

Volume 6, Issues 1 to 4

INTRODUCTION

My research and writing focus is structural analysis of really big lies.

Bailiwick News is an independent newspaper I founded in January 2016 to offer in-depth, long-form, contextualized investigative reporting and critical analysis of Centre County, Pennsylvania public affairs.

It's called *Bailiwick News* to reflect the sociopolitical, economic and legal status of the American people as peasant subjects in a neo-feudal, global jurisdiction of control and oppression; we are no longer sovereign citizens of a functioning Constitutional republic.

From 2016 to 2020, I investigated and wrote about government and corporate corruption in Centre County, Pennsylvania, aiming to support the secular work of reforming or replacing current legal, political and economic systems to restore the power of individual citizens to meaningfully govern the affairs of our own lives and our communities.

In 2020 and 2021, I wrote political and social commentary on government and media abuse of power related to Covid-19 lockdowns and medicalized totalitarianism, and how those things relate to traditional American values including liberty, the dignity, conscience and worth of the human individual, and informed consent. I also provided links to articles and reports about data on the safety and efficacy of measures such as stay-at-home orders; church, school and business closures; masking, social distancing, mass testing, and mRNA/DNA injections.

In 2022, I worked on finding, reading, analyzing and reporting on statutes and regulations passed by US Congress, implemented by US Health and Human Services secretaries and Secretaries of Defense, and executive orders and legislation signed by US presidents, mostly since 1983, and on judicial decisions by federal and state courts, as criminal acts of treason that built the legal foundations for the unconstitutional, democidal American public health-police state, which was deployed fully for the first time on January 31, 2020 with HHS Secretary Alex Azar's declaration of public health emergency on the Covid-19 pretext.

The 2022 collection includes some coverage of State College Area School District and Centre County Covid-related issues, but I discontinued local coverage in March 2022 to focus on international, federal and state legal issues.

As of March 2023, I continue writing at Bailiwick News on Substack (bailiwicknews.substack.com) in support of well-ordered constitutional republican governance on American soil and criminal prosecutions of traitors and bioterrorists exposed through Covid-19. Among other issues, I investigate the financial crimes committed against the Constitutional republic and our People in recent decades by the Bank for International Settlements and the Federal Reserve, including the theft of \$21 trillion through the US Department of Defense and US Department Housing and Urban Development, along with current state-level efforts to establish legitimate financial systems, including sovereign state banks and bullion depositories, and potentially claw back some of the stolen assets.

About the Author: Katherine Watt is a Roman Catholic, American, Gen-X writer, paralegal, printmaker, wife and mother.

Cover image: Greek orthodox icon of St. Eustace, martyr and patron saint of hunters and those facing adversity

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BAILIWICK NEWS

Substack posts from bailiwicknews.substack.com

January 2022

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January 4, 2022 - Happy New Year! Recent online reading & listening

The Joe Rogan Experience, Dr. Robert Malone interview, Episode 1757

<https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCEyT>

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Manifesto of the Catholic Laity. Brian Williams, Liturgy Guy, June 13, 2015

<https://liturgyguy.com/2015/06/13/manifesto-of-the-catholic-laity/>

Dated Pentecost 1943, the long forgotten letter was discovered in the Archives of the Archbishop of Westminster... 'We utterly repudiate the subversive efforts that are being made to discredit the use of the Latin Liturgy, a precious heritage brought to the English people by Saint Augustine of Canterbury from our glorious Apostle, Saint Gregory the Great, and which we are proud to have preserved intact these fourteen hundred years, even throughout the hardships and dangers of the penal times.'

*

Young Catholics tell bishops: We're here for the tradition. Church Militant, June 14, 2019

<https://www.churchmilitant.com/news/article/bishops-ask-young-catholics-why-they-stay-its-the-latin-mass>

"I found the beauty of intellectual truth in the teachings of the Church, the True Presence of the Eucharist, and the manifestation of both of these things in the reverence and beauty of the Extraordinary Form of the Mass," wrote one Catholic Twitter user.

*

You must suffer. Roosh Valizadeh, July 26, 2021

<https://www.rooshv.com/you-must-suffer>

The first "gotcha" question that atheists usually demand of believers is "Why does God allow suffering?" Their hearts are too hard to understand the answer: because He loves us. Without suffering, we would remain attached to the fallen world and its false idols, never turning away from the neon lights and sensual music to work on our salvation, because it's only in pain do we start contemplating the big questions of our existence.

*

The growth of the Latin Mass: a survey. Crisis Magazine, July 26, 2021

<https://www.crisismagazine.com/2021/the-growth-of-the-latin-mass-a-survey>

First, the number of parishes offering the Traditional Latin Mass (TLM) increased (by 27% – see figure 1)...

Further, the average number of parishioners at each TLM increased (by 34% – see figure 2)...

Combine these two factors, and the overall TLM attendance across all parishes from January 2019 to June 2021 increased by 71% (see figure 3)...

So at a time when general Mass attendance was decreasing, attendance at the TLM was dramatically increasing.

Nevertheless, TLM-attending Catholics still make up a very small minority in the Church. As noted, 658 parishes (pre-*Traditionis Custodes*) offer at least one TLM regularly. However, there are 16,702 total Catholic parishes in the United States, according to the most recent data. Thus, only 4% of parishes offer even one TLM on a regular (although not necessarily weekly) basis. In the ocean of American Catholicism, attendance at the TLM is still a small, albeit growing, bucket.

*

“Why do so many still believe? Dr. Mattias Desmet, Professor of Clinical Psychology at Ghent University, Belgium, gives an exceptionally incisive explanation. Ray Harvey, *JournalPulp*, Sept. 22, 2021

<http://journalpulp.com/2021/09/22/why-do-so-many-still-believe-dr-mattias-desmet-professor-of-clinical-psychology-at-ghent-university-belgium-gives-an-exceptionally-incisive-explanation/>

[Re: mass formation]

For the last eighteen months, since the lunacy over the Wuhan virus officially began, I’ve not heard a single person address — let alone address insightfully — the one thing above all others which for me, from right off, was the *total* giveaway to this entire deadly farce.

There were in fact two things very early on that couldn’t be reconciled — the most immediate of which was the instant calculation by the powers-that-be of fatality rates *before anything close to widespread testing had been done*. This remains one of the truest giveaways: you cannot calculate fatality rates before you know infection rates, and you cannot know infection rates before widespread testing...

This second thing I’m speaking of — the something that not one person among even the most dedicated and zealous catastrophists, not doctor, not scientist, not politician, not anyone, has ever addressed, even when I’ve directly and repeatedly asked — is this:

How can anyone who purports to care about human life begin to justify the incalculable, irrefutable death and destruction these reckless and completely ineffective lockdown policies are having upon the innocent third-world poor, all across the world?

How can any sane person justify creating astronomically *more* death and misery, and for an *indefinite* period of time, for a coronavirus which when treated with safe, abundant, inexpensive, effective, early-treatment protocols is far less lethal than the seasonal flu?...

[After explaining mass formation, Desmet states in the video¹:

“In my opinion, the most important thing for people to do is to continue to speak out. Even if it’s just to say that you don’t agree with the mainstream narrative: because mass formation is provoked by the *specific* voice it’s gotten used to. Really, you have to take this literally. Totalitarian leaders know this very well: they start every new day with thirty minutes of propaganda, in which the voice of the leader constantly penetrates the consciousness of the population. So without mass media and without the ability to confront people, time and time again, with the voices of the leaders, no mass formation could continue as long as it continued in Germany and then in the Soviet Union. And the opposite of this is also true: if other voices *are* available in the public space, then the mass hypnosis will be disturbed.”

*

Time to bring this madness to an end. Daniel Miller, *The Conservative Woman*, Dec. 16, 2021
<https://www.conservativewoman.co.uk/time-to-bring-this-madness-to-an-end/>

It remains the responsibility of people in a free society to hold the government to account, as opposed to obeying their diktats slavishly, by thinking for themselves based on a rational analysis of all facts. Individuals must not only be reminded of their civic duties, but take active measures to re-establish the necessary conditions for their exercise. What Edmund Burke called the ‘little platoons’ of society must be rebuilt.

¹ <https://www.youtube.com/watch?v=uLDpZ8daIVM>

By presenting the urgency of this situation in the starkest possible terms the pandemic is producing a re-politicisation of the public sphere, for which we should be grateful. It is true that there is no going back. Not only the current regime but also the conditions which enabled it to come into being must be destroyed.

We should take our inspiration from Gandhi's satyagraha, that is, not only passive resistance, but the force that is generated through adherence to truth. Gandhi said: 'I believe that no government can exist for a single moment without the co-operation of the people, willing or forced, and if people suddenly withdraw their co-operation in every detail, the government will come to a standstill.'

We'll see it happen.

*

The spiritual abuse continues. Eric Sammons, Crisis Magazine, Dec. 18, 2021
<https://www.crisismagazine.com/2021/the-spiritual-abuse-continues>

I've spoken to many people in the last year who started attending the Traditional Latin Mass only recently. I've found that they are not the nostalgic, anti-Vatican II "rad trad" stereotype pushed by the Vatican. When these newcomers think about Vatican II, which isn't often, they see it as a historical event, not a super-council that must dominate their entire Catholic life. They do not consider the 1950's an Immaculate Era to which we must return. They are just regular Catholics trying to live their Catholic faith in an age of confusion.

They simply desire to draw closer to Christ and they find that the Traditional Latin Mass far better facilitates that than their experiences at their diocesan parish. Most of them have good friends at and fond memories of their old parishes, but they simply could not grow in their faith anymore where the liturgy was celebrated in a casual manner, with greater concern for COVID protocols than liturgical protocols. These newcomers are not embarking on an ideological jihad against modernism; they just want to reverently and beautifully worship the Lord.

And note, they are not finding this consolation in a local Protestant church or a secular movement; they are finding it in the Mass under which countless saints were formed for centuries. As Pope Benedict XVI said, "What earlier generations held as sacred, remains sacred and great for us too, and it cannot be all of a sudden entirely forbidden or even considered harmful." To say that Catholics are being harmed by attending the Traditional Latin Mass and that it thus must be eliminated undermines the entire Catholic religion.

If this Mass was spiritually enriching for Catholics in the 1920's, then it cannot be declared spiritually harmful for Catholics in the 2020's. Otherwise we must question the very foundations of our Faith.

*

Message to the American People. Archbishop Carlo Maria Vigano, Scribd, Dec. 19, 2021
https://www.scribd.com/document/548169431/Message-for-American-People-Vigano-Dec-19#from_embed/his-excellency-archbishop-carlo-maria-vigano-message-to-the-american-people/

Today more and more people are opening their eyes and beginning to understand that the emergency pandemic and the "ecological emergency" are part of a criminal plan hatched by the World Economic Forum, the UN, the WHO, and a galaxy of organizations and foundations that are ideologically characterized as clearly anti-human and – this needs to be said clearly – anti-Christian. One of the elements that unequivocally confirms the criminal nature of the Great Reset is the perfect synchrony with which all the different Nations are acting, demonstrating the existence of a single script under a single direction.

And it is disconcerting to see how the lack of treatment, the deliberately wrong treatments that have been given in order to cause more deaths, the decision to impose lockdowns and masks, the conspiratorial silence about the adverse effects of the so-called "vaccines" that are in fact gene serums, and the continuous repetition of culpable errors have all been possible thanks to the complicity of those who govern and the institutions. Political and religious leaders, representatives of the people, scientists and doctors, journalists and those who work in the media have literally betrayed their people, their laws, their Constitutions, and the most basic ethical principles...

You are animated by a yearning for justice, and this is a legitimate and good desire. “Blessed are those who hunger and thirst for righteousness,” says the Lord (Mt 5:6). But this Justice must be based on the awareness that this is a spiritual battle in which it is necessary to take sides without equivocation and without compromise, holding transcendent and eternal references that even the pagan philosophers glimpsed, and that have found fulfillment in the Revelation of the Son of God, the Divine Master...

*

Quo vadis? Faith is at a crossroads as the Great Reset looms. Michael Driver, The Conservative Woman, Dec. 20, 2021
<https://www.conservativewoman.co.uk/quo-vadis-faith-is-at-a-crossroads-as-the-great-reset-looms/>

We’re at a crossroads as a species. Do we abdicate responsibility for ourselves to this collection of billionaires or do we assume responsibility for our own future? Do we join an alliance against them? This decision is going to require faith.

Why? Because we simply have too much information to reason the decision. We’re not going to read all the scientific papers, we’re incapable of processing all the data, we’re literally overwhelmed with conflicting reports, papers and opinions. A deluge of propaganda from compromised sources.

Any decision must be made outside of reason. The direction we take, we take on faith. Faith in our new leaders, or faith in our old religions and our previous beliefs.

*

On domed cities and doomed dreams. John Michael Greer, Ecosophia, Dec. 20, 2021
<https://www.ecosophia.net/on-domed-cities-and-doomed-dreams/>

During the first half of the twentieth century, most of the world’s industrial nations ended up being run by a managerial elite that claimed the right to rule on the basis of their allegedly superior understanding of the way the world works—and the “superior understanding” in question was based on a knowledge of abstractions. That process began in 1917 with the Russian Revolution and ended in 1945 with the imposition of technocratic governments all across conquered Europe and Japan; the beginning of Franklin Roosevelt’s first term in 1933 is a good start date for the process here in the United States...

Charles Fort pointed out many years ago that the prestige of science depends on a slick public-relations scheme whereby every success is trumpeted to the skies while every failure is swept under the nearest available rug. The same is true of the prestige of the managerial classes in today’s world. These days, their predictions and projects fail far more often than they succeed, but the corporate media can be counted on to yell all day and night about their successes and pretend that the failures never happened. There are plenty of reasons why so few people these days believe anything that comes from official channels, but that’s one of the big ones.

