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STATUTORY HISTORY MEMO

Memo re: US federal law on bioweapons reclassified as public health measures.

NUTSHELL:

> US Government since 1969 has incrementally transferred/hidden the joint DOD+HHS Chemical and Biological Warfare Program (50 USC 32) in the Public Health Service Act (42 USC 201) and Food Drug and Cosmetics Act (21 USC 9), such that federally-funded, federally-directed public health programs and products are actually bioterrorism programs and biological and chemical weapon attacks.
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> The government's purpose is to commit mass murder/depopulate the world, without public knowledge and without legal consequence, and enslave survivors for wealth and power centralization through digitized 'vaccine' passports and digital currencies, without public knowledge and without public resistance.

Much more information available.

Herein:

SECTION 1

June 2022 - COVID-19 injectable bioweapons as case study in legalized, government-operated domestic bioterrorism. Or: why there won't be any civil suits, or compensatory damages for injured victims or survivors of dead victims.

Since first realizing the implications of the many Congressional statutes and Health and Human Services regulations adopted to create and operate the bioterrorism program, mostly between 1997 and the present, I've been intermittently finding the specific citations for each statement while researching related issues.

Some statements are simply logical deductions from the first premise, corroborated by the observable actions and inactions of Food and Drug Administration officials as the observable injuries and deaths mount up in the American people.

Others are specifically written into the laws, but I don't yet have the citations because I've prioritized my research time investigating other issues related to the bioterrorism program.

I'm posting the information as I understand it today [June 9, 2022], despite those limitations, in case it's useful for readers who also follow FDA Vaccine and Related Biological Products Advisory Committee (VRBPAC) reporting by Toby Rogers, Igor Chudov, Steve Kirsch, Jessica Rose, and others.

They continue to rightly raise public awareness and alarm about FDA's ongoing failure to protect the public from the Emergency Use Authorized (EUA) products.

But they don't address the main reason why FDA is acting as it is.

FDA is not pulling the EUA products from the market or stopping the 'vaccination' campaign because Health and Human Services Secretary Xavier Becerra and FDA Commissioner Robert Califf are running the US government's bioterrorism program jointly with Defense Secretary Lloyd Austin, Department of Justice Attorney General Merrick Garland, Department of Homeland Security Secretary Alejandro Majorkas, Pfizer CEO Albert Bourla, Moderna CEO Stephane Bancel, and World Health Organization Director-General Tedros Adhanom Ghebreyesus.

Main Premise:

Use of EUA-covered medical countermeasure (MCM) products including masks, PCR tests, mRNA and DNA injections, and other drugs, devices and biologics, once designated as such by the Secretary of Health and Human Services (March 10, 2020, retroactive to February 4, 2020) **"shall not be considered to constitute a clinical investigation."** 21 USC 360bbb-3(k). FDA EUA law, adopted 1997 and amended 2003, 2004, 2005, 2013, 2017.

This is true no matter how untested, unmonitored, unsafe, or ineffective they are, no matter whether their harmfulness to human health and uselessness for infection-control are known before use, or discovered afterward.

Legal implications derived from the main premise:

There is no stopping condition.

EUA products are exempt from laws regulating researcher use of investigational, experimental drugs, devices and biologics on human beings.

EUA products are exempt from laws regulating physician use of approved drugs, devices and biologics as medical treatments for patients.

There are no manufacturers of experimental products (EUA products are not part of any clinical investigation, and therefore not experimental.)

There are no government or private contracts for purchase of experimental products; there are only contracts for 'large scale vaccine manufacturing demonstrations.'

There is no act of administration of any experimental products.

There are no nurses or pharmacists administering experimental products.

There are no human subjects (of experiments) or patients (of physicians providing treatment) receiving experimental products: no victims.

There is no party responsible for the wellbeing of recipients after administration of EUA products.

There is no treatment group and no control group.

Human beings administering EUA products have no informed consent obligations to provide information about ingredients, risks, benefits, alternatives, or the option to accept or refuse the products. See 21 USC 360bbb-3(e)(1)(A)(ii)) waiving informed consent for unapproved products (2004); 21 USC 360bbb-3(e)(2)(A) waiving informed consent for unapproved use of an approved product (2004); 21 USC 355(i)(4) waiving informed consent for experimental products classified by HHS as 'minimal risk' drugs (2016); 21 USC 360j(g)(3)(D)(i) waiving informed consent for experimental 'minimal risk' devices (2016).

Human beings receiving EUA products have no informed consent rights to receive information about ingredients, risks, benefits, alternatives, or the option to accept or refuse the products. See citations, bullet point above.

There are no Institutional Review Boards supervising administration of the experimental products.

There are no safety standards for EUA products.

There are no efficacy standard for EUA products. See 21 USC 360bbb-3(c)(2)(A), 1997, 2003, 2004, re: 'may be effective.'

There are no clinical investigators studying the effects of EUA products on human subjects.

There are no doctors, nurses, or other treatment providers providing experimental treatment to their patients subject to the Hippocratic Oath ("first do no harm") using EUA products.

There is no coordinated, public, federal government monitoring of recipients after receiving the products for adverse effects and deaths.

There is no coordinated, public, federal government data collection or analysis.

There is no legal requirement for medical supervision during product administration.

There is no legal requirement for recipient monitoring after product administration.

'Real world evidence' — mass administration of products to general public, followed by collection of private/proprietary information about the effects, from health insurance systems, government databases (Medicare, Medicaid, Defense Medical Epidemiology Database, Veterans Health Administration) and other private databases — is authorized for the purposes of FDA regulatory decisions. See 21 USC 355g. 2016.

There is no requirement for individual prescriptions to be written prior to dispensing EUA products, and products dispensed without prescriptions "shall not be deemed adulterated or misbranded." See 21 USC 360bbb-3a(d). 2013.

Manufacturers, as contractors, are considered HHS employees for purposes of legal immunity under Federal Tort Claims Act. See 42 USC 247d-6a(d)(2)(A).

DOD is authorized to contract with pharmaceutical corporations to conduct 'prototype' experiments on the general public, and under such contracts, is exempt from legal obligation to comply with Good Clinical Practices or other FDA regulations. See 10 USC 2371b (2015), renumbered 10 USC 4022 (Jan. 1, 2021, effective Jan. 1, 2022)

One of the factors to be considered by HHS secretary in making determinations about EUA products (qualified security countermeasures) and use of Special Reserve Fund/Strategic National Stockpile appropriations to procure them is "whether there is a lack of a significant commercial market for the product at the time of procurement, other than as a security countermeasure." See 42 USC 247d-6b (c)(5)(B)(iii)

There are no required standards for quality-control in manufacturing; no inspections of manufacturing procedures; no prohibition on wide variability among lots; no prohibition on adulteration; and no required compliance with Current Good Manufacturing Practices. EUA products, even though unregulated and non-standardized, "shall not be deemed adulterated or misbranded." See 21 USC 360bbb-3a(c). 2013.

There are no labeling requirements regarding the contents or ingredients in EUA products. 21 USC 360bbb-3(e)(2)(B)(ii). 2004.

There is no limitation of administration of EUA products past their expiration dates.

There cannot be clinical trial fraud, because there are no clinical investigations, no investigational drugs, no investigators and no human subjects.

There are no marketing standards.

There cannot be consumer fraud, because the only legal parties to the financial transactions are the US government (DOD) as buyer; the US government (HHS) as regulator authorizing exemptions from consumer protection laws that otherwise apply to medical products; and the pharmaceutical corporations as sellers, contracted to develop and manufacture the products. There are no commercial pharmaceutical products, no commercial marketplace, and no commercial market consumers.

There is no access to courts for judicial review of the facts or law relating to HHS Secretary declarations of EUA products, which are committed to agency discretion. See 42 USC 247d-6d(b)(7). 2005.

There is no access for plaintiffs, to civil courts for judicial review, and no entity to whom civil liability can attach, for injuries and deaths caused by declared covered countermeasures, unless and until FDA/HHS and/or Attorney General/DOJ file enforcement action against manufacturers and prove willful misconduct proximate to injury or death, but HHS and DOJ have operated the EUA product program together with the manufacturers since inception, and will not prosecute their co-conspirators. See 42 USC 247d-6d. 2005.

Even if there were access to courts for judicial review, and a fact-finder found evidence of harms caused by administration of products to recipients, and even evidence that those who caused the harms, by developing, manufacturing, distributing and/or administering the EUA products, knew the EUA products were toxic and knew their own actions were harmful, "just following orders" is an authorized, legal defense. See 42 USC 247d-6d(c)(4). 2005.

Summary:

There are no actions that can be legally classified as crimes or civil torts; there are no medical battery or homicide victims, or plaintiffs; and there are no medical batterers or murderers. Because legally, nothing has been done, and no one has done anything, to anyone else.

The recursive loop can be infinite, as covered countermeasures are developed, authorized and deployed, through HHS Secretary EUA declarations, as treatments for complications from prior countermeasures.

SECTION 2 - US Federal Statutes

These Congressional acts have been signed by US presidents and implemented through Presidential Executive Orders, statements, Presidential Emergency Action Declarations (PEADs), National Security and National Emergency memoranda, proclamations, declarations and determinations, and HHS, DOD, DHS, DOJ and other federal agency determinations, declarations, regulations, authorizations, approvals and guidance documents.

I've included some of the key executive branch acts in this excerpted list; a more complete list is below at Section 5.

There are other, related statutes on emergency management, toxic waste management, population control, legislative, judicial and executive branch reorganization, economic and financial systems, excluded from this excerpted list but available at the American Domestic Bioterrorism Program post and footnoted PDF versions of same.

There are relevant federal court cases, and government and think-tank reports.

There have also been reinforcing and conflicting developments in international law.

