Merck, Janssen, Gilead, and Sanofi-Pasteur.

The US Congress will also strip the US government of its ability to coerce —through predatory contracts — other countries' federal governments and agencies of their legalized authority to mask, test, track, quarantine, mutilate, poison and kill their people.

[306] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021-albania-contract-pfizer.pdf

That's precisely why so much effort is expended to push Congress members and the public away from understanding, acknowledging and using Congress members' own legal authority and moral agency.

*

Related Bailiwick reporting and analysis:

Sept. 14, 2022 - Biotech idolatry: DOD-Pfizer contracts have replaced federal constitutions and laws. And the DOD-DOJ-HHS complex has replaced federal legislatures and courts.

> "...Latypova said she had started reviewing some of the vaxx contracts and discovered multiple subcontracts. She concluded that the products are manufactured by DOD, BigPharma is just a front, and the actual production happens at a network of small suppliers including Emergent Biosolutions (formerly BioPort[307]), National Resilience, and academic institutions including Texas A&M...DOD has overtaken the entire pharmaceutical sector...DOD direct control of the manufacturing through the subcontractors is the reason why there's no public access to vials for testing and verification of contents and no access to the US Attorney General for enforcement of manufacturing and other legal standards...
>
> I dug up the January 2021 Albania contract[308]...and located an indemnification section that covers a lot of potential losses.
>
> *8.1 Indemnification by Purchaser [Government of Albania].*
>
> *Purchaser hereby agrees to indemnify, defend and hold harmless Pfizer, BioNTech, each of their Affiliates, contractors, sub-contractors, licensors, licensees, sub-licensees, distributors, contract manufacturers, services providers, clinical trial researchers, third parties to whom Pfizer or BioNTech or any of their respective Affiliates may directly or indirectly owe an indemnity based on the research, development, manufacture, distribution, commercialization or use of the Vaccine, and each of the officers, directors, employees and other agents and representatives, and the respective predecessors, successors and assigns of any of the foregoing ("Indemnitees"), from and against any and all suits, claims, actions, demands, losses, damages, liabilities, settlements, penalties, fines, costs and expenses (including, without limitation, reasonable attorneys' fees and other expenses of an investigation or litigation), whether sounding in contract, tort, intellectual property, or any other theory, and whether legal, statutory, equitable*

[307] https://www.mintpressnews.com/how-emergent-solutions-plans-corner-covid-19-cure-market/266615/
[308] https://ti-health.org/wp-content/uploads/2021/05/Albania-Pfizer.pdf

or otherwise (collectively, "Losses") arising out of, relating to, or resulting from the Vaccine, including but not limited to any stage of design, development, investigation, formulation, testing, clinical testing, manufacture, labeling, packaging, transport, storage, distribution, marketing, promotion, sale, purchase, licensing, donation, dispensing, prescribing, administration, provision, or use of the Vaccine.

8.2 Assumption of Defense by Purchaser.

The Indemnitee(s) shall notify Purchaser of Losses for which it is seeking indemnification pursuant hereto ("Indemnified Claims"). Upon such notification, Purchaser shall promptly assume conduct and control of the defense of such Indemnified Claims on behalf of the Indemnitee with counsel acceptable to Indemnitee(s), whether or not the Indemnified Claim is rightfully brought; provided, however, that Purchaser shall provide advance notice in writing of any proposed compromise or settlement of any Indemnified Claim and in no event may Purchaser compromise or settle any Indemnified Claim without Indemnitee(s)'s prior written consent, such consent not to be unreasonably withheld. Indemnitee(s) shall reasonably cooperate with Purchaser in the defense of the Indemnified Claims.

The same language is in the contract the Brazilian government signed in Spring 2021, described by Ehden Biber in July 2021.[309]

Biber found that the Brazil contract imposed no requirements for current Good Manufacturing Practices, and required the Brazilian government to "grant or obtain on Pfizer's behalf, all exemptions, exceptions and waivers of country specific requirements for the Product…including but not limited to serialization, applicable laboratory or quality testing and/or marketing information form submission and approval…" and required that the contracts be kept from the public for 10 years.

Biber also found that the Brazil contract put the Brazilian government on the hook for damages, waived the sovereign immunity of the Brazilian government, referred all claims to New York, USA courts or other "court of competent jurisdiction" and prohibited Brazil's government from changing its own national laws to change liability, in language identical to the Albanian Pfizer contract at 9.5…

Biber later reported[310] that Carlos Murillo, who was the head of Pfizer Brazil in 2020 when the contract negotiations started, and was head of Pfizer Latin America as of January 2022, testified in May 2021:

[309] https://ehden.substack.com/p/pfizerleak-exposing-the-pfizer-manufacturing-and-supply-agreement-the-brazilian-job-day-56
[310] https://ehden.substack.com/p/leaked-our-governments-secret-contract

"The conditions that Pfizer sought for Brazil are exactly the same conditions that Pfizer has negotiated and signed, at this moment, with more than 110 countries in the world.[...] From the point of view of our international consistency, given the pandemic situation, given our vaccine development process, these were the conditions negotiated and accepted by 110 countries with whom Pfizer has signed the contract today."

April 7, 2023 - On enforcement mechanisms wielded against non-compliant nation-states.

> ...the primary enforcement mechanism, as I understand the structure of the global extortion system, is financial.
>
> National governments that don't comply lose access to international banking systems: transaction processing; loans; manageable interest rates on borrowing; currency stability; aid packages. Everything. The lifeblood of their economies is drained.

Oct. 12, 2023 - On the moral agency of living human lawmakers.

> ...This is why I focus on the need for current individual human lawmakers to revoke the moral agency they have, in recent decades, misappropriated by loaning it out to the globalists, and align their own moral agency and lawmaking acts with divine law and natural law, by acting to withdraw countries from the enabling treaties, and to repeal, nullify or block the enabling statutes within each country.
>
> Litigation can help, in my view, only and most powerfully by drawing the hidden aspects of the communitarian law takeover into more open public awareness.
>
> The only reason those approaches (treaty withdrawal + statute repeal + litigation-triggered disclosures of communitarian law overrides of constitutional and criminal law) can be effective, is because the Monster wants to be perceived as legitimate, not as criminal.
>
> That's why the treaties and statutes have been written and passed, by the legislatures and executives in each country, and why the federal courts in each country refuse to allow constitutional challenges, and why the federal prosecutors in each country refuse to take up criminal prosecutions.
>
> The acts of national lawmakers and executives provide the veneer of legitimacy that the globalists want but cannot manufacture for themselves out of nothing.

The national lawmakers retain the power to repeal those laws by virtue of the same actual legitimacy the lawmakers possess and in which the globalist imposters are only clothing themselves temporarily.

Even more importantly, lawmakers who expose the duress under which the illegitimate treaties and statutes were originally adopted, and are regularly amended and expanded, also expose the moral and legal basis for nullification of those legal instruments, because duress invalidates the moral dimension of acts of the will, and the free-ness of acts of the will is the only thing that makes them morally sound.

The refusals and immobility and silence of the courts and prosecutors provide another layer of legitimacy that the globalists want but cannot manufacture for themselves out of nothing.

And those refusals and silences are also an implicit admission — by the living judges, misappropriating their moral agency — that the acts of the globalist imposters who have "penetrated ze cabinets"[311] cannot pass constitutional muster and are crimes under criminal codes.

The globalist killers don't want to openly attack and kill people.
They want to deceive people into killing themselves and killing each other. They want people to think that what they're doing is caring for themselves and taking care of each other.

The globalists want to stay hidden, and they want the mechanisms of deceit that they've built to also stay hidden.

Dec. 20, 2023 - Ending National Suicide Act.

...AN ACT To repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes.

[311] https://www.youtube.com/watch?v=uOuLQDRCexs

Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

> As also laid out in Article 59, member-states are obligated to "adjust domestic legislative and administrative arrangements fully" to align them with IHR provisions within that entry-into-force time interval, by adopting implementing statutes and regulations (kill box laws) that are triggered when trigger conditions are met.
>
> For example, by the WHO Director-General declaring a PHEIC (public health emergency of international concern) and/or by the in-country health administrator (HHS Secretary in the US) declaring a public health emergency...
>
> To avoid or reduce the financially destructive wrath of the BIS, WTO and other supranational organizations, governments of sovereign countries have subordinated themselves to the United Nations: they have "adjusted domestic legislative and regulatory arrangements" to comply with the WHO-IHR...

March 8, 2024 - Regulatory simulations at home and abroad: Mutual Recognition Agreements. Part 1, series on legal links connecting domestic and international non-regulation of non-medicines.

...Mutual Recognition Agreements or MRAs are international treaties or trade agreements governing the import and export of regulated, manufactured consumer products.

MRAs have been negotiated and signed to enable regulators representing different countries to share information about their regulatory reviews, keep the regulatory information confidential from the public, and defer to each others' legal decisions concerning regulatory compliance, without conducting independent evidentiary collection and assessments...

Among other provisions relevant to the non-regulation of the non-medicines known as Covid-19 vaccines, Article 9 of the 2017 sectoral annex for GMP "relieved" the "qualified persons" in EU countries who receive drug products imported from the United States of "responsibility for carrying out" batch testing controls,[312] under Article 51, Paragraph 2

[312] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2023.05.31-ema-qa-mutual-recognition-agreement-mra-human-veterinary-can-i-stop-batch-testing-yes-relieved-of-responsibility-effective-2019.07.11.pdf

of EU Directive 2001/83/EC,[313] Community code relating to medicinal products for human use, as adopted by European Parliament and European Council Nov. 6, 2001...

Pfizer contracts with purchasing national governments

- 2021 Pfizer Albania contract[314]
- 2020.12.01 Pfizer Chile contract[315]
- 2021.01.19 Pfizer Dominican Republic Vaccine Term Sheet[316]
- 2021.03 Pfizer Brazil contract Portuguese and English[317]
- 2020.10 Pfizer UK Vaccine contract[318]
- 2020.09.17 Pfizer Peru Binding Term Sheet[319]
- 2020 Pfizer Israel Deal 3 agreements amendments released 2023.10[320]
- 2020 Pfizer EU Advance Purchase Agreement contract[321]
- 2021.03 Pfizer South Africa contract[322]

[313] https://bailiwicknewsarchives.files.wordpress.com/2024/03/2001.11.06-eu-directive-200183ec-medicinal-products-for-human-use.pdf
[314] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021-albania-contract-pfizer.pdf
[315] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2020.12.01-chile-pfizer-contract.pdf
[316] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021.01.19-pfizer-dominican-republic-vaccine-term-sheet.pdf
[317] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021.03-brazil-pfizer-contract-portuguese-and-english.pdf
[318] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2020.10-uk-vaccine-contract-pfizer.pdf
[319] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2020.09.17-peru-pfizer-binding-term-sheet.pdf
[320] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2020-pfizer-israel-deal-3-agreements-amendments-released-2023.10.pdf
[321] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2020-eu-advance-purchase-agreement-pfizer-biontech-contract.pdf
[322] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021.03-pfizer-south-africa-contract.pdf

April 25, 2024 - Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products. Part 7 of series.

I'm still working to better understand (and better write about) the legal mechanisms that have enabled the US Food and Drug Administration (FDA), US Centers for Disease Control and Prevention (CDC), European Medicines Agency (EMA), World Health Organization (WHO) and other US federal agencies, national drug regulators, and regional and supranational organizations, to construct a worldwide regulatory deception through which mercenary pharmacists and nurses can legally mutilate and kill people, using manufactured, distributed pharmaceutical products that are intentionally toxic poisons.

As I've written previously (prior reports linked below), a lot of the legal mechanisms are suspensions, waivers, exemptions and exclusions from drug manufacturing quality control rules, known as current Good Manufacturing Practice (cGMP); along with suspensions/waivers/exemptions/exclusions of clinical trial conduct rules (including Institutional Review Board and informed consent rules), known as current Good Clinical Practice (cGCP); laboratory rules (cGLP); distribution rules (cGDP); and other rules.

For Emergency Use Authorization (EUA) countermeasure products, exemptions are legally justified by emergency declarations issued for specific communicable disease outbreaks (public health emergencies). Public health emergency declarations and determinations are issued unilaterally without any legal requirement for validated evidence that morbidity and mortality are attributable to a communicable disease pathogen, and without any legal mechanisms for legislatures, courts, or political subdivisions (states, tribes, municipalities) to challenge, counteract or otherwise "call the bluff" of lying government officials who promulgate groundless emergency declarations.

For biological products as a general class — at all times, not only during declared emergencies — the exemptions are legally justified by claims that manufacturers have assessment equipment and techniques, and an honorable disposition toward product users, sufficient to self-police product safety, purity and potency without independent, public verification of their claims, and that deregulation saves time and money for regulators, product manufacturers, and taxpayers without endangering consumer health and safety.

These legal non-regulation structures have become more visible since January 2020 through Covid-19 — a simulation of a deadly global pandemic, conducted through prearranged policy coordination (false information, non-validated diagnostic testing/surveillance, social/psychological/economic behavior manipulation, lockdowns, masking, hospital homicide, product review and vaccination programs) among

individuals representing the World Health Organization, US-FDA, US-CDC and affiliated co-conspirator government agencies and non-governmental organizations.

For context, I began to understand FDA's deceptive role in EUA product non-regulation in early 2022, and have learned and written more about public health emergency law since then.

I learned about the FDA's deceptive role in non-regulation of the broader class of biological products — in which vaccines are a putative subcategory, and EUA vaccines are a putative sub-sub-category — in December 2023. I've been learning and writing more about biological product law since then.

To repeat a key point: a lot of the legal mechanisms that enable health care workers to mutilate and kill people with impunity using EUA countermeasures (including vaccines) under declared emergency conditions, and to also mutilate and kill people with impunity using non-EUA biological products and vaccines under routine, non-emergency conditions, are suspensions, waivers, exclusions and exemptions from clinical trial conduct rules and drug manufacturing quality control rules.

Because of that legal framework, one of the best ways to understand what's happened, is to draw the negative or adverse inferences[323] that can be drawn from the *absence* of valid regulatory and quality control records.

'Smoking gun' documents, through which identifiable regulators and vaccine factory employees would disclose which toxic ingredients were added to which batch on which date and time, with foreknowledge as to subsequent molecular stability or decay, and foreknowledge as to harmful biological effects on recipients, are unlikely to appear.

Instead, ingredients and processing techniques are redacted from publicly-available regulatory review and manufacturing contracts. Package inserts are blank. When asked for unredacted, complete, accurate clinical trial and manufacturing quality control compliance records, regulators and manufacturers simply and accurately state that they cannot produce such records, because they are not legally obligated to produce such records, and therefore those records do not exist.

If entities with subpoena power — Congress members, state Attorneys General, state legislative investigatory commissions, or well-informed private attorneys using well-aimed litigation — someday decide to request clinical trial and manufacturing quality control evidence from pharmaceutical companies and FDA regulatory divisions involved in the development and production of drugs and biological products during, prior to and subsequent to Covid, I anticipate that they will receive responses similar to the July 2018 response that Informed Consent Action Network received from the Department of

[323] https://en.wikipedia.org/wiki/Adverse_inference

Health and Human Services in response to ICAN's request for records of HHS vaccine safety assessments between 1986 and 2018:

> "The [Department]'s searches for records did not locate any records responsive to your request."

*

In the meantime, since Congress members, AGs, state lawmakers, and private attorneys have been silent and immobile on the subject of legalized non-regulation of EUA countermeasures, vaccines and biological products, it falls to individual men and women in every country, to stop worldwide vaccination programs by clearly understanding how vaccine and biological product regulatory deceptions work; by drawing the adverse inferences from the non-existence of complete, accurate, unredacted, public regulatory and manufacturing records; and by confidently declining vaccine and biological product recommendations, endorsements and offers made by public health officials, product regulators, manufacturers and health care workers.

It may help build understanding and confidence, to know the names of key organizations running the regulatory deception programs, and some of the legally-undefined terms for the intrinsically unstable, and therefore physically-indeterminate, compounds categorized as "biological products."

Organizations whose members conduct regulatory deception campaigns, primarily through promulgation of official reports, guidance documents and regulations:

- World Health Organization Expert Committee on Biological Standardization.[324] "...commissioned [1947] to coordinate activities leading to the adoption of international requirements for the production and control of vaccines and other biologicals and the establishment of international biological reference materials."
- WHO International Conference of Drug Regulatory Authorities (ICDRA, 1980)[325]
- International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use[326] (ICH, 1990) - "...bringing together the regulatory authorities and pharmaceutical industry to discuss scientific and technical aspects of pharmaceuticals and develop ICH guidelines..."
- Pharmaceutical Inspection Co-operation Scheme[327] (PIC/S) - "...established in 1995 as an extension to the [European Free Trade Association] Pharmaceutical Inspection Convention (PIC) of 1970...PIC/S is a legally non-binding co-operative arrangement between Regulatory Authorities in the field of Good Manufacturing Practice (GMP) of medicinal products for human or veterinary use. It is open to

[324] https://www.who.int/groups/expert-committee-on-biological-standardization
[325] https://www.who.int/teams/regulation-prequalification/regulation-and-safety/regulatory-convergence-networks/icdra
[326] https://www.ich.org/
[327] https://picscheme.org/en/about

any Authority having a comparable GMP inspection system. On 31 December 2021, PIC/S comprised 54 Participating Authorities (PAs) from all continents."

- International Coalition of Medicines Regulatory Authorities[328] (ICMRA, 2013) - "An international executive-level coalition of key regulators from every region in the world. It provides a global strategic focus for medicines regulators and gives strategic leadership on shared regulatory issues and challenges. Priorities include coordinated response to crisis situations. Members of the ICMRA include: Therapeutic Goods Administration (TGA), Australia; National Health Surveillance (ANVISA), Brazil; Health Products and Food Branch, Health Canada (HPFB-HC), Canada; China Food and Drug Administration (CFDA), China; European Medicines Agency (EMA) and European Commission - Directorate General for Health and Food Safety (DG - SANTE), European Union; French National Agency for Medicines and Health Products Safety (ANSM), France; Paul-Ehrlich-Institute (PEI), Germany; Ministry of Health and Family Welfare, India; Health Product Regulatory Authority (HPRA), Ireland; Italian Medicines Agency (AIFA), Italy; Ministry of Health, Labour and Welfare (MHLW) and Pharmaceuticals and Medical Devices Agency (PMDA), Japan; Ministry of Food and Drug Safety (MFDS), Korea; Federal Commission for the Protection against Sanitary Risks (COFEPRIS), Mexico; Medicines Evaluation Board (MEB), Netherlands; Medsafe, Clinical Leadership, Protection & Regulation, Ministry of Health, New Zealand; National Agency for Food Drug Administration and Control (NAFDAC), Nigeria; Health Sciences Authority (HSA), Singapore; Medicines Control Council (MCC), South Africa; Medical Products Agency (MPA), Sweden; Swissmedic, Switzerland; Medicines and Healthcare Products Regulatory Agency (MHRA), United Kingdom; Food and Drug Administration (FDA), United States."
- US FDA Center for Biologics Evaluation and Research (CBER, formerly Bureau of Biologics) - "the Center within FDA that regulates biological products for human use under applicable federal laws."
- US FDA CBER Office of Vaccines Research and Review (OVRR) - “allergenic products, infectious disease vaccines and live biotherapeutic (probiotic) therapies.”
- US FDA CBER Office of Biologics Research and Review (OBRR) - “blood and blood products, including plasma derivatives and their recombinant analogues.”
- US FDA CBER Office of Tissues and Advanced Therapies (OTAT) - “cell, tissue and gene therapies as well as therapeutic vaccines for various disease indications.”
- US FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) - “responsible for supporting applications for licensure of vaccines.” (House Report 106-977, Oct. 12, 2000)
- US CDC Advisory Committee for Immunization Practices (ACIP) - “Develops recommendations for U.S. immunizations, including ages when vaccines should be given, number of doses, time between doses, and precautions and contraindications.”

[328] https://www.icmra.info/drupal/en

Some of the terms and phrases used in official reports, plans, guidance documents, recommendations and regulations promulgated by the organizations listed above and their military and corporate pharmaceutical counterparts:

- allergen
- allergenic product
- analogous product
- antigen
- antitoxin
- arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound)
- attenuated infectious vaccine
- bacteria
- biopharmaceutical
- biosimilar
- biosimilar biological product
- biotechnology
- biotechnology product
- blood, blood component or derivative
- cell therapies
- cells pulsed with immunogen
- cellular therapy products
- component of pathogen
- conjugates
- crude or purified antigens isolated from killed or living cells
- crude or purified antigens secreted from living cells
- diagnostic antigen
- emerging technology in the context of the pharmaceutical and related industries
- first interchangeable biosimilar biological product
- fraction of pathogen
- gene
- gene therapies
- genetically-modified organism (GMO)
- human blood and blood components
- human cellular and gene therapy products
- human somatic cell therapy and gene therapy
- immunogen
- immunotoxin
- intentionally altered genomic DNA
- living vectored cells expressing specific heterologous immunogens
- microbial culture
- microbial derived proteins
- monoclonal antibody
- parasite

- pathogen
- peptide
- plasma-derived pharmaceutical
- plasma-derived product
- plasmid
- plasmid DNA vaccine
- polynucleotides
- polypeptide
- protein
- recombinant nucleic acid molecules
- recombinant or synthetic carbohydrate, protein or peptide antigens
- recombinant protein
- reference product
- regenerative medicine therapies
- regenerative medicine advanced therapy
- somatic cell therapy
- synthetic biological product
- synthetic nucleic acid molecules
- therapeutic biological product
- therapeutic biotechnology
- therapeutic biotechnology-derived biological product
- therapeutic recombinant DNA-derived product
- therapeutic serum
- toxin
- toxoid
- vaccine
- virus
- well-characterized platform technology
- well-characterized therapeutic recombinant DNA-derived and monoclonal antibody biotechnology products
- whole, inactivated pathogen

*

Stop taking vaccines.

Interpret public statements, reports, guidance documents and regulations by World Health Organization Expert Committee on Biological Standardization, ICDRA, ICH, ICMRA, PIC/S, US-FDA, FDA-CBER, CBER-OVRR, CBER-OBRR, CBER-OTAT, CBER-VRBPAC, US-CDC, CDC-ACIP and pharmaceutical company officials as presumptive lies and misrepresentations.

Pray the Rosary.

Related:

- Sept. 19, 2022 - In Nov. 2020, Pfizer told FDA reviewers, led by Marion Gruber, that safety studies were neither needed nor conducted. In making that argument, Pfizer cited WHO guidance written in 2002 by a team led by Marion Gruber.
- Nov. 16, 2022 - Some thinking about tampering with evidence and spoliation
- Jan. 16, 2023 - Dual-use government officials of concern
- Feb. 7, 2023 - On the impalement of embedded, treasonous, DOD-HHS bioterrorists on the horns of their dilemmas. Revisiting double-bind challenges to the Covid-19 cullers and culling agents.
- March 17, 2023 - Contracting for facilitation of crimes: contract killing and biomunitions hitmen. A third double-bind argument built on the truth that the products are prohibited bioweapons designed to injure and kill, not regulated medicinal products designed to protect and heal.
- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons
- May 26, 2023 - 93 biochemical weapons to decline whenever a medical mercenary offers them to you or your children
- Nov. 8, 2023 - Sasha Latypova and Katherine Watt discussing non-regulation of non-medicines known as 'vaccines,' and other US military biochemical weapons
- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb
- Jan. 3, 2024 - On the continuing effort to fit a square peg (legalized manufacturing and use of biological weapons) into a round hole (FDA drug, device and biological product regulation).
- March 8, 2024 - Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines
- March 12, 2024 - Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars
- March 15, 2024 - Part 3: Deregulation of biological product manufacturing, mid-1990s to present
- March 20, 2024 - Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals
- March 21, 2024 - Part 5: Vaccine and related biological product manufacturing as US government-licensed poison manufacturing Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS. - “...HHS has never systematically collected or reported information from parents, pediatricians, toxicologists, manufacturers, or anyone else about harms caused by childhood vaccines administered in single doses, combined doses (i.e. measles-mumps-rubella), or cumulative doses (the childhood schedule), and HHS has never collected or reported information about the harmful

effects of biological components, chemical adjuvants, preservatives or any other ingredients…"

- April 3, 2024 - Part 6: On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s.
- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. PREP Act and other emergency laws are already operationalized globally through the manufacturing, sales, supply and purchasing contracts.

