

LEGAL WALLS of the COVID-19 KILL BOX

Militarization of public health/public health false-front for military campaigns
as viewed through the Covid-19 lens

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“A kill box is defined in Joint Publication (JP) 1-02, *Department of Defense Dictionary of Military and Associated Terms*, as: **“A three-dimensional area reference that enables timely, effective coordination and control and facilitates rapid attacks.”**”

Covid-19 Kill Box – DoD/WHO intent

- Geographic terrain: Whole world
- Targets: All people
- Duration: Permanent
- Weapons: **Informational** (fraud); **Psychological** (fear/terrorism); **Chemical, Biological**, Radiological, Nuclear/CBRN (pharmaceuticals/toxins/pathogens)

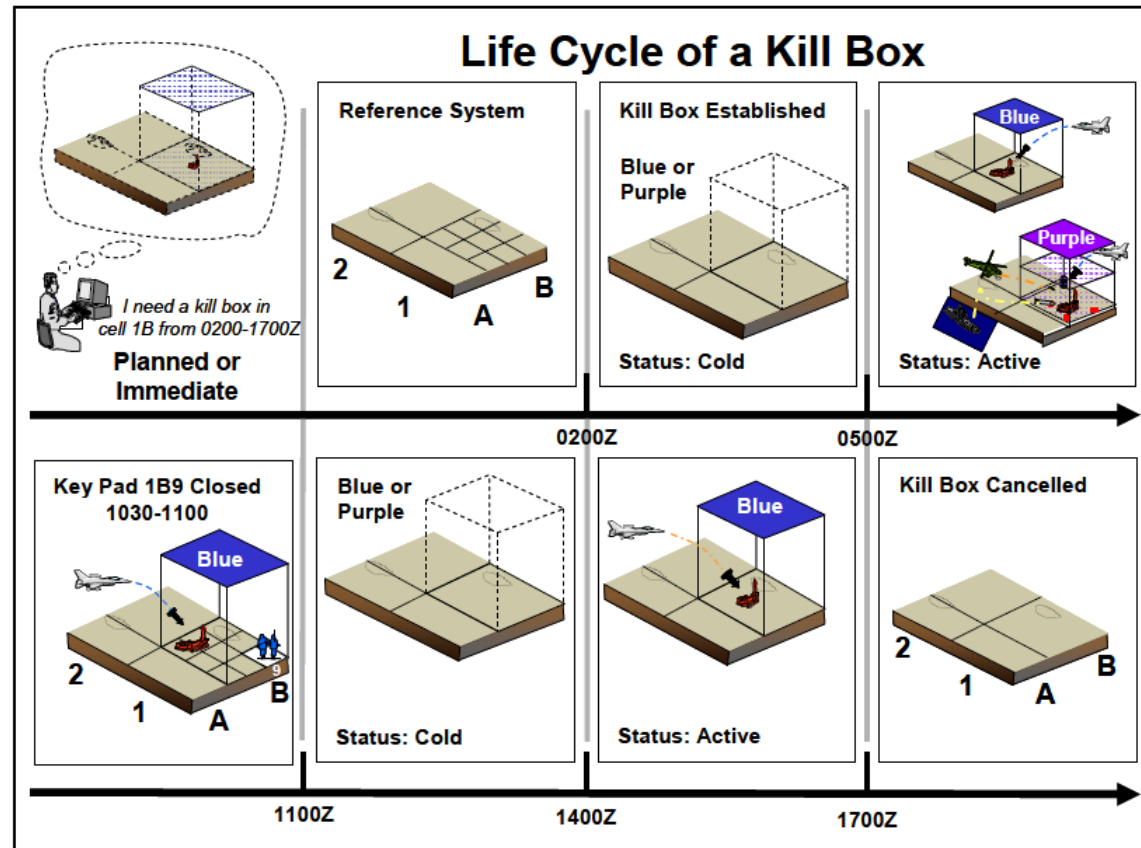


Figure I-1. Life Cycle of a Kill Box

Source: *Kill Box: Multi-Service Tactics, Techniques and Procedures for Kill Box Employment*. (Air Land Sea Application Center, June 2005)

Q: When & How?

- When/how were legal frameworks set up, to make the Covid-19 capture, control and kill program function without legal impediment? When and how were military/martial law aspects of the kill box established?
- When/how were financial coercion mechanisms set up?
- Project has been centuries in the making – globalist central bankers have always pursued complete control of human beings, including population numbers, through banking and military programs.
- Kicked into higher gear 1913, Federal Reserve Act, 1930s and 40s, public health.