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1969/11/19 - Congress and President Nixon passed Armed Forces Appropriations Act. PL 91-121, 83 Stat. 209. Section 409 authorized Department of Defense to use human subjects for experiments in chemical and biological weapons, established reporting requirements (DOD reports to Congress) codified at 50 USC 1511(a) and authorized President to suspend informed consent and other provisions during a declared war or national emergency, codified at 50 USC 1515. Congressional reporting requirements amended 1977 and 1982, repealed 1996.

1971/12/23 - US Congress and President Nixon passed National Cancer Act. PL 92-216, 85 Stat. 778. Expanded US government bioweapons development and programs under pretext of cancer research.

1974/07/12 - US Congress and President Nixon passed National Research Service Award Act. PL 93-348, 88 Stat. 342. Title II set up a commission to study bioethics and protection of human subjects. Led to 1977 Health, Education and Welfare report and 1979 Belmont Report.

1974/12/10 - Secretary of State Henry Kissinger's National Security Study Memorandum 200 (NSSM 200) study completed as the Kissinger Report, establishing global depopulation as US geopolitical strategy.

1975/11/26 - President Gerald Ford endorsed the Kissinger Report's depopulation plan through National Security Decision Memorandum 314

1976/01 - Swine influenza/H1N1 outbreak started at Fort Dix; in April, Congress funded vaccine development/mass vaccination through Merck; in late September injections began. Heart attacks,

Guillain-Barre syndrome, deaths and other adverse effects resulted. In December, campaign suspended and never restarted.

1976/04 - Senator Frank Church Commission published a Report on the Foreign and Military Intelligence Activities of the United States in April 1976. The Church report included, at Chapter 15-F, information about chemical and biological activities, and at Chapter 17, information about "Testing and Use of Chemical and Biological Agents by the Intelligence Community." It reported on Project Chatter, Project Bluebird/Artichoke, MK-ULTRA, MK-NAOMI and other programs through which the US Government conducted experiments on human subjects against their will and to their detriment.

1976/09/14 - Congress and President Ford passed National Emergencies Act - PL 94-412, 90 Stat. 1255. Codified at 50 USC 34. This is one of the key laws cited in George W. Bush's Sept. 14, 2001 Proclamation 7463, Declaration of National Emergency by Reason of Certain Terrorist Attacks and renewed every year since, most recently by Biden in Sept. 2021. It's also one of the laws cited in Donald Trump's March 13, 2020 Proclamation 9994, Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak, renewed every year since, most recently by Biden in Feb. 2022.

1977/07/30 - Congress and President Carter passed Department of Defense Appropriations Authorization Act of 1978. PL 95-79, 91 Stat. 323. Section 808 addressed DOD use of military personnel as research subjects for biological and chemical weapons under 1969 law, codified at 50 USC 1520; required notice to be given to local officials before subjecting civilian populations to chemical and biological weapons tests; required DOD reporting to Congress. The provision on DOD reporting to Congress was amended in 1982 and repealed in 1996. Other provisions of the law were amended in 1997 to expand experimentation on military personnel, through the NDAA for FY1998 at Section 1078 and the Emergency Use Authorization provisions of the 1997 Food and Drug Administration Modernization Act at Section 402.

1979/10/17 - 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.

1982/12/21 - Congress and President Reagan passed Congressional Reports Elimination Act. PL 97-375, 96 Stat. 1822. Section 203(a) amended requirements for DOD report to Congress on use of human subjects in chemical and biological weapons research under 50 USC 1511(a). Reporting requirement repealed by Congress, 02/10/1996, PL 104-106 at Section 1061(k).

1983/07/13 - Congress and President Reagan passed Public Health Service Act Amendment. PL 98-49, 97 Stat. 245. Section 319 amended Public Health Service Act to add a 'Public Health Emergencies' program, granting new powers to Health and Human Services Secretary and establishing a $30 million slush fund called the Public Health Emergencies Fund. Codified at 42 USC 247d. Summary posted April 20, 2022.

1986/11/14 - Congress and President Reagan passed State Comprehensive Mental Health Services Plan Act - PL 99-660, 100 Stat 3743. Title III, National Childhood Vaccine Injury Act, amended Public Health Service Act to establish and fund a National Vaccine Program; grant vaccine manufactures legal immunity for injuries and deaths caused by their products; establish and fund a tax revenue/debt-funded National Vaccine Injury Compensation Program. Codified at 42 USC 300aa.

1988/11/04 - Congress and President Reagan passed Genocide Convention Implementation Act of 1987, PL 100-606, 102 Stat. 3045, to implement the International Convention on the Prevention and Punishment of Genocide. Codified at 18 USC 1091.

1988/11/04 - Congress and President Reagan passed Health Omnibus Programs Extension Act. PL 100-607, 102 Stat. 3048. Section 105 established National Center for Biotechnology Information under Public Health Service Act (42 USC 286c). Section 156 extended fetal tissue research moratorium imposed in 1985 for two more years. Section 201 outlined and funded HIV-AIDS research under direction of NIH/NIAID/Fauci (42 USC 300cc). Section 256 increased funding for the Public Health Emergencies Fund to $45 million (42 USC 247d).

1988/11/23 - Congress and President Reagan passed Robert T. Stafford Disaster Relief and Emergency Act. PL 100-707, 100 Stat. 4689. Amended 1974 Disaster Relief Act, FEMA law; redefined ‘emergency’ and ‘major disaster;’ established procedures for Presidential disaster and emergency declarations, DOD domestic deployment of military and more. Codified at 42 USC 5121.

1989/12/19 - Congress and President George H.W. Bush passed Omnibus Budget Reconciliation Act. PL 101-239, 103 Stat. 2106. Section 6601 amended Vaccine Injury Compensation Program, set up special master program.

1990/05/22 - Congress and President Bush passed Biological Weapons Antiterrorism Act of 1989. PL 101-298, 104 Stat. 201. Drafted by Francis Boyle to bring US into compliance with 1975 UN convention. Establishing as criminal, acts of those who "knowingly develops, produces, stockpiles, transfers, acquires, retains, or possesses any biological agent, toxin, or delivery system for use as a weapon, or knowingly assists a foreign state or any organization to do so,” and defined 'for use as a weapon' to “not include the development, production, transfer, acquisition, retention, or possession of any biological agent, toxin, or delivery system for prophylactic, protective, or other peaceful purposes.” Codified at 18 USC 175.

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.

1993/11/16 - Congress and President Clinton passed Religious Freedom Restoration Act. PL 103-141, 107 Stat. 1488. Affirmed Constitutional protections for free exercise of religion under First Amendment. Related to military personnel requests for religious exemptions from vaccine mandates, not accepted by DOD. Codified at 42 USC 2000bb.

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.

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.

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.

1998/10/21 - Congress and President Clinton passed Omnibus Consolidated and Emergency Supplemental Appropriations for FY1999 - PL 105-277, 112 Stat. 2681-358. 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." Division I, Chemical Weapons Convention Implementation Act of 1998, established prohibitions on chemical weapons. Codified at 18 USC 229 and 22 USC 6701.

1999/09/17 - Death of Jesse Gelsinger from early gene therapy trial.

1999/09/30 - President Clinton signed Executive Order 13139: Improving Health Protection of Military Personnel Participating in Particular Military Operations. Authorized administration of experimental, FDA-unapproved vaccines to members of the armed forces without informed consent. 64 Federal Register 54175

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." As of October 2022, 48 states have passed some or all recommended force quaratine and isolation provisions.

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 CDC, 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. Coincidentally also in 2002, HHS-NIH-funded (grant no. AI23946-08) University of North Carolina researcher and Fauci colleague Ralph Baric filed a US patent (7,279,372) on methods to make bat coronaviruses more lethal to humans, noting that "the US government has certain rights to this invention." More on that.

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 - Congressional hearing held on Project Bioshield: Contracting for the Health and Security of the American Public. Congress members discussed authorizing HHS to waive informed consent during declared emergencies. (06/14/2022 Bailiwick post with partial transcript.)

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.

2003/11/24 - 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 - "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."

2003/12/22 - US federal court in Doe v. Rumsfeld, 297 F Supp. 2d 119 (DDC 2003) addressed informed consent (10 USC 1107) and Presidential waivers (10 USC 1107a) in the anthrax

vaccination campaign context. Federal court enjoined DOD from overriding service members informed consent requirements with the experimental Anthrax vaccine. Eight days later, FDA fully approved the Anthrax vaccine. That FDA decision was vacated by the Court 10/27/2004 in Rumsfeld II, 341 F. Supp. 2d 1 (D.D.C. 2004). The injunction was expanded to cover the vaccine after being granted EUA status in Rumsfeld III. 2005 WL 774857 (D.D.C. April 6, 2005)

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.

2006/09 - Department of Justice published report: Role of Law Enforcement in Public Health Emergencies: Special Considerations for an All-Hazards Approach. "Depending on the threat, law enforcement's role may include enforcing public health orders (e.g., quarantines or travel restrictions), securing the perimeter of contaminated areas, securing health care facilities, controlling crowds, investigating scenes of suspected biological terrorism, and protecting national stockpiles of vaccines or other medicines."

2006/10/17 - Congress and President Bush passed NDAA/John Warner Defense Authorization Act for FY2007 - PL 109-364, 120 Stat. 2095. 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 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.

2007/05/04 - President Bush issued National Security Presidential Directive 51. US Government Continuity of Operations policy.

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. Expanded FDA power over new product authorizations and post-marketing surveillance.

2007/12/28 - HHS Interim Final Rule - FDA Exceptions or Alternatives to Labeling Requirements for Products Held by the Strategic National Stockpile. Effective same day. 72 FR 73589.

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.

2008/07 - DOJ-CDC published A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response. Merging public health and law enforcement.