April 30 , 2024 - Repeal county PHE kill box law 'emergency operations plans' and withdraw from county-state and county-federal kill box contracts.

A reader emailed me asking about whether I've written templates for repeal and nullification of county-level public health emergency (PHE) laws and legal instruments (contracts).

Yesterday, my friend Sasha Latypova's posted her response to a Reuters 'fact-checker.'

- April 29, 2024 - Another false claim by Reuters fact checkers that must be fact checked...[329]

Sasha wrote:

...my hypothesis that Air BnB's email was indicative or their (or their insurance providers') realization that the governments of many countries have given themselves authority to interfere with lawful international travel under false pretenses of public health and climate threats is based on the following legal history in the US (this is only a brief summary, for details see the link below):

- Emergency-predicated centralization of government authority within the federal executive branch has a long history in the United States. Examples of Congressional acts signed by US Presidents to consolidate executive power in response to circumstances construed as national emergencies include the Trading with the Enemy Act (1917), Emergency Banking Act (1933), Reorganization Act (1939), Public Health Service Act (1944), War Powers Resolution (1973), National Emergencies Act (1976), Robert T. Stafford Disaster Relief and Emergency Assistance Act (1988), PATRIOT Act (2001), Agricultural Bioterrorism Protection Act (2002), Public Health Security and Bioterrorism Preparedness and Response Act (2002), Homeland Security Act (2002).
- Executive legislation has also been enacted to expand executive emergency power, taking the form of executive orders and agency regulations published in the Federal Register. Many US states have also enacted state-level general emergency management laws, mostly during and since the 1970s. In 2001, public health lawyers affiliated with Johns Hopkins University, Georgetown University and the US Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) published a Model State Emergency Health Powers Act (MSEHPA). The MSEHPA was drafted to further override constitutional separation of powers and centralize state-level executive authority on public health emergency predicates, including communicable disease outbreaks. The ensuing lobbying campaign drew momentum from false-flag anthrax attacks in September 2001. Several related model acts are in circulation,

[329] https://sashalatypova.substack.com/p/another-false-claim-by-reuters-fact

including the Model State Public Health Privacy Act (1999); Model State Public Health Act (2003) and Uniform Emergency Volunteer Health Practitioners Act (2007).

- These model acts, combined with deception campaigns providing false information to federal and state lawmakers and the public about biological threats, biodefense, biosecurity, bioterrorism, emerging infectious diseases and related topics, have been used to lobby state lawmakers to expand government authority to apprehend, detain, injure and kill people and seize private property during declared public health emergencies. Since 2001, state legislatures and governors have updated and amended state legal codes to enact many provisions of the MSEHPA.
- Since January 2020, federal and state public health, military and law enforcement officials have demonstrably used federal and state public health emergency laws to commit acts of fraud, extortion, theft, torture, homicide, and other crimes, by characterizing Covid-19 as a global pandemic of a life-threatening communicable disease, and by characterizing criminal acts as components of a lawful, coordinated, necessary, life-saving government emergency response program. Under existing federal and state laws, fraudulent, non-validated government claims about the existence, transmissibility and virulence of communicable disease pathogens form the legal basis for government declarations, determinations, executive orders, expenditures, policies and programs.
- Under existing federal and state laws, fraudulent, non-validated diagnostic tests form the legal basis for government acts to classify, apprehend, detain and treat tested persons as public health threats, as 'asymptomatic,' 'precommunicable,' or symptomatic carriers of non-validated communicable disease pathogens. Note: Presidential Executive Order 13295, as amended by EO 13375, 13674 and 14047, currently in force under 42 USC 264, classifies non-specific respiratory diseases as "quarantinable" diseases, including "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled" and "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."
- Under existing federal and state laws, fraudulent, non-validated data about the safety, efficacy, purity, potency and sterility of drugs, devices and biological products form the legal basis for government officials to contract with pharmaceutical companies to develop, manufacture, purchase and deploy emergency "medical countermeasures" used to intentionally injure and kill recipients. Federal and state government acts legalized by public health emergency laws include but are not limited to issuance of public health emergency declarations, determinations and executive orders; establishment of fraudulent diagnostic testing programs and epidemiological 'dashboards;' imposition of school and business occupancy limitations and closures; mask mandates; hospital

homicide protocols (sedation, dehydration and starvation); and military-pharmaceutical homicide protocols (vaccine mandates). Public health law, and especially civil and criminal liability exemptions under the Defense Production Act (1950), "Good Samaritan" laws, National Childhood Vaccine Injury Act (1986), and the PREP Act (2005), have given public health and military officials, manufacturers and regulators of biological products, drugs and devices, pharmacists, nurses, doctors, school administrators, public and private employers and other individuals, license to kill.

For more information on how the government can legally interrupt your travel, detain and kill you under fabricated excuse of a public health emergency, I invite you to read my colleague Katherine Watt's publication, Bailiwick News.

*

I cross-posted and restacked Sasha's response to Reuters for Bailiwick readers with the following comment:

> Excellent response by Sasha to misleaders at Reuters.
>
> For readers interested in taking additional steps to block future execution of kill box programs founded on kill box laws, the text of Sasha's bullet-point list comes from this document:
>
> - March 2024 - Repeal state public health emergency, emergency management, communicable disease control laws (PDF)[330]
>
> It's a how-to guide for helping your state lawmakers understand why they need to repeal their states' public health emergency laws, and what steps they need to take to repeal those laws.
>
> Use it.
>
> Because of the American division of political authority between the federal government, headquartered in Washington DC, and the states, headquartered in each state capitol, none of the kill box programs that the US DoD-HHS-World Health Organization have carried out (including Covid-19) and none of the next kill box programs DoD-HHS-WHO want to carry out (including influenza[331]), can happen without explicit, sustained state government cooperation.

[330] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf
[331] https://conspiracysarah.substack.com/p/federal-order-issued-mandatory-testing

So far, state governments have implemented the kill box programs as directed and financially incentivized by the DoD-HHS-WHO.

State governments can repeal their public health emergency laws, and thereby break the legal links between the WHO, the US military/public health complex, and the targeted victims of their fake pandemics and toxic medicines.

*

For readers interested in working at the county level (my reply to the reader):

I don't have a draft of the repeal bill how-to written specifically for county-level work. The documents you would be looking for, and would ask your county commissioners to repeal or withdraw from, include

County-level emergency management plans that link the county to the state emergency management systems, and to the National Response Framework (NRF) and National Incident Management System (NIMS).

Example from my Pennsylvania county:

- Feb. 2021 - Centre County Emergency Operations Plan[332] (Vol. 1)

and

County-signed grant agreements (through which the county accepts state or federal funding) also known as Intergovernmental Agreements or IGAs.

Example from Cochise County, Arizona:

- May 2021 - Cochise County, AZ/Arizona Department of Health Services Intergovernmental Agreement.[333]
- Nov. 2021 - Summary analysis of Cochise County-ADHS IGA;[334] reporting by Colonel Don W. Jenkins (Ret.) and Master Sergeant F. Jack Dona (Ret.) Jan. 21, 2022;[335] Jan. 26, 2022;[336] Feb. 2, 2022.[337]

[332] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2021.02-centre-county-emergency-operations-plan.pdf
[333] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2021.08-arizona-cochise-iga-example.pdf
[334] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2021.11.15-summary-analysis-of-cochise-county-intergovernmental-agreements.pdf
[335] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.01.21-jenkins-dona-arizona-intergovernmental-agreements-igas.pdf
[336] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.01.26-jenkins-dona-arizona-igas.pdf
[337] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2022.02.02-jenkins-dona-arizonas-intergovernmental-agreements-county-ineptitude-or-planned-government-tyranny.pdf

Of particular importance is the provision (see p. 17, Sec. 1.4 of the May 2021 Cochise County IGA) conditioning county receipt of federal funding on county compliance with current and future terms and conditions embedded in federal executive orders and federal agency directives.

Once you identify and get copies of those plans and contracts, you would explain to the county commissioners how they fit within the kill box framework, and list those in the draft repeal and/or contract withdrawal bill that you would present for them to adopt.

If you want to work at the county level, find a group of friends to work with you. Don't work alone.

Also, if you want to approach your county commissioners in a somewhat less confrontational way, Bailiwick reader Lydia Hazel drafted a Medical Countermeasures Awareness[338] bill a few months ago.

It can be used by any tax-levying governmental entity, from school boards to Congress.

Feb. 14, 2024 - Medical Countermeasures Awareness Bill.[339]

> ...To summarize the basis for the bill: the default position is that no compliance with any FDA regulation for drugs, devices or biological products is required of any EUA product manufacturer and/or enforced by FDA against any EUA product or product manufacturer, because by definition, under 21 USC 360bbb-3(k), once the product has the EUA classification, it cannot be the subject of valid clinical trials, Investigational New Drug (IND) applications, manufacturing standards, quality control testing, inspections of facilities where it's manufactured, or any other FDA product regulation pathway.
>
> Further, since a May 2019 HHS-FDA rule change,[340] the same non-regulation by default holds true for *all* biological products and biological products manufacturing facilities, whether they're making licensed, approved, unlicensed, unapproved, EUA, IND or any other class of products.

Stop testing for communicable disease.

Stop taking vaccines.

Pray the Rosary.

[338] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/02/medical-countermeasures-awareness-bill.pdf
[339] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-3bd
[340] https://bailiwicknews.substack.com/p/legalized-fda-non-regulation-of-biological

Related:

- July 24, 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?
- April 7, 2023 - On enforcement mechanisms wielded against non-compliant nation-states.
- Sept. 28, 2023 - On urging county, municipal and regional law enforcement and health officials to defy orders to capture and kill people under public health emergency pretexts.
- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws.

May 2024

Jeremiah lamenting the destruction of Jerusalem. Rembrandt.

May 3, 2024 - As cow-bird-milk flu silliness hits its stride for Summer 2024, some suggestions. Also update on a FOIA filed in Feb. 2023

Update on a FOIA filed in Feb. 2023 seeking DoD reports to Congress on the efficacy of Covid vaccines for intentionally inducing morbidity and mortality

In February 2023, Sasha Latypova and I worked with Bill Marshall of Judicial Watch to draft a set of Freedom of Information Act (FOIA) requests to the US Department of Defense (DoD) and US Department of Health and Human Services (HHS).

Feb. 1, 2023 - Draft Freedom of Information Act (FOIA) requests to DOD and HHS[341]

> Prepared for a FOIA coordination call today:
>
> 1. Signed, dated ATI-DOD-Pfizer "Project Agreement" contract, under 10 USC 4022 (previously 10 USC 2371b) and MCDC Other Transaction Agreement (OTA) No. W15QKN-16-9-1002, defined at p. 9 of July 20, 2020 Base Agreement,[342] under which Pfizer is the Project Agreement Holder ("PAH").
>
> 2. Signed, dated documents recording the dates on which President Trump and/or President Biden invoked or extended suspension, under 50 USC 1515, of all prohibitions on DOD testing, use, stockpiling and transport of chemical and biological weapons and delivery systems, and/or suspended all Congressional, international, state, local and other notice and reporting provisions under 50 USC 1512, 50 USC 1512a, 50 USC 1513, 50 USC 1518; 50 USC 1520a, 50 USC 1523, and 50 USC 1528.
>
> 3. Signed, dated documents recording dates on which President Trump and/or President Biden waived, and/or extended waiver of, informed consent for military personnel under 10 USC 1107a(a).
>
> 4. Signed, dated copies of reports to Congress, prepared and submitted by DOD and HHS, under 50 USC 1512, 50 USC 1513, 50 USC 1518, 50 USC 1523, and 50 USC 1528, and/or any other applicable Congressional notice and/or reporting law, quantifying the mortality and morbidity data collected from any and all government databases (VAERS, V-Safe, VA, DMED, Medicare, Medicaid, etc), contract manufacturer and subcontractor databases (ATI, Pfizer, Moderna, Ventavia, ICON, etc.), and private health insurance databases (Kaiser, Blue Cross, etc.), assessing the effectiveness of the mRNA/LNP class of bioweapons for incapacitating, sterilizing and killing adults and children, from the start of the events known as "Covid-19 vaccine clinical trials" in Spring 2020 to the present.

[341] https://bailiwicknews.substack.com/p/draft-freedom-of-information-act

[342] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.20-base-agreement-pfizer-contract-56-p-exh-a-jackson.pdf

Marshall filed a FOIA request using some of the proposed text on Feb. 1, 2023, seeking:

> "Signed, dated copies of reports to Congress, prepared and submitted by DOD, under 50 USC 1512, quantifying the mortality and morbidity data collected from any and all government databases (VAERS, V-Safe, VA, DMED, etc.), contract manufacturer databases, and private health insurance databases (Kaiser, Blue Cross, etc.), assessing the effectiveness of the mRNA/LNP class of biological agents for the alleged purpose of preventing COVID-19 disease, from the start of the purported clinical trials circa Spring 2020 to the present."

A DoD FOIA officer recently (May 2, 2024) responded to the request Bill Marshall filed in February 2023, asking for clarification, writing to Marshall:

> "I'm reaching out again to request clarification to your FOIA request 23-F-0415. The congressional report you are seeking for 50 USC 1512 is for transportation of open-air testing, and disposal of lethal chemical or biological warfare agents and not COVID-19."

Marshall contacted me asking for suggestions for the clarification response.

My reply:

My suggestion for a response to DoD would be to clearly state that the contents of the Covid-19 vaccines, and the contents of the Strategic National Stockpile (SNS) generally, are prohibited, lethal biological and chemical weapons and weapons components, and since they are being disposed of by being injected into recipients, such disposal qualifies as disposal activity under 50 USC 1512, and therefore you would like DoD's records about the vaccines'

1. raw materials as delivered to the manufacturers under DoD control
2. processing methods at the factories under DoD control
3. finished products as delivered to the SNS locations under DoD control
4. storage at SNS under DoD control with additional supervision by CDC
5. finished products as delivered from SNS to "points of dispensing" (PODs) such as retail pharmacies, hospitals and pop-up clinics under DoD control
6. finished products as disposed of into human recipients under PREP Act 'covered person' and 'qualified person' control
7. records collected as to effects on human recipients post-disposal and supplied to DoD and CDC program supervisors

It's unlikely that DoD will respond robustly to the FOIA request, but it's worth asking anyway, to get the questions into the FOIA record, and to help more people understand what's going on and how public health emergency anti-law is used to authorize government-directed mutilation and killing, and to simultaneously cover up the crimes.

Some suggestions Bailiwick readers (and for myself) as cow-bird-milk flu silliness hits its stride for Summer 2024.

Get off the internet.

Go outside. Take walks. Plant gardens and tend them. Ride bikes. Go swimming. Sit around talking. Visit the sick. Listen to music. Climb trees. Go to church. Cook meals. Organize parties and picnics and cookouts and barbecues. Watch a baseball game at the ballpark. Bake bread. Play games. Read books. Tell jokes. Bury the dead.

Bring joy and laughter to the people around you, especially the kids and the young adults. And the old people and the middle-aged people and the babies. Everybody.

Do good work when it's work-time. Do good rest when it's rest-time.

Pray the Rosary.

Every day that you don't cower in fear, read CDC and WHO nonsense data and recommendations, slap a mask on your face, stick a swab up your own nose (or someone else's nose), or walk into a pharmacy and request toxic injections (or inject someone else), you've done good work to help expose fake pandemics and toxic biological products in their ugly reality and to help dismantle public health emergency anti-law.

Every day that you don't tell someone else they should be afraid, or read CDC and WHO nonsense, slap a mask on their face, stick a swab up their nose, or go get a poison-shot, you've done good work to help expose fake pandemics and toxic biological products in their ugly reality and to help dismantle public health emergency anti-law.

Every day that you confidently and clearly explain to someone else why you're not afraid, why CDC and WHO nonsense is nonsense, why you don't mask, or test, or vaxx, you've done good work to help expose fake pandemics and toxic biological products in their ugly reality and to help dismantle public health emergency anti-law.

*

Related:

Sept. 28, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package

> ...In November 1997 — through the FY1998 NDAA and the Food and Drug Administration Modernization Act — Congress and President Clinton set up the Emergency Use Authorization program, accomplishing two things.

The amendments and additions transferred the DOD chemical and biological weapons research and development program to the Health and Human Services Department under the Food and Drug Administration, and expanded the pool of humans subject to experimentation without informed consent from military personnel and prisoners, to the whole American population.

In October 1998, Congress and President Clinton passed the Omnibus Consolidated and Emergency Supplemental Appropriations Act.

Title II established the National Pharmaceutical Stockpile, later renamed the Strategic National Stockpile, and appropriated $51 million (regularly topped up in subsequent appropriations) "to remain available until expended…for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention."

Division I of the same 1998 bill — the Chemical Weapons Convention Implementation Act of 1998 — established prohibitions on chemical weapons, to give the appearance of US compliance with the terms of the 1997 UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction.

The 1998 dual-use legislation accomplished another key US Government objective: it rendered the DOD's illegal stockpile of biological and chemical agents into a 'legal' stockpile of pharmaceutical products and vaccines.

Same deadly toxins.

Different labels.

April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons

May 26, 2023 - 93 biochemical weapons to decline whenever a medical mercenary offers them to you or your children

July 1, 2023 - Another sign that tide of covert war is turning will be pharmacies that refuse to take delivery of DoD biochemical weapons and pharmacists who refuse to use them on targets.

* * *

May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.

Readers have asked recently about news that some US Senators and others are sending letters and things, expressing some grumpy indignation about the soon-to-be-in-force World Health Organization International Health Regulations amendments adopted by the World Health Assembly in May 2022,[343] other batches of proposed IHR amendments, and a proposed pandemic treaty.

My reply to one of these questions:

I don't follow much news, even among the so-called medical freedom movement, because so much of it is false information...Given my overall views of the function the WHO fights have in the distraction and diversion system...

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.
- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.
- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.
- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.

...my guess is that these are just part of that campaign: to get people to be focused on WHO and ineffectual bloviating, and not thinking about or working to help people understand that pandemics are fake and to repeal and nullify the domestic laws that are used to create the simulations and to carry out very real thefts and bodily assaults under cover of those simulations, which were already demonstrated with Covid.

Since the World Health Assembly meeting is at the end of May, this month will be a peak time for the misdirection teams to make PR [public relations] waves.

Related:

- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past. The Monster has only devised means to produce the illusion of deadly global pandemics. And that's all he will ever be able to do.

[343] https://bailiwicknews.substack.com/p/government-by-silent-immobility-an

May 7, 2024 - Bits and pieces about 10 USC 1107a(a) consent waivers, EUA products, BLA products, legalized FDA non-regulation of pharmaceutical manufacturing, and related things.

Correspondence with Bill Marshall of Judicial Watch this morning. FOIA (Freedom of Information Act) officers with US Department of Defense responded to another request Marshall filed on Feb. 1, 2023, seeking:

> Signed, dated documents recording date on which Presidents Trump and/or Biden waived informed consent for military personnel under 10 USC 1107a(a) to receive injections for the stated or intended purpose of preventing infection by the SARS-CoV-2 virus and/or prevention of COVID-19 disease.

*

10 USC 1107a(a) is a law authorizing the US president to waive the fake informed consent provision of the Emergency Use Authorization law — "option to accept or refuse," 21 USC 360bbb-3(e)(1)(A)(ii) — "if the President determines, in writing, that complying with such requirement is not in the interests of national security."

Congress passed it as another move in the multi-decade tug-of-war between Presidents, Defense Secretaries and FDA lawyers who like to force-poison military personnel using vaccines and other inherently toxic biochemical agents, and the handful of Congress members and federal judges who sometimes feel a little uneasy about providing legislative and judicial cover for those poisoning programs and try to pin the culpability tail on the executive donkey.

See, for example, President Bill Clinton's Executive Order 13139[344] (Sept. 30, 1999) *Administration of Investigational New Drugs to Members of the Armed Forces;* DoD Directive 6200.2[345] (Aug. 1, 2000), *Use of Investigational New Drugs for Force Health Protection*; NDAA FY2004 (PL 108-136, Nov. 24, 2003) at 117 Stat. 1690, *Emergency use products, Waiver by the President; Doe v. Rumsfeld I-III* (2003-2005)*;* and FDA Office of Counterterrorism Policy and Planning, *Guidance: Emergency Use Authorization of Medical Product*s (July 2007):[346] "…informed consent under part 50 of FDA regulations (21 CFR part 50) is not required for administration of an EUA product [and] Congress authorized the President to waive, under certain circumstances, the option for members of the armed services to accept or refuse administration of an EUA product (10 U.S.C. 1107a)."

[344] https://www.govinfo.gov/content/pkg/WCPD-1999-10-04/pdf/WCPD-1999-10-04-Pg1875.pdf
[345] https://mrdc.health.mil/assets/docs/orp/irbo/11_DOD_6200.2_Use_of_INDs_for_FHP.PDF
[346] https://www.fdanews.com/ext/resources/files/archives/e/Emergency-Use-Authorization.pdf

See also:

- Dec. 1, 2023 - On 'mandates,' and the irrelevance of informed consent principles in the EUA countermeasures use context. "...Part of this is the substitution of "option to accept or refuse" for "informed consent" in a context in which informed consent is an incoherent principle, because no true information about the contents or effects of the product exists to be provided to targets; because the authorized consequences of refusal include firing and expulsion from school; and because targets are military targets whose consent is irrelevant, not clinical trial subjects (because no clinical trials are happening) and not patients (because no doctor-patient, diagnosis-treatment relationship exists)."

*

On May 7, 2024, a DoD FOIA officer responded to Marshall's FOIA request:

> ...No records were located responsive to your request.
>
> Additionally, please note that the Office of the Under Secretary for Personnel and Readiness noted that on August 23, 2021, US-FDA approved the biologics license application [BLA] for the Pfizer vaccine, which had previously been released under an emergency use authorization (EUA).
>
> According to the Secretary of Defense memo, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," it states that "...Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the FDA...".
>
> 10 USC 1107a(a) requires a Presidential waiver only for products authorized for emergency use and no such waiver would have been necessary to mandate vaccination with a fully licensed vaccine.

*

Marshall asked for feedback.

My reply:

...DoD is probably correct that neither Trump nor Biden issued waivers under 10 USC 1107a(a).

The fake BLA process was probably conducted mostly to provide cover so that Trump and Biden wouldn't need to issue the waivers.

The dates of mandates, dates of injection, and vaxx lot identification (to identify EUA lots and BLA lots) are complicated.

The DOD Memorandum ordering vaccination was issued August 24, 2021.

Some military personnel were injected before that date, and some after. Some believed that there was a physical difference between the EUA lots and the BLA lots, and some believed that there was a legal difference between the EUA lots and the BLA lots.

In truth, neither the EUA product nor the BLA product went through any real FDA manufacturing regulation process — both the EUA process and the BLA process were faked, by FDA, in collaboration with DoD and the manufacturers.

The fake-regulation is legal, under biological product licensing law and under public health emergency law. All biological product licensing and manufacturing in the US, as allegedly supervised by FDA, is faked, and the fake regulation is legal, and has been since before FDA took over biological product regulation from NIH in 1972. The rule-making paper trail is more readily available for the period since 1973.

I have not written much about the BLA process or its application to the Covid vaccines, because after I understood that the EUA was a completely separate track...

- Jan. 31, 2023 - August 2020 - Elizabeth Sadove presentation to FDA-CDC: Regulatory Updates on Use of Medical Countermeasures.
- Feb. 9, 2023 - On the significance of 21 USC 360bbb-3(k): "use" of EUA products "shall not constitute clinical investigation."

I saw the BLA process as solely a distraction/misdirection campaign, and because I lack the detailed experience with regulatory paperwork and terminology to be able to untangle it properly for general readers.

Sasha has done some reporting on this.

As of June 2023, she regarded the BLA process as a real regulatory process, but not properly used — manipulated for improper, deceptive, “bait-and-switch” purposes.