The logic behind this self-defeating habit is that our managerial aristocrats can’t simply step away from the claim that their mastery of abstractions gives them superior insight into the world of everyday affairs. That claim is what justifies their present condition of privilege, but it’s also the foundation of their collective identity. Like so many people cornered by the consequences of their own errors, accordingly, the managerial class has reacted to its failures by doubling down.

*

Whose body is it anyway? Emina Melonic, American Greatness, Dec. 21, 2021
<https://amgreatness.com/2021/12/21/whose-body-is-it-anyway/>

This is the second year of this absurdity, and it’s pretty clear that the current regime, not just in the United States but globally, is trying to create a social hierarchy based on medical status (which is really just code for obedience)...

Today we are facing an economic commodification of human beings in which capitalism blends with an ideology of surveillance. By creating a division between the vaccinated and unvaccinated, globalist regimes are effectively speaking the language of “in-valids” and “valids.” The “valids” have access to certain services because they’ve

been “good” in the eyes of the government, and the “in-valids” don’t have a right even to ask for those services, let alone use them. Instead of the genetic superiority presented in “Gattaca,” however, the regimes are presenting a medical emergency, invoking false morality about saving lives, and bullying and shaming those who dare to ask questions.

In the meantime, nobody is actually enjoying life, and this includes the vaccinated people. The regime brings no promise of freedom or special goods, only misery and a demand for continued compliance and weakness. Regimes thrive on fear, and the question remains whether the majority of people will recognize and realize they are not free, and that demands will continue to pile on because ideology knows no logic, science, or human singularity.

*

“The Mask Has Fallen”: Interview with Dr. Kwasniewski. Rorate Caeli, Dec. 21, 2021
<https://rorate-caeli.blogspot.com/2021/12/the-mask-has-fallen-interview-with-dr.html>

...Unquestionably the Latin Mass is here to stay. If the progressives couldn’t stamp it out in the 1970s, when there were far fewer traditionalists and the Church’s hierarchy, especially the pope, could still expect and sometimes even receive prompt assent to their decrees, however absurd, then there’s not even a remote chance of the now dinosaurian nostalgics and their ambitious hangers-on getting away with it in the 2020s. As a matter of fact, *Traditionis Custodies* has re-energized a traditionalist movement that was in danger of a bit of complacency and comfort. Things had become almost easy in some places, and now suddenly it’s “back to the seventies” where you have to fight for what you love. That’s the secret of persecution: it makes the Church stronger. The same will be true here.

*

It’s time to occupy the churches. Sean McClinch, OnePeterFive, Dec. 21, 2021
<https://onepeterfive.com/its-time-to-occupy-the-churches/>

...We have been beaten by our own father in the name of mercy and marginalized in the name of unity. Abusing his office, he has transgressed our rights to the ancient Mass – what our forefathers bled and died to pass down to us.

As a friend recently remarked to my wife and I, “Traditional liturgy is our birthright.” I refuse to beg and grovel for what rightly belongs to my brethren and me by inheritance, just as I don’t thank art museum curators for refraining from spray painting graffiti all over the Renaissance sculptures.

*

True obedience vs. revolution in the church. Peter Kwasniewski, Crisis Magazine, Dec. 23, 2021
<https://www.crisismagazine.com/2021/true-obedience-vs-revolution-in-the-church>

Even as secular rulers do not have an authority that simply overrides a citizen’s own exercise of reason and the voice of his conscience, so too in the realm of grace ecclesiastical rulers do not have an authority that simply shuts down the believer’s reason and evacuates his responsibility before God to love the Church’s common good more than any personal good of anyone.

*

Pomposity cannot stand ridicule: A canon lawyer draws lessons from Communist history. Fr. Timothy T. Ferguson, JCL, STL, Rorate Caeli, Dec. 23, 2021
<https://rorate-caeli.blogspot.com/2021/12/pomposity-cannot-stand-ridicule-canon.html>

The recent news that that Holy See has made known its interest in what parishes advertise in their bulletins (after sixty years of parishes advertising blatant heresy and heterodoxy with impunity) reminds me of the Lithuanian Soviet government’s requirement that religious entities pass every alteration of their churches through a labyrinthine approval process, designed specifically to halt alterations and frustrate religion.

The response of the Lithuanian Catholics at the time: inundate the bureaucracy with a flood of requests. The priest's chair needs to be moved ten inches forward, then the kneeler needs to be moved three feet to the left, then the potted plant that was next to the kneeler needs to be moved to the other side of the sanctuary, then the lamp that was on the other side of the sanctuary needs to be moved down one step... and so on. If the forms needed to be filled out in triplicate, there was a small army of church ladies who filled out every last line on the forms so that Father could drop off the 180 requests to the office for processing—standing in line with another 50 priests behind him requesting the same sort of alterations. The government backed off, and eventually the whole system collapsed.

*

The Zoom class gets Covid. Jeffrey Tucker, Brownstone Institute, Dec. 27, 2021
<https://brownstone.org/articles/the-zoom-class-gets-covid/>

Now that the people who tried to protect themselves are no longer able to do so, we are seeing a sudden rethinking of disease stigmatization, class disdain, and the treatment of others as sandbags to shield people based on class. Now it is suddenly no longer a sin to be sick.

*

The Covid narrative is insane and illogical...and maybe that's no accident. Maybe forcing people to believe your lies, even after you admit you're lying, is the purest form of power. Kit Knightly, Off-Guardian, Dec. 29, 2021
<https://off-guardian.org/2021/12/29/the-covid-narrative-is-insane-and-illogical-and-maybe-thats-no-accident/>

You can never control people with the truth, because the truth has an existence outside yourself that cannot be altered or directed. It may be the truth itself that controls people, not you.

You can never force people to obey rules that make sense, because they may be obeying reason, not your force.

True power lies in making people afraid of something that does not exist, and making them abandon reason in the name of protecting themselves from the invented threat.

*

yes, the vaccines were supposed to stop covid spread. yes, the "experts" told us so. adventures in revisionist history. el gato malo, Substack, Dec. 30, 2021
<https://boriquagato.substack.com/p/yes-the-vaccines-were-supposed-to>

the revisionist history around vaccines is getting pretty extreme. let's be VERY clear:

- yes, they were promised to stop spread, contagion, and provide herd immunity.
- yes, those promises were made by the same "experts" currently claiming "vaccines were never supposed to stop spread, just reduce severity."
- yes, they were so committed to this that they literally changed the definition of "herd immunity" to EXCLUDE natural immunity.

(of course, they then changed the definition of "vaccine" as well to make this look like less of a failure)

- and yes, all the unprecedented lock down and mask up policies were pushed explicitly as "only necessary until we get the vaccines."

*

Vaccine-injured pilots put FAA on notice - Call to Action. April Moss interview transcript, Thinking Conservative, Dec. 30, 2021.
<https://www.thethinkingconservative.com/vaccine-injured-pilots-put-faa-on-notice-call-to-action/>

So, essentially what's happened at the FAA, it's completely unprecedented that they have ever allowed pilots to take an experimental, experimental medication like this in mass. There are zero long-term safety studies that

have ever been completed on this vaccine. We don't know, we don't know what's going to happen down the road. But what we are seeing is a massive uptick in blood clots and strokes and Myocarditis, specifically. I hear from pilots frequently that are losing their medicals, and like I said previously, we represent twenty six airlines, that's, that's a lot of pilots and flight attendants that I hear from. And I can tell you that, you know, just, just recently, as recently as the past few days, there have been multiple medical divergence within the airline industry, one for a heart attack that I'm aware of specifically, and another one, I believe it was an American Airlines pilot last week, actually suffered a stroke while in cruise.

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Six Cultish Things Globalist Elites Want You to Look Forward To in 2022—and Beyond! Stella Morabito, American Greatness, Dec. 30, 2021

<https://amgreatness.com/2021/12/30/six-cultish-things-globalist-elites-want-you-to-look-forward-to-in-2022-and-beyond/>

Though much has come to pass, including genetic engineering and the surveillance state, there's proof enough that we can't predict the future with certainty.

Even so, we humans love to prophesy. So, for that job, who you gonna call? Well, we could call on some folks—mostly billionaires—working for a monopoly on the future. These are your globalists and transhumanists who have an advantage in predicting the future by just telling you what your future will be like while blockading the alternatives.

*

Coffee and Covid - Dec. 31, 2021. Jeff Childers, Substack.

<https://www.coffeeandcovid.com/p/-coffee-and-covid-friday-december-7d4>

[Excellent year-in-review look back at 2021.]

If mass testing of asymptomatic people ends, the pandemic WILL officially be over. Think about it. There won't be any thousands of "cases" for the media to report. Deaths will fall even lower if hospitals stop testing every person who comes in the door.

*

Do Not Take Part in the Lie. Robert Malone, Substack, Dec. 31, 2021

<https://rwmalonemd.substack.com/p/do-not-take-part-in-the-lie>

So, don't let the fear-porn get to you – Omicron is coming to a town, village, city, restaurant, or grocery store near you. But for the vast majority of us, we will be fine. We have tools to fight this more mild variant, and there are life-saving treatments. Just work to stay or get as healthy as you can, eat your vitamins, eat real food and go get some exercise!

I will end with a quote from F. A. Hayek, (1974 Nobel Prize in Economic Sciences): "Emergencies' have always been the pretext on which the safeguards of individual liberty have been eroded -- and once they are suspended it is not difficult for anyone who has assumed such emergency powers to see to it that the emergency persists.

*

What if the largest experiment on human beings in history is a failure? Robert Malone, Substack, January 2, 2022

<https://rwmalonemd.substack.com/p/what-if-the-largest-experiment-on>

"...Indiana life insurance CEO says deaths are up 40% among people ages 18-64."²

² https://www.thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html

This headline is a nuclear truth bomb masquerading as an insurance agent's dry manila envelope full of actuarial tables...

This article reads like a dry description of an avoidable mass casualty event caused by a mandated experimental medical procedure. One for which all opportunities for the victims to have become self-informed about the potential risks have been methodically erased from both the internet and public awareness by an international corrupt cabal..."

*

Update on Physician Whistleblower: Since Dr. Lee's Pleas To CDC/FDA Regarding Serious COVID-19 Vaccine Injuries Remain Unaddressed, She Has Escalated Her Concerns to Congress. Aaron Siri, Substack, Jan. 3, 2022.
<https://aaronsiri.substack.com/p/update-on-physician-whistleblower>

Dr. Lee had a Zoom meeting with six federal health officials, including Dr. Peter Marks of the FDA and Dr. Tom Shimabukuro of the CDC. The meeting left Dr. Lee more frustrated than she had been prior to the meeting – the officials had no interest in the specific harms she detailed, even after hearing the heartbreaking and traumatic stories that Dr. Lee shared about her individual patients. Without asking a single question or reviewing any of the relevant medical records, Dr. Lee was effectively told that COVID-19 vaccines did not cause these injuries in her patients.

*

Coffee & Covid - January 3, 2022. Jeff Childers, Substack.
<https://www.coffeeandcovid.com/p/-coffee-and-covid-monday-january>

"...it occurred to me that, since Omicron prefers the injected, had the CDC stuck with its original 14-day quarantine, employers who followed the guidance and enforced vaccine mandates could have most of their workforce out for up to 18 days ... That could put a lot of folks out of business, or in the uncomfortable position of — like my client's employer — having to hire back their uninjected workers at huge premiums..."

So, it's possible, even likely, that the CDC was NOT responding to the Delta Airlines letter or to the NFL, but instead was trying to avoid a wholesale, nationwide disaster where the CDC would ultimately be the one who got blamed. So they just changed the rules, again.

It's nice when you are completely unaccountable and can change the rules whenever you want."

*

The treatment nihilism of our government continues unabated. Daniel Horowitz, The Blaze, Jan. 4, 2022
<https://www.theblaze.com/op-ed/horowitz-the-treatment-nihilism-of-our-government-continues-unabated>

Clearly, the goal was never to flatten the hospitalization curve. The politicians and the hospital administrators (if not the doctors on the floor) are enjoying full hospitals and the power and money they bring in. Everyone knows the best way to clear the hospitals is to treat early and outpatient, when the virus is much easier to control.

* * *

Jan. 4, 2022 - State College Area School District finally asks for parent feedback about pandemic policies and practices. After almost two years of inflicting them.

Letter to parents from SCASD Superintendent Bob O'Donnell:

Dear Parents and Guardians:

As a follow-up to our communication last Friday, we are receiving questions and concerns from some of our families. Because we value your feedback, we'd like to hear your thoughts about our safety mitigations, educational plans, or whatever else you might like to convey related to the pandemic. Gathering this information will help us with our future communications to improve everyone's understanding of everything we are doing to make our schools as safe as possible.

If you have questions, concerns or feedback, please fill out this form.
Thank you for your time and continued commitment to our district.

*

Here's what I wrote in the survey text box:

I think the pandemic ended in May 2020 after the first wave. I think the disease is treatable with cheap, safe medications, and that children, teens and most adults are not at risk of serious illness and death. I think the lockouts, online learning, masking, social distancing, testing, contact tracing, isolation and coerced medical treatment (mRNA injections) policies and practices imposed by school board, administrators, and teachers — at the alleged advice of the unelected, non-public, unaccountable "health" advisory board — have been unscientific, immoral and criminal abuses of the bodies and minds of students.

*

I continue to practice the difficult task of loving and praying for my enemies.

I also fight, to the best of my human ability, to stop the cruelty of the persecutors, and work to heal the wounds of my loved ones, while asking for — and receiving — help and guidance from God through prayer.

* * *

Jan. 6, 2022 - Mass formation; self-destructive nature of totalitarianism; and the teleopolitical history of Poland

Two days ago, in my reading of *The Keys of This Blood*, by Malachi Martin, I reached "Polishness and Papacy," "The Pacts of Polishness," and "The Pacts of Extinction." (Chapters 26-28, pp. 489-536).

Yesterday, I listened to a January 4, 2022 podcast interview of Dr. Robert Malone, Dr. Peter McCullough and Dr. Mattias Desmet, on the topic of mass formation³.