2009 H1N1 outbreak, first mass vaccination campaign since 1976 swine flu outbreak.

2009/11/18 - HHS FDA Workshop Summary: Medical Countermeasures Dispensing: Emergency Use Authorization and the Postal Model.

> "At the workshop, participants noted that EUA has a broader use beyond enabling the use of an unapproved product or extending the use of an approved product to populations for which it was not approved. In particular, it can also be used to address labeling requirements and other challenges that arise because of constraints inherent in a public health response. 'From a legal perspective, there are a lot of situations where EUA helps get past all those requirements,' said [Susan E. Sherman, J.D., M.S., is a senior attorney with the Office of the General Counsel, HHS] 'You can change the labeling. You can change the information. You can change the dosage. You can give it to populations for which wasn't approved.' "

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, labelling and marketing differences among 'biosimilars,' BLA (Biologics License Application) products, and EUA products.

2011/09/16 - Congress and President Obama passed Leahy Smith America Invents Act. PL 112-29, 125 Stat. 340. Section 33 limited the authority of the US patent office under 35 USC 101, by prohibiting issuing of patents "directed to or encompassing a human organism." Related to 1980 Chakrabarty and 2013 Myriad Supreme Court precedents authorizing patents on genetically-modified living organisms and modified genetic material, and government-ordered mRNA and DNA spike protein Covid injections that reverse-transcribe genetic material into human genome of recipients.

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.

2013/06/13 - US Supreme Court ruled on Association for Molecular Pathology v. Myriad Genetics, 539 US 576, in favor of the biotech corporation and the federal government, finding that naturally-occurring DNA is not patentable, but synthetic cDNA is patentable, under 35 USC 101. Implicates mRNA/DNA injections administered on global population starting in December 2020, reverse-transcription into human genome, and whether injected humans are chattel property of Covid-19 injection patent-holders within US government/DOD, Pfizer, Moderna, AstraZeneca and Janssen.

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. First two posts on this topic: 05/25/2022 and 05/26/2022.

2016/10/17 - 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 requirement that DOD report Chemical and Biological Warfare programs to Congress, effective Dec. 31, 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, by transferring each individual human subject's risk-benefit assessment authority to the HHS Secretary, who can preemptively decide, for all subjects collectively, without knowledge of individual health conditions or conscientious beliefs, and without the subjects' knowledge or consent, that risk is 'minimal.' Codified at…

2016/12/23 - Congress and President Obama passed National Defense Authorization Act for FY2017. PL 114-328, 130 Stat. 2509. Established 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. Codified at [10 USC 382].

2017/01/13 - HHS FDA Guidance: Emergency Use Authorization of Medical Products and Related Authorities (Update/revision to 07/01/2007 version). Related to 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).

2017/01/19 - HHS Final Rule - Federal Policy for the Protection of Human Subjects. 82 FR 7149. Joint rule by 16 federal agencies, subsequently adopted by other agencies. Revised 1991 Common Rule, which had been developed based on 1947 Nuremberg Code and 1978 Belmont Report.

2017/01/19 HHS Final Rule - Control of Communicable Diseases Final Rule. 82 FR 6890. Set up regulations governing apprehension and detention of American people on public health quarantine pretexts.

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 "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

2017/10 - Johns Hopkins University Center for Health Security exercise and report, SPARS Pandemic, 2025-2028, A Futuristic Scenario for Public Health Risk Communicators. Chapter 13 covered how government and corporate PR representatives should handle "anti-vaccine" messages. Chapter 17 covered how they should manage public awareness and anger about vaccine injury.

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."

2018/01 - FEMA published Pandemic Crisis Action Plan/PanCAP.

2018/06/19 - HHS Final Rule - Federal Policy for the Protection of Human Subjects: Six Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions During the Delay Period. 83 Federal Register 28497

2018/06/19 - Biodefense in the Age of Synthetic Biology published by US National Academies of Sciences, Engineering, Medicine. Chapter 6 re: Assessment of Concerns Related to Bioweapons that Alter the Human Host, including immunomodulation.

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/nanotech bioweapon platforms misclassified as public health protection.

2019/10/18 - Johns Hopkins Center for Health Security conducted Event 201: "…a pandemic tabletop exercise that simulated a series of dramatic, scenario-based facilitated discussions, confronting difficult, true-to-life dilemmas associated with response to a hypothetical, but scientifically plausible, pandemic..."

2019/12/12 - Material Transfer Agreement signed between US Health and Human Services (HHS) National Institutes of Health (NIH) National Institute for Allergies and Infection Diseases (NIAID), led by Anthony Fauci, University of North Carolina coronavirus researcher and patent-holder Ralph Baric, and Moderna, for "mRNA coronavirus vaccine candidates developed and jointly owned by NIAID and Moderna."

2020/01/27 - US Secretary of Health and Human Services Determination that a Public Health Emergency Exists. Signed Jan. 31, 2020, effective Jan. 27, 2020. Renewed every 90 days since then, most recently Oct. 13, 2022. Also signed a 'declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of this novel coronavirus.' The determination and declaration were recorded in the Federal Register as taking effect Feb. 4, 2020. 85 Federal Register 7316.

2020/01/30 - WHO Director-General Tedros Adhanom Ghebreyesus declared Covid-19 outbreak a "public health emergency of international concern," (PHEIC) triggering the legal obligations of WHO member states under the 2005 International Health Regulations, to suspend national sovereignty and constitutional rights of citizens using the implementing domestic statutes and regulations they had adopted in compliance with the WHO IHR.

2020/02/04 - US Secretary of Health and Human Services Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19. 85 Federal Register 15198 (6 pages). Issued March 10, 2020, effective Feb. 4, 2020. Deployment of the domestic bioterrorism program against all American citizens under Covid-19 pretext.

2020/03/01 - HHS Centers for Medicare and Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers. Exempted health care providers from patient care standards and regulations that would legally apply in non-pandemic circumstances; authorized stripping patients of their rights to have family members and pastors/rabbis visit them and advocate for them in the hospital or nursing home; supported hospital demands that law enforcement officers remove family and pastors from the premises by force; created conditions for death protocols of restraint, withheld water and nutrition, forcible administration of Remdesivir and forcible connection to ventilators under the ICD-10 codes.

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.

2020/03/13 - PanCAP Adapted U.S. Government Covid-19 Response Plan.

2020/03/13 - President Trump issued a Stafford Act declaration under the 1988 Stafford Act, and signed Proclamation 9994, Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak, under the 1975 National Emergencies Act. Renewed every year since, most recently by Biden in Feb. 2022. 85 Federal Register 15337.

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.

2020/03/24 - HHS Secretary Alex Azar issued Declaration of Emergency Use Authorization, declaring "that circumstances exist justifying the authorization of emergency use of medical devices, including alternative products used as medical devices." 85 Federal Register 17335.

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 support 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.

2020/05/19 - Advisory Opinion on the PREP Act and the March 10, 2020 Declaration Under the Act, April 17, 2020, as modified on May 19, 2020, by Robert P. Charrow of HHS Office of General Counsel. Legal opinion on statutory liability shields.

2020/05/29 - Supreme Court ruled in South Bay United Pentecostal Church v. Newsom, 590 US __, (2020), denying role for federal judiciary in Constitutional review of executive and legislative acts taken during declared public health emergencies. Semi-reversed on rehearing, February 2021.

2020/07/20 - DOD-Pfizer Base Agreement, through Advanced Technology International;

2020/07/21 - DOD-Pfizer Statement of Work, through Advanced Technology International. Pfizer later argued (04/22/2022, Jackson v. Ventavia, Motion to Dismiss) that "Because of pandemic-related exigencies, the agreement was not a standard federal procurement contract, but rather a 'prototype' agreement executed pursuant to 10 U.S.C. § 2371b[.]…The [contract's Statement of Work] describes a 'large scale vaccine manufacturing demonstration' that imposes

no requirements relating to Good Clinical Practices ('GCP') or related FDA regulations." 10 USC Section 2371 renumbered 10 USC 4022, 01/01/2021

2020/08/26 - HHS CDC Advisory Committee on Immunization Practices Meeting Summary Report. At p. 56 - "Dr. Cohn reminded everyone that under an EUA, vaccines are not allowed to be mandatory. Therefore, early in the vaccination phase individuals will have to be consented and cannot be mandated to be vaccinated." [DOJ Attorney Dawn Johnsen cited this interpretation of Section 564 in a footnote on p. 7 of her 07/06/2021 slip opinion, immediately citing the judge's 06/12/2021 order in Bridges v. Houston Methodist as "summarily rejecting" the argument.]

2020/12/27 - Consolidated Appropriations Act - PL 116-260, 134 Stat. 1182. $2.3 trillion spending bill, including $900 billion for Covid programs.

2021/03/11 - Congress and President Biden passed American Rescue Plan/Consolidated Appropriations Act. PL 117-2, 135 Stat. 4. Section 1401, 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

2021/06/12 - Texas federal judge ruled in Bridges v. Houston Methodist Hospital, 543 F. Supp. 3d 525 (S.D. Tex. 2021), finding that informed consent doesn't apply to hospital workers, because the injections are government-authorized under FDA Emergency Use Authorization, therefore not part of experimental clinical trials or ordinary medical treatments, therefore hospital employees cannot be legally construed as human subjects or ordinary patients, therefore they have no individual, Constitutional liberties; rights to privacy and against government violation of bodily integrity; or rights to be secure in their persons against warrantless search and seizure.

2021/06/25 - FDA EUA Pfizer Fact Sheet addressing "option to accept or refuse." This is only one of many versions issued between December 2020 and present; it's the one cited by Attorney Johnsen in her July 2021 legal opinion.

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).

2021/07/29 - President Biden directed Department of Defense to "look into how and when they will add COVID-19 vaccination to the list of required vaccinations for members of the military."