- June 20, 2023 - Declaration of Peter "Pretzel" Marks[347]

By November 2023, she and I were discussing the fact that the BLA process is also fake, and one of the ways in which it was faked for the Covid-19 vaccines was by citing the alleged "clinical trials" conducted during the EUA process, as the basis for the BLA decision, when in truth, valid clinical trials were never and are never possible under the

[347] https://sashalatypova.substack.com/p/declaration-of-peter-pretzel-marks

EUA legal framework, because by statute, use of EUA products "shall not constitute clinical investigation."

That's the legal mechanism that exempts use of EUA products from informed consent, Institutional Review Boards, prescriptions, labeling requirements, non-adulteration rules and all other protections for consumers of drugs, devices and biological products.

- Nov. 4, 2023 - Do C-19 Vax Manufacturers Violate cGxP?[348]

- Nov. 8, 2023 - FDA "Approval" for Covid-19 Vaccines Was Fake - based non-investigational use of a non-experimental unapproved substance (a poison) [349]

The DoD FOIA response would be a good hook for more reporters to do more writing about the FDA's fake regulation of EUA products (as a subcategory of biological products) and fake regulation of the whole class of biological products, to help more people understand the massive fraud under which they consume manufactured products that are presented as FDA-regulated.

I've been working on a series about it for several months (since I realized in December 2023 that *all* biological products are legally regulation-exempt) and the intricacy of the lie structure built since 1973 is kicking my ass.

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb

- Jan. 3, 2024 - On the continuing effort to fit a square peg (legalized manufacturing and use of biological weapons) into a round hole (FDA drug, device and biological product regulation).

- March 8, 2024 - Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines

- March 12, 2024 - Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars

- March 15, 2024 - Part 3: Deregulation of biological product manufacturing, mid-1990s to present

- March 20, 2024 - Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals

[348] https://sashalatypova.substack.com/p/do-fentanyl-dealers-violate-cgxp
[349] https://sashalatypova.substack.com/p/fda-approval-for-covid-19-vaccines

- March 21, 2024 - Part 5: Vaccine and related biological product manufacturing as US government-licensed poison manufacturing Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS. - "...HHS has never systematically collected or reported information from parents, pediatricians, toxicologists, manufacturers, or anyone else about harms caused by childhood vaccines administered in single doses, combined doses (i.e. measles-mumps-rubella), or cumulative doses (the childhood schedule), and HHS has never collected or reported information about the harmful effects of biological components, chemical adjuvants, preservatives or any other ingredients..."

- April 3, 2024 - Part 6: On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s.

- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. PREP Act and other emergency laws are already operationalized globally through the manufacturing, sales, supply and purchasing contracts.

- April 25, 2024 - Part 7: Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.

*

On "informed consent" and "option to accept or refuse"

- June 14, 2022 - April 4, 2003 - Rep. Henry Waxman questioning FDA Commissioner Mark McClellan about informed consent waivers authorized through Project Bioshield Act. "...The statutes include language that HHS Secretary may set conditions on EUAs that recipients be informed "of the option to accept or refuse administration of the product, [and] of the consequences, if any, of refusing administration of the product," which appears to protect a meaningful option to refuse, thus upholding the principle of informed consent as framed by the Nuremberg Code. However, the Department of Justice[350] and at least one federal judge[351] have interpreted the "consequences of refusal" to mean that recipients may be told by the person demanding that they accept the product, that if they refuse, they will be disciplined, fired or lose their place at school, thus legalizing coercive medical treatment in violation of the Nuremberg Code..."

[350] https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf
[351] https://casetext.com/case/bridges-v-hous-methodist-hosp

- July 4, 2022 - Possibilities for proving intent. The work product of attorneys Susan E. Sherman, Wen W. Shen, Dawn Johnsen and the July 6, 2021 Department of Justice legal opinion. **"...**Dismantling informed consent was the start of the cover-up for the government's Covid-19 crimes, and the dismantling process predated Covid-19, providing evidence of intent...The primary document is the July 6, 2021 slip opinion[352] written by Deputy Attorney General Dawn Johnsen, which defines the legal question as: Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization..."

- Jan. 2, 2023 - Bioweapon prototype deployments, informed consent, targeted enemies, state of war, doctrine of necessity.

- Jan. 31, 2023 - August 2020 - Elizabeth Sadove presentation to FDA-CDC: Regulatory Updates on Use of Medical Countermeasures. "...For those confused about "right to refuse" to submit to EUA products, the [Potemkin] US government construes this[353] as meaning military targets, known as "volunteers" in the table below, of the mRNA class of pharmaceutical-weapons, known as Covid-19 vaccines, must be told that they have a "right" to refuse, and that refusal may carry penalties such as loss of employment, military position, educational opportunity, or other *de facto* revocable privileges. The government construes these information exchanges between conscripted military/public health personnel (nurses, pharmacists, doctors) and targeted individuals (people injected with mRNA/LNP slurries) as non-coercive..."

- Aug. 18, 2023 - Bridges v. Houston Methodist Hospital. Court decisions supporting the conclusion that vaxx recipients are military targets, enemy combatants, chattel slaves or similar legal status in which consent is moot. "...[Quoting court ruling] The hospital's employees are not participants in a human trial. They are licensed doctors, nurses, medical technicians, and staff members. The hospital has not applied to test the COVID-19 vaccines on its employees, it has not been approved by an institutional review board, and it has not been certified to proceed with clinical trials...The Nuremberg Code does not apply because Methodist is a private employer, not a government....Bridges has not been coerced. Bridges says that she is being forced to be injected with a vaccine or be fired. This is not coercion. Methodist is trying to do their business of saving lives without giving them the COVID-19 virus. It is a choice made to keep staff, patients, and their families safer. Bridges can freely choose to accept or refuse a COVID-19 vaccine; however, if she refuses, she will simply need to work somewhere else..."

* * *

[352] https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf
[353] https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf

May 8, 2024 - Evidence of Presidential and Congressional treason, 1900-1969

I spent some time in April reorganizing many of the records I've collected over the last few years to support prosecution of members of Congress, presidents, cabinet secretaries and federal judges for treason under 18 USC 2381.

- April 28, 2022 - 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.[354]
- Dec. 20, 2023 - Ending National Suicide Act[355] - "AN ACT to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes.

I've posted many of the Congressional and Presidential documents at my Wordpress site (Treason Evidence[356]), links below, for Bailiwick readers who are interested in doing legal research.

This part of the collection includes records from 1900 to 1969, the period during which most of the legal foundations were laid for the merged chemical and biological warfare-public health-vaccination program that has been built atop those foundations since 1969.

It's important to understand that the ostensible, false reason given for why these laws were adopted, and why the programs they authorized were carried out, was and remains, national security.

The real, true reason has always been, and still is, to induce quiet national suicide without the knowledge, understanding or resistance of the people deceived and induced to mutilate and kill each other and our civil society.

*

[354] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[355] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[356] https://bailiwicknewsarchives.wordpress.com/treason-evidence/

Evidence to support eventual treason prosecutions of members of Congress, presidents, cabinet secretaries and federal judges for treason under 18 USC 2381.

Congressional Acts

- 1902.07.01 PL 57-244 Biologics Control Act 32 Stat 728 human
- 1906.06.30 PL 59-384 Pure Food and Drug Act 34 Stat 768
- 1913.03.04 PL 62-430 Virus Serum Toxin Act 37 Stat 832 agriculture domestic animals
- 1913.12.23 PL 63-43 Federal Reserve Act
- 1917.06.15 PL 65-24 Espionage Act 40 Stat 217
- 1917.10.06 PL 65-91 Trading With The Enemy Act 40 Stat 411
- 1921.03.03 Public Resolution 64 End of National Emergency and War but not emergency powers p. 1
- 1921.11.23 PL 67-97 Sheppard Towner maternal infant precursor to Social Security Act
- 1925.02.13 PL 68-415 Judiciary Act Congress made Supreme Court discretionary 43 Stat. 936
- 1933.03.09 PL 73-1 Emergency Banking Act
- 1933.06.05 HJR 192 House Joint Resolution suspend gold standard
- 1935.07.26 PL 74-220 Federal Register Act mechanism for executive legislation
- 1935.08.14 PL 74-271 Social Security Act 49 Stat 620
- 1938.06.25 PL 75-717 Food Drug Cosmetics Act 52 Stat 1040
- 1939.04.03 PL 76-19 Reorganization Act established Federal Security Agency transferred Public Health Service from Treasury to FSA
- 1943.11.11 PL 78-184 Public Health Service Act part 1 organization 57 Stat 587
- 1944.07.01 PL 78-410 Public Health Service Act Part 2 PHSA Sec 351, 42 USC 262 biological products PHSA 361, 42 USC 264 Quarantine Stations
- 1945.07.28 Executive F Senate Vote ratify UN Charter and Bretton Woods Executive F 59 Stat 1031
- 1945.07.31 PL 79-171 US Bretton Woods Agreement Act membership in International Monetary Fund 59 Stat 512
- 1945.12.20 PL 79-264 UN Participation Act of 1945 59 Stat 619
- 1945.12.29 PL 79-291 International Organizations Immunities Act 59 Stat 669
- 1946.06.11 PL 79-404 Administrative Procedures Act
- 1946.08.02 International Court of Justice Senate ratification Morse Resolution Connally Amendment
- 1947.07.26 PL 80-253 National Security Act National Security Council CIA National Security Resources Board NSRB later FEMA
- 1947.08.04 PL 80-357 UN Headquarters Act 61 Stat 756 Ch 482 22 USC 287 note
- 1948.01.27 PL 80-402 US Information and Educational Exchange Act Propaganda Smith Mundt
- 1948.06.14 PL 80-643 WHO World Health Organization Acceptance of membership Act

- 1950.09.08 PL 81-774 Defense Production Act 64 Stat 798
- 1951.10.10 PL 82-165 Mutual Security Act foreign aid replace Marshall Plan, Truman 65 Stat. 373
- 1956.07.18 PL 84-726 Mutual Security Act ostensible reason help poor countries fight communism 70 Stat 555
- 1956.08.01 PL 84-885 State Department Basic Authorities Act
- 1958.07.08 PL 85-568 NASA Act Other Transaction Authority OTA initiated
- 1958.08.28 PL 85-804 National Defense contract military extraordinary relief contracts 72 Stat. 972
- 1958.09.02 PL 85-881 Public Health Service Act 72 Stat 1704 Surgeon General admin
- 1962.10.10 PL 87-781 Drug Amendments Act Kefauver Harris manufacturing controls effectiveness antibiotics efficacy first defined
- 1962.10.23 PL 87-868 Vaccination Assistance Act grants for intensive vaccination 76 Stat 1155
- 1966.11 PL 89-755 Fair Packaging and Labeling Act authority for VRBPAC
- 1969.11.19 PL 91-121 Defense Authorization Act Section 409 Chem Biol Warfare

Presidential Acts: Executive Orders, Proclamations, Directives

- 1933.03.05 to 1933.03.09 Proclamation 2038, 2039, 2040 emergency Congress session, bank holiday, Roosevelt
- 1933.04.05 EO 6102 gold bullion, Roosevelt
- 1939.09.08 EO 8248 Executive Office of the President, Roosevelt
- 1946.03.26 EO 9708 communicable disease list, Truman 42 USC 264 PHSA 361
- 1952.09.27 EO 10399 designate Surgeon General WHO administrator, Truman
- 1953.01.09 EO 10422 United Nations employment policy US citizens, Truman cites ratification 59 Stat. 1031
- 1953.03.12 Reorganization Plan No. 1 Federal Security Administrator authority transfer to new Dept Health Education Welfare (later renamed HHS) 63 Stat. 203 67 Pg 631
- 1954.05.28 EO 10532 communicable able disease list, Eisenhower
- 1958.11.14 EO 10789 Contracting authority national defense, Eisenhower
- 1961.01.17 Eisenhower Farewell Speech military industrial complex
- 1962.12.12 EO 11070 communicable disease list, Kennedy
- 1966.06.25 Reorganization Plan 3, transfer authority of Public Health Service and Surgeon General to Secretary Health Education Welfare HEW later HHS, Johnson
- 1969.07.18 Nixon Message to Congress Population
- 1969.10.28 EO 11490 consolidate, assign emergency preparedness functions to federal departments, agencies, Nixon
- 1969.10.29 EO 11491 Federal Personnel Manual, Nixon
- 1969.11.25 Nixon Statement Chemical and Biological Warfare, 1925 Geneva Protocol, 1969 Draft British Convention

May 9, 2024 - Treason evidence, US Presidents, Congress members, federal agency administrators: 1970-1989.

I spent some time in April organizing many of the records I've collected over the last few years to support prosecution of members of Congress, presidents, cabinet secretaries and federal judges for treason under 18 USC 2381.

- April 28, 2022 - 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.

- Dec. 20, 2023 - Ending National Suicide Act - "AN ACT to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes.

- May 8, 2024 - Evidence of Presidential and Congressional treason, 1900-1969

I've posted many of the Congressional and Presidential documents at my Wordpress Bailiwick document storage site (Treason Evidence[357] page) for Bailiwick readers who are interested in doing legal research.

The 1970-1989 batch linked below includes documents from the period during which major support pillars for the merged DoD-HHS chemical and biological warfare-public health-vaccination program were built on the legal foundations that had been laid between 1900 and 1969.

It's important to understand that the ostensible, false reason given for why these laws were adopted, and why the programs they authorized were carried out, was and remains, national security.

The real, true reason has always been, and still is, to induce quiet national suicide without the knowledge, understanding or resistance of the people deceived and induced to mutilate and kill each other and civil society.

*

[357] https://bailiwicknewsarchives.wordpress.com/treason-evidence/

I want to emphasize one point about regulations and regulatory guidelines generally, and one point about 1973 Federal Register Final Rules issued by the US Food and Drug Administration (FDA) governing the licensing and manufacture of biological products for humans under 42 USC 262 and for domestic animals under 21 USC 151.

Generally, when reading drug, device and biological product regulations, keep in mind that some of the rules appear to establish objective standards. The apparent standards hypothetically could have protected consumers of devices, chemical drugs, and biological products (including vaccines) from harmful products, if the standards had been (in the past) or were currently monitored and enforced objectively and consistently.

But the rules are riddled with "relative" standards, exemptions, exclusions, waivers, suspensions, discretionary clauses, and flexibility provisions.

So they don't currently function to protect consumers from harmful products, and they never did.

They were written and published only to deceive, to give the public the false impression that objective safety, purity and other product standards could and would be enforced. They were not intended to establish legal conditions to actually set and enforce such standards. [Series so far. [358]]

That false-impression, deceptive character of FDA regulation has been true since the start of federal pharmaceutical licensing schemes in the early 1900s.

Documentation is more readily available for the period that began in 1973, for biological products including vaccines, with Federal Register Final Rules published for veterinary products in April 1973 and human products in November 1973.

The complexity of the non-regulation, cross-referential, self-canceling regulatory language has increased since roughly the 1990s.

---

[358] Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb; Jan. 3, 2024 - On the continuing effort to fit a square peg (legalized manufacturing and use of biological weapons) into a round hole (FDA drug, device and biological product regulation); March 8, 2024 - Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines; March 12, 2024 - Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars; March 15, 2024 - Part 3: Deregulation of biological product manufacturing, mid-1990s to present; March 20, 2024 - Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals; March 21, 2024 - Part 5: Vaccine and related biological product manufacturing as US government-licensed poison manufacturing Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS; April 3, 2024 - Part 6: On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s.; April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. PREP Act and other emergency laws are already operationalized globally through the manufacturing, sales, supply and purchasing contracts; April 25, 2024 - Part 7: Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.

Why?

I think it's because that's the historical point at which genetic sequencing analytical techniques, equipment and skilled labor became more widely available.

The increased availability of analytical techniques, equipment and workers, prompted depopulation proponents — who use toxic biological products, especially vaccines, manufactured in allegedly-regulated establishments and presented to the public as allegedly-safe, to induce chronic disease burdens on the pretext of reducing self-limiting, mild communicable disease burdens — to add more layers of illusory regulation.

The killers made the regulations more complex, to keep the public ignorant about what the killers were and are still doing.

One more note.

"Points to consider" and "Guidance" documents, issued by FDA for industrial drug manufacturers and commercial and academic drug trial sponsors since the mid-1980s (possibly earlier), are explicitly described in introductory sections as "non-binding." Meaning their provisions have no legal force.

Guidance documents should be understood as additional props in the theatrical performance aimed at convincing the public to quietly inflict and submit to intentional poisoning, and as a method FDA lawyers and scientists use to communicate to commercial manufacturers and academic researchers, the legal license-to-harm that they jointly carry.

*

Congressional Acts, 1970-1989

- 1970.03.16 PL 91-213 Act to Establish Commission on Population Growth
- 1970.10.14 PL 91-450 RICO Act Organized Crime Control Act government sovereign immunity from prosecution
- 1970.10.26 PL 91-510 Legislative Reorganization Act 84 Stat 1140
- 1970.10.30 PL 91-515 Heart Disease, Cancer, Stroke, and Kidney Disease Amendments, 84 Stat 1297 PHSA Sec 351 42 USC 262 vaccine added to biological products
- 1971.12.23 PL 92-218 National Cancer Act 85 Stat 778 fund research cancer viruses see Strecker 1986.03.28
- 1972.03.27 John D. Rockefeller Commission, Report Population Growth American Future, PL 91-213
- 1973.11.07 PL 93-148 War Powers Resolution
- 1973.11.19 Senate Rpt. 93-549 Church Report Emergency War Powers 627 p

- 1973.12.17 PL 93-189 Foreign Assistance Act, population control programs
- 1974.05.22 PL 93-288 Disaster Relief Act
- 1974.07.12 PL 93-348 National Research Service Award Act human subjects ethics led to Belmont Report
- 1976.04.15 PL 94-266 Emergency Supplemental Appropriation swine influenza vaccination $135 million
- 1976.04.26 Senate Rpt. 94-755 Church Report Intelligence Activities MK Ultra
- 1976.05.28 Senate Rpt. 94-922 Church Report National Emergencies and Delegated Emergency Powers
- 1976.05.28 PL 94-295 Medical Device Amendments Act of 1976
- 1976.06.23 PL 94-317 National Consumer Health Information Health Promotion Act PHSA Amendments, national programs territories states
- 1976.08.12 PL 94-380 Swine Flu Act, national immunization program, liability immunity for manufacturer 90 Stat 1113
- 1976.09.14 PL 94-412 National Emergencies Act 90 Stat 1255 authorize President to declare national emergency 50 USC 1601
- 1977.07.30 PL 95-79 National Defense Act 91 Stat 323 DOD experiment human subjects notify Congress local civilian officials Sec 808
- 1978.09.30 Belmont Report Ethical Principles Guidelines Protection Human Subjects Research, PL 93-348
- 1980.09.19 PL 96-354 Regulatory Flexibility Act deregulation, ostensible reason help small business
- 1980.12.12 PL 96-517 Bayh Dole patents government royalties
- 1982.12.21 PL 97-375 Congressional Reports Elimination Act, striking 50 USC 1520(a)(1), (2) re DOD human experiment pre and post-test reports to Congress, post-test report moved to 50 USC 1511(a), pre-test report eliminated, Sec 203 at 96 Stat 1822
- 1983.07.13 PL 98-49 Public Health Emergencies, HHS authority to determine and direct national response, PHSA 319, 42 USC 247d, slush fund, section repealed and replaced 2000.11.13
- 1984.09.24 PL 98-417 Drug Price Competition and Patent Term Restoration Act Hatch-Waxman
- 1986.10.17 PL 99-499 Superfund Amendments and Reauthorization Act, emergency planning, management, National Toxicology Program
- 1986.11.14 PL 99-660 National Childhood Vaccine Injury Act VICP
- 1987.12.22 PL 100-203 Omnibus Budget Reconciliation Act taxable vaccines
- 1988.11.04 PL 100-607 Health Omnibus Extension, amend 42 USC 247d PHSA 319, more $ HHS PHE slush fund
- 1988.11.23 PL 100-707 Stafford Disaster Relief and Emergency Assistance Act, additional authority President declare emergency
- 1989.12.19 PL 101-239 Omnibus Budget Reconciliation Act VICP Program Amendments

Presidential Acts: Executive Orders, Proclamations, Directives, 1970-1989

- 1971 International Documents on Disarmament US Arms Control Disarmament Agency chemical biological
- 1974.4.24 National Security Study Memorandum 200 NSSM 200 Kissinger instructions, global population, 2 p, declassified 2007
- 1974.12.10 National Security Study Memorandum 200 NSSM 200 Kissinger population cull report, 123 p, declassified 1989
- 1975.01.04 EO 11828 Commission CIA Activities Within US, Ford
- 1975.06.06 Nelson Rockefeller Commission CIA Experiments re EO 11828 304 p
- 1975.10.13 Proclamation 4400, United Nations Day, 89 Stat 1304, commemorate UN formation, Ford
- 1975.11.26 National Security Directive Memo NDSM 314 combat population, Ford, Scowcroft
- 1976.03.01 DoD Army Office of Surgeon General Regulation 15-2, human experimentation
- 1978.03.17 National Security Council Memorandum 46 NSCM 46, fragment black Africa, inhibit coordination black Americans, Brezinski
- 1982.07.14 EO 12372 Intergovernmental Review, Reagan, federal funds to state, local, ostensible reason -consultation, coordination
- 1983.12.22 EO 12452 Revised List of Quarantinable Communicable Diseases under 42 USC 264, PHSA 361, Reagan
- 1987.04.10 EO 12591 Facilitating access to science and technology, transfer from federal govt to industry and academia, Reagan
- 1988.03.15 EO 12630 Government actions interference constitutionally protected property rights no judicial review, related to quarantine authority, Reagan
- 1988.11.18 EO 12656 Assignment of Emergency Preparedness Responsibilities, Reagan

Federal Agency Rulemaking and Reports, 1970-1989

- 1971.08 US Special Virus Cancer Program Flow Chart, National Cancer Institute, with Boyd Graves intro
- 1971.08 US Special Virus Cancer Program Progress Report 8, National Cancer Institute
- 1972.08 US Special Virus Cancer Program Progress Report 9, National Cancer Institute
- 1973.04.02 38 FR 8426 Final Rule USDA APHIS Animal Plant Health Inspection Service veterinary virus serum toxins analogous products definitions
- 1973.11.20 38 FR 32048 FDA Reorganization republication biological product regulation 21 CFR 600 to 680, 42 USC 262, CFR 610.2 conditional suspension lot release, no objective safety, purity standards
- 1974.08 US Special Virus Cancer Program Progress Report 11, National Cancer Institute
- 1975.02.06 40 FR 5620 FDA Transfer of Regulations 21 CFR 1240 Control of Communicable Diseases, 9 p.
- 1975.07.25 40 FR 31311 FDA reassignment amendments re radioactive biological products Bureau of Biologics Bureau of Drugs 21 CFR 610.2 lot release samples protocols
- 1980.05.30 46 FR 36386 HHS FDA Final Rule 21 CFR 50, Protection of Human Subjects; Prisoners Used as Subjects in Research, 21 USC 355 eff 06.01.1981
- 1981.01.09 46 FR 2349 FEMA Final Rule Defense Production Act, Voluntary Agreements, 44 CFR 332
- 1981.01.27 46 FR 8942 HHS FDA Final Rule Human Subjects Informed Consent and IRBs, 21 CFR 50, 312, others, eff 1981.07.27, also biologics license amendments
- 1981.04.27 46 FR 35917 Dept of State Final Rule Coordination and Reporting International Agreements 22 CFR 181
- 1983.06.07 48 FR 26313 HHS FDA Final Rule biological product regulation 21 CFR 600 reducing establishment inspections from annual to every 2 years, inspections eliminated eff. 2019.05.02
- 1984.06.01 49 FR 23004 HHS FDA Final Rule biological product regulation 21 CFR 630 reducing polio vaccine safety testing standards testing
- 1984.06.08 49 FR 23832 HHS FDA Final Rule 21 CFR 600 reorganization Bureau of Biologics now Office of Biologics Research and Review OBRR, later CBER
- 1985.01.11 50 FR 1516 HHS FDA Final Rule Control of Communicable Disease 42 CFR 71, foreign quarantine, definition communicable disease
- 1985.01.29 50 FR 4128 HHS FDA Final Rule biological product naming, standards, retention samples, 21 CFR 600 et seq
- 1985.02.22 50 FR 7452 HHS FDA Final Rule major revisions investigational new drug approval (NDA) and antibiotic regulation
- 1985.03.19 53 FR 10941 HHS FDA Final Rule 21 CFR 610.12, smallpox vaccine, sterility test precluded or not required

- 1985.04 HHS FDA Draft Points to Consider Production Testing New Drugs Biologicals Produced Recombinant DNA Technology
- 1987.02 HHS FDA Guideline Submitting Documentation Manufacture Controls Drug Products
- 1987.02 HHS FDA Guideline Submitting Samples Analytical Data Methods Validation
- 1987.02 HHS FDA Guideline Submitting Supporting Documentation Drug Applications Manufacture Drug Substances
- 1987.05 HHS FDA Guideline General Principles Process Validation
- 1988.05.04 HHS Childhood Vaxx Report related to 2018 ICAN Kennedy stipulation PL 99-660 42 USC 300aa-27
- 1989.07.21 HHS Childhood Vaxx Report related to 2018 ICAN Kennedy stipulation PL 99-660 42 USC 300aa-27

* * *

May 15, 2024 - Global pandemic preparedness and response provisions already in US domestic law.