Today, I listened to a podcast interview of Dr. Desmet, on the same topic, conducted in September 2021.⁴

I strongly encourage readers to listen to both podcasts.

My understanding of mass formation, as explained by Dr. Desmet, is as follows.

1. It is an emergent phenomenon that can occur when certain preconditions exist in a given population of humans. It has happened throughout history. 20th century examples include Nazi Germany, Stalinist Russia, Maoist China and McCarthyite America.
2. Those societal preconditions include widespread free-floating anxiety and depression; lack of close social connections (loneliness or social atomization); and lack of meaning in people's lives: both personal meaning and meaningful work. Those preconditions are related to and reinforce one another, because humans are social animals; we need connections with other humans and a sense of purpose.

³ <https://rumble.com/vrxr3n-tpc-653-dr.-mattias-desmet-dr.-robert-malone-dr.-peter-mccullough-mass-form.html>

⁴ <https://youtu.be/uLDpZ8daIVM>

3. People living in such conditions are in a great deal of psychological and spiritual pain, but the free-floating character of the pain means that there's no clear object on which they can focus their attention or their efforts to relieve the agony. They are living in a "normal" which is all but intolerable.
4. A new narrative — such as the Covid narrative — is a symptomatic solution. It relieves the pain by establishing an object on which they can focus their attention, and in doing so, provides them with social connections ("We're all in this together") and a new sense of meaning. It also narrows their focus as a group, to exclude other aspects of reality (collateral damage - <https://collateralglobal.org/about/>), much like individual hypnosis narrows the focus of the hypnotized person to exclude perception of any stimuli outside the object centered by the hypnotist.
5. The social bonds and sense of meaning and purpose generated by participation in the new object (the societal fight against Covid) produce extreme solidarity. This is the formation of a mass, or "mass formation."
6. Once political leaders (elected presidents and prime ministers, along with endorsed public health experts) have established and maintained the narrative, those who have joined it whole-heartedly — usually about 30% of a population — will strongly resist all efforts by those outside the formation (dissenters from the narrative) to point out that the object is artificial, false or dangerous, to break the spell, to wake them up from the hypnosis.
7. They will fight against dissenters and attempt to eradicate dissent because those in the mass formation experience less psychological pain in the "new normal" than they did in the socially-atomized, meaninglessness, loneliness and bullshit jobs -- <https://www.goodreads.com/book/show/34466958-bullshit-jobs> -- of the "old normal." For this excellent reason, they do not want to wake up, and will fight as if under existential threat to stay inside the mass formation.
8. The leaders have a strong interest in maintaining the cohesion of the mass formation, and demonizing the dissenters, because when the people within a mass formation do wake up and realize that many things they previously valued highly (such as civil liberties) have been taken from them during the episode, they tend to kill the leaders who led them into the mass formation and took those things from them.
9. It's not a matter of "if" the mass formation will wake up. It's only a matter of "when," and how much of the rest of society is destroyed during the process, because totalitarian systems are intrinsically self-destructive.

*

According to Desmet, the dissenter group, those who resist participation in mass formations, comprise a very heterogenous group, and also make up about 30% of the population. The remaining 40% go along with the mass formation rituals — such as coerced masking, testing, isolation, and medical treatments — but don't fully enter the hypnosis.

Desmet reports that many people who have tried to answer the question "Why are some people not affected by mass formation?" such as Gustave LeBon⁵ and Hannah Arendt⁶, have failed to come up with a good answer.

Mass formation resisters come from many different educational, intellectual, social, political, ethnic, racial, economic, religious and other perspectives, and many different individual psychological profiles. Desmet speculates that one commonality among those who are resisting the current Covid mass formation may be an aversion to the transhumanist or Great Reset project promoted by the World Economic Forum and its main public advocate, Klaus Schwab.

The Great Reset transhumanist vision is to create a global, worldwide totalitarianism that would have no external enemies — no Allied armies to fight against the Nazi project, and no capitalist economic system to fight against the communism of the Soviet Union, for example.

Global transhumanism would have only internal enemies, who would be marginalized from society — by things like vaccine passports and social credit scores — but maintained in ghettos in sufficient numbers to maintain the enemy class so essential to the cohesion of the totalitarian society itself.

*

⁵ <https://www.amazon.com/Crowd-Gustave-Lebon/dp/1515435911>

⁶ <https://archive.org/details/TheOriginsOfTotalitarianism>

Desmet, Malone and McCullough all recommend that those who are resisting continue to speak up in truth. Continue to point out the falseness of assertions and the logical incoherence of arguments presented by compromised, non-credible authorities.

Continue to provide credible data and sound arguments that contradict the false narrative.

Continue to connect with each other.

As Desmet put it, such efforts may make the hypnosis less deep but will not be enough to break the mass formation.

Those efforts will, however, be enough to prevent the next step in the totalitarian program, which is the atrocities step: the concentration camps, gulags, torture and mass murder exemplified by Hitler's Germany, Stalin's Russia, Mao Zedung's China, Pol Pot's Cambodia and other totalitarian societies. The survivors of those regimes have warned the world in recent decades, and many are rallying the resistance now -- (<https://twcritical.libsyn.com/vera-sharav>) Desmet explained: when the dissenters go silent — whether from censorship (government-, corporate- or self-), imprisonment or execution — the system escalates its attacks to the next cohort of insufficiently-loyal, because it must have an enemy to sustain itself.

Dissenters must keep speaking to block that escalation.

When asked about what could break the mass formation, Desmet has made a few interesting points. He describes the attachment between the people in the mass formation and the object of their anxiety — in this case Covid fear — as a sort of psychological welding created by the high psychological 'heat' of the anxious, socially-atomized mind, which then cools and fuses the two together as they find pain relief in participation in the rituals and beliefs of the Covid narrative.

One possibility, he suggests, is to raise the psychological heat up again, by refocusing the anxiety on a new object, such as the threat of totalitarian atrocities. Such an approach could soften the weld, break the mass formation's connection to Covid and reattach it to totalitarianism instead.

But Desmet is also clear that such an approach has severe risks of its own, because (if I understand correctly) it's still only a symptomatic solution. It doesn't address the underlying *global* absence of social connections and absence of meaning that created the truly painful conditions for the *global* mass formation to arise in the first place.

*

Desmet and many others in the resistance are acutely aware that something other than transhumanist totalitarianism must be offered that will relieve the existential human pain, because those in the mass formation have good reasons to refuse a return to the intolerable "old normal" they left behind when they joined the Covid narrative. Other paths forward, those that are not the Great Reset, are referred to as the Great Awakening and the Anti-Globalist Alliance. Both terms, and their proponents, such as Q-Anon and Archbishop Carlo Maria Vigano, are vilified by the scribes of the Great Reset in the mass media and global governments.

They are vilified because, again, the leaders of the global totalitarian project need to maintain the cohesion of the mass formation, and need to stoke the hatred of those in the mass formation against those outside of it, to keep the Great Reset moving forward.

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This brings us to the teleopolitics of Poland.

Until reading Malachi Martin's account in *The Keys of This Blood*, I didn't know or appreciate the profound significance, of the historical record that the Polish nation was consecrated to Christ, the Pope and the Roman Catholic Church through the Piast Pact of 990 AD, signed by King Mieszko I.

From that teleopolitical foundation, they went on to establish a Catholic Constitutional monarchy with the Act of Union, signed in 1413 by Grand Duke Wladyslaw Jagiello to formally unite the people and territories of Poland and Lithuania.

In 1573, Martin reports, the *Sejm* of the Unitary Republic adopted a second, Interrex pact, to deal with the vulnerability created during transitions between elected monarchs. The legislature conferred power on the Primate Bishop of Poland "to protect the sovereignty and the religion of the Poles" between elected kings.

Beginning in 1648, a series of invasions and attacks by Turkish and Swedish armies, including a 40-day siege of the Paulite Monastery on Jasna Gora ("Bright Mountain"), ended with a retreat of the Swedish army. The monastery had housed a famous icon of the Blessed Virgin Mary and the infant Jesus — the Black Madonna⁷ — since 1382.

In 1655, in thanksgiving for Poland's deliverance, and to solicit her continued protection, King Jan Kazimierz "proclaimed Mary to be Queen of the Kingdom of Poland."

⁷ <http://www.catholicnewsworld.com/2016/08/saint-august-26-our-lady-of-czestochowa.html>

“It is known to all,” the Jagiellonian agreement [of 990 AD] declared, “that a man will not attain salvation if he is not sustained by divine love, which does no wrong, radiates goodness, reconciles those in discord, unites those who quarrel, dissipates hatred, puts an end to anger, furnishes for all the food of peace...”

“Through that love, laws are established, kingdoms are maintained, cities are set in order, and the well-being of the State is brought to the highest level...May this love make us equal, whom religion and identity of laws and privileges have already joined.”

Suddenly, a new geopolitical principle was defined. Two independent states agreed upon union through love rather than conquest. And, with that new principle, came three cast-iron consequences: No use of armed forces to conquer others, recourse to armed force only in self-defense, and enlargement of the state only through voluntary union between peoples.

...The blessings on Jagiellonian Poland were as extraordinary and improbable as the Act of Union itself. It would take the other important powers of Europe three hundred years before they were capable of establishing the social organization, the legal bases and the political institutions sufficient to guarantee — at least in principle — the fundamental rights of human dignity and freedom that came to be constitutionally and civilly granted in the full flowering of the Republic of Poland.

The structural principle of the new republic — for so it was — was a political system of local legislatures (*sejmik*) and a national legislature (the *Sejm*) based on a pluralistic society and aimed at a perfect equilibrium between power and freedom. In 1494, the Sejm became bicameral, with a chamber of deputies and a senate. From that time on, organs of democracy clearly recognizable to us as our models fairly sprouted from the constitutional monarchy of Poland.

General elections were instituted — the first in the world as we know it in history. Watchdog senatorial committees were set up to attend to such worries as the rights and limitations of the Polish constitutional monarchy — only the Sejm, for example, could commit the country to war and ratify treaties — and to guard against corruption in government. A state treasury and a tax court of the treasury were established. Lower courts with elected judges led upward to a Supreme Court of Appeals, and dealt with intricate legislative, civil and religious systems based on the principle of *habeus corpus*, which had already been adopted by the Act of Krakow in 1433.

The list of Poland’s sociopolitical accomplishments during the course of the fifteenth century went far beyond the merely improbable. The development and concrete application of such principles as government with the consent of the governed, freedom of religion, the definition and protection of personal rights and freedoms, general elections, and constitutional checks and balances to curb any autocratic tendencies on the part of the state, all remain enviable today...

There were no religious wars and no anti-Semitic pogroms in the Unitary Republic [formed when Ruthenia joined the alliance in 1569]. Rather, there was a consciously adopted principle of religious freedom. Filled with a vast majority of Roman Catholics, the Republic practiced a form of religious pluralism and tolerance still lacking in Europe and the Americas. Nor was this principle of religious freedom based on some vague theory of the rights of man. It was rooted in the specific and basic law proposed at the Council of Constance (1414-18)⁸ by a Polish delegate, Pawel Wlodkowicz: “License to convert [by preaching and example] is not a license to kill or expropriate.”

Thus, as the religion-based hate generated by the Protestant Reformation reached its height in the 1600s, the First Polish Republic was an extraordinary spectacle — a multi-ethnic and multiconfessional commonwealth based on a cosmopolitan idea of human membership in the family of nations and peoples. Poland had developed a working model of participative democracy.

So determined were the Poles to live by such principles that in 1645 at Torun, King Wladyslaw IV held the Colloquium Caritativum — the Loving Dialogue — which was exactly what it was billed to be. At a most improbable time, when religious hatred fueled wars and drove political policies in Europe, Polish Roman Catholics, Orthodox Eastern Christians and at least two Protestant sects — Lutherans and Calvinists — agreed to live and let live, to disagree unbloodily, and to foment their mutual love.

⁸ <https://www.britannica.com/event/Council-of-Constance>

This was the classical expression of the Polish ideal, of Polishness lived on the practical — the horizontal — plane of worldly existence. This republican form of national government, aligned with the fixed orientation of Catholic Poles to Christ's salvation through Rome, summarized for a warring world what Poles conceived themselves to be as a nation."

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Thus did the people of Poland form three pacts: the Piast Pact with the Holy See in 990, the Pact with the Roman Catholic Primate of Poland as the *Interrex* of 1573, and the Pact with Mary as the Queen of Poland of 1655.

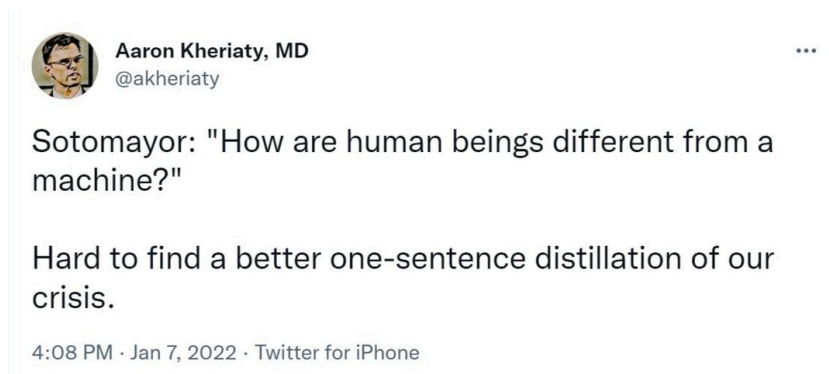
As Martin explains in detail, these pacts enabled and sustained extraordinary achievements by the people and leaders of Poland.

But those achievements were followed by a concerted effort to erase them from world memory. Cancel culture was applied by Poland's teleopolitical enemies, to bury an entire people and their history.

Perhaps Poland's example of a pluralistic, constitutional republic consecrated to God provides a good answer to the question: "If not the global transhumanist totalitarianism now being wrought by the world's billionaires, through the mass formation phenomenon of the Covid narrative, then what?"