2021/08/24 - Department of Defense order from Secretary of Defense Lloyd Austin, vaxx mandate on military personnel in Army, Navy, Air Force, Marines and Coast Guard.

2021/09/09 - President Biden signed Executive Order 14042, vaxx mandate on federal contractors. 86 Federal Register 50985; Executive Order 14043, vaxx mandate on federal

employees. 86 Federal Register 50989; issued directive to Department of Labor Occupational Safety and Health Administration (OSHA), vaxx mandate on private employers with more than 100 employees.

2021/09/17 - President Biden signed Executive Order 14047, adding measles to the 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. 86 Federal Register 52591.

2021/11/05 - President Biden issued directive to Department of Health and Human Services Center for Medicare and Medicaid Services (CMS), vaxx mandate on health care workers at hospitals, nursing homes and other federally-funded facilities.

2021/11/17 - HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins—Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting From Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins. 86 Federal Register 64075. Chimeric, lab-weaponized SARS-CoV-2 added to list of agents that "have the potential to pose a severe threat to public health and safety" under 42 CFR 73.3. Attempt to block accountability 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. If classified as a bioweapon, the Public Health Emergency of International Concern (international) and public health emergency (federal) legal frameworks would be nullified, instead bringing to bear federal and international laws prohibiting chemical and biological weapons.

2021/12/02 - HHS Final Rule - National Vaccine Injury Compensation Program: Adding the Category of Vaccines Recommended for Pregnant Women to the Vaccine Injury Table - 86 Federal Register 68423. Added vaccines recommended for pregnant women to the list of vaccines subject to the 1986 VICP compensation scheme, so as add another hurdle to civil suits against Covid-19 injection manufacturers, even though the products had not yet been added to the childhood vaccine schedule that otherwise governs access to VICP scheme. Because CDC does recommend them for pregnant women.

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.

2022/01/13 - Supreme Court ruled in Missouri v. Biden (21 A 240), Louisiana v. Biden (21 A. 241), 595 US , (2022), asserting federal funding for hospitals and nursing homes voids Constitutional protection for employees individual bodily integrity and informed consent to medical treatment.

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."

2022/07/22 - HHS Secretary Xavier Becerra elevated Administration for Strategic Preparedness and Response (ASPR) from staff division to operating division, still under HHS Assistant Secretary Dawn O'Connell.

2022/09/12 - President Biden signed Executive Order 14081 - Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy. 87 Federal Register 56849.

2022/10/13 - HHS Secretary Xavier Becerra extended 01/27/2020 determination that 'public health emergency' exists.

2022/10/18 - President Biden National Security Memorandum (NSM-15) on Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security and National Biodefense Strategy Implementation Plan.

Summer 2022 - Pending Federal Legislation

- National Defense Authorization Act for FY2023 - Pending, HR7900. Section 6901 - Global Health Security Act. Authorizes, creates, funds globalized military-health structure, linking US military to global genocide apparatus operating under WHO frameworks.
- Global Pandemic Prevention and Biosecurity Act - Pending, HR3424 and S1737. Also included in NDAA for FY2023 at Section 6901.
- 2022 Covid Supplemental Appropriations Act - Pending, HR7007. Authorizes $10.6 billion for Covid bioweapon development and deployment, including "up to $9,850,000,000 to Biomedical Advanced Research and Development Authority [BARDA, established 2006] for advanced research and development, manufacturing, production, and purchase, at the discretion of the Secretary of Health and Human Services, of vaccines, therapeutics, diagnostics, and supplies."

- 2022 Research Investment to Spark the Economy (RISE) ACT - Pending, S.289. Senate counterpart to Cures 2.0 Act/HR6000, Title V, Section 502. Authorizes billions in funding for the Departments of Agriculture, Commerce, Defense, Education, Energy, the Interior, Health and Human Services, and Transportation, National Aeronautics and Space Administration (NASA), National Science Foundation, and Environmental Protection Agency to provide support for research regarding COVID-19 (i.e., coronavirus disease 2019) or research disrupted by the COVID-19 pandemic. Support may be used to provide supplemental funding to extend the duration of a grant…that was awarded prior to enactment, or to expand the purposes of such a grant; issue awards to research the effects of the current pandemic and potential future pandemics; and provide flexibility on awards to account for facility closures or other limitations during the COVID-19 public health emergency.
- 2022 PASTEUR Act - Pending, HR 3932. Pioneering Anti-microbial Subscriptions To End Upsurging Resistance Act. Would create subscription-based procurement contracts between the US government and pharmaceutical corporations for ongoing, open-ended development, purchase and deployment of drugs alleged to treat antibiotic-resistant infections. Appropriates $11 billion for program. Program to be developed by committee comprised of National Institute of Allergy and Infectious Diseases, Centers for Disease Control and Prevention, Biomedical Advanced Research and Development Authority, Food and Drug Administration, Centers for Medicare & Medicaid Services, Veterans Health Administration, and Department of Defense.
- 2022 Cures 2.0 Act - Pending, HR6000. Would legally establish Covid-infection injury and Covid-19 bioweapon injection injury as "long Covid," (erasing injection-caused injury as a separate diagnostic classification) and appropriate research and treatment funding; would establish genomic testing program for children and teens (corroborating evidence that government developed the bioweapons to cause listed harms and anticipates observing those effects in the population); would establish pharmacogenetic consulting and other programs. Title V, Section 502 is House counterpart to S.289, RISE Act (see above), to authorize billions in funding for the Departments of Agriculture, Commerce, Defense, Education, Energy, the Interior, Health and Human Services, and Transportation, National Aeronautics and Space Administration (NASA), National Science Foundation, and Environmental Protection Agency to provide support for research regarding COVID-19 (i.e., coronavirus disease 2019) or research disrupted by the COVID-19 pandemic.

SECTION 3

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

NOTE: This report is a rough-cut subject to correction and clarification after further research; there are several strands I haven't fully tracked down yet.

Specifically, I need to untangle the differences, overlaps and current status (in force or repealed) between DOD-to-Congress reporting laws, including 50 USC 1511, which was added November 1969, amended 1977 and 1982, repealed 1996; 50 USC 1523, added November 1993, amended 1997 and 2006, possibly repealed in 2017 effective Dec. 31, 2021; and any other chemical and biological weapons program reporting laws that might exist under other sections of the United States Code.

I'm posting it anyway.

Reader comment on yesterday's post:[1]

> Even if such a bill got through Congress with a veto-proof majority, the biomedical police state laws on the books specifically exclude Congressional and court review of HHS declarations and actions. (See, for example, 42 USC 247d-6d(b)(7), as amended in 2005 by PREP Act, blocking court review.) "
>
> So let me get this straight - A law is passed that prevents the checks and balances of the Constitution from being in force and allowing the courts to review it? And nobody sued because it was unconstitutional?
>
> I can get Congress giving away their own power, but they can't give away the power of the courts.

My reply, revised and expanded:

Yup: totally insane abdication of power by Congress, and usurpation of the third branch.

Most of the men and women who voted for these things had no idea what they were doing.

My current larger project is drafting a federal complaint under 18 USC 2333 that explicitly shifts the whole argument out of the public health emergency civil law framework, and into the bioterrorism and mass murder criminal framework.

I'm thinking about putting together a Proposed Joint Stipulation as to Material Facts, which would offer the courts a statutory chronology, and propose that the US government defendants stipulate that Congress passed these laws, with these effects, whether or not any individual Congress member who voted on each one had any idea what it said and did.

[1] https://bailiwicknews.substack.com/p/on-why-bidens-comment-that-the-pandemic

Among other things, I've also pieced together that in the 1969-2023 timeframe that's most relevant, the changing relationships between DOD, Congress, chemical and biological weapons testing on human subjects, and informed consent can be broken up into phases.

In November 1969, President Richard Nixon issued a (false) statement[2] that the US was getting out of the chemical and biological weapons development business, six days after Congress authorized DOD to conduct such programs.[3]

- Full text of 50 USC Title 32, Chemical and Biological Warfare Program,[4] Sections 1511-1528, as established in 1969 and amended since.

The 1969 Congressional act pulled off the sleight of hand by (falsely) classifying the DOD conduct and program purpose as "defensive," and through a sequence of provisions prohibiting certain conduct "until" or "unless" DOD said it really needed or wanted to engage in the conduct.

Under the 1969 law at Section 409, DOD had a legal obligation to report annually to Congress on "expenditures for research, development, test, and evaluation of all lethal and nonlethal chemical and biological agents," codified at 50 USC 1511.[5]

Section 409. (a) The Secretary of Defense shall submit semiannual reports to the Congress on or before January 31 and on or before July 31 of each year setting forth the amounts spent during the preceding six-month period for research, development, test and evaluation and procurement of all lethal and nonlethal chemical and biological agents. The Secretary shall include in each report a full explanation of each expenditure, including the purpose and the necessity therefor.

In 1975, Senator Frank Church led a commission, which published a Report on the Foreign and Military Intelligence Activities of the United States[6] in April 1976.

The Church Report included, at Chapter 15-F, information about chemical and biological activities, and at Chapter 17, information about "Testing and Use of Chemical and Biological Agents by the Intelligence Community." It reported on Project Chatter, Project Bluebird/Artichoke, MK-ULTRA, MK-NAOMI and other programs through which the US Government conducted experiments on human subjects against their will and to their detriment.