I had a phone conversation with a colleague a few days ago, about the absurdity of agitation about the World Health Organization International Health Regulations and proposed pandemic treaty, as expressed recently by US Senators,

- May 1, 2024 - Sen. Ron Johnson and 48 Republican co-signers' letter to President Biden re World Health Organization[359]

US state Attorneys General,

- May 8, 2024 - Montana Attorney General Austin Knudsen and 21 other AGs letter to President Biden re World Health Organization[360]

and fake-resistance misdirection agents of the seemingly non-governmental sort…

Given the fact that the main source of World Health Organization IHR amendments, pandemic treaty texts and worldwide fake-pandemic alarmism, simulations, active military operations and behavioral programming is the US government, including the US delegation to the World Health Assembly:

- April 4, 2023 - Government by silent immobility: an effective ruling innovation developed by the globalists, capitalizing on natural human aversion to hard work, conflict and pain. - "….The United States delegation to WHO led the most recent round of amendments, which were submitted by HHS Assistant Secretary Loyce Pace to the United Nations/World Health Organization on Jan. 18, 2022[361]…On May 27, 2022,[362] the World Health Assembly "adopted" the resolution through the consensus process outlined above, which requires no recorded votes, simply the absence of formal objections…By default, any amendments passed by consensus at a WHA meeting become enforceable in all the member-states 24 months later…"

[359] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2024.05-senator-letter-who.pdf
[360] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2024.05.08-state-ag-letter-montana-knudsen-to-biden-re-who-ihr-pandemic-treaty.pdf
[361] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2022.01.18-us-loyce-pace-submit-us-proposed-ihr-amendments-to-who.pdf
[362] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2022.05.27-wha-adopts-us-proposed-ihr-amendments.pdf

…And given the fact that the US Congress and President Biden put a slew of global health security provisions into US law — with a $5,000,000,000 appropriation — effective December 2022 (PL 117-263, NDAA FY2023; Senate roll call vote 83-11-6), codified as a statutory note to 22 USC 2151b):

- Feb. 23, 2024 - What section of the US Code did the Global Health Security and International Pandemic Prevention, Preparedness and Response Act enter after enactment Dec. 23, 2022?

Below is the text of the Global Health Security and International Pandemic Prevention, Preparedness and Response Act, currently in force and funded.

Almost all the Senators who signed Sen. Ron Johnson's May 1, 2024 letter to President Biden, also voted to pass the Global Health Security and International Pandemic Prevention, Preparedness and Response Act in December 2022.

To the extent Sen. Ron Johnson and his 48 co-signers understand how global and domestic atrocities are enabled by global and domestic pandemic preparedness and response programs and want to stop the atrocities, their time would be better spent introducing, debating, and voting on bills to withdraw the United States from the United Nations (HR 6645[363] and S 3428,[364] which should be amended[365] to include July 28, 1945, Executive F, Ratification of the United Nations Charter[366]) and bills to withdraw the US from the World Health Organization (HR 79,[367] introduced Jan. 2023 in House, stalled in Foreign Affairs committee, with no corresponding Senate bill introduced to date), and to repeal US federal implementing laws.

- Dec. 20, 2023 - Ending National Suicide Act.[368] Draft.[369]

To the extent Attorneys General of American states understand how global and domestic atrocities are enabled by global and domestic pandemic preparedness and response programs and want to stop the atrocities, their time would be better spent repealing their own states' Model State Emergency Health Powers Act provisions, and nullifying US federal implementing laws.

[363] https://www.congress.gov/bill/118th-congress/house-bill/6645/text
[364] https://www.congress.gov/bill/118th-congress/senate-bill/3428/text
[365] https://bailiwicknews.substack.com/p/on-the-omission-of-the-july-28-1945
[366] https://bailiwicknewsarchives.files.wordpress.com/2024/01/1945.07.28-senate-vote-ratify-un-charter-and-bretton-woods-executive-f.pdf
[367] https://www.congress.gov/bill/118th-congress/house-bill/79/cosponsors?s=4&r=1&q=%7B%22search%22%3A%5B%22HR79%22%5D%7D
[368] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[369] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/12/ending-national-suicide-act-without-links-formatted.pdf

- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws.[370] Model act.[371]
- Feb. 16, 2024 - State nullification procedure acts.[372]

It is prudent and just to assess the motives and integrity of US Senators, House members, Presidents, presidential candidates, Cabinet secretaries, governors, Attorneys General and state legislators by their observable acts and omissions.

Those who do not work to repeal, nullify and strip funding from pandemic preparedness and response laws and programs, are refusing to do that work because they support the continuing atrocities — faked pandemics, fraudulent diagnostic testing programs, and all-too-real lethal injection/vaccination programs — that are enabled by the laws.

*

22 USC 2151b, Foreign Assistance, Population planning and health programs, statutory note,[373] Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022. [click 'Notes' tab and scroll down].

International Pandemic Preparedness

Pub. L. 117–263, div. E, title LV, subtitle D,[374] Dec. 23, 2022, 136 Stat. 3344, provided that:

SEC. 5559. SHORT TITLE.

This subtitle may be cited as the **'Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022'**.

SEC. 5560. DEFINITIONS.

In this subtitle:

(1) The term 'appropriate congressional committees' means—

(A) the Committee on Foreign Relations of the Senate;

(B) the Committee on Appropriations of the Senate;

(C) the Committee on Foreign Affairs of the House of Representatives; and

(D) the Committee on Appropriations of the House of Representatives.

[370] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency
[371] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf
[372] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-d95
[373] https://www.law.cornell.edu/uscode/text/22/2151b
[374] https://www.congress.gov/117/plaws/publ263/PLAW-117publ263.pdf

(2) The terms **'Global Health Security Agenda' and 'GHSA' mean the multi-sectoral initiative launched in 2014, and renewed in 2018, that brings together countries, regions, international organizations, nongovernmental organizations, and the private sector—**

(A) to elevate global health security as a national-level priority;

(B) to share best practices; and

(C) to facilitate national capacity to comply with and adhere to—

(i) the International Health Regulations (2005);

(ii) the international standards and guidelines established by the World Organisation for Animal Health;

(iii) United Nations Security Council Resolution 1540 (2004);

(iv) the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological and Toxin Weapons and on their Destruction, done at Washington, London, and Moscow, April 10, 1972 (commonly referred to as the 'Biological Weapons Convention');

(v) the Global Health Security Agenda 2024 Framework; and

(vi) other relevant frameworks that contribute to global health security.

(3) The term 'Global Health Security Index' means the comprehensive assessment and benchmarking of health security and related capabilities across the countries that make up the States Parties to the International Health Regulations (2005).

(4) The term 'Global Health Security Initiative' means the informal network of countries and organizations that came together in 2001, to undertake concerted global action to strengthen public health preparedness and response to chemical, biological, radiological, and nuclear threats, including pandemic influenza.

(5) The term 'IHR (2005) Monitoring and Evaluation Framework' means the framework through which the World Health Organization and the State Parties to the International Health Regulations, as amended in 2005, review, measure, and assess core country public health capacities and ensure mutual accountability for global health security under the International Health Regulations (2005), including through the Joint External Evaluations, simulation exercises, and after-action reviews.

(6) The term 'Joint External Evaluation' means the voluntary, collaborative, multi-sectoral process facilitated by the World Health Organization—

(A) to assess country capacity to prevent, detect, and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events;

(B) to assess progress in achieving the targets under the International Health Regulations (2005); and

(C) to recommend priority actions.

(7) The term 'key stakeholders' means actors engaged in efforts to advance global health security programs and objectives, including—

(A) national and local governments in partner countries;

(B) other bilateral donors;

(C) international, regional, and local organizations, including private, voluntary, nongovernmental, and civil society organizations, including faith-based and indigenous organizations;

(D) international, regional, and local financial institutions;

(E) representatives of historically marginalized groups, including women, youth, and indigenous peoples;

(F) the private sector, including medical device, technology, pharmaceutical, manufacturing, logistics, and other relevant companies; and

(G) public and private research and academic institutions.

(8) The term **'One Health approach'** means the collaborative, multi-sectoral, and transdisciplinary approach toward achieving optimal health outcomes in a manner that recognizes the interconnection between people, animals, plants, and their shared environment.

(9) The term 'pandemic preparedness' refers to the actions taken to establish and sustain the capacity and capabilities necessary to rapidly identify, prevent, protect against, and respond to the emergence, reemergence, and spread of pathogens of pandemic potential.

(10) The term 'partner country' means a foreign country in which the relevant Federal departments and agencies are implementing United States foreign assistance for global health security and pandemic prevention, preparedness, and response under this subtitle.

(11) The term '**relevant Federal departments and agencies' means any Federal department or agency implementing United States policies and programs relevant to the advancement of United States global health security and diplomacy overseas, which may include—**

(A) the Department of State;

(B) the United States Agency for International Development [US-AID];

(C) the Department of Health and Human Services;

(D) the Department of Defense;

(E) the Defense Threat Reduction Agency [DTRA];

(F) the Millennium Challenge Corporation;

(G) the Development Finance Corporation;

(H) the Peace Corps; and

(I) any other department or agency that the President determines to be relevant for these purposes.

(12) The term 'resilience' means the ability of people, households, communities, systems, institutions, countries, and regions to reduce, mitigate, withstand, adapt to, and quickly recover from shocks and stresses in a manner that reduces chronic vulnerability to the emergence, reemergence, and spread of **pathogens of pandemic potential** and facilitates inclusive growth.

(13) The terms 'respond' and 'response' mean the actions taken to counter an infectious disease.

(14) The term 'USAID' means the United States Agency for International Development.

SEC. 5561. ENHANCING THE UNITED STATES' INTERNATIONAL RESPONSE TO PANDEMICS.

(a) Leveraging United States Bilateral Global Health Programs for International Pandemic Response.—Subject to the notification requirements under section 634A of the Foreign Assistance Act of 1961 (22 U.S.C. 2394–1), **amounts authorized to be appropriated** or otherwise made available to carry out section 104 of the Foreign Assistance Act (22 U.S.C. 2151b) **may be used in countries receiving such United States foreign assistance for the purpose of**—

(1) strengthening vaccine readiness;

(2) reducing vaccine hesitancy;

(3) delivering and administering vaccines;

(4) strengthening health systems and global supply chains as necessary for global health security and pandemic preparedness, prevention, and response;

(5) supporting global health workforce planning, training, and management for pandemic preparedness, prevention, and response;

(6) enhancing transparency, quality, and reliability of public health data;

(7) increasing bidirectional testing, including screening for symptomatic and asymptomatic cases; and

(8) building laboratory capacity.

(b) Roles of the Department of State, USAID, and the Department of Health and Human Services in International Pandemic Response.—

(1) Finding.— Congress finds that different outbreaks of infectious disease threats may require flexibility and changes to the designated roles and responsibilities of relevant Federal departments and agencies.

(2) **Lead agencies** for coordination of the united states' international response to infectious disease outbreaks with severe or pandemic potential.—

The President shall identify the relevant Federal departments and agencies, including the Department of State, USAID, and the Department of Health and Human Services (including the Centers for Disease Control and Prevention), leading specific aspects of the United States international operational response to outbreaks of **emerging high-consequence infectious disease threats** in accordance with federal law.

(3) Notification.— Not later than 120 days after the date of the enactment of this Act [Dec. 23, 2022], and regularly thereafter as appropriate, the President shall

notify the appropriate congressional committees, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives of the roles and responsibilities of each relevant Federal department and agency with respect to the international operational response to the outbreak of an emerging high-consequence infectious disease threat.

(c) USAID Disaster Surge Capacity.—

(1) Disaster surge capacity.— The **Administrator of the USAID is authorized to expend funds** made available to carry out part I and chapter 4 of part II of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 [et seq.] and 2346 [et seq.]), including funds made available for 'Assistance for Europe, Eurasia and Central Asia', in addition to amounts otherwise made available for such purposes, for the cost (including support costs) of individuals detailed to or employed by USAID whose primary responsibility is to carry out programs t**o address global health emergencies** and natural or manmade disasters.

(2) Notification.—

Not later than 15 days before making funds available to address manmade disasters pursuant to paragraph (1), the Secretary of State or the Administrator of the USAID shall notify the appropriate congressional committees of such intended action.

SEC. 5562. INTERNATIONAL PANDEMIC PREVENTION AND PREPAREDNESS.

(a) United States International Activities To Advance Global Health Security and Diplomacy Strategy and Report.—

(1) In general.—**The President shall develop, update, maintain, and advance a comprehensive strategy for improving United States global health security and diplomacy for pandemic prevention, preparedness, and response** [published April 2024[375]] which, consistent with the purposes of this subtitle, shall—

(A) clearly articulate **United States policy goals related to pandemic prevention, preparedness, and response, including through actions to strengthen diplomatic leadership and the effectiveness of United States foreign policy and international preparedness assistance for global health security through advancement of a One Health approach, the Global Health Security Agenda, the International Health Regulations (2005)**, and other relevant frameworks that contribute to pandemic prevention and preparedness;

(B) establish specific and measurable goals, benchmarks, timetables, performance metrics, and monitoring and evaluation plans for United States foreign policy and assistance for global health security that promote learning and adaptation and reflect international best practices relating to global health security, transparency, and accountability;

(C) establish transparent mechanisms to improve coordination and avoid duplication of effort between and among the relevant Federal departments and agencies, partner countries, donor countries, the private sector, multilateral organizations, and other key stakeholders;

(D) **prioritize working with partner countries** with—

(i) demonstrated need, as identified through the Joint External Evaluation process, the Global Health Security Index classification of health systems, national action plans for health security, Global Health Security Agenda, other risk-based assessments, and complementary or successor indicators of global health security and pandemic preparedness; and

(ii) **demonstrated commitment to** transparency, including budget and global health data transparency, **complying with the International Health Regulations (2005), investing in domestic health systems, and achieving measurable results;**

[375] https://www.whitehouse.gov/wp-content/uploads/2024/04/Global-Health-Security-Strategy-2024-1.pdf

(E) reduce long-term reliance upon United States foreign assistance for global health security by—

(i) ensuring that United States global health assistance authorized under this subtitle is strategically planned and coordinated in a manner that delivers immediate impact and contributes to enduring results, including through efforts to enhance community capacity and resilience to infectious disease threats and emergencies; and

(ii) ensuring partner country ownership of global health security strategies, data, programs, and outcomes and improved domestic resource mobilization, co-financing, and appropriate national budget allocations for global health security and pandemic prevention, preparedness, and response;

(F) **assist partner countries in building the technical capacity of relevant ministries, systems, and networks to prepare, execute, monitor, and evaluate national action plans for global health security and pandemic prevention, preparedness, and response** that are developed with input from key stakeholders, including mechanism to enhance budget and global health data transparency, as necessary and appropriate;

(G) support and align United States foreign assistance authorized under this subtitle with such national action plans for health security and pandemic prevention, preparedness, and response, as appropriate;

(H) facilitate communication and collaboration, as appropriate, among local stakeholders in support of country-led strategies and initiatives to better identify and prevent health impacts related to the emergence, reemergence, and spread of zoonoses;

(I) support the long-term success of programs by **building the pandemic preparedness capacity of local organizations and institutions in target countries** and communities;

(J) develop community resilience to infectious disease threats and emergencies;

(K) support global health budget and workforce planning in partner countries, consistent with the purposes of this subtitle, including training in financial management and budget and global health data transparency;

(L) **strengthen linkages between complementary bilateral and multilateral foreign assistance programs, including efforts of the**

World Bank, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Gavi, the Vaccine Alliance, that contribute to the development of more resilient health systems and global supply chains for global health security and pandemic prevention, preparedness, and response in partner countries with the capacity, resources, and personnel required to prevent, detect, and respond to infectious disease threats; and

(M) support **innovation and partnerships with the private sector, health organizations, civil society, nongovernmental, faith-based and indigenous organizations, and health research and academic institutions to improve pandemic prevention, preparedness, and response, including for the development and deployment of effective and accessible infectious disease tracking tools, diagnostics, therapeutics, and vaccines**.

(2) Submission of strategy.—

(A) In general.—Not later than 180 days after the date of the enactment of this Act, the President, in consultation with the heads of the relevant Federal departments and agencies, shall submit the strategy required under paragraph (1) to—

(i) the appropriate congressional committees;

(ii) the Committee on Health, Education, Labor, and Pensions of the Senate; and

(iii) the Committee on Energy and Commerce of the House of Representatives.

(B) Agency-specific plans.—The strategy required under paragraph (1) shall include specific implementation plans from each relevant Federal department and agency that describe—

(i) the anticipated contributions of the Federal department or agency, including technical, financial, and in-kind contributions, to implement the strategy; and

(ii) the efforts of the Federal department or agency to ensure that the activities and programs carried out pursuant to the strategy are designed to achieve maximum impact and long-term sustainability.

(3) Annual report.—

(A) In general.— Not later than 1 year after the submission of the strategy pursuant to paragraph (2)(A), and not later than October 1 of each year

thereafter, the President shall submit to the committees listed in such paragraph a report that describes the status of the implementation of such strategy.

(B) Contents.—Each report submitted pursuant to subparagraph (A) shall—

(i) identify any substantial changes made to the strategy during the preceding calendar year;

(ii) describe the progress made in implementing the strategy, including specific information related to the progress toward improving countries' ability to detect, prevent, and respond to infectious disease threats;

(iii) identify—

(I) the indicators used to establish benchmarks and measure results over time; and

(II) the mechanisms for reporting such results in an open and transparent manner;

(iv) contain a transparent, open, and **detailed accounting of obligations by relevant Federal departments and agencies to implement the strategy, including, to the extent practicable, for each such Federal department and agency, the statutory source of obligated funds, the amounts obligated, implementing partners and sub-partners, targeted beneficiaries, and activities supported;**

(v) the efforts of the relevant Federal department or agency to ensure that the activities and programs carried out pursuant to the strategy are designed to achieve maximum impact and enduring results, including through specific activities to strengthen health systems for global health security and pandemic prevention, preparedness, and response, as appropriate;

(vi) assess efforts to coordinate United States global health security programs, activities, and initiatives with key stakeholders;

(vii) incorporate a plan for regularly reviewing and updating strategies, partnerships, and programs and sharing lessons learned with a wide range of stakeholders in an open, transparent manner; and

(viii) describe the **progress achieved and challenges concerning the United States Government's ability to advance the Global Health Security Agenda and pandemic preparedness,**

including data disaggregated by priority country using indicators that are consistent on a year-to-year basis and recommendations to resolve, mitigate, or otherwise address the challenges identified through such indicators.

(C) Form.—

The strategy and reports required under this subsection shall be submitted in unclassified form, but may contain a classified annex.

(b) **United States Coordinator for Global Health Security.—**The President shall designate an appropriate senior official to be the United States Coordinator for Global Health Security [Stephanie Psaki, appointed Feb. 2024[376]], who shall be responsible for the coordination of the Global Health Security Agenda Interagency Review Council and who should—

(1) have significant background and expertise in public health, health security, and emergency response management;

(2) coordinate, through a **whole-of-government approach**,[377] the efforts of relevant Federal departments and agencies to implement the strategy under subsection (a); and

(3) seek to fully use the unique capabilities of each relevant Federal department and agency and ensure effective and appropriate United States representation at relevant international forums, while collaborating with and leveraging the contributions of other key stakeholders.

(c) Ambassador-At-Large for Global Health Security and Diplomacy.—

(1) Establishment.—

There is established, within the Department of State, the position of Ambassador-At-Large for Global Health Security and Diplomacy (referred to in this section as the 'Ambassador-At-Large').

(2) Appointment; qualifications.—The Ambassador-At-Large—

(A) shall be appointed by the President, by and with the advice and consent of the Senate;

(B) shall report to the Secretary of State; and

(C) shall have—

[376] https://www.state.gov/release-of-2024-u-s-global-health-security-strategy/

[377] https://sashalatypova.substack.com/p/whole-of-governmentguitarrr?initial_medium=video

(i)demonstrated knowledge and experience in the field of health security, development, public health, epidemiology, or medicine; and

(ii) relevant diplomatic, policy, and political expertise.

(3) Authorities.—**The Ambassador-At-Large may—**

(A) operate internationally to carry out the purposes of this section;

(**B) ensure effective coordination, management, and oversight of United States foreign policy, diplomatic efforts, and foreign assistance** funded with amounts authorized to be appropriated pursuant to section 5564(a) that are used by the Department of State to advance the relevant elements of the United States global health security and diplomacy strategy developed pursuant to subsection (a) by—

(i) developing and updating, as appropriate, in collaboration with the Administrator of the USAID and the Secretary of Health and Human Services, related policy guidance and unified auditing, monitoring, and evaluation plans;

(ii) avoiding duplication of effort and collaborating with other relevant Federal departments and agencies;

(iii) leading, in collaboration with the Secretary of Health and Human Services, the Administrator of the USAID, and other relevant Federal departments and agencies, diplomatic efforts to identify and address current and emerging threats to global health security;

(iv) working to enhance coordination with, and transparency among, the governments of partner countries and key stakeholders, including the private sector;

(v) promoting greater donor and national investment in partner countries to build health systems and supply chains for global health security and pandemic prevention and preparedness;

(vi) securing bilateral and multilateral financing commitments to advance the Global Health Security Agenda, in coordination with relevant Federal departments and agencies, including through funding for the **Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response**; and

(vii) providing regular updates to the appropriate congressional committees, the Committee on Health, Education, Labor, and

Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives regarding the fulfillment of the activities described in this paragraph;

(C) ensure, in collaboration with the Secretary of the Treasury, the Secretary of Health and Human Services, and the Administrator of the USAID, effective representation of the United States in the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response;

(D) use detailees, on a reimbursable or nonreimbursable basis, from relevant Federal departments and agencies and **hire personal service contractors, who may operate domestically and internationally**, to ensure that the Ambassador-At-Large has access to the highest quality experts available to the United States Government to carry out the functions[378] under this subtitle; and

(E) perform such other functions as the Secretary of State may assign.

(d) **Strengthening Health Systems for Global Health Security and Pandemic Prevention and Preparedness**.—

(1) Statement of policy.— **It is the policy of the United States to ensure that bilateral global health assistance programs are effectively managed and coordinated**, as necessary and appropriate to achieve the purposes of this subtitle, to contribute to the strengthening of health systems for global health security and pandemic prevention, preparedness, and response in each country in which such programs are carried out.

(2) Coordination.— The Administrator of the USAID shall work with the Global Malaria Coordinator, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, the Ambassador-at-Large for Global Health Security and Diplomacy at the Department of State, and the Secretary of Health and Human Services, to identify areas of collaboration and coordination in countries with global health programs and activities undertaken by the USAID pursuant to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25) and other relevant provisions of law, to ensure that such activities contribute to the strengthening of

[378] https://www.law.cornell.edu/definitions/uscode.php?width=840&height=800&iframe=true&def_id=22-USC-1445582840-2032955861&term_occur=999&term_src= "“Function” includes any duty, obligation, power, authority, responsibility, right, privilege, discretion, or activity."

health systems for global health security and pandemic prevention and preparedness.