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Jan. 9, 2022 - Sotomayor



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Jan. 11, 2022 - Joseph Murphy report

Summary of DARPA analyst's report provided to Project Veritas and published today.

Link to the 24-page report⁹ assembled by Major Joseph Murphy, US Marine Corps, of the Defense Advanced Research Projects Agency (DARPA) Directors Office (DIRO) published by Project Veritas¹⁰ today.

The report is dated August 13, 2021, and was apparently submitted to the Department of Defense Inspector General. The content I summarize below is found on pages 2 through 7.

If I understand correctly, and if it's true, Major Murphy collected and analyzed evidence contained in EcoHealth proposal documents submitted to DARPA in March 2018, and from that evidence, he concluded:

1. SARS-Cov-2 was designed by scientists working at EcoHealth Alliance and the Wuhan Institute of Virology and other, associated research institutions, to be an **aerosolized spike protein inoculant** to be delivered to bats in caves in Yunnan, China.
2. The "ostensible" purpose of the project was to "prevent another SARS-CoV pandemic, by reinforcing the bats' immune systems through a process somewhat like "vaccination."

⁹https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf

¹⁰ <https://www.projectveritas.com/news/military-documents-about-gain-of-function-contradict-fauci-testimony-under/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

3. The plan was to “improve” the “attenuated” [weaker] spike protein by causing it to “deattenuate” [increase in potency] through introducing it into humanized mice with “spike-protein-only antibodies” and then “batified” mice, and then the bats themselves. “The attenuated virus will either die or adapt its form [deattenuate] to neutralize the spike protein-only antibodies” and by neutralizing them, continue to replicate in the organism.
4. Instead, because of the mass inoculation of the world’s humans, this “deattenuation” or increase in potency, is now happening in the human population.
5. EcoHealth, led by Peter Daszak, originally submitted the DEFUSE funding request to DARPA in March 2018,^{*11} in response to a January 2018 DARPA solicitation¹², but DARPA denied¹³ the application because it violated the federal moratorium on “gain of function research.” [The denial document linked by Project Veritas appears to be a paraphrase of some other, blame-shifting DARPA document. It is undated and unsigned.]
6. The EcoHealth application stated that researchers would “inoculate bats with novel chimeric polyvalent spike proteins to enhance their adaptive immune memory against specific high-risk viruses.”
7. After being turned down by DARPA, Daszak apparently got funding from Anthony Fauci’s National Institutes of Health National Institute of Allergy and Infectious Diseases (NIH/NIAID). The project moved forward until the “initial escape” occurred in August 2019, and the program was allegedly shut down in April 2020.
8. SARS-CoV-2 is “a synthetic spike protein chimera engineered to attach to human ACE-2 receptors and inserted into a recombinant bat SARSr-CoV backbone.”
9. “...it is less a virus than it is engineered spike proteins hitch-hiking a ride on a SARSr-CoV quasi species swarm.”
10. The reason why the illness preferentially sickens and kills the elderly and those who are ill with multiple other diseases is the same reason that vaccines preferentially kill the same populations: their immune systems are already weak, and the challenge from any vaccine or, in this case, the aerosolized spike protein inoculant, overwhelms their organ systems and kills them.
11. Daszak, Fauci and other insiders knew, from their research into how to infect the bats in the caves, using aerosol delivery, that masks would not block transmission or infection, because they tested the delivery systems on masked civets. Fauci shoved masks on the faces of the world’s people anyway.
12. Daszak, Fauci and other insiders knew that treatments including ivermectin and chloroquine phosphate (hydroxychloroquine) worked well to “modulate the immune response” and “inhibit viral replication that spreads the spike protein around the body (which induce a harmful overactive immune response as the body tries to clear the spikes from the ACE2 receptors).” This is the cytokine storm.
13. Fauci, Daszak and other insiders — including the Department of Defense recipients of Major Murphy’s report after August 2021 — used governments and mass media throughout 2020 and 2021 to knowingly suppress information and withhold those treatments from the world’s doctors, pharmacists and patients, including US military and medical personnel.
14. Daszak, Fauci and other insiders also knew, through the research program, that a mass-manufactured, injectable, bloodstream form of the spike protein inoculant would not be effective as disease-preventative “vaccines,” because they are simply “synthetic replications of the already-synthetic SARSr-CoV-WIV spike proteins” that replicate inside the body and trigger the destructive immune response.
15. Fauci, Daszak and other insiders — including the recipients of Major Murphy’s report after August 2021 — used governments and mass media throughout 2020 and 2021 to knowingly promote universal, repeated injection of those poisonous inoculants into the world’s people, including US military and medical personnel.
16. They knew what patients, doctors and nurses later discovered: that the deadly immune response to infection with the original aerosolized inoculant delivered to the Yunnan bats and to naturally-infected people, is mirrored in response to infection with the bloodstream inoculant in the mRNA “vaccines,” and magnified because it bypasses the protection afforded by the nasal passages.
17. Daszak, Fauci and other insiders knew that the risk of “antibody dependent enhancement” (ADE) was very high, and that a mass vaccination campaign was likely to carry out the original gain-of-function process, but in humans instead of in bats.
18. The files detailing the project were hidden by being placed, unmarked, in July 2021, in shared folders on the DARPA Biological Technologies Office JWICS (top secret) share drive, which is where Major Murphy located them.

¹¹ https://assets.ctfassets.net/syq3snmxcl9/4NFC6M83ewzKlf6DvAyg4/0cf477f75646e718afb332b7ac6c3cd1/defuse-proposal_watermark_Redacted.pdf

¹² https://assets.ctfassets.net/syq3snmxcl9/6K3RxB1DVf6ZhVxQLSJzxl/6be5c276bc8af7921ce6b23f0975a6c3/A_prempt-background-hr001118s0017.pdf

¹³ <https://assets.ctfassets.net/syq3snmxcl9/5OjsrkkXHfuHps6Lek1MO0/5e7a0d86d5d67e8d153555400d9dcd17/defuse-project-rejection-by-darpa.pdf>

19. Major Murphy believed that by presenting the information to his DARPA supervisors, authorities could “correct the existing pandemic strategy,” moving away from “limiting disease transmission” as the “implied strategic end, as it is not the actual problem, nor is it actually feasible.”
20. Instead, he believed, the national strategy would “align early treatment protocols and prophylaxis with the known curatives,” namely, Ivermectin, hydroxychloroquine and other repurposed medications.

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If Major Murphy’s information is true and his analysis is correct, and if I understand it correctly, the sequence of events — starting with the “escape” of the infectious viral material around August 2019 — explains why the spike protein gene serum manufacturers were designing their toxic products by December 2019¹⁴ before¹⁵ the world became aware of the outbreak in January 2020.

They had access to the research planning materials and experimental data and samples collected by EcoHealth and WIV scientists between the start of the program in 2018, and the escape incident in August 2019.

OPINION

There are a lot of things that make Major Murphy’s account ring true.

However, the DEFUSE funding proposal to DARPA itself was released many months ago, if not longer (*I downloaded a less-redacted version¹⁶ to my iPad at some point in the last year, and uploaded it to the Bailiwick News Archives Research page¹⁷ a few weeks ago.).

Major Murphy’s 24-page report about the project is an analyst’s account of a hubristic scientific error followed by a government and media-coordinated cover-up.

But his narrative doesn’t explain why the US and other world governments, once they became aware of the scientific error, went far beyond a simple coverup operation, and instead:

- crushed the world economy and terrorized and atomized civil society for two years, continuing and escalating in the present;
- consolidated the political power and wealth formerly held by civil society into their own hands;
- arranged for pharmaceutical corporate executives and shareholders to profit financially from the scientific error; and
- escalated the disaster from accidental but treatable pandemic to intentional, premeditated mass murder, by shutting down early treatment and instead injecting the world’s human population with high doses of the toxic spike protein, and genetic blueprints to cause the human recipients of the toxic spike protein to become cellular manufacturers of more of the toxin.

Those are moral, political and financial choices better explained by the transhumanist project promoted by the World Economic Forum, its allies within major governmental (executive, legislative and judicial), religious, financial, educational, political and media institutions around the world, and its chief public spokesman, Klaus Schwab.

If taken at face value, including Major Murphy’s account of how he concluded that the EcoHealth document would be “concealed,” and locatable, in a “higher network,” such that he “found them where he expected them to be,” the information will be useful for American politicians interested in charging Fauci, Daszak and a few other scientists with some crimes of malfeasance.

It therefore reads to me like one more piece of the psychological manipulation campaign. (<https://bailiwicknews.substack.com/p/mass-formation-self-destructive-nature>)

¹⁴ <https://archive.is/JzSiP>

¹⁵ <https://factnest.com/activism/rcmp-officer-on-unpaid-leave-pens-emotional-covid-19-letter/>

¹⁶ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2018.03-ecohealth-alliance-proposal-for-bat-research.pdf>

¹⁷ <https://bailiwicknewsarchives.wordpress.com/research-files/>

It seems intended and designed to refocus global public attention — increasingly becoming public rage as harms mount and more evidence emerges — on a new, punishable object (Fauci, Daszak and other corrupt, hubristic scientists) selected by the global political and financial manipulators.

It draws our attention away from the urgent need to defend ourselves against the manipulators themselves, and their advancing, expanding crimes against humanity.

The potential for SARSr-CoV-WIV to deattenuate requires immediate attention. Live vaccines have been found to deattenuate in the past. If this is the case with SARSr-CoV-WIV, then the mass vaccination campaign actually performs an accelerated gain-of-function for it. Since it is designed for bats off of a human-susceptible SARS-CoV, vaccinating humans against it actually gains its function back towards a more deattenuated human-susceptible form. Improving the SARSr-CoV-WIV spike protein to gain robustness against monoclonal vaccines is one of the steps of the DEFUSE program. The mechanism to improve the SARSr-CoV-WIV spike protein (other than direct engineering) is to challenge it against animals that have spike protein-only antibodies. The attenuated virus will either die or adapt its form to neutralize the spike protein-only antibodies. The intent was to perform this task against humanized mice and then "batified" mice. Instead, it was done with the world's population.

* * *

Jan. 20, 2022 - Gen Z speaking out. Student blasts mask mandates, 'Thanks' school board for teaching kids thinking for themselves is over-rated.

<https://www.louderwithcrowder.com/school-board-naperville>

"Thank you, school board and superintendent Bridges, for not using your power to push back on the state of Illinois about the mask mandate. We get to wear masks all day every day, now. Isn't that great?"

"Thank you for teaching students that our own mental health is much less important than making triple-vaccinated adults feel safe."

"Thank you for allowing me to experience the anxiety associated with never seeing facial expressions."

"Thank you for teaching us that we should never question authority or think critically, but instead, we should follow whatever the people in charge tell us to do. Obedience is best. I realize now that thinking for yourself is overrated and not really necessary when you can just make decisions based on fear."

"Thank you for pushing your irrational fears and anxieties on me because I didn't already have enough to worry about. I realize now how easy I had it when I only had to worry about my classes, my grades, SAT, and getting into college."

"Thank you for teaching me that being a morally superior person only requires that I cover my face for eight hours a day and that the most morally superior people wear two masks or even three masks."

"I ask you, don't give in: stay strong, stay courageous, stay quiet, and let's keep masks on kids forever."

* * *

Jan. 25, 2022 - Keep on rockin' in the free world. Canadian and American truckers fighting back for all of us.
<https://youtu.be/WTtEk45Op7o>

* * *

Jan. 26, 2022 - Bailiwick News Volume 5. Formatted as PDFs

Each January for the last few years, I've converted *Bailiwick News* editions that weren't already in PDF form, into PDFs, and then assembled them into volumes, that I then have printed and bound by Lulu.com.

The bound volumes are then donated to the Penn State Special Collections Library¹⁸

The individual PDFs are available at *Bailiwick News Archives* at the Volume 5 page¹⁹, along with the first four volumes, each at their own pages.



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Jan. 27, 2022 - Give me death or give me liberty
https://youtu.be/iSnWndL_HZQ

* * *

Jan. 27, 2022 - Information sources

If Substack falls, please find me on Gab.
If Substack folds to censorship demands, please find me on Gab.²⁰

Substack's infrastructure platform is Amazon Web Services (AWS) which is the same platform Parler relied on, which is why Parler could be shut down overnight in January 2021 by the tech overlords, at the direction of Democratic government officials, using Section 230 threats, as a way to pretend it's private companies, and not the government, engaging in censorship of First Amendment free speech. Overview here.²¹

FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
*****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

¹⁸ <https://catalog.libraries.psu.edu/catalog/22605868> and the Centre County Library & Historical Society (Bellefonte).
<https://search.centrecountylibrary.org/Search/Results?sort=relevance&lookfor=Bailiwick+News>

¹⁹ <https://bailiwicknewsarchives.wordpress.com/volume-5-2021/>

²⁰ <https://gab.com/kgwatt>

²¹ <https://www.joebiden.news/2021-06-28-document-dump-big-tech-censoring-americans-government.html>

Gab

Gab, headed by Andrew Torba, has its own infrastructure, because the tech overlords and Democratic government officials have been trying for many years to kill the company, which forced Gab to create its own platform just to survive.

I highly recommend Gab. I've been on it since March 2021, and it is the real deal for free speech. You can tell, because you will be exposed to things you don't agree with.

I post links to the news reports and analytical essays I've been reading, podcasts I've listened to, or videos I've watched.

I post a lot at Gab: at least a dozen links per day.

(That's the source for the occasional "what I've been reading" lists published here at Substack.)

Wordpress

I also have a Wordpress site²², mostly used as a backup in recent years. Wordpress also sits on big tech platforms and is equally susceptible to instant deletion.

Dreamwidth

And I have a Dreamwidth site²³. I don't know what platform Dreamwidth uses, or how susceptible the company will be to government-directed censorship as the ghettoization of independent thought continues. It's just a placeholder for now.