I haven't confirmed, but it's plausible that the Church Report influenced Congress to update laws governing chemical and biological experiments on human subjects, including DOD-Congressional reporting requirements, in 1977, through Section 808 of the NDAA, codified at 50 USC 1520.[7]

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[2] https://2001-2009.state.gov/documents/organization/90920.pdf
[3] https://www.govinfo.gov/content/pkg/STATUTE-83/pdf/STATUTE-83-Pg204.pdf#page=6
[4] http://uscode.house.gov/view.xhtml?path=/prelim@title50/chapter32&edition=prelim
[5] https://www.law.cornell.edu/uscode/text/50/1511
[6] https://upload.wikimedia.org/wikipedia/commons/7/79/Church_Committee_report_%28Book_I%2C_Foreign_and_Military_Intelligence%29.pdf
[7] https://www.law.cornell.edu/uscode/text/50/1520

> Sec. 808. (a)(1) The Secretary of Defense shall supply the Committees on Armed Services of the Senate and House of Representatives, not later than October 1 of each year, a full accounting of all experiments and studies conducted by the Department of Defense in the preceding twelve-month period, whether directly or under contract, which involve the use of human subjects for the testing of chemical or biological agents.

50 USC 1520 was amended in 1982 and then repealed and replaced by 50 USC 1520a[8] in 1997 and 1998, alongside the transfer of the program from DOD to HHS under the Emergency Use Authorization (EUA) program covered below and previously.[9]

And so the US Government, through the DOD, continued testing all sorts of sickening, sterilizing and lethal agents on soldiers and prisoners throughout the 1970s and 1980s, leading to the swine flu outbreak in 1976, HIV outbreak shortly after, and on into the Gulf War.

Perhaps reporting to Congress about its chemical and biological human testing projects. Maybe not.

*

In 1990, Congress passed the Biological Weapons Antiterrorism Act, to give the public appearance of bringing the US into compliance with the 1975 UN convention prohibiting biological weapons.

As I wrote at the top, I still need to dig into 50 USC 1523,[10] which was passed in November 1993 as part of the FY1994 NDAA, amended in 1997 and 2006, and possibly repealed in 2017, effective Dec. 31, 2021.

At this time, my understanding is that the 1993 law set up a parallel reporting requirement that the Defense Secretary include, in his or her general annual report to Congress, "a report on chemical and biological warfare defense," including at Paragraph (9):

> "A description of any program involving the testing of biological or chemical agents on human subjects that was carried out by the Department of Defense during the period covered by the report, together with— (A) a detailed justification for the testing; (B) a detailed explanation of the purposes of the testing; (C) a description of each chemical or biological agent tested; and (D) the Secretary's certification that informed consent to the testing was obtained from each human subject in advance of the testing on that subject."

In 1994, a Senate committee led by John D. Rockefeller of West Virginia looked at DOD abuse of military men and women under chemical and biological warfare programs: Is Military Research Hazardous to Veterans Health? Lessons Spanning Half a Century: A Staff Report Prepared for the Committee on Veterans Affairs.[11]

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[8] https://www.law.cornell.edu/uscode/text/50/1520a
[9] https://bailiwicknews.substack.com/p/shell-game
[10] https://www.law.cornell.edu/uscode/text/50/1523
[11] http://www.prop1.org/2000/du/reports/941208rr.htm

The 1994 Rockefeller committee issued a list of "Findings and Conclusions," including:

- For at least 50 years, DOD has intentionally exposed military personnel to potentially dangerous substances, often in secret
- DOD has repeatedly failed to comply with required ethical standards when using human subjects in military research during war or threat of war
- DOD incorrectly claims that since their goal was treatment, the use of investigational drugs in the Persian Gulf War was not research
- DOD used investigational drugs in the Persian Gulf War in ways that were not effective
- DOD did not know whether pyridostigmine bromide would be safe for use by U.S. troops in the Persian Gulf War…
- The safety of the botulism vaccine was not established prior to the Persian Gulf War…
- Records of anthrax vaccinations are not suitable to evaluate safety…
- Army regulations exempt informed consent for volunteers in some types of military research…
- DOD and DVA have repeatedly failed to provide information and medical followup to those who participate in military research or are ordered to take investigational drugs
- The Federal Government has failed to support scientific studies that provide information about the reproductive problems experienced by veterans who were intentionally exposed to potentially dangerous substances
- The Federal Government has failed to support scientific studies that provide timely information for compensation decisions regarding military personnel who were harmed by various exposures
- Participation in military research is rarely included in military medical records, making it impossible to support a veteran's claim for service-connected disabilities from military research
- DOD has demonstrated a pattern of misrepresenting the danger of various military exposures that continues today

The Rockefeller committee also made recommendations, including:

- Congress should deny the DOD request for a blanket waiver to use investigational drugs in case of war or threat of war
- FDA should reject any applications from DOD that do not include data on women, and long-term followup data

- Congress should authorize a centralized database for all federally funded experiments that utilize human subjects
- Congress should mandate all Federal agencies to declassify most documents on research involving human subjects
- Congress should reestablish a National Commission for the Protection of Human Subjects…

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In November 1996, Congress repealed the 50 USC 1511 DOD reporting requirement, through the FY1996 NDAA at Section 1061(k).

> "(k) Reports and Notifications Relating to Chemical and Biological Agents. -- Subsection (a) of section 409 of Public Law 91-121 (50 USC 1511) is repealed."

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.[12]

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.

[12] https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.42_Conv Chemical weapons.pdf

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.

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As far as I can tell right now (subject to change with more research), DOD has had minimal or no statutory obligation to report on chemical and biological weapons programs to Congress since the mid-1990s, partially on the (false) basis that no such programs exist.

And as of Dec. 31, 2021 — based on provisions of the NDAA for FY 2017 — the last Congressional reporting requirement is now gone: the requirement under Section 1703 of the National Defense Authorization Act for Fiscal Year 1994 (50 USC 1523).

This conclusion is supported by Senator Rand Paul's recent comments[13] that nobody in Congress is allowed to know about Gain of Function or Dual Use Research of Concern projects.

It also aligns with DOD's continued claim, at its health.mil Chemical and Biological Exposures[14] webpage, that the US Government hasn't conducted any biological weapons testing on humans since 1969, and hasn't conducted any chemical weapons testing on humans since 1975.

Since the end of World War II, DoD periodically evaluated the CB threat and the ability of U.S. forces to fight on a chemical and biological battlefield. In some programs Service members were present but not test subjects and in other programs they were volunteer human subjects. Testing of biological agents on human subjects ended in 1969; testing of chemical agents on human subjects ended in 1975. DoD is investigating these exposures that occurred as far back as 30 to 60 years ago.

Duh.

There's no need to report to Congress on chemical and biological weapon human trials that you're not conducting.

And in a way, DOD isn't lying.

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.

[13] https://summit.news/2022/08/04/rand-paul-congress-is-not-allowed-to-know-about-top-secret-gain-of-function-research-committee/
[14] https://www.health.mil/Military-Health-Topics/Health-Readiness/Environmental-Exposures/Chemical-and-Biological-Exposures

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.

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The DOD/HHS/DARPA/BARDA program isn't just a great way to cull and control the herd though.

Turns out, shoving biochemical weapons at needlepoint into the arms of hundreds of millions of people is also a great way to dispose of illegal stockpiles and destroy evidence of US violation of international treaties.

See 50 USC 1524,[15] also added to the Chemical and Biological Warfare Program (50 USC 32[16]) by Congress in 1993:

> Agreements to provide support to vaccination programs of Department of Health and Human Services…
>
> The Secretary of Defense may enter into agreements with the Secretary of Health and Human Services to provide support for vaccination programs of the Secretary of Health and Human Services in the United States through use of the excess peacetime biological weapons defense capability of the Department of Defense….

[15] https://www.law.cornell.edu/uscode/text/50/1524
[16] http://uscode.house.gov/view.xhtml?path=/prelim@title50/chapter32&edition=prelim

SECTION 4

Oct. 19, 2022 - Other Transaction Authority (OTA) is to federal procurement contract regulation as Emergency Use Authorization (EUA) is to federal drug safety regulation.

They're both provisions through which Congress and US presidents pretended to legalize criminal conspiracy to produce and use weapons of mass destruction.

First part of reporting about the issues the US Government's Oct. 4 statement of interest in warrior Brook Jackson's whistleblower case against Pfizer, help to illuminate.

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Means, motive and opportunity.

Emergency Use Authorization (EUA) programs established by Congress and President Clinton on Nov. 21, 1997 pretended to authorize the US Secretary of Health and Human Services and Secretary Defense to illegally order illegal use of illegal chemical and biological weapons of mass destruction on all Americans and all the people in the rest of the world.

Other Transaction Authority (OTA) programs established by Congress and President Obama on Nov. 25, 2015 pretended to authorize SecDef and HHS Secretary to illegally contract with and pay criminal private corporations to illegally produce illegal weapons.

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On Nov. 21, 1997, Congress and President Clinton passed the Food and Drug Administration Modernization Act. Through it, they added a new section (21 USC 360bbb) to the Federal Food Drug and Cosmetics Act: "Expanded access to unapproved therapies and diagnostics."

Code translation:

- Access = production and deployment
- Unapproved = illegal/prohibited under federal and international law
- Therapies and diagnostics = weapons

The Emergency Use Authorization program under 21 USC 360bbb, if correctly titled, would be "Expanded production and deployment of illegal and prohibited weapons."

On Nov. 24, 2003, Congress and President Bush passed the National Defense Authorization Act for FY2004, adding 21 USC 360bbb-3, "Authorization for Medical Products for Use in Emergencies."

Section 360bbb-3 refers to "products," a category that includes qualified countermeasures, which includes medical countermeasures and security countermeasures.

The term “medical countermeasures” seems to have entered the lexicon on Nov. 30, 1993, when Congress and President Clinton passed the NDAA for FY1994 and added to Title 10, Armed Forces, Section 2370a. “Medical countermeasures against biowarfare threats: allocation of funding between near-term and other threats.”

At least that’s the first document on my hard-drive that shows up in a keyword search.

10 USC 2370a was repealed on Oct. 28, 2004.

Not to worry.