(e) **Coordination for International Pandemic Early Warning Network.—**

(1) Sense of congress.— It is the sense of Congress that the Secretary of Health and Human Services, in coordination with the Secretary of State, the USAID Administrator, the Director of the Centers for Disease Control and Prevention, and the heads of the other relevant Federal departments and agencies, should work with the World Health Organization and other key stakeholders **to establish or strengthen effective early warning systems, at the partner country, regional, and international levels, that utilize innovative information and analytical tools and robust review processes to track, document, analyze, and forecast infectious disease threats with epidemic and pandemic potential.**

(2) Report.— Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the following 4 years, the Secretary of Health and Human Services, in coordination with the Secretary of State and the heads of the other relevant Federal departments and agencies, shall submit a report to the appropriate congressional committees, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives that describes United States Government efforts and opportunities to establish or strengthen effective early warning systems to detect infectious disease threats internationally.

(f) International Emergency Operations.—

(1) Sense of congress.— It is the sense of Congress that it is essential to **enhance the capacity of key stakeholders to effectively operationalize early warning and execute multi-sectoral emergency operations during an infectious disease outbreak, particularly in countries and areas that deliberately withhold critical global health data and delay access during an infectious disease outbreak, in advance of the next infectious disease outbreak with pandemic potential.**

(2) **Public health emergencies of international concern**.— The Secretary of Health and Human Services, in

coordination with the Secretary of State, should work with the World Health Organization and like-minded member states to **adopt an approach toward assessing infectious disease threats under the International Health Regulations (2005) for the World Health Organization to identify and transparently communicate, on an ongoing basis, varying levels of risk leading up to a declaration by the Director General of the World Health Organization of a Public Health Emergency of International Concern for the duration and in the aftermath of such declaration**.

(3) **Emergency operations**.—The Secretary of Health and Human Services, in coordination with the Secretary of State, the Administrator of the USAID, the Director of the Centers for Disease Control and Prevention, and the heads of other relevant Federal departments and agencies and **consistent with the requirements under the International Health Regulations (2005) and the objectives of the World Health Organization's Health Emergencies Programme, the Global Health Security Agenda, and national actions plans for health security, should work, in cooperation with the World Health Organization, with partner countries, and other key stakeholders, to support the establishment, strengthening, and rapid response capacity of global health emergency operations centers, at the partner country and international levels, including effort**s—

(A) **to collect and share de-identified public health data, assess risk, and operationalize early warning**;

(B) **to secure, including through utilization of stand-by arrangements and emergency funding mechanisms, the staff, systems, and resources necessary to execute cross-sectoral emergency operations during the 48-hour period immediately following an infectious disease outbreak with pandemic potential; and**

(C) to organize and conduct emergency simulations.

SEC. 5563. FINANCIAL INTERMEDIARY FUND FOR PANDEMIC PREVENTION, PREPAREDNESS, AND RESPONSE.

(a) In General.—

(1) Finding.— Congress finds that the **Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response** (referred to in this section as the 'Fund') was established in September 2022 by donor countries, relevant United Nations agencies, including the World Health Organization, and other key multilateral stakeholders as a **multilateral, catalytic financing mechanism for pandemic prevention and preparedness.**

(2) Objectives.—The objectives of the Fund are—

(A) closing critical gaps in pandemic prevention and preparedness; and

(B) working with, and building the capacity of, eligible partner countries in the areas of global health security, infectious disease control, and pandemic prevention and preparedness in order to—

(i) prioritize capacity building and financing availability in eligible partner countries;

(ii) incentivize countries to prioritize the use of domestic resources for global health security and pandemic prevention and preparedness;

(iii) leverage governmental, nongovernmental, and private sector investments;

(iv) regularly respond to and evaluate progress based on clear metrics and benchmarks, such as those developed through the IHR (2005) Monitoring and Evaluation Framework and the Global Health Security Index;

(v) align with and complement ongoing bilateral and multilateral efforts and financing, including through the World Bank, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Coalition for Epidemic Preparedness and Innovation, and Gavi, the Vaccine Alliance; and

(vi) **help countries accelerate and achieve compliance with the International Health Regulations (2005) and fulfill the Global Health Security Agenda 2024 Framework not later than 8 years after the date on which the Fund is established, in coordination with** the ongoing Joint External Evaluation national action planning process.

(3) Governing board.—

(A) In general.—The Fund should be governed by a transparent, representative, and accountable body (referred to in this section as the 'Governing Board'), which should—

(i) function as a partnership with, and through full engagement by, donor governments, eligible partner countries, and independent civil society; and

(ii) be **composed of not more than 25 representatives of governments, foundations, academic institutions,** independent civil society, indigenous people, vulnerable communities, frontline health workers, and the private sector with demonstrated commitment to carrying out the purposes of the Fund and upholding transparency and accountability requirements.

(B) Duties.—The Governing Board should—

(i) be charged with **approving strategies, operations, and grant making authorities** such that it is able to conduct effective fiduciary, monitoring, and evaluation efforts, and other oversight functions;

(ii) determine operational procedures to enable the Fund to effectively fulfill its mission;

(iii) provide oversight and accountability for the Fund in collaboration with a qualified and independent Inspector General;

(iv) develop and utilize a mechanism to obtain formal input from eligible partner countries, independent civil society, and implementing entities relative to program design, review, and implementation and associated lessons learned; and

(v) coordinate and align with other multilateral financing and technical assistance activities, and with the activities of the United States and other nations leading pandemic prevention, preparedness, and response activities in partner countries, as appropriate.

(C) Composition.—The Governing Board should include—

(i) representatives of the governments of founding member countries who, in addition to meeting the requirements under subparagraph (A), qualify based upon—

(I) meeting an established initial contribution threshold, which should be not less than 10 percent of the country's total initial contributions; and

(II) demonstrating a commitment to supporting the International Health Regulations (2005);

(ii) a geographically diverse group of members from donor countries, academic institutions, independent civil society, including faith-based and indigenous organizations, and the private sector who are selected on the basis of their experience and commitment to innovation, best practices, and the advancement of global health security objectives; and

(iii) representatives of the World Health Organization, to serve in an observer status.

(D) Contributions.— Each government or private sector foundation or for-profit entity represented on the Governing Board should agree to make **annual contributions to the Fund** in an amount that is not less than the minimum amount determined by the Governing Board.

(E) Qualifications.— Individuals appointed to the Governing Board should have demonstrated knowledge and experience across a variety of sectors, including human and animal health, agriculture, development, defense, finance, research, and academia.

(F) Conflicts of interest.— All Governing Board members should be required to recuse themselves from matters presenting conflicts of interest, including financing decisions relating to such countries, bodies, and institutions.

(G) Removal procedures.—The Fund should establish procedures for the removal of members of the Governing Board who—

(i) engage in a consistent pattern of human rights abuses;

(ii) fail to uphold global health data transparency requirements; or

(iii) otherwise violate the established standards of the Fund, including in relation to corruption.

(b) Authority for United States Participation.—

(1) Founding member.— **The United States is authorized to participate in the Fund** and shall be represented on the Governing Board by an officer or employee of the United States Government who has been appointed by the President (referred in this section as the 'FIF Representative').

(2) Effective date; termination date.—

(A) Effective date.— This subsection shall take effect on the date on which the Secretary of State submits to Congress a certified copy of the agreement establishing the Fund.

(B) Termination date.— The membership authorized under paragraph (1) shall terminate on the date on which the Fund is terminated.

(3) **Enforceability**.—**Any agreement concluded under the authorities provided under this subsection shall be legally effective and binding upon the United States**, in accordance with the terms of the agreement—

(A) upon the enactment of appropriate implementing legislation that provides for the approval of the specific agreement or agreements, including attachments, annexes, and supporting documentation, as appropriate; or

(B) if concluded and submitted as a treaty, upon the approval by the Senate of the resolution of ratification of such treaty.

(c) Implementation of Program Objectives.— In carrying out the objectives described in subsection (a)(2), the Fund should work to eliminate duplication and waste by upholding strict transparency and accountability standards and coordinating its programs and activities with key partners working to advance pandemic prevention and preparedness.

(d) Priority Countries.—In providing assistance under this section, the **Fund should give priority to low- and lower middle-income countries** with—

(1) low scores on the Global Health Security Index classification of health systems;

(2) measurable gaps in global health security and pandemic prevention and preparedness identified under the IHR (2005) Monitoring and Evaluation Framework and national action plans for health security;

(3) demonstrated political and financial commitment to pandemic prevention and preparedness; and

(4) demonstrated commitment to—

(A) upholding global health budget and data transparency and accountability standards;

(B) complying with the International Health Regulations (2005);

(C) investing in domestic health systems; and

(D) achieving measurable results.

(e) Accountability; Conflicts of Interest; Criteria for Programs.— The FIF Representative shall—

(1) take such actions as may be necessary to ensure that the Fund will have in effect adequate procedures and standards to account for and monitor the use of funds contributed to the Fund, including the cost of administering the Fund, by—

(A) engaging Fund stakeholders; and

(B) actively promoting transparency and accountability of Fund governance and operations;

(2) seek to ensure there is agreement to put in place a conflict of interest policy to ensure fairness and a high standard of ethical conduct in the Fund's decision-making processes, including proactive procedures to screen staff for conflicts of interest and measures to address any conflicts, such as—

(A) potential divestments of interests;

(B) prohibition from engaging in certain activities;

(C) recusal from certain decision-making and administrative processes; and

(D) representation by an alternate board member; and

(3) seek agreement on the criteria that should be used to determine the programs and activities that should be assisted by the Fund.

(f) Selection of Partner Countries, Projects, and Recipients.—**The Governing Board should establish—**

(1) eligible partner country selection criteria, including transparent metrics to measure and assess global health security and pandemic prevention and preparedness strengths and vulnerabilities in countries seeking assistance;

(2) minimum standards for ensuring eligible partner country ownership and commitment to long-term results, including requirements for domestic budgeting, resource mobilization, and co-investment;

(3) criteria for the selection of projects to receive support from the Fund;

(4) standards and criteria regarding qualifications of recipients of such support; and

(5) such rules and procedures as may be necessary—

(A) for cost-effective management of the Fund; and

(B) to ensure transparency and accountability in the grant-making process.

(g) Additional Transparency and Accountability Requirements.—

(1) Inspector general.—The FIF Representative shall seek to ensure that the Fund maintains an independent Office of the Inspector General that—

(A) is fully enabled to operate independently and transparently;

(B) is supported by and with the requisite resources and capacity to regularly conduct and publish, on a publicly accessible website, rigorous financial, programmatic, and reporting audits and investigations of the Fund and its grantees, including subgrantees; and

(C) establishes an investigative unit that—

(i) develops an oversight mechanism to ensure that grant funds are not diverted to illicit or corrupt purposes or activities; and

(ii) submits an annual report to the Governing Board describing its activities, investigations, and results.

(2) Sense of congress on corruption.—It is the sense of Congress that—

(A) corruption within global health programs contribute directly to the loss of human life and cannot be tolerated; and

(B) in making financial recoveries relating to a corrupt act or criminal conduct committed by a grant recipient, as determined by the Inspector General described in paragraph (1), the responsible grant recipient should be assessed at a recovery rate of up to 150 percent of such loss.

(3) Administrative expenses; financial tracking systems.—The FIF Representative shall seek to ensure that the Fund establishes, maintains, and makes publicly available a system to track—

(A) the administrative and management costs of the Fund on a quarterly basis; and

(B) the amount of funds disbursed to each grant recipient and subrecipient during each grant's fiscal cycle.

(4) **Exemption from duties and taxes**.— The FIF Representative should seek to **ensure that the Fund adopts rules that condition grants upon agreement by the relevant national authorities in an eligible partner country to exempt from duties and taxes all products financed by such**

grants, including procurements by any principal or subrecipient for the purpose of carrying out such grants.

(h) Reports to Congress.—

(1) Annual report.—

(A) In general.— Not later than 180 days after the date of the enactment of this Act [Dec. 23, 2022], and annually thereafter for the duration of the Fund, the Secretary of State, in collaboration with the Administrator of the USAID and the heads of other relevant Federal departments and agencies, shall submit a report on the activities of the Fund to the appropriate congressional committees.

(B) Report elements.—Each report required under subparagraph (A) shall describe—

(i) the goals of the Fund;

(ii) the programs, projects, and activities supported by the Fund;

(iii) private and governmental contributions to the Fund; and

(iv) the criteria utilized to determine the programs and activities that should be assisted by the Fund, including **baselines, targets, desired outcomes, measurable goals, and extent to which those goals are being achieved.**

(2) **GAO report on effectiveness.**—Not later than 2 years after the date on which the Fund is established, the Comptroller General of the United States shall submit a report to the appropriate congressional committees that evaluates the effectiveness of the Fund, including—

(A) the effectiveness of the programs, projects, and activities supported by the Fund; and

(B) an assessment of the merits of continued United States participation in the Fund.

(i) United States Contributions.—

(1) In general.— Subject to paragraph (4)(C), the President may provide contributions to the Fund.

(2) Notification.—The Secretary of State, the Administrator of the USAID, or the head of any other relevant Federal department or agency shall submit a notification to the appropriate congressional committees not later than 15 days before making a contribution to the Fund that identifies—

(A) the amount of the proposed contribution;

(B) the total of funds contributed by other donors; and

(C) the national interests served by United States participation in the Fund.

(3) Limitation.— During the 5-year period beginning on the date of the enactment of this Act, the cumulative total of United States contributions to the Fund may not exceed 33 percent of the total contributions to the Fund from all sources.

(4) Withholdings.—

(A) Support for acts of international terrorism.— If the Secretary of State determines that the Fund has provided assistance to a country, the government of which the Secretary of State has determined, for purposes of section 620A of the Foreign Assistance Act of 1961 (22 U.S.C. 2371) has repeatedly provided support for acts of international terrorism, the United States shall withhold from its contribution to the Fund for the next fiscal year an amount equal to the amount expended by the Fund to the government of such country.

(B) Excessive salaries.— If the Secretary of State determines that the salary during any of the first 5 fiscal years beginning after the date of the enactment of this Act of any individual employed by the Fund exceeds the salary of the Vice President of the United States for such fiscal year, the United States should withhold from its contribution for the following fiscal year an amount equal to the aggregate difference between the 2 salaries.

(C) Accountability certification requirement.—The Secretary of State may withhold not more than 20 percent of planned United States contributions to the Fund until the Secretary certifies to the appropriate congressional committees that the Fund has established procedures to provide access by the Office of Inspector General of the Department of State, as cognizant Inspector General, the Inspector General of the Department of Health and Human Services, the USAID Inspector General, and the Comptroller General of the United States to the Fund's financial data and other information relevant to United States contributions to the Fund (as determined by the Inspector General of the Department of State, in consultation with the Secretary of State).

SEC. 5564. GENERAL PROVISIONS.

(a) Authorization of Appropriations.—

(1) In general.— There is authorized to be appropriated **$5,000,000,000 for the 5-year period beginning on October 1, 2022 to carry out the purposes of sections 5562 and 5563, which may be in addition to amounts otherwise made available for such purposes**, in consultation with the appropriate congressional committees and subject to the requirements under chapters 1 and 10 of part I [22 U.S.C. 2151 et seq., 22 U.S.C. 2293 et seq.] and section 634A [22 U.S.C. 2394–1] of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.).

(2) Exception.—Section 110 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7107) [prohibiting US aid to countries that aren't working to end human trafficking] shall not apply with respect to assistance made available under this subtitle.

(b) Compliance With the Foreign Aid Transparency and Accountability Act of 2016.— [Amended section 2(3) of Pub. L. 114–191, set out as a note under section 2394c of this title.]

SEC. 5565. SUNSET.

This subtitle shall cease to be effective on September 30, 2027.

SEC. 5566. RULE OF CONSTRUCTION.

Nothing in this subtitle may be construed to impair or otherwise affect the authorities granted to the Administrator of the USAID, the Secretary of Health and Human Services, or the head of any other Federal department or agency under any applicable law.

*

Related

- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past. The Monster has only devised means to produce the illusion of deadly global pandemics. And that's all he will ever be able to do.

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.

- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.

- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.

- May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.

* * *

May 17, 2024 - Global Catastrophic Risk Management Act, enacted by Congress and Biden Dec. 2022, codified at 6 USC 821-825.

Following up on:

- May 15, 2024 - Global pandemic preparedness and response provisions already in US domestic law. "...the main source of World Health Organization IHR amendments, pandemic treaty texts and worldwide fake-pandemic alarmism, simulations, active military operations and behavioral programming is the US government...the US Congress and President Biden put a slew of global health security provisions into US law — with a $5,000,000,000 appropriation — effective December 2022 (PL 117-263, NDAA FY2023; Senate roll call vote 83-11-6), codified as a statutory note to 22 USC 2151b...the Global Health Security and International Pandemic Prevention, Preparedness and Response Act, [is] currently in force and funded. Almost all the Senators who signed Sen. Ron Johnson's May 1, 2024 letter to President Biden, also voted to pass the Global Health Security and International Pandemic Prevention, Preparedness and Response Act in December 2022..."

Yesterday I was tracking the development of several statutes, while working on a model nullification act for state lawmakers to use to nullify bad federal laws.

I found several relevant provisions of Title 6, Homeland Security, including the **Global Catastrophic Risk Management Act**, passed as part of the same NDAA through which Congress and President Biden enacted the Global Health Security and International Pandemic Prevention, Preparedness and Response Act.

Before, during and after Hurricane Katrina in August 2005, civic disorder, fear, hunger, homelessness, illness, injury and death were exacerbated by the Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA) under the direction of President George W. Bush, DHS Secretary Michael Chertoff, and FEMA Administrator Michael Brown.

Congress and President Bush characterized the disaster as the result of not enough centralized power, and used Hurricane Katrina and its aftermath as predicates to establish — in October 2006 — new DHS-FEMA emergency preparedness and response laws, authorities and programs.

- 2006/10/04 - Congress and President Bush passed Department of Homeland Security Appropriations Act of 2007. PL 109-295, 120 Stat 1355.[379] Subtitle C, Sec. 641 established National Preparedness System, codified at 6 USC 741[380] et seq.

[379] https://www.congress.gov/109/plaws/publ295/PLAW-109publ295.pdf
[380] https://www.law.cornell.edu/uscode/text/6/chapter-2/subchapter-II/part-A

Problem-reaction-solution.

Orchestrated, faked or exacerbated, falsely-characterized problem.

Manipulated, society-disordering reaction.

Pre-loaded, geopolitical power-centralizing solution.

*

Comprehensive Preparedness System

Title 6, Homeland Security, Chapter 2, National Emergency Management, Subchapter II, Comprehensive Preparedness System:

6 U.S. Code Subchapter II - COMPREHENSIVE PREPAREDNESS SYSTEM[381]

Part A—National Preparedness System (§§ 741 – 754) ← Added Oct. 4, 2006

Part B—Additional Preparedness (§§ 761 – 765) ← Added Oct. 4, 2006

Part C—Miscellaneous Authorities (§§ 771 – 777) ← Added Oct. 4, 2006

Part D—Prevention of Fraud, Waste, and Abuse (§§ 791 – 797) ← Added Oct. 4, 2006

Part E—Authorization of Appropriations (§ 811) ← Added Oct. 4, 2006

Part F—Global Catastrophic Risk Management (§§ 821 – 825) ← **Added Dec. 23, 2022**

*

The DHS Appropriations Act of 2007 (PL 102-295, Oct. 4, 2006) included the "Post-Katrina Emergency Management Reform Act," introducing new or updated legal terms and definitions.

Catastrophic incident:

> any natural disaster, act of terrorism, or other man-made disaster that results in extraordinary levels of casualties or damage or disruption severely affecting the population (including mass evacuations), infrastructure, environment, economy, national morale, or government functions in an area.

Emergency management:

> the governmental function that coordinates and integrates all activities necessary to build, sustain, and improve the capability to prepare for, protect against,

[381] https://www.law.cornell.edu/uscode/text/6/chapter-2/subchapter-II

> respond to, recover from, or mitigate against threatened or actual natural disasters, acts of terrorism, or other man-made disasters

The definition section is followed by sections covering National Emergency Management (6 USC 311 et seq.); establishing a FEMA National Integration Center to centralize planning, chain-of-command, and response activity and to coordinate/subsume state and local authority (6 USC 319); further developing the FEMA National Infrastructure Simulation and Analysis Center set up by the PATRIOT Act in 2001 (6 USC 321); and more.

The DHS Appropriations Act of 2007 also set up a National Preparedness System (6 USC 741 et seq.), to include:

> (b) Components…(1) Target capabilities and preparedness priorities; (2) Equipment and training standards; (3) Training and exercises; (4) Comprehensive assessment system; (5) Remedial action management program; (6) Federal response capability inventory; (7) Reporting requirements; (8) Federal preparedness and (c) National Planning Scenarios, along with provisions establishing coordination of federal, state and local communications and an Emergency Communications Preparedness Center (6 USC 576).

National Planning Scenarios defined:

> …planning scenarios to reflect the relative risk requirements presented by all hazards, including natural disasters, acts of terrorism, and other man-made disasters, in order to provide the foundation for the flexible and adaptive development of target capabilities and the identification of target capability levels to meet the national preparedness goal.

And much more, now in US law from 6 USC 741 to 6 USC 811.

*

In December 2022, Congress and President Biden added a new Title 6, Homeland Security section — Part F, Global Catastrophic Risk Management[382] — through the **Global Catastrophic Risk Management Act**, to connect the **national** emergency management system further centralized in 2006, to an even more centralized **global** emergency management system.

- 2022/12/23 - Congress and President Biden passed NDAA for FY2023.[383] PL 117-263, 136 Stat. 2395. Section 5559, Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022. Authorized, expanded and funded globalized military-health structure linking US military to global genocide apparatus operating under WHO frameworks, codified at 21 USC

[382] https://www.law.cornell.edu/uscode/text/6/chapter-2/subchapter-II/part-F
[383] https://www.congress.gov/117/plaws/publ263/PLAW-117publ263.pdf

2151b, Notes.[384] Section 7301, Global Catastrophic Risk Management Act of 2022, established global emergency management system, codified at 6 USC 821[385] et seq.

To be clear, **the US Government** — specifically the traitorous agents who currently control it through extortion and other financial crimes, and the subversive, disloyal US legislators (Congress) and military personnel (DOD-HHS-DHS) who serve those traitors instead of serving the nation — **is a pivotal geopolitical entity preparing, programming, faking, causing and/or deliberately exacerbating sequential and concurrent global catastrophes and also running the global emergency responses**.

US Government, United Nations, World Health Organization are three interpenetrating and overlapping public faces, divisions or front organizations serving an overarching, globalist, secular, materialist, technocratic, Satanic geopolitical force.

Foxes, hen-house style.

Mob enforcers, protection-racket style.

The bear is already in the house,[386] and has been for a very long time.

Full text of the Global Catastrophic Risk Management Act from PL 117-263 is below.

Highlighting some of the new legal definitions passed into law in December 2022 by Congress and President Biden:

Catastrophic incident

> The term "catastrophic incident"—
>
> (A) means any natural or man-made disaster that results in extraordinary levels of casualties or damage, mass evacuations, or disruption severely affecting the population, infrastructure, environment, economy, national morale, or government functions in an area; and
>
> (B) may include an incident—
>
> > (i) with a sustained national impact over a prolonged period of time;
> >
> > (ii) that may rapidly exceed resources available to State and local government and private sector authorities in the impacted area; or

[384] https://www.law.cornell.edu/uscode/text/22/2151b
[385] https://www.law.cornell.edu/uscode/text/6/821#6
[386] https://naomiwolf.substack.com/p/facing-the-beast/comment/7802768

(iii) that may significantly interrupt governmental operations and emergency services to such an extent that national security could be threatened.

Existential risk

The term "existential risk" means the potential for an outcome that would result in human extinction.

Global catastrophic risk

The term "global catastrophic risk" means the risk of events or incidents consequential enough to significantly harm or set back human civilization at the global scale.