When & How, cont.

- Prior to late 1960s, methods mostly non-pharmaceutical, under pretexts other than 'public health.' Orchestrated armed conflicts, wars, famines. Often loud, messy/bloody and destructive to infrastructure (cities, transit, factories, mines, farms).
- Plausible deniability and legal impunity challenging.
- From 1969, worked to induce suicide and homicide by fraudulently labeling poisons as medicines, vaccines, prophylactics, and submission to poisoning/self-sterilization as civic duty. Quieter, cleaner and leaves more 'critical infrastructure' intact.
- Plausible deniability and legal impunity easier.

Tiered Coercion Cascades - \$\$\$\$

- Top = Bank for International Settlements/SWIFT
- Bottom = You, your kids, your local elementary school, hospital and workplace...
- Actors (men and women all along the chain) are given \$\$\$ incentives to cooperate with the killing program, under the lie that it's for the common good, benevolent, public health-driven, "to save Grandma." I.e. mask, test, isolate, vaxx.
- Actors are given \$\$\$ dis-incentives to resist; access to banking, transaction services and jobs/income will be cut off for non-compliance.
- Carrot and stick: BIS → federal central banks → national governments → state/provincial governments → county/municipal governments → school districts, universities, hospitals, nursing homes, private employers → You and your family, friends, neighbors and co-workers.

1969

- US Chemical and Biological Warfare Program established by US Congress and President Richard Nixon (50 USC Ch. 32)

SEC. 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.

Chemical and biological warfare agents. Reports to Congress.

- Important translational terms: “protective” “prophylactic” “defensive” = FALSE
- All biologically-active products are intrinsically aggressive, offensive, toxic, lethal. I.e. toxicology, dose dependency, pharmacokinetics, pharmacodynamics, genotoxicity, contra-indications, allergies, metabolic disorders, drug-drug interactions, purity/adulterations etc.

1983; 1986 - US

- 1983 Public Health Service Act amendment - Amended 1944 PHSA to add a '**Public Health Emergencies**' program, granting new powers to Health and Human Services Secretary and establishing a \$30 million slush fund = Public Health Emergencies Fund. 42 USC 247d
- 1986 National Vaccine Program and National Childhood Vaccine Injury Act. Set up and funded **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. Model for civil liability immunities through Countermeasures Injury Compensation Program.

2005 – World Health Organization

- WHO International Health Regulations amendments, adopted by World Health Assembly in 2005.
- Entered into force June 2007 after ratification by member states.
- Called on national governments to strengthen their own domestic laws and fund programs for population surveillance, testing, detention/quarantine, physical control and forced treatment during international outbreaks of communicable diseases.
- Pretext: protecting international trade from disruptions.
- True intent: establishing legal systems to transfer governance from nation states to one-world government silently, automatically, on trigger of PHEIC.
- US Congress, Presidents and Cabinet complied with the WHO demands.

1997 & 1998 - US

- **Laws:** 1997 NDAA for FY98; 1997 Food and Drug Administration Modernization Act; 1998 Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY99.
- **Products:** “Expanded access to unapproved [CBRN] products” = Expanded, pseudo-authorized deployment of prohibited CBRN weapons. After 2003 NDAA for FY04 and 2004 Project Bioshield Act, known as **EUA**/Emergency Use Authorization program.
- **Targets:** Prohibitions on forcible CBRN attacks on troops replaced with pseudo-authorized forcible CBRN attacks on all Americans.
- **Stockpiles:** Illegal CBRN weapons stockpile reclassified as National Pharmaceutical Stockpile, later Strategic National Stockpile, and re-homed from DoD to HHS/CDC.

2000 – 2002 - US

- Setting up program management, war theatre/battlefield parameters, and enemy combatant classifications
- 2000 Public Health Threats and Emergencies Act. Funding and organizational/management structures for bioterrorism ‘countermeasures’ research and development.
- 2001 Authorization for Use of Military Force - Construed as putting the United States in a permanent state of war (Global War on Terror) with no limitations in time or geographically, and all people construed as presumptive combatants/enemy targets. *De facto* covert, global martial law.
- 2001 PATRIOT Act
- 2002 Public Health Security and Bioterrorism Preparedness and Response Act
- 2002 Homeland Security Act

2003-2019 - US

- **Executive Orders**, directives, proclamations, declarations on public health emergencies, national security threats, continuity of government, homeland security drafted and published through Federal Register.
- Congressional PHE **statutes and appropriations**, building up the walls of the Killbox. I.e. Project Bioshield Act (2004), PREP Act (2005). Entered into US Code.
- **Agency regulations** drafted and published through Federal Register, entered into Code of Federal Regulations (CFR)
- Guidance reports drafted by DOJ and DHS, circulated to **state, local and tribal governments and law enforcement** for implementation/subordination to federal military during PHEs.
- More “**Guidance for Industry**” drafted by FDA/HHS and circulated to academic, pharmaceutical manufacturers, and non-governmental organization (ie BMGF) partners, re: clinical trials and product authorization procedures for biologics, vaccines, gene therapies, nanotech, etc.
- More **test runs**: 2003 SARS, 2006 MERS, 2009 H1N1, etc.