Two years earlier on June 12, 2002, “medical countermeasures” had been shifted out of Title 10 (Armed Forces) and put under Title 42, (Public Health and Welfare) at 42 USC 300hhh, “Public health and medical preparedness and response functions,” through the Public Health Security and Bioterrorism Preparedness and Response Act passed by Congress and President Bush.

Medical countermeasures moved again on July 21, 2004, when Congress and President Bush passed the Project Bioshield Act.

Project Bioshield moved the “qualified countermeasures” program to 42 USC 247d-6a: “Authority for use of certain procedures regarding qualified countermeasure research and development activities.”

Whatever the products are called, and wherever the pretend lawfulness of their use is addressed in the United States Code, they are chemical and biological weapons.

Whenever you read or hear the terms “biologic” “vaccine” or “countermeasure,” translate them as “illegal weapon.”

The terms are simply ways Congress, Presidents and appointed US government officials pretend that the crimes they’re committing are lawful acts, while they pretend to regulate illegal weapon manufacturing and use, through the pretend process of fulfilling their duties to protect public health and safety from toxic food and drugs.

*

On Nov. 25, 2015, Congress and President Obama passed the National Defense Authorization Act for FY2016.

This is how they corrupted the procurement contracting system in the same way that they’d already corrupted the food and drug regulatory system.

The ‘prototype’ procurement language, called Other Transaction Authority or OTA, was added at 10 USC 2371b, “Authority of the Department of Defense to carry out certain prototype projects.

10 USC 2371b was renumbered 10 USC 4022 effective 01/01/2022, through the NDAA for FY2021 passed on Jan. 1, 2021 by Congress and President Trump.

Which the criminals who write US laws for the zombie Congress to pass apparently forgot, because they tried to amend it again, back at 10 USC 2371, in the NDAA for FY2022 passed on Dec. 27, 2021, at 135 Stat. 1825.

It's all part of the overall game of throwing Americans off the rancid scent of the criminal infiltrators working in the US Department of Defense and Department of Health and Human Services as they carry out their fraud-based global mass murder campaign.

Lying and killing. Killing and lying.

*

Through 10 USC 2371b/10 USC 4022 Other Transaction Authority (OTA) program set up in 2015, Congress and President Obama pretended to legalize Department of Defense contracting with pharmaceutical corporations to produce bioweapons, in violation of federal and international laws prohibiting same.

> 10 USC 4022(a)(1) - "[T]he Director of the Defense Advanced Research Projects Agency (DARPA), the Secretary of a military department, or any other official designated by the Secretary of Defense may, under the authority of section 4021 of this title, carry out prototype projects that are directly relevant to enhancing the mission effectiveness of military personnel and the supporting platforms, systems, components, or materials proposed to be acquired or developed by the Department of Defense, or to improvement of platforms, systems, components, or materials in use by the armed forces."

Like the EUA product-development and FDA review program, the OTA government purchasing program classified bioweapons as qualified countermeasures, medical countermeasures and security countermeasures.

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The OTA federal contract procurement program set up by Congress paralleled the creation of the Medical CBRN [Chemical Biological Radiological Nuclear] Defense Consortium, or MCDC.

This is the public-private partnership through which new chemical, biological, radiological and nuclear weapons are funded, developed and deployed by the US Government in conspiracy with private sector agents to sicken and kill human beings.

MCDC members describe themselves as

> A consortium formed in response to the Government's expressed interest to establish an Other Transaction Agreement (OTA) with an eligible entity or group of entities, to include industry, academic, and not-for-profit partners, for advanced development efforts to support the Department of Defense's (DoD) medical, pharmaceutical and diagnostic requirements as related to enhancing the mission effectiveness of military personnel.
>
> Through the Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense (JPEO-CBRND), the Medical Countermeasures Systems (MCS) Joint

> Project Management Office is always looking for innovative, safe and effective medical solutions to counter CBRN threats. The usage of an OTA allows government to partner with the MCDC to leverage cutting edge R&D and develop prototypes from commercial sources. This gives MCS an agile and flexible way to develop medical countermeasures using new and innovative technology.

Pfizer, Inc. is among the current members of the MCDC consortium.

FDA has a parallel program, called the Medical Countermeasures Initiative (MCMi).

That's the FDA branch of the US Government's public-private partnership program to produce and use illegal chemical and biological weapons.

The 2015 Congressional act pretending to authorize the OTA program is one of the many ways that the US Government has "expressed interest" in setting up the corporate-state death machine since the mid-1940s.

*

Here's how this fits with the US Government's statement of interest in Brook Jackson's whistleblower case.

- 2020.07.20 Base Agreement DOD-ATI-Pfizer-FDA contract
- 2020.07.21 OTA Technical Direction Letter DOD-ATI-Pfizer-FDA
- 2021.01.08 Brook Jackson Original Complaint
- 2022.01.18 US Gov DOJ declines to intervene
- 2022.02.10 Judge Truncale Order on Gov decline to intervene
- 2022.02.22 Brook Jackson Amended Complaint
- 2022.04.22 Pfizer Motion to Dismiss
- 2022.08.22 Jackson Opposition to Pfizer MtD
- 2022.09.20 Pfizer Reply in support MtD
- 2022.10.04 US Gov Statement of Interest in support MtD
- 2022.10.11 Jackson Leave to File Response to US Gov
- 2022.10.14 Judge Truncale Order Granting Leave to Respond

Two key US Government contracts are involved.

First is the July 20, 2020 Base Agreement between Advanced Technology (ATI) and Pfizer, Inc., identified as MCDC Base Agreement No. 2020-532.

Signing authority was listed as

> MCDC Other Transaction Agreement (OTA) No. W15QKN-16-9-1002 and 10 U.S.C. § 2371b, Section 815 of the 2016 National Defense Authorization Act (NDAA), Public Law 114-92.

The second contract is the July 21, 2020, MCDC Technical Direction Letter or Statement of Work (SOW) for "COVID-19 Pandemic - Large Scale Vaccine Manufacturing Demonstration" between Pfizer and DOD/Advanced Technologies Inc.

The military prototype contracting provision must be read in conjunction with several other ways that the US Government gradually, quietly "expressed interest" in conspiring with businesses like Pfizer to commit genocide.

These include Congressional amendments to the 1938 Food, Drug and Cosmetics Act and the 1944 Public Health Service Acts which — by January 2020 when the US Government's Covid-19 crime spree began — had entirely eliminated federal regulatory standards for production and use of products designated by the FDA for emergency use during an HHS-declared, HHS-maintained 'public health emergency.'

21 USC 360bbb-3(c) "Criteria for Issuance of Authorization" is a linchpin.

At 21 USC 360bbb-3(c)(2), the law provides that the HHS Secretary may issue emergency use authorizations if he or she concludes

> 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;

With the benefit of the July 2020 OTA contract, Pfizer's April 2022 motion to dismiss and the US Government's October 2022 statement of interest, we can now fully understand several things.

No safety standard is material to the HHS or FDA decisions.

The only efficacy standard is that the product "may be effective."

Efficacy conclusions are to be based on the totality of scientific evidence **available** to the Secretary.

If no scientific evidence is construed as **available** to the HHS Secretary, the HHS Secretary can make the declaration anyway.

The Base Agreement contract provided, at Section 21.06, for DOD military personnel to monitor and control every document, phone call, email, meeting and third-party audit between Pfizer (the "project agreement holder" or PHA) and FDA regulators.

DOD put this into the OTA bioweapons procurement contracts to ensure from the very start that Operation Warp Speed could only ever conclude with FDA authorizations and approvals, and that the FDA would never, under any circumstances, revoke the authorizations and approvals, because revocation of the authorization is the only condition under which US Government payment on the contracts can be suspended.

Section 21.06 Regulatory Affairs

Development and production of medical products and processes fall under the purview of the Food and Drug Administration (FDA) and research on these products involving animal or human studies is regulated by other laws, directives, and regulations. Project Awards under this Agreement that involve work in support of or related to FDA regulatory approval will address contingencies for Government access to regulatory rights in the event of product development abandonment or failure. Efforts conducted under this OTA shall be done ethically and in accordance with all applicable laws, directives, and regulations.

The Government shall ensure performance includes regulatory expertise and guidance for candidate medical countermeasure development efforts:

(1) This includes allowing the government to discuss/negotiate in partnership with the consortium how to assume appropriate risk in regulatory strategies. The government will review, negotiate, and come to consensus with the PAH on product-specific risk-based decisions.
(2) PAHs will use all regulatory programs to accelerate the pace of candidate medical countermeasure development, including fast-track status, and as appropriate meeting requirements for priority review vouchers, applying for breakthrough therapy and accelerated approval as appropriate (see FDA Guidance for Industry: Expedited Programs for Serious Conditions – Drugs and Biologics).
(3) PAH will provide FDA submissions to the government such as all documentation requested by FDA and all proposals to FDA.
(4) PAH will allow the government to monitor all FDA communications by listening to teleconferences and attending meetings.
(5) PAH will allow the government to attend regulatory site visits and audits, and actively participate in all third-party audits.
(6) PAH will comply with Quality Assurance according to negotiated standards with the government on reports, material for Interim Fielding Capability (such as Emergency Use Authorization or Expanded Access Protocols), product for trials, prototypes, etc.
(7) PAH will provide strategies to address contingencies that could arise from regulatory directives, and regulatory failures.

Section 21.07 Radioactive Materials

PAH shall ensure compliance with the provisions of Title 10 CFR 21. This regulation establishes procedures and requirements for implementation of Section 206 of the Energy Reorganization Act of 1974.

PAH = PROJECT AGREEMENT HOLDER = PFIZER
"THE GOVERNMENT" = DOD = DARPA

BASE AGREEMENT NO: 2020-532
July 2018

DOD and Pfizer agents had means, motive and opportunity, through OTA contracts, to personally ensure that

- no valid clinical trials would be conducted,
- no valid clinical data would be collected and analyzed, and

- all scientific evidence of product toxicity would be removed, altered, suppressed, falsified, destroyed, discredited or otherwise disappeared, by anyone involved anywhere in the pretend clinical trials process.