Global catastrophic and existential threats

The term "global catastrophic and existential threats" means threats that with varying likelihood may produce consequences severe enough to result in systemic failure or destruction of critical infrastructure or significant harm to human civilization. Examples of global catastrophic and existential threats include severe global pandemics, nuclear war, asteroid and comet impacts, supervolcanoes, sudden and severe changes to the climate, and intentional or accidental threats arising from the use and development of emerging technologies.

To emphasize one other point, Global Catastrophic Risk Management annex updates are specifically directed to address:

Developing international partnerships with allied nations for the provision of relief services and goods. [6 USC 824(a)(4)]

and

Efforts the Federal Government should undertake and agreements the Federal Government should seek with international allies to enhance the readiness of the United States to provide for the general welfare. [6 USC 824(b)(4)]

Those are Congressional endorsements for things like US-Government-directed UN-WHO International Health Regulations amendments and US-Government-directed UN-WHO pandemic treaties.

*

SEC. 7301. SHORT TITLE.

This subtitle may be cited as the "Global Catastrophic Risk Management Act of 2022".

SEC. 7302. DEFINITIONS. [6 USC 821]

In this subtitle:

(1) ADMINISTRATOR.—The term "Administrator" means the Administrator of the Federal Emergency Management Agency.

(2) BASIC NEED.—The term "basic need"—

(A) means any good, service, or activity necessary to protect the health, safety, and general welfare of the civilian population of the United States; and

(B) includes—

(i) food;

(ii) water;

(iii) shelter;

(iv) basic communication services;

(v) basic sanitation and health services; and

(vi) public safety.

(3) CATASTROPHIC INCIDENT.—The term "catastrophic incident"—

(A) means any natural or man-made disaster that results in extraordinary levels of casualties or damage, mass evacuations, or disruption severely affecting the population, infrastructure, environment, economy, national morale, or government functions in an area; and

(B) may include an incident—

(i) with a sustained national impact over a pro-longed period of time;

(ii) that may rapidly exceed resources available to State and local government and private sector authorities in the impacted area; or

(iii) that may significantly interrupt governmental operations and emergency services to such an extent that national security could be threatened.

(4) CRITICAL INFRASTRUCTURE.—The term "critical infra- structure" has the meaning given such term in section 1016(e) of the Critical Infrastructure Protection Act of 2001 (42 U.S.C. 5195c(e)).

(5) EXISTENTIAL RISK.—The term "existential risk" means the potential for an outcome that would result in human extinction.

(6) GLOBAL CATASTROPHIC RISK.—The term "global catastrophic risk" means the risk of events or incidents consequential enough to significantly harm or set back human civilization at the global scale.

(7) GLOBAL CATASTROPHIC AND EXISTENTIAL THREATS.—The term "global catastrophic and existential threats" means threats that with varying likelihood may produce consequences severe enough to result in systemic failure or destruction of critical infrastructure or significant harm to human civilization. Examples of global catastrophic and existential threats include severe global pandemics, nuclear war, asteroid and comet impacts, supervolcanoes, sudden and severe changes to the climate, and intentional or accidental threats arising from the use and development of emerging technologies.

(8) INDIAN TRIBAL GOVERNMENT.—The term "Indian Tribal government" has the meaning given the term "Indian tribal government" in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122).

(9) LOCAL GOVERNMENT; STATE.—The terms "local government" and "State" have the meanings given such terms in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122).

(10) NATIONAL EXERCISE PROGRAM.—The term "national exercise program" means activities carried out to test and evaluate the national preparedness goal and related plans and strategies as described in section 648(b) of the Post-Katrina Emergency Management Reform Act of 2006 (6 U.S.C. 748(b)).

(11) SECRETARY.—The term "Secretary" means the Secretary of Homeland Security.

SEC. 7303. ASSESSMENT OF GLOBAL CATASTROPHIC RISK. [6 USC 822]

(a) IN GENERAL.—**The [DHS] Secretary and the [FEMA] Administrator shall coordinate an assessment of global catastrophic risk.**

(b) COORDINATION.—When coordinating the assessment under subsection (a), the Secretary and the Administrator shall coordinate with senior designees of—

(1) the Assistant to the President for National Security Affairs;

(2) the Director of the Office of Science and Technology Policy;

(3) the Secretary of State and the Under Secretary of State for Arms Control and International Security;

(4) the Attorney General and the Director of the Federal Bureau of Investigation;

(5) the Secretary of Energy, the Under Secretary of Energy for Nuclear Security, and the Director of Science;

(6) the Secretary of Health and Human Services, the Assistant Secretary for Preparedness and Response, and the Assistant Secretary of Global Affairs;

(7) the Secretary of Commerce, the Under Secretary of Commerce for Oceans and Atmosphere, and the Under Secretary of Commerce for Standards and Technology;

(8) the Secretary of the Interior and the Director of the United States Geological Survey;

(9) the Administrator of the Environmental Protection Agency and the Assistant Administrator for Water;

(10) the Administrator of the National Aeronautics and Space Administration;

(11) the Director of the National Science Foundation;

(12) the Secretary of the Treasury;

(13) the Secretary of Defense, the Assistant Secretary of the Army for Civil Works, and the Chief of Engineers and Commanding General of the Army Corps of Engineers;

(14) the Chairman of the Joint Chiefs of Staff;

(15) the Administrator of the United States Agency for International Development;

(16) the Secretary of Transportation; and

(17) other stakeholders the Secretary and the Administrator determine appropriate.

SEC. 7304. REPORT REQUIRED. [6 USC 823]

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, and every 10 years thereafter, the Secretary, in coordination with the Administrator, shall submit to the Committee on Homeland Security and Governmental Affairs and the Committee on Armed Services of the Senate and the Committee on Transportation and Infrastructure and the Committee on Armed Services of the House of Representatives a report containing a detailed assessment, based on the input and coordination required under section 7303, of global catastrophic and existential risk.

(b) MATTERS COVERED.—Each report required under subsection (a) shall include—

(1) expert estimates of cumulative global catastrophic and existential risk in the next 30 years, including separate estimates for the likelihood of occurrence and potential consequences;

(2) expert-informed analyses of the risk of the most concerning specific global catastrophic and existential threats, including separate estimates, where reasonably feasible and credible, of each threat for its likelihood of occurrence and its potential consequences, as well as associated uncertainties;

(3) a comprehensive list of potential catastrophic or existential threats, including even those that may have very low likelihood;

(4) technical assessments and lay explanations of the analyzed global catastrophic and existential risks, including their qualitative character and key factors affecting their likelihood of occurrence and potential consequences;

(5) an explanation of **any factors that limit the ability of the Secretary to assess the risk both cumulatively and for particular threats, and how those limitations may be overcome through future research or with additional resources, programs, or authorities;**

(6) a **forecast of if and why global catastrophic and existential risk is likely to increase or decrease significantly in the next 10 years, both qualitatively and quantitatively, as well as a description of associated uncertainties;**

(7) proposals for how the Federal Government may more adequately assess global catastrophic and existential risk on an ongoing basis in future years;

(8) recommendations for legislative actions, as appropriate, to support the evaluation and assessment of global catastrophic and existential risk; and

(9) other matters deemed appropriate by the Secretary, in coordination with the Administrator, and based on the input and coordination required under section 7303.

(c) CONSULTATION REQUIREMENT.—In producing the report required under subsection (a), the Secretary shall—

(1) **regularly consult with experts on severe global pandemics, nuclear war, asteroid and comet impacts, super-volcanoes, sudden and severe changes to the climate, and intentional or accidental threats arising from the use and development of emerging technologies; and**

(2) share information gained through the consultation required under paragraph (1) with relevant Federal partners listed in section 7303(b).

SEC. 7305. ENHANCED CATASTROPHIC INCIDENT ANNEX. [6 USC 824]

(a) IN GENERAL.—The Secretary, in coordination with the Administrator and the Federal partners listed in section 7303(b), shall s**upplement each Federal Interagency Operational Plan to include an annex containing a strategy to ensure the health, safety, and general welfare of the civilian population affected by catastrophic incidents** by—

(1) providing for the basic needs of the civilian population of the United States that is impacted by catastrophic incidents in the United States;

(2) coordinating response efforts with State, local, and Indian Tribal governments, the private sector, and nonprofit relief organizations;

(3) promoting personal and local readiness and non-reliance on government relief during periods of heightened tension or after catastrophic incidents; and

(4) developing international partnerships with allied nations for the provision of relief services and goods.

(b) ELEMENTS OF THE STRATEGY.—The strategy required under subsection (a) shall include a description of—

(1) actions the Federal Government should take to ensure the basic needs of the civilian population of the United States in a catastrophic incident are met;

(2) **how the Federal Government should coordinate with non-Federal entities to multiply resources and enhance relief capabilities, including—**

(A) State and local governments;

(B) Indian Tribal governments;

(C) State disaster relief agencies;

(D) State and local disaster relief managers;

(E) State National Guards;

(F) law enforcement and first response entities; and

(G) nonprofit relief services;

(3) actions the Federal Government should take to enhance individual resiliency to the effects of a catastrophic incident, which actions shall include—

(A) readiness alerts to the public during periods of elevated threat;

(B) efforts to enhance domestic supply and availability of critical goods and basic necessities; and

(C) information campaigns to ensure the public is aware of response plans and services that will be activated when necessary;

(4) efforts the Federal Government should undertake and agreements the Federal Government should seek with international allies to enhance the readiness of the United States to provide for the general welfare;

(5) how the strategy will be implemented should multiple levels of critical infrastructure be destroyed or taken offline entirely for an extended period of time; and

(6) the authorities the Federal Government should implicate in responding to a catastrophic incident.

(c) ASSUMPTIONS.—In designing the strategy under subsection (a), the Secretary, in coordination with the Administrator and the Federal partners listed in section 7303(b), shall a**ccount for certain factors to make the strategy operationally viable, including the assumption that—**

(1) multiple levels of critical infrastructure have been taken offline or destroyed by catastrophic incidents or the effects of catastrophic incidents;

(2) impacted sectors may include—

(A) the transportation sector;

(B) the communication sector;

(C) the energy sector;

(D) the healthcare and public health sector; and

(E) the water and wastewater sector;

(3) **State, local, Indian Tribal, and territorial governments have been equally affected or made largely inoperable** by catastrophic incidents or the effects of catastrophic incidents;

(4) the emergency has exceeded the response capabilities of State, local, and Indian Tribal governments under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.) and other relevant disaster response laws; and

(5) the United States military is sufficiently engaged in armed or cyber conflict with State or non-State adversaries, or is otherwise unable to augment domestic response capabilities in a significant manner due to a catastrophic incident.

SEC. 7306. VALIDATION OF THE STRATEGY THROUGH AN EXERCISE.

Not later than 1 year after the addition of the annex required under section 7305, the Administrator shall lead an exercise as part of the national exercise program to test and enhance the operationalization of the strategy required under section 7305.

SEC. 7307. RECOMMENDATIONS.

(a) IN GENERAL.—The Secretary, in coordination with the Administrator and the Federal partners listed in section 7303(b) of this title, shall provide **recommendations to Congress for—**

> **(1) actions that should be taken to prepare the United States to implement the strategy required under section 7305, increase readiness, and address preparedness gaps for responding to the impacts of catastrophic incidents on citizens of the United States; and**
>
> **(2) additional authorities that should be considered for Federal agencies to more effectively implement the strategy required under section 7305.**

(b) INCLUSION IN REPORTS.—The Secretary may include the recommendations required under subsection (a) in a report submitted under section 7308.

SEC. 7308. REPORTING REQUIREMENTS.

Not later than 1 year after the date on which the Administrator leads the exercise under section 7306, the Secretary, in coordination with the Administrator, shall submit to Congress a report that includes—

(1) a description of the efforts of the Secretary and the Administrator to develop and update the strategy required under section 7305; and

(2) an after-action report following the conduct of the exercise described in section 7306.

SEC. 7309. RULES OF CONSTRUCTION. [6 USC 825]

(a) ADMINISTRATOR.—Nothing in this subtitle shall be construed to supersede the civilian emergency management authority of the Administrator under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.) or the Post Katrina Emergency Management Reform Act (6 U.S.C. 701 et seq.).

(b) SECRETARY.—Nothing in this subtitle shall be construed as providing new authority to the Secretary, except to coordinate and facilitate the development of the assessments and reports required pursuant to this subtitle.

Related:

- April 4, 2023 - Government by silent immobility: an effective ruling innovation developed by the globalists, capitalizing on natural human aversion to hard work, conflict and pain.

- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past. The Monster has only devised means to produce the illusion of deadly global pandemics. And that's all he will ever be able to do.

- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.

- Feb. 23, 2024 - What section of the US Code did the Global Health Security and International Pandemic Prevention, Preparedness and Response Act enter after enactment Dec. 23, 2022?

- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.

- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.

- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.

- May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.

- May 15, 2024 - Global pandemic preparedness and response provisions already in US domestic law.

* * *

May 17, 2024 - Which American federal laws must be repealed by Congress and nullified by states to shut down worldwide public health-emergency preparedness and response-kill box programs?

Reader asked for more information about the model nullification act mentioned in this post:

- May 17, 2024 - Global Catastrophic Risk Management Act, enacted by Congress and Biden Dec. 2022, codified at 6 USC 821-825. - "…Yesterday I was tracking the development of several statutes, while working on a model nullification act for state lawmakers to use to nullify bad federal laws."

The US federal emergency preparedness and response laws that enable military officers, pharmaceutical manufacturers and medical professionals to use intentionally toxic products deceptively presented to recipients as beneficial medicines (including vaccines), to deliberately mutilate and kill human men, women, children, infants and babies in the womb, with civil and criminal impunity include:

- 42 USC 262 through 263-1 - Regulation of biological products;[387] Enhanced control of dangerous biological agents and toxins; etc. (licensing of biological product manufacturing, including vaccines)
- 42 USC 264 through 272 - Quarantine and inspection,[388] regulations to control communicable diseases (foreign, domestic inspection and quarantine provisions; etc.)
- 50 USC 1511 through 1528 - Chemical and biological warfare program[389] (authorization and funding for chemical and biological weapon research and use on human targets)
- 42 USC 243 through 247d-12 - Public health service, federal-state cooperation[390] (public health emergencies; vaccination tracking and distribution; liability immunity for vaccine manufacturers and users under emergency declarations; etc.)
- 42 USC 300aa-1 through 300aa-34 - Vaccines[391] (national vaccination programs; liability immunity for vaccine manufacturers and users under non-emergency conditions; etc.)
- 21 USC 360bbb through 360bbb-8d - General provisions relating to drugs and devices[392] (emergency use authorization/EUA product manufacturing, distribution; medical countermeasures; etc.)

[387] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-F/subpart-1
[388] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-G
[389] https://www.law.cornell.edu/uscode/text/50/chapter-32
[390] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-B
[391] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XIX
[392] https://www.law.cornell.edu/uscode/text/21/chapter-9/subchapter-V/part-E

- 42 USC 300hh through 300hh-37 - National all-hazards preparedness for public health emergencies[393] (national planning, coordination, chain-of-command, execution for military and medical personnel during declared public health emergencies; etc.)
- 21 USC 2151b, statutory note, Sec. 5559 through 5566 - Population planning and health programs,[394] international pandemic preparedness.
- 6 USC 104 through 106 - National biodefense strategy[395] (national biodefense strategy; implementation plans; etc.)
- 6 USC 741 through 825 - Comprehensive preparedness system;[396] national preparedness system; global catastrophic risk management.

The model nullification bill I'm working on lists these laws, along with their development over time through the Congressional adoption of public laws amending or expanding the original statutes, along with brief descriptions of how each one contributes to the legalization of ongoing mass mutilation and mass killing of human beings, by other human beings, using intentionally-harmful biological agents and toxins labeled and presented to targets as medicines and vaccines, and thus why each one should be repealed by Congress and nullified by states.

Related:

- March 3, 2023 - Rep. Bud Hulsey in Tennessee understands the scale of the Constitutional crisis, and what states can and should do to respond. Tennessee House Bill 726 - Restoring State Sovereignty Through Nullification Act

- Nov. 30, 2023 - Model Restoring State Sovereignty Through Nullification Act: Tennessee HB726

- Dec. 6, 2023 - Litigation proposals for state Attorneys General.

- Dec. 20, 2023 - Ending National Suicide Act (draft Congressional repeal bill)

- Jan. 29, 2024 - Legal challenges that can terminate the 'public health emergencies' kill box programs and revoke the other 'emergency' powers wielded by the federal executive branch for 90+ years

- Feb. 16, 2024 - State nullification procedure acts.

* * *

[393] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XXVI
[394] https://www.law.cornell.edu/uscode/text/22/2151b
[395] https://www.law.cornell.edu/uscode/text/6/104
[396] https://www.law.cornell.edu/uscode/text/6/chapter-2/subchapter-II

May 21, 2024 - There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products. Part 8 of series.

On Kevin McKernan's latest re contaminants found[397] (by McKernan's lab and other labs) in vaccines:

KW: There is no legal limit to the amount of so-called contamination that can legally be included in Covid-19 vaccines or any other vaccines or biological products. The FDA has no regulatory obligation to enforce compliance with any safety, efficacy or purity standards, and there are no defined safety, efficacy or purity standards to which FDA could enforce compliance, even if FDA inspectors were legally obligated to enforce compliance, which FDA is not obligated to do.

The entire FDA regulatory system pertaining to biological products, including vaccines, is fake: it's intended only to deceive the public into believing that unregulated poisons are regulated medicinal products.

Reply to a comment[398] at one of Sage Hana's recent posts,[399] about mRNA technology having been around since the 1970s, but not used "because of the regulations."

KW: From my findings about the non-regulation/pretend-regulation and non-definition of all biological products including vaccines, going back to 1902 and earlier, but better documented since the 1944 Public Health Service Act, 42 USC 262, and even better documented since the transfer of fake-regulatory functions from NIH to FDA in 1972, I think the statement that they've had the tech for about 50 years is also a mischaracterization.

There is no "tech" in the sense of a predictable method to produce measurable, physically/chemically/pharmacologically identifiable, standardized, pure biological products.

All vaccines are heterogenous mixtures of immunotoxic nucleic acids, metals, lipids and other junk, and they're all inherently unstable and inherently destructive to the recipient organism.

The innovation of the post-2020 vaccines, I think, is slightly more effective lipid packaging to get the encased unstable junk into cells better and faster, to better bypass the functional parts of the immune system that can flag and destroy non-self genetic material (xenogeneic/different species, allogeneic/same species, different individual).

[397] https://substack.com/@bailiwicknews/note/c-56854218
[398] https://sagehana.substack.com/p/the-job-is-to-include-things-like/comment/56810869
[399] https://sagehana.substack.com/p/the-job-is-to-include-things-like

Maybe they've known about the better lipid packaging since the 1970s, but also were playing the long con and then decided circa 2019 to put the pedal to the floor.

The statutes and regulations were never in the way of putting toxic junk into babies and children and adults. They were always written to make and keep clear the legal path for the junk to get injected, and to make it look to the public like there was a real regulatory process to monitor and control manufacturing and use for safety, efficacy and purity. Which there was not.

*

As I've written previously, I have a firehose of information and supporting evidence that I would like to share, because the information may be useful to one or more readers, but my available time, energy and ability to concentrate to digest the material and write it in more-accessible form comes nowhere near close to enough. Series on biological product non-regulation so far.[400]

For readers interested in putting together more of the data points themselves, a key false concept and FDA term to study is "well-characterized therapeutic recombinant DNA-derived" biotechnology products.

Briefly, in the mid-1990s, analytical equipment, techniques and skilled labor capable of more fully characterizing nucleic acids, genetic material, chemicals, metals and other biologically-active compounds became more readily available.

By that time, people working in the US Government, especially in the Public Health Service (PHS), Department of Health and Human Services (HHS), National Institutes of Health (NIH), Food and Drug Administration (FDA), National Institute for Allergies and Infectious Diseases (NIAID), Centers for Disease Control and Prevention (CDC) and related military divisions, had already been working since 1955 (mass vaccination of children with polio-predicated immunotoxins) to systematically poison American babies

[400] Oct. 23, 2023 - On civil suits against Pfizer for "contamination" of Covid-19 biochemical weapons; Oct. 26, 2023 - 21 USC 360bbb-3(e)(3) and 360bbb-3a(c): federal law authorizing HHS Secretary to waive current Good Manufacturing Practices (cGMP) for EUA products; Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb; Jan. 3, 2024 - On the continuing effort to fit a square peg (legalized manufacturing and use of biological weapons) into a round hole (FDA drug, device and biological product regulation); March 8, 2024 - Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines; March 12, 2024 - Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars; March 15, 2024 - Part 3: Deregulation of biological product manufacturing, mid-1990s to present; March 20, 2024 - Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals; March 21, 2024 - Part 5: Vaccine and related biological product manufacturing as US government-licensed poison manufacturing Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS; April 3, 2024 - Part 6: On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s; April 25, 2024 - Part 7: Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.

and children using heterogeneous slurries of bacteria-, animal- and human-derived genetic material, toxic chemicals and toxic metals.

They had been increasing the toxic loads deliberately put into American babies and children by leaps and bounds since the 1986 adoption of the aptly-named National Childhood Vaccine Injury Act (Pub.L. 99-660) through the childhood immunization schedule inflicted by pediatric vaccine nurses.

And the health of American children was clearly deteriorating, as chronic disease rates shot up for autism, asthma, diabetes, cancer, depression and many other disorders.
The NIH/FDA regulatory record for biological products is non-existent, because the object of the vaccination program was and still is to systematically poison people and induce chronic disease for two purposes.

Long-term, over several decades, the perpetrators want to lower vitality, fertility and life expectancy among the population and thereby bring down budget expenditures for education, health care and pensions.
Short-to-medium term, the perpetrators want to increase profits, kickbacks and money-laundering for pharmaceutical corporation shareholders and Congress members, by supplying additional poisons to sick people, to manage the symptoms of induced chronic diseases.

To meet those dual goals, the most important thing was to build and maintain unquestioning public trust in the product class of vaccines.

The best way to build and maintain that trust — to shield the intentional poisoning from public view — was to pretend to operate a regulatory system that sets standards for product safety, efficacy and purity; monitors vaccine production to assess compliance by testing samples; and removes unsafe, ineffective and contaminated vaccines from the supply chain.

NIH-FDA set up and operated the required fake regulatory system from 1944 to the mid-1990s. Without going into detail, it hinges on provisions including 21 CFR 610.2, promulgated by Federal Register notice Nov. 20, 1973:

> 21 CFR 610.2. Requests for samples and protocols; official release.
>
> Samples of any lot of any licensed product, together with the protocols showing results of applicable tests, **may** at any time be required to be sent to the Director, [FDA] Bureau of Biologics [now CBER].
>
> Upon notification by the Director, Bureau of Biologics, a manufacturer **shall not** distribute a lot of a product until the lot is released by the Director, Bureau of Biologics;

Provided, That the Director **shall not issue such notification except when deemed necessary for the safety, purity or potency of the product**. 38 FR 32048.

This is called "lot-release" or "lot-by-lot release."

It was a non-regulatory regulation when published in 1973.

Why non-regulatory or performative only?

1. Because of the conditional terms. Director "may" require samples and protocols, but "shall not except when deemed necessary."
2. Because the regulatory definitions of safety and potency were relative, not objective (all medical interventions involve personalized calculations about the starting condition of the patient, the risks of causing harm, and the potential benefits of the intervention);
3. Because the regulatory definition of purity was also given in relative, not objective terms (biological products are intrinsically impure, unstable, heterogeneous and non-standardizable, and *FDA regulators and vaccine manufacturers knew this, have known this since the early 1900s and still know it*.)
4. Because the patient, in the case of vaccines, is a healthy baby or child, and the probability that introducing mixtures foreign genetic material, chemicals and metals into a healthy child's body will cause more harm than good, by inducing chronic disease and death, approaches 100% as more toxins are introduced (sooner during pregnancy or after birth, additively, and cumulatively.)

That's the nutshell version of the non-regulation regulation "lot-release" system that was in play between 1973 and 1996.

In 1996, under the deregulation framework launched by President Ronald Reagan and continued by President Bill Clinton, the FDA eliminated lot-release for "well-characterized therapeutic recombinant DNA-derived" biotechnology products, stripping itself of the manufacturing quality control lot-release tool it had pretended to have and had pretended to use since 1973.