*

Substack Writers I Read and Recommend

- Alex Berenson - <https://alexberenson.substack.com/>
- El gato malo - <https://boriquagato.substack.com/>
- Steve Kirsch - <https://stevekirsch.substack.com/>
- Robert Malone - <https://rwmalonemd.substack.com/>
- Jeff Childers - <https://www.coffeeandcovid.com/>
- Darby Shaw - <https://darbyshaw.substack.com/>
- Toby Rogers - <https://tobyrogers.substack.com/>
- Jessica Rose - <https://jessicar.substack.com/>
- Margaret Anna Alice - <https://margaretannaalice.substack.com/>
- Aaron Siri - <https://aaronssiri.substack.com/>
- Pierre Kory - <https://pierrekory.substack.com/>
- Byram Bridle - <https://viralimmunologist.substack.com/>
- Eugyppius - <https://eugyppius.substack.com/>
- Naked Emperor - <https://nakedemperor.substack.com/>
- Igor Chudov - <https://igorchudov.substack.com/>
- Colleen Huber - <https://colleenhuber.substack.com/>
- Joel Smalley - <https://metatron.substack.com/>
- Jonathan Irons - <https://worldedge.substack.com/>
- Paul Alexander - <https://palexander.substack.com/>
- CJ Hopkins - <https://cjhopkins.substack.com/>
- Emily Hill - <https://emilyhill.substack.com/>
- Aaron Kheriaty - <https://aaronkheriaty.substack.com/>
- James Hill - <https://hillmd.substack.com/>
- Quoth the Raven - <https://quoththeraven.substack.com/>
- Matt Taibbi - <https://taibbi.substack.com/>
- Glenn Greenwald - <https://greenwald.substack.com/>

²² <https://bailiwicknewsarchives.wordpress.com/>

²³ <https://kgwatt.dreamwidth.org/>

Non-Substack Sources

- Jeffrey Tucker (Brownstone Institute) - <https://brownstone.org/author/jeffrey-tucker/>
- Daniel Horowitz (The Blaze) - <https://www.theblaze.com/u/danielhorowitz>
- Joy Pullman (Federalist) - <https://thefederalist.com/author/joy-pullmann/>
- Stella Mirabito (Federalist) - <https://thefederalist.com/author/stellamorabito/>
- Rintrah - <https://www.rintrah.nl/>
- Peter McCullough (Podcast at America Out Loud) - <https://www.americaoutloud.com/the-mccullough-report/>
- Russell Brand (YouTube) - <https://www.youtube.com/user/russellbrand>
- DailyExpose.UK - <https://dailyexpose.uk/>
- Real Not Rare - <https://www.realnotrare.com/>
- Orwell City - <https://www.orwell.city/>

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Some of my recent reading...

COVID-19: Democratic Voters Support Harsh Measures Against Unvaccinated. *Rasmussen*. Jan. 13, 2022
https://www.rasmussenreports.com/public_content/politics/partner_surveys/jan_2022/covid_19_democratic_voters_support_harsh_measures_against_unvaccinated

Fifty-nine percent (59%) of Democratic voters would favor a government policy requiring that citizens remain confined to their homes at all times, except for emergencies, if they refuse to get a COVID-19 vaccine. Such a proposal is opposed by 61% of all likely voters, including 79% of Republicans and 71% of unaffiliated voters.

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Covid Predators: Our next black legend. *Remnant Newspaper*. Jan. 13, 2022
<https://remnantnewspaper.com/web/index.php/articles/item/5794-covid-predators-our-next-black-legend>

“[The Church's response in the United States to the clerical sex abuse crises] *Virtus*²⁴ undoubtedly failed to prepare Catholics for covid grooming. We were first told that we were very, very vulnerable. We were then isolated from family, friends, and work. We were next subjected to a physical touch, the mask, which was often unwanted. During the entire process, we were conditioned to accept the eventual penetration of our bodies for injection of genetic material. One injection is not enough, of course, so we must be penetrated again and again. And we are told that refusing any of these steps, especially the injections, will mean punishment.”

*

The Latin Mass: Viganò Remembers What Francis Wants Us to Forget. *Remnant Newspaper*, Jan. 14, 2022
<https://remnantnewspaper.com/web/index.php/articles/item/5800-the-latin-mass-vigano-remembers-what-francis-wants-us-to-forget>

“There is another aspect of the traditional Holy Mass that I would like to emphasize, and that unites us to the Saints and Martyrs of the past. Since the times of the catacombs up until the most recent persecutions, wherever a priest celebrates the Holy Sacrifice, even in an attic or a cellar, in the woods or in a barn, or even in a van, he is mystically in communion with that host of heroic witnesses of the Faith, and the gaze of the Most Holy Trinity rests on that improvised altar; before it all the angelic hosts genuflect adoringly; all of the souls in purgatory gaze toward it. In this too, especially in this, each of us understands how the Tradition creates an indissoluble link between the centuries, not only in the jealous custody of that treasure, but also in facing the trials that it entails, even unto death.”

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²⁴ <https://www.virtusonline.org/virtus/>



Brilliant agitprop appears in Washington DC. Conservative Treehouse. Jan. 15, 2022.
<https://theconservativetreehouse.com/blog/2022/01/15/brilliant-agitprop-appears-in-washington-dc/>

*

Deaths among male Teens increased by 53% following Covid-19 Vaccination in 2021 and the Death spikes correlate perfectly with the uptake of dose 1, 2 & 3. Daily Expose. Jan. 15, 2022
<https://dailyexpose.uk/2022/01/16/male-teen-deaths-53-percent-higher-after-covid-vaccination-in-2021/>

*

The godless agenda: from Davos to the Vatican. Michael Matt, Remnant Newspaper. Jan. 16, 2022
<https://remnantnewspaper.com/web/index.php/articles/item/5801-the-godless-agenda-from-davos-to-the-vatican>

“Looking at the political elite's war on God, Michael asks the question: How much worse does it have to get before mainstream Catholics realize that if civilization is to survive, every practicing Catholic must become a Traditionalist, just as every God-fearing patriot must become a true Conservative?”

*

how to generate a societal immune system. El Gato Malo, Substack. Jan. 17, 2022
<https://boriquagato.substack.com/p/how-to-generate-a-societal-immune>

covid was too much, too fast, too visibly, too soon.

they had to adapt and play a real time game that would show results in weeks and months, not decades. they should NEVER have tried to play for such high stakes and rapid gains...it not only revealed to us who they all were, but what they were.

the technocratic wunderkinds failed to live up to billing and the failure was unmistakable

*

New England Journal of Medicine Puts Lipstick on a [CDC] Pig, Again. Darby Shaw, Substack, Jan. 17, 2022
<https://darbyshaw.substack.com/p/new-england-journal-of-medicine-puts>

This one is a major red flag. It says that 35 adolescents who were screened for the study had been admitted to the hospital within 14 days of their first shot. All 35 were completely excluded from the final study results.

* * *

Jan. 31, 2022 - Attorney Todd Callender explains the legal framework for suspension of human rights and civil liberties globally

<https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

Set in motion by Bank for International Settlements in 1990, ratified by national governments in 2005, implemented in 2020 with “WHO-declared pandemic.”

Extremely interesting and useful podcast.²⁵

It covers the legal redefinition of genetically-modified human beings as nonhuman, and therefore potentially without legally-cognizable human rights, through *Association for Molecular Pathology v. Myriad Genetics*, US Supreme Court, 2013. No. 12-398

Also covers the relationship between the ICD-10 (international diagnosis code) and the funding mechanisms of the CARES Act (which I covered at the Centre County level for a few months in Spring 2021²⁶.)

Also covers military merger with public health systems, and hospital murder protocols.

Lots of material.

“The 2005 International Health Regulations (Agreement) signed by all of the world’s countries, provided that in the event of a declared global pandemic, all human, constitutional, and charter rights guaranteed by each country were to be suspended with the World Health Organization in control of the solution. This legal framework was set into motion in March 2020 when the WHO declared a global pandemic.

DrLee4America interviews international attorney, Todd Callender, who founded *Disabled Rights Advocates*, and is the attorney of record on the Department of Defense lawsuit against vaccine mandates for the US Military. In this show, Callender lays out the historical and legal framework setting the stage for the Arizona Governor’s executive orders to implement the “Australia Plan” of forced quarantine camps and compulsory vaccination in America.”

Comments:

The information is terrifying, but important for understanding the spiritual war we’re all engaged in simply because we happen to be alive right now.

I find it better to know the Enemy, the Enemy’s goals and the Enemy’s legal and psychological tools and tactics, than not to know.

Also important to keep in mind, the Enemy tries very hard to persuade people that the structural changes in human society made in the past are irreversible, and the changes planned for the future are inevitable.

Both assertions are false, because humans have free will, are created in the image of God and have recourse to God’s guidance and God’s mercy.

Even the humans within legislatures and courts have that free will.

²⁵ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

²⁶ <https://bailiwicknews.substack.com/p/preliminary-2020-all-cause-mortality>

BAILIWICK NEWS

Substack posts from bailiwicknews.substack.com

February 2022

* * *

Feb. 1, 2022 - Canadian Truckers for Freedom press conference

Worth watching in full. Excellent points made, including “race to the bottom” of credibility between political elites and legacy media. <https://youtu.be/oleho4JLg28>

For those who don't watch videos and prefer written content, I'm working on a write-up of attorney Todd Callender's podcast interview (posted here yesterday) about the legal frameworks put in place worldwide since 1990, that have made suspension of human rights and civil liberties possible in every formerly-democratic nation-state around the globe, simultaneously, since March 2020.

* * *

Feb. 1, 2022 - Criminal charges. Filed locally, on behalf of those killed by the mRNA/DNA injections.

Update Feb. 2, 2022 - West Yorkshire: Police Investigation into Covid Crimes is Underway²⁷
<https://dailyexpose.uk/2022/02/02/west-yorkshire-police-investigation-is-underway/>

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Feb. 2, 2022 - January 19, 2017 Federal Register. US Health and Human Services final rulemaking, WHO International Health Regulations, and human liberty.

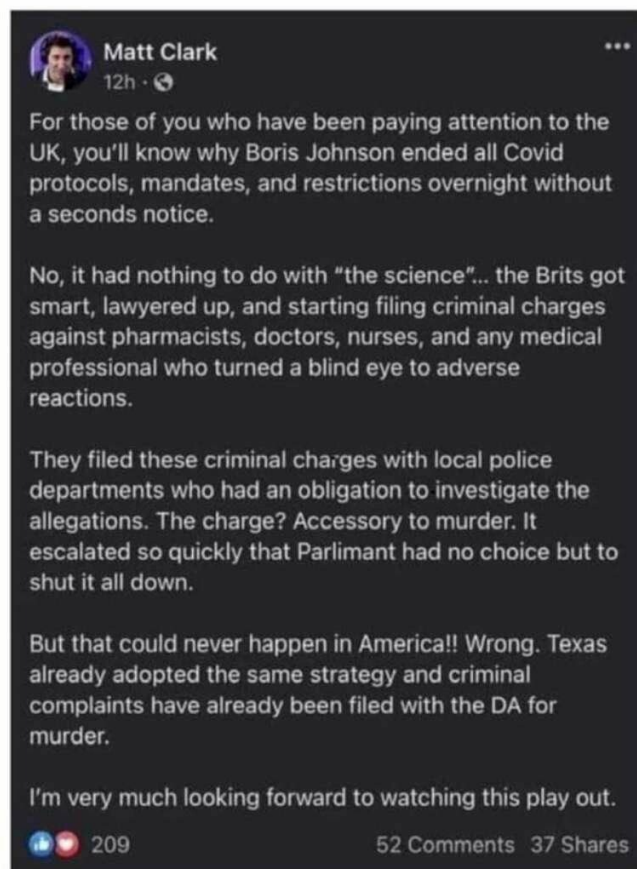
I'm working on writing up my notes from Attorney Todd Callender's interview by Dr. Elizabeth Lee Vliet²⁸, and doing some research to correct timeline errors and review cited documents.

Among other key events, Callender pointed to the 2005 adoption, through the World Health Organization, of a set of International Health Regulations.²⁹

The WHO description accompanying publication of the second edition (emphasis added):

"In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR)."

This binding instrument of international law entered into force on 15 June 2007.



²⁷ <https://dailyexpose.uk/2022/02/02/west-yorkshire-police-investigation-is-underway/>

²⁸ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

²⁹ <https://www.who.int/publications/i/item/9789241580410>

The stated purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

Because the IHR are not limited to specific diseases, but are applicable to health risks, irrespective of their origin or source, they will follow the evolution of diseases and the factors affecting their emergence and transmission.

The IHR also require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. They further introduce a series of health documents, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travelers...

The 2005 International Health Regulations required each signatory nation-state to adopt implementing legislation, which the United States government did, through revisions to 42 CFR Parts 70 and 71, governing interstate and foreign quarantine during any "public health emergency of international concern" as declared by the director of the Centers for Disease Control and the director of the World Health Organization.

The most recent major, highly-relevant revisions of 42 CFR Parts 70 and 71 occurred through a "final rulemaking" by the Department of Health and Human Services, published in the Federal Register on January 19, 2017 (6890 Federal Register/Vol. 82, No. 12³⁰) and effective Feb. 17, 2017.

The revisions were put in place just as Donald Trump was taking office as US President after a surprising electoral win.