DOD and Pfizer agents could thereby ensure that no evidence capable of interfering with the HHS Secretary and FDA regulatory officials (Azar/Kadlec/Gruber) EUA declarations would ever become **available**.

The mechanism was reinforced by other contractual provisions that separated the military "prototype manufacturing demonstration projects" from the pretend pharmaceutical research and development projects.

In other words, the FDA's decisions about products manufactured by Pfizer and other DOD contractors were made long before anyone in America had ever heard of Covid-19. The clinical trials were done to support the psychological part of the military operation; the scientific validity and regulatory compliance of the trials was irrelevant.

The FDA decisions based on the pretend trials were made by identifiable FDA officials, each of whom evidence will show either had knowledge, complicity and intent to further the crimes, or acted out of fear and ignorance, under DOD duress and coercion.

*

Back to Brook Jackson's case.

Pfizer's core argument in its Motion to Dismiss, which the US Government has now endorsed in its Oct. 4 statement of interest, is that clinical trials and clinical data from all of the sites, including the serious adverse event reports from the very start of the trials in Summer 2020, were not **"material"** or "**necessary**" to the FDA's decisions to grant Emergency Use Authorization (Dec. 11, 2020) and approval (Aug. 23, 2021) to Pfizer's product.

Pfizer, April 22, 2022 at p. 3

> The Government's "actual behavior" here says it all. Both the complaint itself and the public record show the Government has been fully aware of Relator's allegations for nearly two years without withdrawing authorization or stopping payment for Pfizer's vaccine.
>
> To the contrary, FDA took regulatory action that made the vaccine widely available and publicly responded to Relator's allegations by expressing the agency's "full confidence" in the data used to support the vaccine.
>
> DoD continues to purchase the product and make it available, free of charge, to all people living in the United States.
>
> And the U.S. Department of Justice ("DOJ"), which was required under 31 U.S.C. § 3730(a) to investigate Relator's allegations "diligently," declined to intervene in this lawsuit.

> All of this is "very strong evidence" that Relator's allegations are **not material** to the United States, and accordingly Pfizer's vaccine was—and continues to be— eligible for payment by the Government.

US Government, Oct. 4, 2022, at p. 10

> [Brook Jackson's] complaint does not identify any provision in the SOW for the Project Agreement between Pfizer and the Army that conditioned Government payment for the vaccine on Pfizer's compliance with the clinical trial protocol or regulations.
>
> The SOW, which is attached to the complaint, further specifies that the Army did not regulate the conduct of the clinical trial, which is "out-of-scope" for the purchase agreement between the Army and Pfizer.
>
> In short, the complaint does not plead factual content to support a conclusion that compliance with the clinical trial protocol or regulations was **necessary** under the contract between Pfizer and the Army such that clinical trial violations would give rise to a claim for express or implied certification liability.
>
> As the complaint notes, the contract did condition payment between Pfizer and the Army on FDA approval or authorization of the vaccine. This provision in the contract could support a claim for fraud in the inducement if the complaint had pleaded facts supporting an inference that the alleged clinical trial violations at the Ventavia sites actually altered FDA's approval or authorization decision.
>
> However, while the complaint generally contends that the alleged clinical trial violations by Ventavia "call[] the vaccine's EUA into question," there are no allegations in the complaint that the data from the Ventavia sites caused FDA to authorize the vaccine or that FDA would have revoked authorization had it known about the alleged clinical trial violations by Ventavia.

*

Short note about where I'm going with this series of reports.

The implications of the contract terms were first publicly acknowledged by Pfizer on April 22, 2022, in Pfizer's motion to dismiss Brook Jackson's whistleblower case.

As of Oct. 4, 2022, the implications of the contract terms have now been publicly acknowledged and endorsed by the US Government.

On Oct. 11, 2022, Brook Jackson's attorneys asked Judge Truncale for permission to file a response to the US Government's statement of interest.

On Oct. 14, 2022, Judge Truncale granted that permission, and ordered Jackson's attorneys to file a response by Oct. 27.

I think that in their response Brook Jackson's attorneys should take the US Government's newly-discovered interest in intervening, and accept it, by asking Judge Truncale to:

1. Deny Pfizer's motion to dismiss

2. Join the US Government, including President Trump, President Biden, current and past secretaries of DOD, HHS, DOJ and DHS, along with CDC, FDA, NIH, NIAID, DARPA and BARDA officials ***as defendants*.**

3. Add a claim under 18 USC 2333 against the named US government officials and their subordinates (agency and departmental directors, advisory board members, etc.)

4. Terminate the national emergency declarations, proclamations and programs.

5. Immediately suspend the entire US vaccination program including the schedules for childhood, adolescent and adult injections, and order a full, independent investigation to be conducted by a civilian team led by Steve Kirsch and Naomi Wolf.

6. Close all DOD, FDA, CDC, Pfizer, Moderna, J&J and subcontractor facilities, and designate them as crime scenes in an active criminal investigation conducted by a civilian team led by Robert F. Kennedy Jr. and Francis A. Boyle.

If ordered by Judge Truncale, this would enable full discovery into the multiple, heinous crimes including fraud; production, stockpiling and use of chemical and biological weapons of mass destruction; and mass murder, that the US Government planned, conspired and contracted with the private corporate defendants (Pfizer, Ventavia and Icon) to conceal from the public during the planning stages, commit and then cover up.

SECTION 5

Oct. 25, 2022 - Condensing the legal nightmare for judicial review

On June 9, 1969, Dr. Donald MacArthur testified to a US Senate hearing on DOD appropriations, about development of "new infective microorganisms which could differ in certain important aspects from any known disease-causing organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease."

Subsequent illegitimate, unconstitutional, pseudo-legislation passed by Congress and signed by US presidents purported to authorize and fund the American chemical and biological warfare and genocide program.

These laws addressed chemical and biological warfare and weapons testing programs; DOD reporting to Congress on chemical and biological weapons programs; judicial review; informed consent rights (for subjects) and obligations (for investigators) during human experiments; national emergencies; public health emergencies; terrorism; homeland security; HHS authority and program funding, research moratoria (including fetal tissue and genetic manipulation research); Posse Comitatus Act, Insurrection Act, domestic deployment of military against civilians; chemical and biological weapon stockpile management; strategic national pharmaceutical stockpile management; federal preemption of state and local laws; federal funding for state and local law alignment with federal medical-martial law programs; surveillance, quarantine, apprehension and detention powers; civil liability indemnification; Emergency Use Authorization/EUA products classified as medical countermeasures, covered countermeasures, security countermeasures, pandemic products, epidemic products; domestic propaganda; conduct of clinical trials, use of real-world evidence; Other Transaction Authority/OTA 'prototype' procurement DOD contracting with private companies to produce EUA products; mass testing programs; and DOD-HHS agreements to "provide support for vaccination programs...through use of the excess peacetime biological weapons defense capability of the DOD."

Through this legislation, pseudo-authorized crimes have been pseudo-codified in the United States Code at Title 6 (Domestic Security); Title 10 (Armed Forces); Title 21 (Food and Drugs); Title 22 (Foreign Relations); Title 42 (Public Health and Welfare); and Title 50 (War and National Defense).

These pseudo-laws include: Armed Forces Appropriation Act (Nov. 19, 1969); National Cancer Act (Dec. 23, 1971); National Research Service Award Act (July 12, 1974); National Emergencies Act (Sept. 14, 1976); Department of Defense Appropriations Authorization Act of 1978 (July 30, 1977); Department of Education Organization Act (Oct. 17, 1979); 1982/12/21 - Congressional Reports Elimination Act (Dec. 21, 1982); 1983/07/13 - Public Health Service Act Amendment (July 13, 1983); Health Research Extension Act (Nov. 20, 1985); State Comprehensive Mental Health Services Plan Act/National Childhood Vaccine Injury Act/National Vaccine Program (Nov. 14, 1986); Health Omnibus Programs Extension Act. (Nov. 4, 1988); Robert T. Stafford Disaster Relief and Emergency Act. (Nov. 23, 1988); Omnibus Budget Reconciliation Act (Dec. 19, 1989); National Institutes of Health Revitalization Act