Lot-release was only one of many regulations eliminated or rendered more inapplicable to and unenforced for biological products since the mid-1990s.

*

If you work for an organization (Public Health Service-HHS-FDA-CDC-NIH-NIAID) that's systematically poisoning people with intrinsically heterogeneous, unstable, immunotoxic products, and you understand that parents will eventually start to notice the sickliness of their children and themselves, the last thing you want is a regulatory

process — supported by analytical equipment and techniques — through which toxins might be identified and disclosed to the public, justifying removal of those toxic products from the supply chain.

But you also don't want to reduce public trust in the poison-products known as vaccines. That's the point the systematic poisoners had reached by the mid-1990s.

The solution, to buy themselves what turned out to be another 30 years, was to further eliminate the pretend-regulatory functions they had pretend-fulfilled, by simply claiming that the manufacturers would self-regulate using the analytical equipment, methods and skilled labor that became available by the mid-1990s.

Throughout the process, FDA would make true statements such as:

> Biologics have traditionally been complex mixtures of substances produced primarily from living organisms, and have been difficult to characterize by precise tests. They include vaccines, products made from human or animal blood, and other products made from a variety of materials. 60 FR 63048

And then establish non-regulatory policy based on the false, opposite premise:

> …technical advances over the last 15 years have greatly increased the ability of manufacturers to control and analyze the manufacture of many biotechnology-derived biological products. 61 FR 24227

In other words, FDA offers the public a series of lies — that biological products are homogeneous, stable and non-toxic; that biological products can be "well-characterized" as such; and that biological products are produced and distributed in safe and pure form by manufacturers, who police their own compliance with regulatory standards so thoroughly that FDA need not test samples or enforce compliance.

The lies are offered as a substitute for the truth: biological products are heterogeneous, unstable and toxic; every vial tested provides evidence of those truths; and FDA and manufacturers coordinate with each other to ensure that vials are not properly tested and that information about the intrinsic heterogeneity, instability and toxicity of vaccines doesn't reach the public in credible, actionable form.

There is no legal limit to the amount of so-called contamination that can legally be included in Covid-19 vaccines or any other vaccines or biological products.

Some relevant documents below for readers who want to track this a bit more around the mid-1990s, and also bring it up to date with Antonietta Gatti and Stefano Montanari's 2017 study identifying contaminants "not declared among the components," in 43 of 44

vaccine samples tested; HHS' 2018 stipulation that HHS has conducted no valid, public vaccine manufacturing or vaccine safety monitoring since 1986 adoption of the National Childhood Vaccine Injury Act; Joy Garner's 2019-2020 study comparing chronic disease burdens of vaccinated and unvaccinated cohorts, cited in her 2021-2022 federal litigation;[401] Mike Yeadon and Wolfgang Wodarg's December 2020 petition to European Medicines Agency; Sasha Latypova and Craig Paardekooper's initial study from October 2021 on Covid vaccine batch variability, foundation for HowBadIsMyBatch website;[402] Max Schmeling, Vibeke Manniche and Peter Riis Hansen's March 2023 study of batch variability; and Kevin McKernan's April 2023 study of DNA contamination.

Note:

Readers who read very closely will notice that in some documents, FDA states that vaccines are in the class of "well-characterized" biological products exempt from manufacturing regulation, and in other documents, FDA states that vaccines are excluded from the class of "well-characterized" biological products.

World Health Organization does the same thing.

Following the paper trail long enough, and looking at the documents alongside what you can see happening and not happening in your own body, your own family and friends, in the regulatory agencies and in the courts, supports the conclusion that vaccines are not subject to valid regulation.

FDA and WHO use a wide variety of ill-defined terms, which cannot be clearly defined because biological products are inherently heterogeneous, unstable and toxic, and an intricate web of cross-references, exemptions, exclusions, suspensions, conditionals and waivers, because those linguistic and legal tools are very effective for deceiving the public.

FDA and WHO have forged those linguistic and legal tools for themselves, to obscure the criminal nature of the systematic, deliberate worldwide poisoning campaign they have conducted for about 100 years in collaboration with pharmaceutical companies and non-governmental organizations such as Bill and Melinda Gates Foundation and GAVI.

<u>Documents</u>

- 1995.11 Clinton Gore FDA National Performance Review Reinventing the Regulation of Drugs Made from Biotechnology[403]

[401] https://informedconsentdefense.org/

[402] https://www.howbadismybatch.com/states.html

[403] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/1995.11-clinton-gore-fda-national-performance-review-reinventing-the-regulation-of-drugs-made-from-biotechnology.pdf

- 1995.12.08 60 FR 63048 HHS FDA Notice Interim Definition, elimination lot by lot release biologics 610.2 42 USC 262
- 1996.01.29 61 FR 2733 HHS FDA Proposed Rule exempt well characterized elimination lot by lot release testing 610.2 42 USC 262
- 1996.05.14 61 FR 24227 HHS FDA Final Rule Eliminate ELA and lot release test biotech synthetic biological products 610.2 42 USC 262
- 2013.11.13 HHS FDA slide deck Biosimilar Biological Products small molecule biological product comparison chart[404]
- 2017.01.23 paper Gatti Montanari New quality-control investigations on vaccines micro nanocontamination[405]
- 2018.07.09 HHS ICAN Stipulation No monitoring of vaccines adverse effects signed by RFK Jr[406]
- 2020.11.19 paper Joy Garner Statistical Evaluation Health Outcomes Unvaccinated[407]
- 2020.12.01 petition Wodarg Yeadon EMA Covid vaccines syncytin[408]
- 2021.10.31 report Latypova Paardekooper 100% Covid-19 Vaccine Deaths caused by 5% batches[409]
- 2022.11.15 paper Joy Garner IJVTPR Re vaccines and health outcomes[410]
- 2023.03.26 paper Schmeling Manniche Hansen Investigation Batch-dependent safety BioNTech Pfizer[411]
- 2023.04.05 paper Palmer Gilthorpe paper on DNA contamination[412]
- 2023.04.11 paper McKernan Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose[413]
- undated HHS FDA Biologics Definitions reference biosimilar interchangeable What is a biological product[414]

[404] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2013.11.13-hhs-fda-slide-deck-biosimilar-biological-products-small-molecule-biological-product-comparison-chart.pdf
[405] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2017.01.23-paper-gatti-montanari-new-quality-control-investigations-on-vaccines-micro-nanocontamination.pdf
[406] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2018.07.09-hhs-ican-stipulation-no-monitoring-of-vaccines-adverse-effects-signed-by-rfk-jr.pdf
[407] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2020.11.19-paper-joy-garner-statistical-evaluation-health-outcomes-unvaccinated.pdf
[408] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2020.12.01-petition-wodarg-yeadon-ema-covid-vaccines-syncitin.pdf
[409] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2021.10.31-report-latypova-paardekooper-100-covid-19-vaccine-deaths-caused-by-5-batches.pdf
[410] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2022.11.15-paper-joy-garner-ijvtpr-re-vaccines-and-health-outcomes.pdf
[411] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2023.03.26-paper-schmeling-manniche-hansen-investigation-batche28090dependent-safety-biontech-pfizer.pdf
[412] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2023.04.05-paper-palmer-gilthorpe-paper-on-dna-contamination.pdf
[413] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2023.04.11-paper-mckernan-sequencing-of-bivalent-moderna-and-pfizer-mrna-vaccines-reveals-nanogram-to-microgram-quantities-of-expression-vector-dsdna-per-dose.pdf
[414] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/undated-hhs-fda-biologics-definitions-reference-biosimilar-interchangeable-what-is-a-biological-product.pdf

May 23, 2024 - Top 10 US federal laws Congress should repeal to end worldwide vaccination, mutilation and killing programs. World Health Organization meetings and satellite "medical freedom" summits are a sideshow.

Last night I received a form letter invitation from an address identified as "HFSpartners" affiliated with healthfreedomsummit.com.

The email invited me to promote the "Geneva Project" and solicit donations from Bailiwick readers to support the project.

Don't donate to these projects.

Health Freedom Summit and Geneva Project are two more of the many astroturf[415] "medical freedom" organizations that function as cutouts for the US Government.

They are well-funded. They want your money, but they don't need it.

Their function is to deflect from and shield the US Government's global kill box laws — as enacted and amended by US Congress and US Presidents — and programs — as funded by US taxpayers, central banks, and private NGOs including BMGF, GAVI and CEPI — from scrutiny, repeal, nullification and de-funding.

These laws and programs — and the fact that Congress has the legal and moral authority to repeal and de-fund them — are topics not typically discussed by US Government spokesmen and spokeswomen during their summit meetings about medical tyranny and 5G information warfare and in their other public statements and appearances.

That's how you can tell that the summit organizers are US Government agents, and the summit speakers are US Government spokesmen and spokeswomen.

Below are the Top 10 **repealable** American federal laws enacted by US Congress and US Presidents, between 1944 and the present, to embed worldwide vaccination, mutilation and killing programs in US domestic federal law, and, through international pharmaceutical-military-weapons-product sales contracts[416] and international mutual recognition agreements[417] pertaining to pharmaceutical non-regulation, to embed the same programs in the national governance and laws of other countries.

[415] https://en.wikipedia.org/wiki/Astroturfing
[416] https://bailiwicknews.substack.com/p/current-congress-members-have-legal
[417] https://bailiwicknews.substack.com/p/regulatory-simulations-at-home-and

1. 42 USC 262 through 263-1 - Regulation of biological products;[418] Enhanced control of dangerous biological agents and toxins; etc. (licensing of biological product manufacturing, including vaccines) ←Enacted by US Congress in 1944.

2. 42 USC 264 through 272 - Quarantine and inspection,[419] regulations to control communicable diseases (foreign, domestic inspection and quarantine provisions; etc.) ←Enacted by US Congress in 1944

3. 50 USC 1511 through 1528 - Chemical and biological warfare program[420] (authorization and funding for chemical and biological weapon research and use on human targets) ← Enacted by US Congress in 1969

4. 42 USC 243 through 247d-12 - Public health service, federal-state cooperation[421] (public health emergencies; vaccination tracking and distribution; liability immunity for vaccine manufacturers and users under emergency declarations; etc.) ← Enacted by US Congress in 1983

5. 42 USC 300aa-1 through 300aa-34 - Vaccines[422] (national vaccination programs; liability immunity for vaccine manufacturers and users under non-emergency conditions; etc.) ←Enacted by US Congress in 1986

6. 21 USC 360bbb through 360bbb-8d - General provisions relating to drugs and devices[423] (emergency use authorization/EUA product manufacturing, distribution; medical countermeasures; etc.) ← Enacted by US Congress in 1997

7. 42 USC 300hh through 300hh-37 - National all-hazards preparedness for public health emergencies[424] (national planning, coordination, chain-of-command, execution for military and medical personnel during declared public health emergencies; etc.) ← Enacted by US Congress 2002

8. 6 USC 104 through 106 - National biodefense strategy[425] (national biodefense strategy; implementation plans; etc.) ← Enacted by US Congress 2016

9. 21 USC 2151b, statutory note, Sec. 5559 through 5566 - Population planning and health programs,[426] international pandemic preparedness. ←Enacted by US Congress in 2022

[418] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-F/subpart-1
[419] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-G
[420] https://www.law.cornell.edu/uscode/text/50/chapter-32
[421] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-B
[422] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XIX
[423] https://www.law.cornell.edu/uscode/text/21/chapter-9/subchapter-V/part-E
[424] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XXVI
[425] https://www.law.cornell.edu/uscode/text/6/104
[426] https://www.law.cornell.edu/uscode/text/22/2151b

10. 6 USC 741 through 825 - Comprehensive preparedness system;[427] national preparedness system ←Enacted by US Congress in 2006; global catastrophic risk management. ←Enacted by US Congress in 2022

*

For what it's worth, I'm not a member of the "medical freedom movement."

I'm a Catholic.

I'm interested in understanding how the principles of Christian Legal Justice and Social Justice, as put into structured, written form by St. Thomas Aquinas and developed by other Catholics, have been systematically removed from the governance of human societies, especially in Western Europe and North America, and I'm interested in working to see those principles restored to centrality in the governance of human societies.

I think Christian principles of Legal Justice and Social Justice must be reflected in the laws of human societies for rulers and subjects to fulfill their proper functions in the development of the human personality and the salvation of souls.

I think societies that abandon those principles fall into ruin, as the fake pandemic known as Covid, and governmental orchestration of it, have agonizingly demonstrated.
I'm also mindful of the historical fact that the present-day, visible, institutional Catholic Church has been corrupted and weakened, intensively since Vatican II, rendering most of its current public leaders non-credible on these issues (i.e., current pope endorses global crimes such as vaccination, mutilation and killing programs).
I'm interested in working to see the institutional Catholic Church restored to a condition in which its leadership can credibly articulate and exhort rulers of nation-states to uphold Christian principles of Legal Justice and Social Justice.

Pray the Rosary.

*

[427] https://www.law.cornell.edu/uscode/text/6/chapter-2/subchapter-II

Related

- April 4, 2023 - Government by silent immobility: an effective ruling innovation developed by the globalists, capitalizing on natural human aversion to hard work, conflict and pain.
- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past. The Monster has only devised means to produce the illusion of deadly global pandemics. And that's all he will ever be able to do.
- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.
- Feb. 23, 2024 - What section of the US Code did the Global Health Security and International Pandemic Prevention, Preparedness and Response Act enter after enactment Dec. 23, 2022?
- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.
- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.
- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.
- May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.
- May 15, 2024 - Global pandemic preparedness and response provisions already in US domestic law.
- May 17, 2024 - Global Catastrophic Risk Management Act, enacted by Congress and Biden Dec. 2022, codified at 6 USC 821-825.
- May 17, 2024 - Which American federal laws must be repealed by Congress and nullified by states to shut down worldwide public health-emergency preparedness and response-kill box programs?

* * *

May 23, 2024 - Model nullification act, draft of first few sections. Drafting still in progress.

Related:

- Jan. 29, 2024 - Legal challenges that can terminate the 'public health emergencies' kill box programs and revoke the other 'emergency' powers wielded by the federal executive branch for 90+ years
- Feb. 16, 2024 - State nullification procedure acts.
- May 17, 2024 - Global Catastrophic Risk Management Act, enacted by Congress and Biden Dec. 2022, codified at 6 USC 821-825. - "…Yesterday I was tracking the development of several statutes, while working on a model nullification act for state lawmakers to use to nullify bad federal laws."

*

Model Nullification Act, draft of first few sections:

State/Commonwealth of _____

HOUSE/SENATE BILL No. _____

An ACT to NULLIFY certain federal laws purporting to justify and authorize, on false grounds of national security, biodefense, and communicable disease control, federal attacks on state populations through

- Public health service, Regulation of biological products; preparation of biological products; biological select agents and toxins (BSAT), 42 USC 262 et seq;
- Public health service, Communicable disease control, quarantine and inspection, 42 USC 264 et seq;
- War and National Defense, Chemical and biological warfare, 50 USC Ch. 32; biological weapons, 18 USC 175 et seq; national biodefense strategy, 6 USC 104 et seq;
- Public health service, federal-state cooperation; public health emergencies, 42 USC 243; 247d et seq;
- Public health service, Vaccines, vaccination and vaccine liability indemnification, 42 USC 300aa et seq;
- Food, Drug and Cosmetics Act, Drugs and devices, Expanded access to unapproved therapies and diagnostics, 21 USC 360bbb et seq;

- Public health service, National all-hazards preparedness for public health emergencies, 42 USC 300hh et seq;
- Foreign assistance, Population planning and health programs; international pandemic preparedness; global health security and pandemic preparedness, 22 USC 2151b statutory notes, Sec. 5559 through 5566;
- Homeland Security, National Emergency Management; Comprehensive preparedness system; national preparedness system; global catastrophic risk management, 6 USC 741 through 825;

and related Presidential executive orders, administrative regulations and federal programs.

Be it enacted by the [General Assembly] of the State/Commonwealth of _____:

[Title/Chapter/Section __] is enacted to read:

CHAPTER _____

PROHIBITION AGAINST ENFORCEMENT OF FEDERAL PUBLIC HEALTH EMERGENCY AND PANDEMIC PREPAREDNESS AND RESPONSE LAW

SECTION ____. Findings

The Legislature finds that:

1. Agent of the people. The people of the several states that compose the United States of America created the Federal Government to be their agent for certain enumerated purposes.

2. Tenth Amendment. The United States Constitution, Amendment X, declares that the powers not delegated to the Federal Government, nor prohibited to it by the states, are reserved to the states respectively, or to the people;

3. Violation of rights and duties to protect life, liberty and property. The assumption of power that the Federal Government has made by enacting federal public health emergency, pandemic preparedness and response and related laws violate the rights and duties of the State to protect the lives, liberties and property of the people of the State, and violate the rights and duties of the people to protect their own lives, liberties and property.

4. On July 1, 1944, Congress and President Franklin Roosevelt enacted the Public Health Service Act (Pub.L. 78-410), to implement programs following a reorganization of the Public Health Service enacted Nov. 11, 1943 (Pub.L. 78-184).

5. PHSA Section 351, codified at 42 USC 262, purports to govern "regulation of biological products."

6. PHSA Section 352, codified at 42 USC 263, purports to govern "preparation of biological products by [Public Health] Service."

7. PHSA Section 351A, codified at 42 USC 262a, as added in 2002 and implemented at 42 CFR 73, 7 CFR 331, 9 CFR 121 and related administrative regulations, purports to govern "enhanced control of dangerous biological agents and toxins," also known as the "biological select agents and toxins" or BSAT program.

8. PHSA Section 353, codified at USC 263, as added in 2021, purports to govern "education on biological products."

9. Congress and US Presidents have amended biological product licensing and related law in 1953 (Reorg. Plan 1); 1958 (Pub.L. 85-881); 1970 (Pub.L. 91-515); 1979 (Pub.L. 96-88); 1986 (Pub.L. 99-660); 1992 (Pub.L. 102-300); 1996 (Pub.L. 104-134); 1997 (Pub.L. 105-115); 2002 (Pub.L. 107-188); 2003 (Pub.L. 108-155); 2007 (Pub.L. 110-85); 2010 (Pub.L. 114-89); 2015 (Pub.L. 114-89); 2016 (Pub.L. 114-255); 2017 (Pub.L. 115-52); 2019 (Pub.L. 116-94); 2020 (Pub.L. 116-260); 2021 (Pub.L. 117-8); and 2022 (Pub.L. 117-328).

10. Since 1973, biological product licensing regulations purporting to govern the manufacture of vaccines and related biological products, have been promulgated by the US Food and Drug Administration (FDA) at 21 CFR 600-680 and related sections of the Code of Federal Regulations.

11. Federal biological product licensing and manufacturing, and BSAT control statutes and regulations, through undefined and ill-defined terms, exemptions, exclusions, waivers, suspensions and discretionary and/or conditional application, authorize the Food and Drug Administration (FDA), Public Health Service, Department of Health and Human Services (HHS), Department of Defense (DoD), and pharmaceutical manufacturers to coordinate the manufacture, distribution and use of non-regulated, intentionally toxic products deceptively presented to the public as licensed, regulated medicinal products, including vaccines.

Quarantine and inspection;
regulations to control communicable diseases.

12. On July 1, 1944 Congress and President Franklin Roosevelt enacted the Public Health Service Act (Pub.L. 78-410), to implement programs following a reorganization of the Public Health Service enacted Nov. 11, 1943 (Pub.L. 78-184).

13. PHSA Sections 361 through 369, codified at 42 USC 264 through 272, purport to govern "quarantine and inspection; regulations to control communicable diseases" and related programs governing foreign and domestic travel and travelers.

14. Congress and US Presidents have amended communicable disease control laws in 1953 (Reorg Plan 1); 1957 (Pub.L. 85-58); 1958 (Pub.L. 85-580); 1960 (Pub.L. 86-624); 1976 (Pub.L. 94-317); 1979 (Pub.L. 96-88); and 2002 (Pub.L. 107-188).

15. Federal quarantine procedures are promulgated by the Secretary of Health and Human Services and the Director of the Centers for Disease Control and Prevention (CDC) at 42 CFR 70 (domestic, interstate) and 42 CFR 71 (foreign).

16. In 2002, through the Public Health Security and Bioterrorism Preparedness and Response Act (Pub.L. 107-188), Congress redefined quarantinable communicable disease conditions, striking the phrase "in a communicable stage," replacing it with "in a qualifying stage," and defining qualifying stage as either a "communicable stage" or a "precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals."

17. Through Executive Orders promulgated since 2003, US Presidents George W. Bush, Barack Obama and Joseph Biden added mild, non-specific, common respiratory diseases and syndromes including SARS, influenza and measles, to the list of quarantinable diseases under 42 USC 264. *See* EO 13295, 2003; EO 13375, 2005; EO 13674, 2014; EO 14047, 2021.

18. By Federal Register Final Rule, Jan. 19, 2017 (82 FR 6890), HHS-CDC promulgated major amendments to quarantine and inspection regulations at 42 CFR 70 and 42 CFR 71, as authorized by Congress under 42 USC 264 et seq. These regulations have been in effect since Feb. 21, 2017, and authorize the HHS Secretary to order warrantless search, seizure, detention and treatment of individuals on legal grounds and falsified fact evidence derived from non-validated diagnostic tests, that subjects may be infected with common, mild communicable diseases, including individuals exhibiting no symptoms but alleged to be in a "precommunicable" stage.

19. On Nov. 19, 1969, Congress and President Richard Nixon enacted the Chemical and Biological Warfare Program (Pub.L. 91-121), codified at 50 USC 1511 through 1528.

20. The US Department of Defense Chemical and Biological Warfare Program, as enacted, purports to prohibit research, development and use of chemical and biological weapons, but exempts from prohibition, research, development and use of chemical and biological weapons for alleged defensive, protective, prophylactic and/or peaceful purposes.

21. Congress and US Presidents have amended the Chemical and Biological Warfare Program in 1971 (Pub.L. 92-216); 1974 (Pub.L. 93-348); 1978 (Pub.L. 95-79); 1982 (Pub.L. 97-375); 1990 (Pub.L. 101-510); 1993 (Pub.L. 103-160); 1996 (Pub.L. 104-106; Pub.L. 104-106); 1997 (Pub.L. 105-85); 1998 (Pub.L. 105-261); 2004 (Pub.L. 108-375); and 2016 (Pub.L. 114-328).

23. On May 22, 1990, Congress and President George W. Bush enacted "biological weapons; prohibitions with respect to biological weapons," (Pub.L. 101-298), codified in the federal criminal code at 18 USC 175 through 178.

24. Congress and US Presidents have amended federal biological weapons criminal law in 1994 (Pub.L. 103-322); 1996 (Pub.L. 104-132; Pub.L. 104-201); 2001 (Pub.L. 107-56); 2002 (Pub.L. 107-188; Pub.L. 107-273); 2004 (Pub.L. 108-458); and 2019 (Pub.L.116-31).

25. By exempting the Public Health Service, Department of Health and Human Services, from core provisions of 18 USC 175 et seq, *Prohibitions with respect to biological weapons*, Congress authorized "conduct by, or under the authority of, the Secretary of Health and Human Services" to produce and use dangerous biological agents and toxins, including vaccines, on human and animal targets; and Congress authorized, as affirmative defenses, that otherwise-prohibited conduct was undertaken "for a prophylactic, protective or other peaceful purpose." *See* 18 USC 175c(a)(2); 18 USC 176(c), 18 USC 177(b)

26. On Nov. 5, 1990, Congress and President George W. Bush enacted the Biological Defense Research Program (Pub.L. 101-510), codified at 10 USC 2370, repealed in 1996 (Pub.L. 104-106), provisions transferred to 50 USC 1523 and related sections.

27. On Dec. 23, 2016, Congress and President Barack Obama enacted the "National Biodefense Strategy" program, (Pub.L. 114-328), codified at 6 USC 104 through 106, amended in 2019 (Pub.L. 116-92) and 2021 (Pub. L. 116-283);

28. Through the Chemical and Biological Warfare Program, National Biodefense Strategy, and related federal laws, Congress has authorized federal military and public

health officers to falsely classify prohibited offensive weapons and weapon platforms as defensive biological select agents and toxins (BSAT), security countermeasures, medical countermeasures, qualified pandemic or epidemic products, platform technologies and vaccines; to expand federal chemical and biological weapons development, testing and deployment programs; to establish and fund a National Pharmaceutical Stockpile of prohibited chemical and biological weapons, later renamed the Strategic National Stockpile, and eliminate reporting to Congress, state and local governments, the public, and military and civilian targets.