Excerpts from Federal Register 6890:

[p. 81] *Public health emergency* as used in this part means:

- (1) Any communicable disease event as determined by the Director with either documented or significant potential for regional, national, or international communicable disease spread or that is highly likely to cause death or serious illness if not properly controlled; or
- (2) Any communicable disease event described in a declaration by the Secretary pursuant to 319(a) of the Public Health Service Act (42 U.S.C. 247d (a)); or
- (3) Any communicable disease event the occurrence of which is notified to the World Health Organization, in accordance with Articles 6 and 7 of the International Health Regulations, as one that may constitute a Public Health Emergency of International Concern; or
- (4) Any communicable disease event the occurrence of which is determined by the Director-General of the World Health Organization, in accordance with Article 12 of the International Health Regulations, to constitute a Public Health Emergency of International Concern; or
- (5) Any communicable disease event for which the Director-General of the World Health Organization, in accordance with Articles 15 or 16 of the International Health Regulations, has issued temporary or standing recommendations for purposes of preventing or promptly detecting the occurrence or reoccurrence of the communicable disease.

Health and Human Services/CDC officials responded to public comments expressing concern.

[pp. 16-17] One commenter also requested clarification concerning whether the World Health Organization's (WHO) declaration of a Public Health Emergency of International Concern (PHEIC) could continue to serve as the basis for a "public health emergency" if the President or HHS Secretary disagreed with the declaration of a PHEIC on legal, epidemiologic, or policy grounds.

³⁰ <https://www.federalregister.gov/documents/2017/01/19/2017-00615/control-of-communicable-diseases>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

In response, HHS/CDC notes that the scenario proposed by the commenter is unlikely, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States.

HHS/CDC also received a comment objecting to referencing the WHO's declaration of a Public Health Emergency of International Concern (PHEIC) in the definition of "public health emergency" because this ostensibly relinquishes U.S. sovereignty.

HHS/CDC disagrees. By including references to a PHEIC, HHS/CDC is not constraining its actions or making its actions subject to the dictates of the WHO. Rather, the declaration or notification of a PHEIC is only one way for HHS/CDC to define when the precommunicable stage of a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals.

While HHS/CDC will give consideration to the WHO's declaration of a PHEIC or the circumstances under which a PHEIC may be notified to the WHO, HHS/CDC will continue to make its own independent decisions regarding when a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals. Thus, HHS/CDC disagrees that referencing the WHO determination of a PHEIC results in any relinquishment of U.S. sovereignty.

The International Health Regulations are an international legal instrument that sets out the roles of WHO and State parties in identifying, responding to, and sharing information about public health emergencies of international concern. HHS/CDC believes that it would be unlikely for the United States to formally object to the WHO's declaration of a PHEIC, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States.

Also regarding the definition of "public health emergency," one public health association expressed concern that *any* disease considered to be a public health emergency may qualify it as quarantinable. Another commenter noted that some PHEICs "most certainly do not qualify as public health emergencies" under the proposed definition. HHS/CDC appreciates the opportunity to clarify. Only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease. The definition of *Public health emergency* is finalized as proposed."

As we all now know, the HHS/CDC blandishments — about scenarios in which the United States government would subordinate its national sovereignty to the World Health Organization being "unlikely" — were lies, told with full knowledge of their falsehood by the HHS/CDC liars.

* * *

Feb. 3, 2022 - More on the International Health Regulations. Bipartisan Presidential Executive Orders in 2003, 2005, and 2014 authorized the Secretary of Health and Human Services to detain Americans on suspicion of having colds and flus.

OBSERVATION:

The governments of nation-states around the world can't stop the mass murder and mass maiming of the world's people through

- forced detentions (in homes, nursing homes, schools, hospitals and quarantine-facilities); forced masking and social distancing;
- forced withholding of preventative and early treatments for Covid-19;
- forced administration of ventilation, Remdesivir, midazolam and other lethal poisons; and
- forced administration of mRNA and DNA bioweapon injections,

until those governments and their central banks (the Federal Reserve in the United States) are prepared to forego access to the international financial system controlled by the individuals who control the Bank for International Settlements.

One step would be signing of a Presidential Executive Order revoking Executive Order 13295 of April 4, 2003; Executive Order 13375 of April 1, 2005, and Executive Order 13674 of July 31, 2014, and reinstating Executive Order 12452 of Dec. 22, 1983.

2005 - World Health Organization creates International Health Regulations

In 2005, through the World Health Organization, the individuals who control the Bank for International Settlements created the International Health Regulations (IHR).

The second edition of the IHR is described, by WHO, as follows:

"In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR). This binding instrument of international law entered into force on 15 June 2007."

The stated purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

The IHR "are not limited to specific diseases, but are applicable to health risks, irrespective of their origin or source."

The IHR further, "require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. They further introduce a series of health documents, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travelers."

The 2005 International Health Regulations required each signatory nation to adopt implementing legislation, which the United States government did, through revisions to 42 Code of Federal Regulations, Parts 70 and 71.

Those federal laws regulate interstate and foreign quarantine activities during "public health emergencies of international concern."

2017 - Major rulemaking by US Department of Health and Human Services

The most recent, major revisions of 42 CFR Parts 70 and 71 occurred through a "final rulemaking" by the Department of Health and Human Services, published in the Federal Register on Jan. 19, 2017 and effective Feb. 17, 2017. (See 6890 Federal Register. Vol. 82, No. 12)

The Federal Register entry reported that some commenters, during the public comment period, requested clarification concerning whether the World Health Organization's (WHO) declaration of a Public Health Emergency of International Concern (PHEIC) could continue to serve as the basis for a "public health emergency" if the President or HHS Secretary disagreed with the declaration of a PHEIC on legal, epidemiologic, or policy grounds.

Health and Human Services/Centers for Disease Control respondents described such a scenario as "unlikely" and noted that "CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

Another comment addressed the same concern from a slightly different perspective: the commenter "objected to referencing the WHO's declaration of a Public Health Emergency of International Concern (PHEIC) in the definition of "public health emergency" because this ostensibly relinquishes U.S. sovereignty."

Again, HHS/CDC respondents said they "disagreed" with the characterization, stating that US government officials would "give consideration to the WHO's declaration of a PHEIC" but would "continue to make its own independent decisions regarding when a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals."

A few paragraphs later, the HHS/CDC respondents again said that “it would be unlikely for the United States to formally object to the WHO’s declaration of a PHEIC, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States.”

It’s very careful sophistry. HHS states that the US government is unlikely to even *try* to resist a WHO declaration, not addressing what would happen in that unlikely event of such an attempt. Presumably because it would be financially impossible for the US government to make the attempt, because the Federal Reserve would immediately lose access to the Bank for International Settlements.

Other commenters expressed concern that "*any* disease considered to be a public health emergency may qualify it as quarantinable" and noted that some PHEICs “most certainly do not qualify as public health emergencies” under the proposed definition.

HHS/CDC respondent's “clarified” that “only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease.”

After dispatching with the comments, the HHS/CDC respondents concluded: “The definition of *Public health emergency* is finalized as proposed.”

US Presidents’ Executive Orders since 1990

As it happens, there have been three Executive Orders issued by US Presidents related to the quarantine power of the Secretary of Health and Human Services laws since 1990.

They were promulgated under section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)), and they assigned the President's executive authority to the Secretary of Health and Human Services for implementation.

Executive Order 13295

On April 4, 2003, President George W. Bush signed Executive Order 13295, listing:

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

(b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences.” *See* Federal Register/Vol. 68, No. 68, p. 17255

The 2003 Executive Order revoked Executive Order 12452 of Dec. 22, 1983, which specified quarantinable diseases as including “Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named).”

In other words, in 2003, President Bush added the common cold to the list of communicable diseases empowering the executive branch, through the Secretary of Health and Human Services, to summarily detain American citizens and prevent them from travelling across state or federal borders.

Executive Order 13375

On April 1, 2005, President Bush signed Executive Order 13375, extending the quarantine power of the Health and Human Services Secretary to include:

“(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.” (*See* Federal Register, Vol. 70, No. 64, p. 17299)

In 2005, the executive branch of the federal government granted itself the power to detain American citizens for the flu.

On July 31, 2014, President Barack Obama signed Executive Order 13674, revising Section b of President Bush's 2003 order. The new text expanded on the definition of SARS [the common cold]:

“(b) Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza.” See Federal Register Vol. 79, No. 151, p. 45671

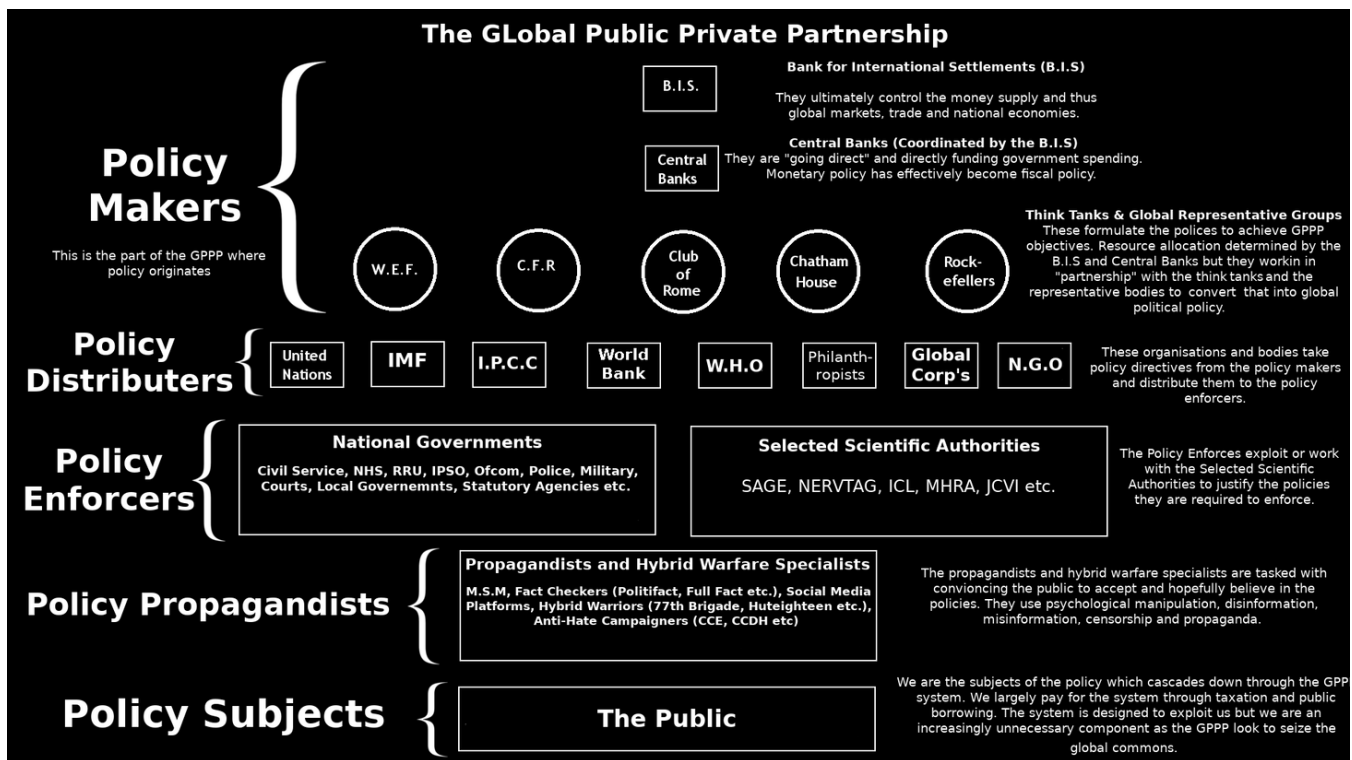
Parsed, in 2014, the federal government expanded its power to detain American citizens for common colds, not only if the diseases are "transmitted" but if they are "capable of being transmitted...and are causing, or have the potential to cause, a pandemic."

That's what made it legally possible for President Trump and President Biden, working through the Centers for Disease Control, to 1) place all Americans — including healthy Americans with no symptoms — under house/business/school arrest; 2) order that healthy Americans wear medical devices (cloth masks) without individual clinical diagnoses, without evidence of efficacy for infection control, and without a personal physician's prescription; and 3) submit to forcible injection of mRNA and DNA toxins.

Combined effect of International Health Regulations and implementing national regulations and executive orders

Explaining the combined effect in the podcast interview³¹, Attorney Todd Callender stated:

“It allows for, in every instance, a suspension of your human rights, your sovereign rights, your Constitutional rights, charter rights.”



* * *

³¹ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

Feb. 3, 2022 - Department of Defense responds to Senator Ron Johnson after he follows up on Attorney Thomas Renz' presentation on Jan. 24, 2022

Daniel Horowitz writing at The Blaze: Military spokesman claims 5 random years of DOD medical surveillance system were plagued by a giant glitch³²

According to a spokesman for the Defense Health Agency, every data point for five years in the agency's entire epidemiological surveillance system – Defense Medical Epidemiology Database (DMED) – was one giant glitch. Oh, and that glitch magically stopped in January 2021, but it still wasn't detected until Thomas Renz testified³³ before Sen. Ron Johnson last Monday that this data existed!...

Here are a few of the data points out of hundreds of ICD codes showing a massive increase in 2021 outpatient diagnoses over the preceding five-year average. They are detailed in a letter from Sen. Ron Johnson³⁴ to Secretary of Defense Lloyd Austin:

- Hypertension – 2,181% increase
- Diseases of the nervous system – 1,048% increase
- Malignant neoplasms of esophagus – 894% increase
- Multiple sclerosis – 680% increase
- Malignant neoplasms of digestive organs – 624% increase
- Guillain-Barre syndrome – 551% increase
- Breast cancer – 487% increase
- Demyelinating – 487% increase
- neoplasms of thyroid and other endocrine glands – 474% increase
- Female infertility – 472% increase
- Pulmonary embolism – 468% increase
- Migraines – 452% increase
- Ovarian dysfunction – 437% increase
- Testicular cancer – 369% increase
- Tachycardia – 302% increase

This is in addition to the original data Renz revealed to Sen. Johnson showing a tenfold increase in diagnoses for neurological issues, a 300% increase in miscarriage diagnoses, and a total cancer diagnosis increase of about 300%...