2015 – Other Transactions Authority for DoD Prototype Projects

- Revealed through Pfizer’s April 2022 Motion to Dismiss whistleblower Brook Jackson’s False Claims Act case; confirmed by US Gov on Oct. 4, 2022 Statement of Interest/Support for MtD.
- Authorizes DOD to use public funds to contract with and/or conscript private pharmaceutical manufactures to produce and deploy CBRN weapons on general public, with minimal Congressional oversight.
- Products classified as “prototypes,” not drugs, biologics or vaccines.
- ”Prototype” not defined by Congress; defined by DoD in 2018 “addressing certain needs, such as proof of concept, model, and novel application of commercial technologies for defense purposes.”
- No requirement for valid clinical trials, valid **safety or efficacy** data review, valid FDA authorizations or approvals.
- Clinical trials not “material” or “necessary” for DOD payment to contractors.

2020-Present – Covid Big Reveal

- WHO – Public Health Emergency of International Concern (PHEIC)
- US-HHS Secretary Alex Azar – Public Health Emergency (PHE); PREP Act Declarations for “Medical Countermeasures;” FDA pseudo-regulation of ‘vaccine’ clinical trials, product review, authorization.
- Congress/Presidents – Coronavirus Preparedness and Response Supplemental Appropriations Act; Families First Coronavirus Act, Coronavirus Aid, Relief & Security (CARES) Act, NDAAAs, Consolidated Appropriations, etc.
- Presidents/Cabinet: Executive Orders etc: Stafford Act, National Emergencies Act, Defense Production Act – directing and controlling manufacturing facilities and weapons production and deployment programs, ‘mandates.’

What the Laws Built: Enabling Mechanisms

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

Closing thoughts

- Bad as it is, it could be much, much worse.
- Many people have been resisting the construction of the kill box all the way along, and their work makes it less tightly built now than it would otherwise be.
- Many who formerly reinforced the walls of the kill box with their own words and their own labor, have been walking away since Covid.
- Many who formerly were content to stay inside the box are trying to get out, and those on the outside have better informational tools to help them.
- A lot of evidence collected already, and **every day, new corroborating evidence comes to light**. Esp. “national security”-based resistance to FOIAs and other investigative efforts.
- Tipping point will come and criminal prosecutions will start.

THINGS GLOBALISTS DON'T LIKE & TRY TO WEAKEN & DESTROY

- Federal Constitutions & Charters protecting common law rights of People against governments.
- Conflicting statutory frameworks and international law, i.e., laws criminalizing murder, conspiracy to murder, war crimes, genocide, torture, fraud, extortion, biological WMDs, chemical WMDs, terrorism.
- State- and province-level laws protecting common law rights, **informed consent**/Nuremberg biomedical ethics principles; product liability, consumer safety; and laws prohibiting murder, fraud, extortion, terrorism*
- See Oct. 2022 report, *State Laws Limiting Public Health Protections: Hazardous for Our Health*, by Network for Public Health Law.
- Christian Faith and thriving religious, social and family communities.
- **If the globalists don't like it, do it more and harder.**

What to do?

- Keep pushing.
- Speak out against federal, state and local public health programs, which are really military kill box programs. Call for disengagement, disarmament, de-funding.
- #ExitWHO. If US withdraws, WHO, BMGF and related orgs may lose legal immunities they hold under US law.
- Keep refusing all ‘vaccines’ and other government-sponsored medical treatments from here on out. Especially any product classified and handled through any **countermeasures** program: “qualified,” “security,” “medical,” “military.” They will come up with new names. Avoid those too.
- Keep pushing state legislators, prosecutors/AGs, judges to pass state-level legislation that blocks federal public health-military programs, blocks funding/blood money coercion programs.
- Keep pushing state and local governments to set up alternative, decentralized financial systems outside the BIS-controlled, centralized global systems.

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American Domestic Bioterrorism Program

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

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