(June 10, 1993); NDAA for FY1994 (Nov. 30, 1993); NDAA FY1996 (Feb. 10, 1996); Antiterrorism and Effective Death Penalty Act (April 24, 1996); NDAA FY1998 (Nov. 18, 1997); Food and Drug Administration Modernization Act (Nov. 21, 1997); NDAA FY1999 (Oct. 17, 1998); Omnibus Consolidated and Emergency Supplemental Appropriations Act FY1999 (Oct. 21, 1998); Public Health Improvement Act/Public Health Threats and Emergencies Act (Nov. 13, 2000); Authorization for Use of Military Force (Sept. 18, 2001); PATRIOT Act [Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism] (Oct. 26, 2001); Public Health Security and Bioterrorism Preparedness and Response Act (June 12, 2002); Homeland Security Act (Nov. 25, 2002); NDAA FY2004 (Nov. 24, 2003); Project Bioshield Act (July 21, 2004); Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act/Public Readiness and Emergency Preparedness (PREP) Act. (Dec. 30, 2005); NDAA/John Warner Defense Authorization Act FY2007 (Oct. 17, 2006); Pandemic and All-Hazards Preparedness Act (Dec. 19, 2006); National Institute of Health Reform Act (Jan. 15, 2007); Food and Drug Administration Amendments Act of 2007 (Sept. 27, 2007); NDAA FY08 (Jan. 28, 2008); Patient Protection and Affordable Care Act/ObamaCare (March 23, 2010); NDAA FY2011 (Dec. 31, 2011); Food and Drug Administration Safety and Innovation Act (July 9, 2012); NDAA FY2013 (Jan. 2, 2013); Disaster Relief Appropriations Act (Jan. 29, 2013); Pandemic and All-Hazards Preparedness Reauthorization Act. (March 13, 2013); Medicare Access and CHIP Reauthorization (MACRA) Act (April 16, 2015); NDAA FY2016 (Nov. 25, 2015); NDAA FY2017 (Oct. 17, 2016); 21st Century Cures Act (Dec. 13, 2016); NDAA FY2017 (Dec. 23, 2016); FDA Reauthorization Act (Aug. 18, 2017); NDAA FY2018 (Dec. 12, 2017); Act to amend Food Drug and Cosmetics Act Emergency Use Authorization statute, 21 USC 360bbb-3 (Dec. 12, 2017); Federal Aviation Administration Reauthorization Act/Disaster Recovery Reform Act (Oct. 5, 2018); Pandemic and All-Hazards Preparedness and Advancing Innovation Act (June 24, 2019); Coronavirus Preparedness and Response Supplemental Appropriations Act (March 6, 2020); Families First Coronavirus Response (March 18, 2020); Coronavirus Aid, Relief, and Economic Security CARES Act (March 27, 2020); Paycheck Protection Program and Health Care Enhancement Act (April 24, 2020); Consolidated Appropriations Act (Dec. 27, 2020); NDAA FY2021 (Jan. 1, 2021); American Rescue Plan/Consolidated Appropriations Act (March 11, 2021); NDAA FY2022 (Dec. 27, 2021); Consolidated Appropriations Act (March 15, 2022).

MEANWHILE...

Congress has also been passing laws to comply with international treaties prohibiting crimes including genocide, biological weapons, torture, chemical weapons, war crimes and slavery, and protecting religious and civil liberties.

These laws have been codified in Title 18 (Crimes and Criminal Procedure) and include Genocide Convention Implementation Act of 1987 (Nov. 4, 1988); Biological Weapons Antiterrorism Act of 1989 (May 22, 1990); Religious Freedom Restoration Act (Nov. 16, 1993); Foreign Relations Authorization Act FY94 and FY95 - Torture Convention implementation (April 20, 1994); Chemical Weapons Convention Implementation Act of 1998 (Oct. 21, 1998); War Crimes Act - Geneva Conventions implementation (Aug. 21, 1996); Military Commissions

Act of 2006 - Geneva Conventions implementation (Oct. 17, 2006); and Leahy-Smith America Invents Act/Section 33 prohibition on issuing of patents “directed to or encompassing a human organism.” (Sept. 16, 2011).

Many of these American laws are built with large pseudo-legal loopholes purporting to make crimes not be crimes if committed by administrative and military officers representing the US Government.

MEANWHILE...

American presidents have been signing pseudo-laws called Executive Orders, Proclamations, Declarations and Directives: Executive Order 12452 expanded list of communicable diseases subjecting citizens to forcible apprehension and detention under HHS Secretary quarantine authority (1983); EO 13139 forced experimental, FDA-unapproved vaccines on armed forces without informed consent (1999); Proclamation 7463 placed US population under "national emergency" due to "terrorist attacks," renewed annually since (2001); EO 13324 blocked property ownership and transactions with terrorists (2001); EO 13295 added symptomatic SARS to quarantinable communicable diseases (2003); EO 13375 added symptomatic influenza to quarantinable communicable diseases (2005); National Security Presidential Directive 51, US government continuity of operations policy (2007); EO 13546, *Optimizing the Security of Biological Select Agents and Toxins in the United States* (2010); EO 13674 added asymptomatic, suspected SARS to quarantinable communicable diseases (2014); EO 13747, *Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats* (2016); EO 13859, *Maintaining American Leadership in Artificial Intelligence* (2019); and EO 13874, *Modernizing the Regulatory Framework for Agricultural Biotechnology Products* (2019).

EO 13887, *Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health,* directed rapid-deployment mRNA/DNA/LNP/nanotech drugs and devices (2019); a Biden "directive" to DOD ordered COVID-19 vaccination added to list of required military injections (2021); SecDef Austin ordered force injection of US military (2021); EO 14042, ordered forced injection of federal contractors (2021); EO 14043 ordered forced injection of federal employees (2021); a Biden "directive" to Department of Labor ordered forced injection of employees at private companies with more than 100 workers; EO 14047 added measles to the list of quarantinable communicable diseases (2021); a Biden "directive" to Department of Health and Human Services ordered forced injection of health care workers; EO 14067, *Ensuring Responsible Development of Digital Assets* (2022); EO 14081, *Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy* (2022).

MEANWHILE...

The white-collar murderers at the Department of Health and Human Services were tightening the legal death traps: US Department of Health, Education and Welfare, National Institutes of Health, National Cancer Institute Special Virus Program, Progress Report 8 (1971); US HEW-NIH, National Cancer Institute Special Virus Program, Progress Report 9 (1972); HHS-Food and Drug Administration Final Rule Protections for Human Subjects; Prisoners Used as Subjects in Research (1981); HHS-FDA Final Rule Protection of Human Subjects; Informed Consent (1981); HHS Interim Final Rule: Informed Consent for Human Drugs and Biologics; Determination that Informed Consent is Not Feasible (1990); 1991 Common Rule (1991); HHS Interim Final Rule - Human Drugs and Biologics; Determination That Informed Consent Is NOT Feasible or Is Contrary to the Best Interests of Recipients; Revocation of 1990 Interim Final Rule; Establishment of New Interim Final Rule (1999); HHS FDA Draft Guidance Re: Emergency Use Authorization of Medical Products (2005); HHS-FDA Interim Final Rule, Medical Devices; Exception From General Requirements for Informed Consent (2006) HHS FDA Guidance: Gene Therapy Clinical Trials - Observing Subjects for Delayed Adverse Effects (2006); HHS FDA Guidance - Emergency Use Authorization of Medical Products (2007); HHS Interim Final Rule - FDA Exceptions or Alternatives to Labeling Requirements for Products Held by the Strategic National Stockpile. (2007); HHS FDA Workshop Summary: Medical Countermeasures Dispensing: Emergency Use Authorization and the Postal Model…

> "At the workshop, participants noted that EUA has a broader use beyond enabling the use of an unapproved product or extending the use of an approved product to populations for which it was not approved. In particular, it can also be used to address labeling requirements and other challenges that arise because of constraints inherent in a public health response. 'From a legal perspective, there are a lot of situations where EUA helps get past all those requirements,' said [Susan E. Sherman, J.D., M.S., is a senior attorney with the Office of the General Counsel, HHS] 'You can change the labeling. You can change the information. You can change the dosage. You can give it to populations for which wasn't approved.' " (2009)…

... HHS-FDA Final Rule: Medical Devices; Exception From General Requirements for Informed Consent (2011); HHS FDA Guidance for Industry: Potency Tests for Cellular and Gene Therapy Products (2011); HHS FDA Guidance: Decisions for Investigational Device Exemption Clinical Investigations (2014); HHS FDA Guidance: Considerations for the Design of Early-Phase Clinical Trials of Cellular and Gene Therapy Products (2015); HHS FDA Guidance: Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products (2015); HHS Final Rule - HHS Clinical Trials Registration and Results. 81 Federal Register 64981 (2016); HHS Workshop Summary - The Nation's Medical Countermeasure Stockpile: Opportunities to Improve the Efficiency, Effectiveness, and Sustainability of the CDC Strategic National Stockpile (2016); HHS FDA Guidance: Emergency Use Authorization of Medical Products and Related Authorities (2017); HHS Final Rule - Federal Policy for the Protection of Human Subjects (2017); HHS Final Rule - Control of Communicable Diseases Final Rule (2017); HHS FDA Guidance: IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects (2017); HHS FDA Guidance: Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices (2017); HHS Final Rule - Federal Policy for the Protection of Human Subjects: Six

Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions During the Delay Period (2018); Material Transfer Agreement signed between US Health and Human Services (HHS) National Institutes of Health (NIH) National Institute for Allergies and Infection Diseases (NIAID), led by Anthony Fauci, University of North Carolina coronavirus researcher and patent-holder Ralph Baric, and Moderna, for "mRNA coronavirus vaccine candidates developed and jointly owned by NIAID and Moderna." (2019); HHS FDA Guidance: Real-World Data - Assessing Electronic Health Records and Medical Claims Data To Support Regulatory Decision-Making for Drug and Biological Products (2021); HHS FDA Guidance: Real-World Data - Assessing Registries to Support Regulatory Decision-Making for Drug and Biological Products (2021); HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins—Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting From Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins (2021); HHS Final Rule - National Vaccine Injury Compensation Program: Adding the Category of Vaccines Recommended for Pregnant Women to the Vaccine Injury Table (2022); HHS-FDA Proposed Rules: Protection of Human Subjects and Institutional Review Boards (2022)

CULMINATING IN COVID...

Through pseudo-legal acts beginning in January 2020:

2020/01/27 - US Secretary of Health and Human Services Determination that a Public Health Emergency Exists and declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of this novel coronavirus. In continuous force since then, most recently renewed Oct. 13 by HHS Secretary Xavier Becerra.

2020/02/04 - US Secretary of Health and Human Services Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19.

2020/03/01 - HHS Centers for Medicare and Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, creating legal conditions for hospital homicide protocols.

2020/03/13 - President Trump issued a Stafford Act declaration (under the 1988 Stafford Act), and signed Proclamation 9994 (under the 1975 National Emergencies Act), Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak. Renewed every year since, most recently by Biden in Feb. 2022.

2020/03/24 - HHS Secretary Alex Azar issued Declaration of Emergency Use Authorization, declaring "that circumstances exist justifying the authorization of emergency use of medical devices, including alternative products used as medical devices."