* * *

³² <https://www.theblaze.com/op-ed/horowitz-military-spokesman-claims-5-random-years-of-dod-medical-surveillance-system-were-plagued-by-a-giant-glitch>

³³

https://twitter.com/TheChiefNerd/status/1485695818996854788?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1485695818996854788%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.theblaze.com%2Fop-ed%2Fhorowitz-whistleblowers-share-dod-medical-data-that-blows-vaccine-safety-debate-wide-open

³⁴ <https://roar-assets-auto.rbl.ms/documents/13712/2022-02-01 RHJ letter to DoD re DMED.pdf>

Feb. 4, 2022 - How the International Health Regulations, voiding constitutional and statutory law in signatory nation-states...underpin de facto public health martial law in Pennsylvania.

Fourth installment of Callender Interview series.

I just read a National File article³⁵ about Pennsylvania Lieutenant Governor candidate Teddy Daniels' plans to arrest government officials who impose mandates, if Daniels is elected.

The other day, as already noted, I listened to a crucial podcast interview³⁶ of Attorney Todd Callender, by Dr. Elizabeth Vliet Lee.

US District Court Butler v. Wolf case

After reading the National File article today, I did some research to update myself about what happened to the federal *Butler v. Wolf*³⁷ case in which US District Court Judge William Stickman IV attempted to overturn Gov. Wolf's emergency executive orders in Sept. 2020 on constitutional grounds, and then had his judicial order stayed by the Third Circuit Court of Appeals after Governor Wolf appealed Stickman's ruling.

(I sent a correction to National File, because the story incorrectly states that Stickman's judicial order stayed Wolf's emergency orders.)

That Third Circuit stay of Stickman's order overturning Wolf's orders — and Governor Wolf's repeated extension of the state of emergency³⁸ — helped drive the constitutional amendment proposed by the Pennsylvania legislature, which was put on the ballot in May 2021 and approved by voters³⁹. The amendment gave the Pennsylvania legislature power to end the governor's emergency declaration, which the legislature did in June 2021⁴⁰.

However, Wolf's administration then continued exercising the claimed masking and school closure powers, saying that it was through the Secretary of Health's authority separate from the Governor's, and therefore not curtailed in any way by either the constitutional amendment, or the legislature's resolutions ending the emergency.

School boards and municipalities across Pennsylvania have continued to impose and enforce the mandates, using the Secretary of Health's power, and the CDC/HHS orders, as their rationale.

Pennsylvania state court cases

This has been the subject of Pennsylvania state court cases, including *Corman v. Acting Secretary of Pennsylvania Department of Health*.⁴¹

In their Sept. 3, 2021 petition, the *Corman* case parents argued that the Secretary of Health does not have “statutory or regulatory authority to mandate the wearing of face coverings by teachers, children, students, staff, or visitors working, attending, or visiting a School Entity.”

That legal fight was argued in front of the Commonwealth Court [294 MD 2021, oral arguments Oct. 20, 2021] and the mask mandate was ruled “void from the beginning.” Short summary of Nov. 10 Commonwealth Court ruling by Sullivan-Simon.⁴²

Governor Wolf appealed the decision, to the Pennsylvania Supreme Court, where appeal was denied on Dec. 10, 2021, thus upholding the Commonwealth Court ruling. 83 MAP 2021 case documents.⁴³

³⁵ <https://nationalfile.com/teddy-daniels-vows-arrest-government-officials-enforce-unconstitutional-mandates/>

³⁶ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

³⁷ <https://bailiwicknews.substack.com/p/butler-v-wolf>

³⁸ <https://bailiwicknews.substack.com/p/liberty-v-tyranny-pennsylvania-edition>

³⁹ <https://bailiwicknews.substack.com/p/hooray>

⁴⁰ <https://bailiwicknews.substack.com/p/pennsylvania-house-and-senate-have>

⁴¹ <https://s3.documentcloud.org/documents/21055360/9321-petition-for-review-filed.pdf>

⁴² <https://sullivansimon.com/corman-v-acting-secy-of-the-pa-dept-of-health/>

⁴³ <https://www.pacourts.us/news-and-statistics/cases-of-public-interest/jacob-doyle-corman-iii-et-al-v-acting-secretary-of-the-pennsylvania-department-of-health>

Nonetheless, children in many districts across the state — including State College Area School District, where I live — are still forced to wear masks all day every day.

US District Court Butler v. Wolf case

Getting back to the federal case of *Butler v. Wolf*, on the question of whether Governor Wolf's business closure and other emergency orders violate the constitutionally-protected human rights of Pennsylvania citizens:

In August 2021, the Third Circuit dismissed the appeal as moot, taking Wolf at his word that the Secretary of Health would not reimpose draconian mandates, but not ruling that such mandates would be unconstitutional. *PennRecord* reported on that August 2021⁴⁴ Third Circuit ruling, quoting Judge Kent Jordan:

“The Governor’s emergency powers have been reduced and the immediate sense of emergency has abated to a large degree, but both in reported public statements and in argument before us, **‘The Wolf administration maintains that dissolving the disaster emergency does not affect a health secretary’s disease-prevention authority to issue mask-wearing and stay-at-home orders or shut down schools and nonessential businesses.** Whether that position is legally sound is not before us and I make no comment on it.”

“The point is that the defendants-appellants in this case – Gov. Wolf and the Commonwealth’s Secretary of Health – have taken that position, so the possibility of future executive orders of the type challenged here is not fanciful. But such orders would have to be just that – in the future – because it is undisputed that the challenged orders have all expired, and a legal remedy aimed at those particular orders is, by definition, impossible.”

The *Butler v. Wolf* plaintiffs (counties and business owners) then appealed the Third Circuit ruling to the US Supreme Court, which refused to hear the case.

That was reported Jan. 11, 2022 by Max Mitchell in the Legal Intelligencer⁴⁵, although the story is behind a paywall so I can't read it in full.

What this means in the context of the Callender interview:

This means that the Pennsylvania Secretary of Health can — as of this moment — reinstate any health-related orders at any time, on any pretext, regardless of the Pennsylvania legislature's removal of the Governor's executive power, and without citizen recourse to constitutional liberties or court review.

The Pennsylvania Secretary of Health currently has more power than the Pennsylvania governor, the Pennsylvania legislature and Pennsylvania courts...

This aligns with what Attorney Todd Callender has been reporting.

So long as a WHO-declared "public health emergency of international concern" is in effect, nation-states who have signed on to the 2005 International Health Regulations are legally obligated — apparently under penalty of losing access to the Bank for International Settlements financial transaction systems — to suspend their constitutions, statutory protections for civil liberties and court systems.

State and county public health authorities, led by the US Secretary of Health and Human Development, currently have complete legal control of the physical bodies of all the human beings within their jurisdictions.

And that federal HHS Secretary delegation of power to state health secretaries and county health departments can and is being backed by county law enforcement personnel.

In other words, we are all already living under executive-imposed public health martial law.

Federal, state and county legislatures and courts are powerless to overturn the public health officials' authority, because it derives from the International Health Regulations, not from federal or state constitutions or statutes.

⁴⁴ <https://pennrecord.com/stories/606545317-third-circuit-vacates-federal-court-s-ruling-and-declares-suit-over-legality-of-wolf-s-covid-19-measures-is-moot>

⁴⁵ <https://www.law.com/thelegalintelligencer/2022/01/11/scotus-rejects-appeal-over-constitutionality-of-pa-s-covid-closures/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

I will continue to work on the series until I finish reporting on the full hour of audio content, including my own research to expand on points Callender makes.

* * *

Feb. 5, 2022 - Pray for and donate to support the Canadian Freedom Convoy 2022.

GoFundMe yanked \$10 million in donations, but Christian crowdfunding site GiveSendGo is now on the job. For news about the convoy and Ottawa protest — and related convoys and protests happening all around the world — one good source is the truckers' Gab feed: [TruckerConvoy2022](https://gab.com/truckerconvoy2022).⁴⁶

TruckerConvoy2022, with Gabbers' help, is successfully going around the legacy media censors at newspaper, radio and television corporations, and around the gatekeepers at Facebook, Twitter and YouTube.

The more you can forward the independent reporting you find — on Gab and elsewhere — to friends and family that may not know what's happening, the better.

GIVESENDGO LINK⁴⁷ here and on screenshot below. You can use the link to send a prayer, send money, or both.

Their servers are having trouble keeping up with traffic, but I managed to get a prayer and a donation through after about 15 minutes of trying. God-willing, they will be able to upgrade their servers and security to be able to reach their \$16,000,000 goal. Funds will be used for food, fuel and other things the truckers need to maintain their protest until the Canadian government lifts all restrictions.

HONK! HONK! :-)

March 19, 2023 Note: The Canadian government successfully pressured GiveSendGo to terminate the fundraiser, forcing the truckers to refund donations. The donor list was also leaked, enabling pressure campaigns against individuals who attempted to donate funds. The trucker campaign leaders -- including Tamara Lich and Chris Barber -- were arrested in mid-February,⁴⁸ bank accounts of protestors were frozen by the Canadian government in collusion with bans, and the protest was crushed and disbanded.

* * *

Feb. 5, 2022 - Contact FDA/Pfizer Inc. to demand no FDA approval for killshots for babies.

Reporting from Toby Rogers and Darby Shaw:

Urgent call to action! The FDA wants to approve Pfizer mRNA shots for 19 million kids ages 6-months to 4-years old.⁴⁹ Toby Rogers at Substack.

...Pfizer wants their disastrous mRNA shot added to the official schedule for children so that they can have liability protection⁵⁰ forever.

The Pfizer mRNA shot in children 2- to 4-years old failed⁵¹ in the clinical trial.

⁴⁶ <https://gab.com/truckerconvoy2022>

⁴⁷ <https://givesendgo.com/FreedomConvoy2022>

⁴⁸ <https://www.cbsnews.com/news/canadian-police-arrest-truck-protest-leaders-tamara-lich-chris-barber/>

⁴⁹ <https://tobyrogers.substack.com/p/urgent-call-to-action-the-fda-wants>

⁵⁰ <https://youtu.be/lkKOt4SYYiY?t=2088>

⁵¹ <https://www.cnn.com/2021/12/17/health/pfizer-vaccine-children/index.html>

Acting FDA Commissioner, Janet Woodcock, following orders from the Biden administration said⁵², (I'm paraphrasing here) 'don't worry about the fact that the shot does not work, we've got a drug to sell, submit an Emergency Use Authorization (EUA) application anyway.'

So Tuesday (Feb. 1) Pfizer submitted⁵³ an EUA application for children six-months to four-years old...

The FDA's Vaccines and Related Biological Products Advisory Committee* will meet in two weeks — on February 15⁵⁴ — to evaluate this EUA application for a product that failed the clinical trial.

That's what we are up against.

Pfizer is coming for the babies now. Please help.⁵⁵ Darby Shaw at Substack

This week the FDA, henceforth to be known as Pfizer, Inc., Washington Branch, asked Pfizer to submit its request for authorization of its Covid-19 vaccine in children under the age of five, even though two doses of the vaccine failed to achieve the target immune response in the clinical trial of children ages two to four.

As Pfizer, Inc., Washington Branch explained it, they just want to get the children started on their injections while they wait to see whether a third dose will do the trick...

Please, take a few minutes this weekend to let these crooks know that we are on to them. The day of reckoning is coming, and when it does, it's going to make the Nuremberg Trials look like an episode of Judge Judy by comparison. None who participated in these crimes against humanity will be spared.

For convenience, Shaw compiled the Vaccine email address from Rogers' site into a single block of text:

Janet.Woodcock@fda.hhs.gov, Aux7@cdc.gov, sean.mccluskie@hhs.gov, Peter.Marks@fda.hhs.gov,
asmonto@umich.edu, paula.annunziato@merck.com, acohn@cdc.gov, anc0@cdc.gov, hgans@stanford.edu,
Michael.kurilla@nih.gov, cmeissner@tuftsmedicalcenter.org, offit@chop.edu, spergam@fredhutch.org,
fullerao@umich.edu, officeofthepresident@mmc.edu, JYLee@uams.edu, ofer.levy@childrens.harvard.edu,
psm9@pitt.edu, mnr8d@virginia.edu, stanley-perlman@uiowa.edu, Jportnoy@cmh.edu, erubin@hsph.harvard.edu,
erubin@nejm.org, mhsawyer@health.ucsd.edu, mew2@cdc.gov

*

There are sample messages posted in the comments section of both Substacks.

I sent a message cut-and-pasted from one of those comments, at the invitation of the commenter. Feel free to use it as-is or in your own words.

You absolutely must NOT approve the Pfizer vaccines for 6 month old babies to 5 year old children. There is zero data to support this EUA application and you must vote NO as this proposed use violates the Nuremberg Code's prohibitions against illegal medical experiments.

Covid News: Pfizer Applies to F.D.A. for Two-Shot Vaccine for Children Under 5

Two doses failed to produce the hoped-for immune response among children aged two to four in a clinical trial. Research continues on whether three doses would be more effective for that age group.

Published Feb. 1, 2022 Updated Feb. 4, 2022, 5:13 a.m. ET

⁵² <https://twitter.com/DrWoodcockFDA/status/1488629827821260812>

⁵³ <https://www.nytimes.com/live/2022/02/01/world/covid-19-cases-vaccine/pfizer-applies-to-the-fda-for-a-two-shot-vaccine-for-children-under-5>

⁵⁴ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-advisory-committee-meeting-discuss-request-authorization-pfizer>

⁵⁵ <https://darbyshaw.substack.com/p/pfizer-is-coming-for-the-babies-now>

In the likely event of serious adverse events and even deaths, you will be held personally responsible for this crime against humanity.

You must do the right thing and not rubber stamp this experimental gene therapy for the most vulnerable people in our society. This mRNA shot failed in clinical trials with 2-4 year olds.

We are watching and will hold you accountable for your actions.