[More to follow.]

* * *

May 25, 2024 - On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation. Part 9 of series.

A Bailiwick reader is doing a deep research dive into pre-1972 statutory and regulatory history of some Public Health Service-Health and Human Services divisions, including National Institutes of Health (NIH) and Food and Drug Administration (FDA).

For context, 1972 is the year that ostensible biologics regulation — which is actually non-regulation — transferred from the NIH Division of Biologics Standards to the FDA Bureau of Biologics.

November 1973 is when FDA published a consolidated set of biological product manufacturing non-regulations in the Federal Register.

Administrative rule-making by FDA since 1973 is relatively easy to locate.

Administrative rule-making by NIH prior to 1973 is more difficult to locate.

One of the questions the reader is trying to answer has to do with whether biological regulation authority was ever statutorily established by Congress, for NIH and its precursor organizations, going back to the late 1800s.

Modern-day NIH and FDA officials present historical accounts of how the biological product and vaccine manufacturing regulatory systems began and developed.

But from her research so far, the reader has concluded that their origin-story claims are not supported by the text of the statutes they cite.

During an email exchange recently, she raised the question “Why are they lying” about their statutory and/or administrative origins?

I sent her a reply with my hypothesis about why NIH and FDA lie about their origins and evolution.

> …The "why they are lying" question is one that I've been mulling for a few months.
>
> My hypothesis is that they have maintained a bunch of empty office buildings that serve only as mailing addresses (virtual mailboxes[428]), without having any actual technical staff, laboratory equipment, or application and sample processing procedures.

[428] https://en.wikipedia.org/wiki/Virtual_mailbox

They do that so that they can have fake forms for vaccine manufacturers to fill out. These included both the establishment license application, ELA, and product license application, PLA, from 1973 to the mid-1990s.
The ELA+PLA application process became, in the mid-1990s, the biologics license application, or BLA, by eliminating even the ostensible/fake requirement for establishment inspections and licensing, and by breaking up the "responsible head" at the factories, into multiple responsible people, so that no one would be responsible.

The factory employees, who are also just a handful of paper pushers with no scientific knowledge or responsibility, in a building whose equipment just makes immunotoxic junk and puts it in vials and slaps labels on it, filled out the application forms and mailed them to the FDA addresses (Bureau of Biologics in 1973, all its NIH predecessors and FDA successors, Center for Biologics Evaluation and Research-CBER now).

The application forms arrived at that address where another one or two paper pushers put them in a filing cabinet and then shredded them a few years later.

Since the advent of electronic filing systems, the application and licensing forms have been filed, transferred and stored electronically, and deleted at regular intervals.
There are no technicians in the buildings, there's no equipment, no sample testing occurs.

It's all a front: statutes, regulations, procedures, application forms, buildings, addresses, offices, labs, approved applications and licenses sent by FDA back to the factories, everything.

A handful of people at pharma companies know it.

A handful of people at FDA know it.

And everyone else just assumes that a different, specialized department with specialized staff, equipment and procedures, is handling it somewhere in the factory, and somewhere within FDA.

*

Nov. 1995 - Clinton-Gore National Performance Review, Reinventing the Regulation of Drugs Made from Biotechnology:[429]

> *Revision of the Requirements for a Responsible Head for Biological Establishments*
>
> Background: Manufacturers of biological products are required to name a "Responsible Head" who is to exercise control of the manufacturing establishment in all matters relating to compliance with the regulations and who is to represent the manufacturer in all dealings with FDA. This individual must have an understanding of the scientific principles and techniques related to the manufacture of biological products...
>
> Today, however, manufacturers of biological products tend to be larger firms with more manufacturing locations and more complex corporate structures. Most companies do not have one person with the knowledge to represent a company in all matters, but instead have several people with expertise in regulatory affairs, manufacturing, and medical issues...
>
> FDA proposes to revise its requirements for a "Responsible Head" to allow more flexibility to assign control and oversight responsibility within a company...
> Firms will be able to divide management responsibility among appropriate regulatory, medical, or manufacturing staff...

<u>Documents</u>

- 1973.11.20 38 FR 32048 FDA Biological product regulation baseline 21 CFR 600 to 680 42 USC 262
- 1995.11 Clinton Gore FDA National Performance Review Reinventing the Regulation of Drugs Made from Biotechnology
- 1996.05.14 61 FR 24227 HHS FDA Final Rule Eliminate ELA and lot release test biotech synthetic biological products 610.2 42 USC 262
- 1997.01.29 62 FR 4221 HHS FDA Proposed Rule Responsible head biologic 21 CFR 600.10
- 1997.10.15 62 FR 53536 HHS FDA Final Rule Responsible head biologic 21 CFR 600.10
- 1999.10.20 64 FR 56441 HHS-FDA Final Rule eliminate ELA, replace PLA with BLA 21 CFR 601

[429] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/1995.11-clinton-gore-fda-national-performance-review-reinventing-the-regulation-of-drugs-made-from-biotechnology.pdf

Series so far

- March 8, 2024 - Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines
- March 12, 2024 - Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars
- March 15, 2024 - Part 3: Deregulation of biological product manufacturing, mid-1990s to present
- March 20, 2024 - Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals
- March 21, 2024 - Part 5: Vaccine and related biological product manufacturing as US government-licensed poison manufacturing Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS.
- April 3, 2024 - Part 6: On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s.
- April 25, 2024 - Part 7: Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.
- May 21, 2024 - Part 8: There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products.

* * *

May 28, 2024 - On the ugliness of corrupted law as a barrier to seeing it.

Hedley Rees is engaged an attempt to smear me and Sasha Latypova, and our work, at his Substack. I've posted several comments in the thread, some of which are below.

One reason why the smear campaigns are intensifying, I speculate, is that I've been writing more for a few months about the non-regulation of the *entire* worldwide biological product/vaccine manufacturing regulatory system, which has enabled the systematic poisoning of babies and children, since smallpox in early 1900s, polio in 1950s, and the expanding "childhood immunization schedule" since then.

It's all been immunotoxic junk for the whole time, not just since 2020 and the Covid vaccines.

As more people understand these legal facts and stop trusting US-FDA as de facto global regulator, taking vaccines and vaccinating their children, vaccine-related depopulation and enslavement projects will face new headwinds.

*

Rees asked me to review a declaration he wrote for a consumer protection petition in 2023.

My reply:

If it's the same declaration as the first link, I looked at it briefly, I'm familiar with Janci Lindsay's efforts in Mississippi, which are similar to Texas Attorney General Ken Paxton's efforts in Texas, which both describe the products as "consumer" products and attempt to litigate under "consumer protection" laws.

I'm also familiar with an attempt in Oregon to convene a grand jury — Ealy et al. v. Redfield et al, petition filed in 2021 alleging criminal conduct and Administrative Procedures Act violations by CDC, HHS and other agencies and officials, dismissed by US District Court in Nov. 2022, appealed to 10th Circuit Court of Appeals, dismissal upheld by 10th Circuit in Feb. 2024.

Consumer protection laws are inapplicable to Covid-19 vaccines, which are not consumer products, but rather emergency military countermeasures.

Pharmaceutical manufacturing regulations are inapplicable to Covid-19 vaccines, and all vaccines.

Criminal laws (for example, criminalizing fraud) are inapplicable to fraud committed by federal agencies, under public health emergency conditions and biological product regulation generally.

It is false to say [as Rees states] that my approach — which is to uncover and disseminate the truth about US and international law, including contracts and Mutual Recognition Agreements — "does not offer any solutions, just no hope."

In parallel with my investigative and reporting work over the last few years, I've assembled a toolkit to support campaigns for repeal and nullification of bad laws.

The collection is here, and linked at the top of almost all of my posts.

- March 1, 2024 - Tools for illuminating, defying and dismantling kill box laws: collection.[430]

The prior version:

- Feb. 21, 2023 - Reconstitution starter pack[431]

Your approach amounts to an unwillingness to look at the truth of the wholesale corruption of law, and an unwillingness to accept the legal facts as true.

The legal facts are extremely ugly.

It is extremely painful to look at them and understand what they mean about the contempt with which lawmakers, judges, executives and civil administrators regard men, women, children and babies, families and human societies.

[Feb. 26, 2022 attempt to articulate this.[432]]

It's very difficult to defeat an adversary if you will not look at the adversary, acknowledge the laws as real and bad, and help other people see and understand the laws, and work to repeal and nullify them.

It's even more difficult when you put effort into smearing people who are looking carefully at that adversary — bad laws, passed by real lawmakers, executed by real civil administrators, and upheld by real judges — and developing tools to expose, repeal and nullify those laws.

---

[430] https://bailiwicknews.substack.com/p/tools-for-illuminating-defying-and-874

[431] https://bailiwicknews.substack.com/p/reconstitution-starter-pack

[432] Feb. 26, 2022 - Legal Walls of the Covid-19 Kill Box - "The goals and actions of the individual humans working on the global Covid-19 democide project are so brazenly and profoundly evil that good human minds shut down the instant they confront the information. We recoil instinctively — emotionally, cognitively and spiritually — from the extraordinary saturation of evil; we struggle to grasp how it can be so comprehensive in its scope and destructive in its force. The human perpetrators and their Satanic accomplices have instituted many layers of legal and media control and distortion of information to demoralize and confuse their victims. But **our natural recoiling phenomenon, our fingertip-on-a-hot-stove natural human withdrawal from evil, provides them with powerful additional camouflage for the evil acts, because the mind of the observer will self-add the camouflage of "this is so evil, it can't possibly be true" adding to the layers of legal and media propaganda cover the perpetrators control and impose themselves.** Please pray for the courage to overcome the recoil, so we can fight back better.

Some other comments in the thread

On Rees' participation in a Zoom call, December 2022, set up by Senator Ron Johnson, during which Sasha and I presented our findings to Sen. Johnson and his staff.[433]

Sasha Latypova:

> I remember that call (December 2022), it was set up by Ron Johnson and he asked me and Katherine to provide him with a package of material, which we did. He and his staff all agreed that our interpretation of US law is correct. I don't know what you mean by one-sided. You were invited and given opportunity to speak. It wasn't my call, it was Johnson's call. So, why is it that for another 2 years since that call you are unable to ask me a question? You have my email. I always answered your questions. As I am doing now. I am completely open to discuss this. I do not appreciate being called a "controlled op" simply because I point to a US law and legal precedent that you wish to ignore.

Katherine Watt:

> As Sasha indicates, I'm also really interested to know when you developed difficulty understanding what we've discovered, and explained, about how US pharmaceutical non-regulation works in the EUA/PREP Act context.
>
> (More recently, I've discovered that the same non-regulation framework applies to all biological products allegedly regulated by US-FDA, under non-emergency/routine conditions.)
>
> I'd also like to understand your alternative explanation for the facts, if you have one.
>
> Here are the factual premises Sasha and I work with:
>
> 1. Covid vaccines are distributed without manufacturers including complete, accurate information about the contents on the labels [and FDA applications], only partial and/or false information.
>
> 2. Many people have been injured and killed by Covid vaccines.
>
> 3. Many independent researchers have identified many compounds in sample vials, that were not listed on the labels [and FDA applications]. Under typical drug regulations, this is called contamination or adulteration.
>
> 4. FDA has been notified of the contamination/adulteration, and the injuries and deaths.

[433] https://bailiwicknews.substack.com/p/construction-of-the-kill-box-legal

5. FDA officials, knowing about the contamination and adulteration, and the injuries and deaths, continue to publicly support public health officials who urge the public to consume the products, and continue to publicly support the pharmaceutical companies manufacturing the products.

6. Regulatory agencies are not issuing cease and desist orders or recall orders for any Covid vaccines.

After studying the laws and contracts, Sasha and I have concluded:

7. Relevant US laws, and through international contracts and Mutual Recognition Agreements, relevant legal instruments in other countries, legalize the worldwide distribution and use of toxic, contaminated products under EUA/PREP conditions.

8. FDA's legal and political function, under EUA/PREP law, is not a regulatory function. **FDA's role is to pretend-regulate, solely to give the public worldwide the false impression that a publicly-accountable agency is enforcing pharmaceutical company compliance with pharmaceutical regulations, because otherwise, worldwide mass vaccination campaigns would rely solely on public trust in private pharmaceutical manufacturers telling the public to take injections of unknown contents.**

Do you think any of the factual premises are false?

And if you reach different conclusions, what are those conclusions, and how have you reached them?

*

On Rees comment that, in his view, "the key to it is making public the inspections that have been carried out by US FDA, the only regulator carrying out inspections."

Katherine Watt:

The FDA has not carried out valid inspections, and is legally authorized to non-inspect.

- Dec. 19, 2023 - Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.[434]

Available FDA inspection documents are fraudulent/invalid theatrical props.

They have nothing to do with enforcing compliance with cGMP or any other pharmaceutical cGxP standards.

[434] https://bailiwicknews.substack.com/p/legalized-fda-non-regulation-of-biological

Ongoing series on these subjects, nine parts so far:

1. Regulatory simulations at home and abroad: Mutual Recognition Agreements. Part 1 of series on legal links connecting domestic and international non-regulation of non-medicines.

> ...Mutual Recognition Agreements are mechanisms through which regulatory agencies in one country can legally rely on the claimed validity of another country's regulatory reviews and decisions, to authorize import and use of the allegedly regulated product in the importing country.
>
> International MRAs were put into place in the 1990s, and should be understood as working together with the gutting of US biological product regulation under non-emergency conditions, which predates Covid...

2. Statutory and regulatory definitions for drugs, biological products, and biosimilars. Information to support further reporting on regulation and non-regulation of biological product manufacturing, sample testing, lot-release, use.

> ...There are many terms for, and/or related to, biological products currently in use.
>
> Many of the documents acknowledge the extent to which biological product manufacturing cannot be standardized, such that product purity is an impossible regulatory standard for any biological product to achieve.
>
> Manufacturing quality for a given package of biological material can, at best, contain a percentage of product assayed to be in conformity with contents as described on the label, at the moment of sample testing.
>
> Even if products meet limited, fractional purity standards at the moment of sample testing, the contents of each package are subject to further changes over time due to metabolic processes and byproducts, sedimentation, mixing, temperature changes, degradation and other factors, because the contents are comprised of living, dynamic and therefore non-stable components.
>
> After entering the body of each recipient, each biological product undergoes additional unpredictable, widely variant changes as the components interact with the living organism through billions of biological events...

3. Deregulation of biological product manufacturing, mid-1990s to present. Don't-ask-don't-tell as applied to vaccines and other difficult-to-characterize, highly-susceptible-to-contamination medical-military poisons.

> ...The mechanisms for legalized non-regulation of biological products are very similar in structure to “Don’t ask, don’t tell.”

> Briefly, since the mid-1990s, citing authority derived from Congressional acts and Presidential executive orders, the Food and Drug Administration has been quietly eliminating its own regulatory functions through Federal Register rule-making notices and Guidance for Industry publications.
>
> The ostensible reason was to relieve paperwork burdens and costs on pharmaceutical manufacturers. The changes are scientifically pseudo-justified with assertions that manufacturers have developed such excellent internal quality-control processes and technologies, that FDA validation of manufacturer claims about product purity, sterility and safety are no longer needed.
>
> This is nonsense, as are many other FDA claims to be found in Federal Register notices and guidance documents.
>
> Biological products, including but not limited to vaccines, are inherently heterogeneous, impure, non-sterile, immuno-toxic, and unstable.
>
> FDA lawyers, pharmacologists, toxicologists, factory inspectors and product reviewers know those truths. They have known those truths for many, many decades.
>
> The real reason for the rule changes was to enable biological product factories to be more fully converted to non-regulated, black-box poison factories and to increase the toxicity of the poisons distributed from their loading bays...

4. Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals. Public health and regulatory systems have consistently hidden those truths behind false claims about effects of vaccines; legalized non-regulation of biological product manufacturing.

> ...A defining characteristic of biological products, in legal terms, is their rule-governed exemption from regulatory oversight that applies to and is enforceable for drugs manufactured using chemical processes.
>
> One of several defining characteristics of biological products as murder weapons, is their ability to biologically incorporate into the target's body, such that weapons become indistinguishable from victims. Empty vials, syringes and other residual evidence disappears into garbage dumps and medical waste incinerators...

5. Vaccine and related biological product manufacturing as US government-licensed poison manufacturing. Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS

> ...if there had ever been any legal requirement for FDA to prevent Covid-19 vaccines from harming clinical trial subjects, and from later harming recipients in what many still irrationally insist is a consumer product market, FDA officials

would have denied all of the Covid-19 vaccine manufacturers' licensing applications submitted starting in February and March 2020.

FDA would have denied the applications based on evidence accrued since genetic engineering research began, about harms caused to animal and human recipients of cell- and gene-based compounds, lipid nanoparticles, and other components listed on and/or redacted from application documents.

FDA did not deny manufacturers legal access to human targets.

Instead, FDA authorized legal access to several thousand targets in spring, summer and fall 2020, and then authorized legal access to everyone else in the world in December 2020.

Following FDA's failure to deny manufacturers' authorization to conduct what have since been revealed as fake clinical trials[435], if FDA had held a legal obligation to protect the public from biological product poisons, FDA officials would have immediately halted the alleged clinical trials in mid-2020 upon the first reported adverse effects and deaths.

Failing that, a drug manufacturing regulator with a legal obligation to protect people from harm would have immediately recalled all Covid-19 vaccines as soon as general public recipients in December 2020 and early 2021 started having anaphylactic reactions, developing heart damage and turbo-cancers and dropping dead; as soon as women started shedding decidual casts and miscarrying babies in the womb; and as soon as all the other injuries, diseases and deaths became clearly observable worldwide. (*See,* for example, Pfizer 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports received through Feb. 28, 2021, Table 1 at p. 7[436])

FDA did not halt the pretend clinical trials, and has not recalled the vaccines, ordered the manufacturers to cease production, or ordered pharmacists, nurses and doctors to stop using them…

6. On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s.

…Part of the reason has to do with pretend-oversight events by Congress, such as after thalidomide in the late 1950s, after some Government Accountability Office (GAO) and news reports about vaccines in the early 1970s, and then after the military anthrax vaccine events in the early 1990s. After each such event, a new shuffling of departments and/or set of non-rule rules came into play.

[435] https://sashalatypova.substack.com/p/eua-countermeasures-are-neither-investigational
[436] https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

I think another reason is that the non-regulation rules had to be aligned with technical improvements in the ability to sequence biological and genetic samples.

If it's correct that the 1990s were the beginning of more widespread laboratory access to equipment and computer software capable of processing samples and producing a more accurate, detailed gene map of what was in the samples, and the graduates of more biology and chemistry programs would have known how to use that equipment and interpret that data as they started filling the lab positions at FDA, then there would have been a need to make sure that the equipment either never got installed at FDA, or got installed in alignment with proper indoctrination of the incoming FDA lab technicians/inspectors alongside the elimination of the procedures for manufacturers to submit samples and protocols to be tested by the FDA technicians…

7. Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.

…a lot of the legal mechanisms that enable health care workers to mutilate and kill people with impunity using EUA countermeasures (including vaccines) under declared emergency conditions, and to also mutilate and kill people with impunity using non-EUA biological products and vaccines under routine, non-emergency conditions, are suspensions, waivers, exclusions and exemptions from clinical trial conduct rules and drug manufacturing quality control rules.

Because of that legal framework, one of the best ways to understand what's happened, is to draw the negative or adverse inferences[437] that can be drawn from the *absence* of valid regulatory and quality control records.

'Smoking gun' documents, through which identifiable regulators and vaccine factory employees would disclose which toxic ingredients were added to which batch on which date and time, with foreknowledge as to subsequent molecular stability or decay, and foreknowledge as to harmful biological effects on recipients, are unlikely to appear.

Instead, ingredients and processing techniques are redacted from publicly-available regulatory review and manufacturing contracts. Package inserts are blank. When asked for unredacted, complete, accurate clinical trial and manufacturing quality control compliance records, regulators and manufacturers simply and accurately state that they cannot produce such records, because they are not legally obligated to produce such records, and therefore those records do not exist…

8. There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products.

[437] https://en.wikipedia.org/wiki/Adverse_inference

…Long-term, over several decades, the perpetrators want to lower vitality, fertility and life expectancy among the population and thereby bring down budget expenditures for education, health care and pensions.

Short-to-medium term, the perpetrators want to increase profits, kickbacks and money-laundering for pharmaceutical corporation shareholders and Congress members, by supplying additional poisons to sick people, to manage the symptoms of induced chronic diseases.

To meet those dual goals, the most important thing was to build and maintain unquestioning public trust in the product class of vaccines.

The best way to build and maintain that trust — to shield the intentional poisoning from public view — was to pretend to operate a regulatory system that sets standards for product safety, efficacy and purity; monitors vaccine production to assess compliance by testing samples; and removes unsafe, ineffective and contaminated vaccines from the supply chain…

If you work for an organization (Public Health Service-HHS-FDA-CDC-NIH-NIAID) that's systematically poisoning people with intrinsically heterogeneous, unstable, immunotoxic products, and you understand that parents will eventually start to notice the sickliness of their children and themselves, the last thing you want is a regulatory process — supported by analytical equipment and techniques — through which toxins might be identified and disclosed to the public, justifying removal of those toxic products from the supply chain.

But you also don't want to reduce public trust in the poison-products known as vaccines.

That's the point the systematic poisoners had reached by the mid-1990s.

The solution, to buy themselves what turned out to be another 30 years, was to further eliminate the pretend-regulatory functions they had pretend-fulfilled, by simply claiming that the manufacturers would self-regulate using the analytical equipment, methods and skilled labor that became available by the mid-1990s…

9. On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation.

My hypothesis is that they have maintained a bunch of empty office buildings that serve only as mailing addresses (virtual mailboxes[438]), without having any actual technical staff, laboratory equipment, or application and sample processing procedures.

[438] https://en.wikipedia.org/wiki/Virtual_mailbox

They do that so that they can have fake forms for vaccine manufacturers to fill out. These included both the establishment license application, ELA, and product license application, PLA, from 1973 to the mid-1990s.

The ELA+PLA application process became, in the mid-1990s, the biologics license application, or BLA, by eliminating even the ostensible/fake requirement for establishment inspections and licensing, and by breaking up the "responsible head" at the factories, into multiple responsible people, so that no one would be responsible.

The factory employees, who are also just a handful of paper pushers with no scientific knowledge or responsibility, in a building whose equipment just makes immunotoxic junk and puts it in vials and slaps labels on it, filled out the application forms and mailed them to the FDA addresses (Bureau of Biologics in 1973, all its NIH predecessors and FDA successors, Center for Biologics Evaluation and Research-CBER now).

The application forms arrived at that address where another one or two paper pushers put them in a filing cabinet and then shredded them a few years later.

Since the advent of electronic filing systems, the application and licensing forms have been filed, transferred and stored electronically, and deleted at regular intervals.

There are no technicians in the buildings, there's no equipment, no sample testing occurs.

It's all a front: statutes, regulations, procedures, application forms, buildings, addresses, offices, labs, approved applications and licenses sent by FDA back to the factories, everything.

A handful of people at pharma companies know it.

A handful of people at FDA know it.

And everyone else just assumes that a different, specialized department with specialized staff, equipment and procedures, is handling it somewhere in the factory, and somewhere within FDA.

About the Author:

I'm a paralegal and writer. I do legal research and writing to support civil and criminal cases brought in American courts, and to educate and mobilize more people to exert social and political pressure on federal, state and local lawmakers, law enforcement officials, prosecutors and judges, to terminate the interlocking control-and-cull campaigns operated under a fraudulent, unconstitutional national emergency framework; to hold accountable the US Government officials who pseudo-authorize, actually-fund, and run the programs; and to set up relief programs for injured victims and survivors of the dead.

I post sacred art with my writing because I'm Catholic, the art is beautiful, the saints are inspiring, and without the faith that my father passed down to me, I could not do this work.