* This is the same VRBPA committee that approved the original adult kill shots after a hearing in October 2020, despite severe adverse effects experienced by participants in the clinical trials, including permanent disability and death, which were hidden from the public; despite no program in place to actively monitor adverse effects and deaths after rollout, only the passive VAERS system, which they have disregarded as “voluntary;” and despite no stopping condition established to discontinue the program at *any* number of reported deaths and severe adverse effects resulting from injections.

FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
*****Subject to change*****

▪ Guillain-Barré syndrome	▪ Deaths
▪ Acute disseminated encephalomyelitis	▪ Pregnancy and birth outcomes
▪ Transverse myelitis	▪ Other acute demyelinating diseases
▪ Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encepholopathy	▪ Non-anaphylactic allergic reactions
▪ Convulsions/seizures	▪ Thrombocytopenia
▪ Stroke	▪ Disseminated intravascular coagulation
▪ Narcolepsy and cataplexy	▪ Venous thromboembolism
▪ Anaphylaxis	▪ Arthritis and arthralgia/joint pain
▪ Acute myocardial infarction	▪ Kawasaki disease
▪ Myocarditis/pericarditis	▪ Multisystem Inflammatory Syndrome in Children
▪ Autoimmune disease	▪ Vaccine enhanced disease

October 22, 2020 VRBPAC Adverse Effects Slide 16

* * *

Feb. 7, 2022 - Freedom Trucker 2022 update

The harder the police repress the peaceful movement with force, the higher morale goes.

Dr. Paul Alexander: “The truckers are backed 100 percent by the science.” 90 percent of the people who died, would have lived if given early treatment.

Dr. Roger Hodkinson: “This despicable attack on our children has to stop.” Medical community now complicit in “state-sanctioned murder...the kill is significant” and will become more apparent in coming weeks.

Much more.

LINK to press conference video. <https://rumble.com/vu9dlz-truckers-convoy-canada.html>
Share widely. Get it around the censors to your loved ones.

* * *

Feb. 7, 2022 - Horowitz: The Pentagon's RESPONSE to the explosive DOD medical data is an even bigger story than the data.

Daniel Horowitz, writing at *The Blaze*:⁵⁶

"It's now certain that the military's health surveillance system — DMED — showed a massive increase in sickness and injury diagnoses in 2021 over previous years, particularly in the neurological, cardiovascular, oncological, and reproductive health categories.

The military, in a very terse and cryptic statement to PolitiFact last week, admitted as much, but claimed without any further explanation that the data in the system accessed by several military doctors working with attorney Thomas Renz was only a 'fraction' of the true numbers that existed.

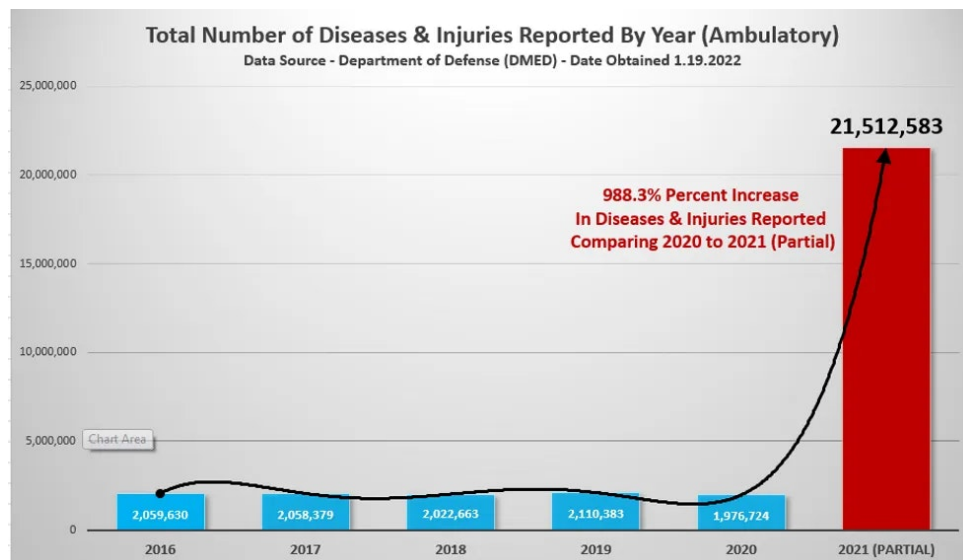
In the words of the Pentagon spokesman, it was a 'glitch in the database.' Where those true numbers existed, why they weren't in the system for five years, what exactly was in the system, and why the 2021 numbers were accurate according to the DOD account remain a mystery.

However, one by one, the military public health officials have been adding back random numbers to the 2016 through 2020 codes. I'm told by Renz and two of the whistleblowers that throughout the past week, they have queried the same data again, and in most of the ICD categories, they have found that the numbers from 2016 through 2020 were 'increased' exponentially to look as though 2021 was not an abnormal year. This has been done without any transparency, any press release, any statement of narrative, and sloppily in a way that makes the already unbelievable narrative simply impossible to believe...

They are only concerned with downplaying any potential culpability of the vaccine, not explaining how they were flying blind, according to their official narrative, on such an important endeavor for so many years. Just consider the fact that at last week's meeting of the CDC's Advisory Committee on Immunization Practices (ACIP), officials revealed that they have been monitoring vaccine safety data from the DOD, among other places.

You know what that means? The CDC was looking at data for months that showed insane safety signals and did nothing about it, and somehow nobody in HHS or the DOD all along thought the data was a "glitch..."

One of two things is true: Either there was mass vaccine injury in the military, or our military has been very unhealthy and the Pentagon completely lost control over epidemiological surveillance of these health issues for years. Either way, this is the story of the year."



⁵⁶ <https://www.theblaze.com/op-ed/horowitz-the-pentagons-response-to-the-explosive-dod-medical-data-is-an-even-bigger-story-than-the-data>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

Email I sent to Horowitz after reading his report:

Re: Attorney Todd Callender has important pieces of the legal puzzle about the HHS/CDC position re: corrupted DoD data

Please listen to this recent podcast⁵⁷ and report on the issues raised.

Key to the whole international crime is the role of CDC/HHS, under executive orders (Bush and Obama) that cause executive public health authority to supersede legislative and judicial power in the event of a WHO-declared “public health emergency of international concern,” as happened March 2020 and is still in force.

HHS Secretary and state health department secretaries now have more government power than elected president, governors and legislators and more power than courts, for as long as WHO maintains the emergency exists.

This is why CDC/HHS did not stop the mass vaxx/murder campaign even as the death and injury data signals mounted. It was just confirming for them that the depopulation campaign was going as planned, and should continue uninterrupted.

I have been working on finding the legal citations and reporting the contents of the interview, but the reach of my Substack is tiny.

* * *

Feb. 8, 2022 - Freedom Convoy 2022 Update

The organizers want to meet with Canadian government officials with the power to decide to stop all the restrictions on Canadian citizens’ liberties and rights to freely exercise informed consent, without coercion.

The government is preparing, on the ground and with legal frameworks presented in legacy media appearances, to move in with police force, kettle and then transport the peaceful protestors to “processing” facilities.

The world will know the roundups have started when the telecommunications by cell phone and Internet go dark, and livestreams out of Ottawa are no longer streaming.

<https://youtu.be/x6fBFdLGUZw>

* * *

Feb. 9, 2022 - Ransom demand from World Health Organization to G20.

Demands \$16 billion from high-income nation-states, to fund expanded testing and injections in middle- and low-income countries, to end WHO’s “public health emergency of international concern.”

WHO wants rich states to contribute to Covid-19 plan⁵⁸. ACT-Accelerator initiative requires \$16 billion to end the pandemic⁵⁹. RT

The Access to Covid-19 Tools Accelerator (ACT-A) is the WHO-led initiative that unites leading agencies in a bid to provide middle- and low-income countries with tests, vaccines, protective equipment, and other medical supplies needed to curb the pandemic worldwide.

⁵⁷ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

⁵⁸ <https://www.rt.com/news/548767-who-act-accelerator-initiative/>

⁵⁹ <https://www.rt.com/news/548767-who-act-accelerator-initiative/>

Dr. Tedros Adhanom Ghebreyesus, director-general of the WHO, said the spread of the Omicron variant made it even more urgent to distribute medical supplies equitably around the globe.

“If higher-income countries pay their fair share of the ACT-Accelerator costs, the partnership can support low- and middle-income countries to overcome low Covid-19 vaccination levels, weak testing, and medicine shortages. Science gave us the tools to fight Covid-19; if they are shared globally in solidarity, we can end Covid-19 as a global health emergency this year,” he stated.

The ACT-Accelerator representatives have contacted all high-income countries and upper-middle-income members of the G20. Their “fair share” contributions are calculated individually for each state, taking the private sector and philanthropic institutions into account as well.

Director-General Tedros Adhanom Ghebreyesus then explicitly — and falsely — linked low inoculation rates in low-income countries with an increased risk of viral variants capable of threatening highly-injected people in high-income countries.

According to the WHO statement, only about 22 million tests, or 0.4% of the total number, were taken in low-income countries; and only 10% of people in these countries have received at least one vaccine dose.

“This massive inequity not only costs lives, it also hurts economies and risks the emergence of new, more dangerous variants that could rob current tools of their effectiveness and set even highly vaccinated populations back many months,” reported the organization.

*

It’s diabolical genius in action.

Most of the low- and middle-income populations in Africa, Asia and South America who are now targeted for expanded testing, psychological terrorism and inoculations of deadly genetic toxins had far higher rates of early treatment and Covid recovery and far lower rates of Covid-related deaths over the past two years.

Those people now have far higher rates of natural immunity and mostly-intact personal immune systems that are coping well with all of the variants that have emerged.

Their functional and diverse immune systems are not placing evolutionary pressure on the circulating viruses to evolve into variants that circumvent the spike-protein at the foundation of all the mRNA and DNA-based injections.

Their outcomes have been far better than the outcomes in wealthier countries with the highest testing, psychological terrorism and inoculation rates, such as Israel, the UK, Australia, New Zealand, Denmark, Canada and the United States, where extremely degraded personal immune systems are now so focused on the spike protein that they are more vulnerable to reinfection, struggle more to overcome each reinfection, and drive more variant evolutions.

As the infection rates and deaths rise in highly-injected G20 populations, WHO is blaming those infections and deaths — not on the toxic genetic injections destroying the hosts’ immune systems — but on the low levels of genetic poisoning in poor countries.

WHO is using this framing to further impoverish G20 nations, moving the resources of their people, through their legislatures, into the hands of globalist tyrants working through the Bank for International Settlements. In other words, Director-General Tedros Adhanom Ghebreyesus and the WHO are putting Stalin, Pol Pot, Mao Zhedung, and Hitler to shame.

Having held all the countries in the world legally-hostage, under 2005 International Health Regulations (IHR), since the March 2020 WHO Director-General declaration of “public health emergency of international concern,” they are now extending the hostage crisis by demanding \$16 billion in ransom money, from developed countries, to be used to expand the genocide of testing and clot-shot inoculations to destroy the health and kill off populations living in middle-income and low-income nation-states.

The beatings will continue until morale improves.

More info about IHR as legally-binding, genocidal tool being used to overthrow national sovereignty, and create a world government controlled by and for Klaus Schwab and his cronies to render billions of humans digitally enslaved, maimed or dead at prior posts.

* * *

Feb. 9, 2022 - Submit formal comment to FDA

Re: Feb. 15 hearing on granting Pfizer Emergency Use Authorization to inject infants and toddlers.

From Steve Kirsch⁶⁰:

If you agree that the FDA should not give Pfizer an EUA to inject infants and toddlers with its unproven vaccine, here's how to take action...

Open and Complete the Online Form - <https://www.regulations.gov/commenton/FDA-2022-N-0082-0001>

(1) COMMENT: Limit of 5000 characters. May I suggest you just write "oppose." It's not like anyone will read 100,000 comments anyway, so we are just going for numbers. Feel free if you write something longer but I don't think it is going to make a difference.

(2) WHAT IS YOUR COMMENT ABOUT: pick "INDIVIDUAL CONSUMER"

(4) EMAIL ADDRESS Optional - if you want an email receipt from them for a record of your submission.

(5) TELL US ABOUT YOURSELF: most likely "INDIVIDUAL" [they'll ask for contact information] or "ANONYMOUS" [no contact info.] Your identifying information is NOT required.

(6) SELECT – "I am not a robot". However, if you are a Robot, don't check the box. You don't want to lie.

(7) SUBMIT comment.

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Feb. 9, 2022 - Fabulous footage of Canadian patriots carrying empty gas cans around Parliament Hill to thwart the Trudeau Gestapo

Which has been stopping fuel and food supply deliveries to try to freeze and starve out the protesting civilian trucker families. Which is a war crime. <https://gab.com/JoeyCamp2020/posts/107767493111030838>

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Feb. 9, 2022 - The truckers are not afraid of the police.

"No one here is scared...Everyone is here to do what must be done." <https://youtu.be/x4ScGlbW3ac>
(Video subsequently removed by the uploader; the protest was crushed and the leaders arrested and imprisoned around Feb. 25-26, 2022, just as the Ukraine-Russia crisis kicked off.)

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⁶⁰ <https://stevekirsch.substack.com/p/how-you-can-help-persuade-the-fda>

Feb. 9, 2022 - World Health Organization now working toward an expansion of the 2005 International Health Regulations

Happening under cover of the worldwide temporary rollback of overt population control measures. United States Congress needs to withdraw the country from the World Health Organization.

*An international treaty on pandemic prevention and preparedness*⁶¹ (European Council)

On 1 December 2021, the 194 members of the World Health Organization (WHO) reached consensus to kickstart the process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

An intergovernmental negotiating body will now be constituted and hold its first meeting by 1 March 2022 (to agree on ways of working and timelines) and its second by 1 August 2022 (to discuss progress on a working draft). It will then deliver a progress report to the 76th World Health Assembly in 2023, with the aim to adopt the instrument by 2024.

*EU reportedly pushes for new pandemic prevention treaty*⁶² (RT)

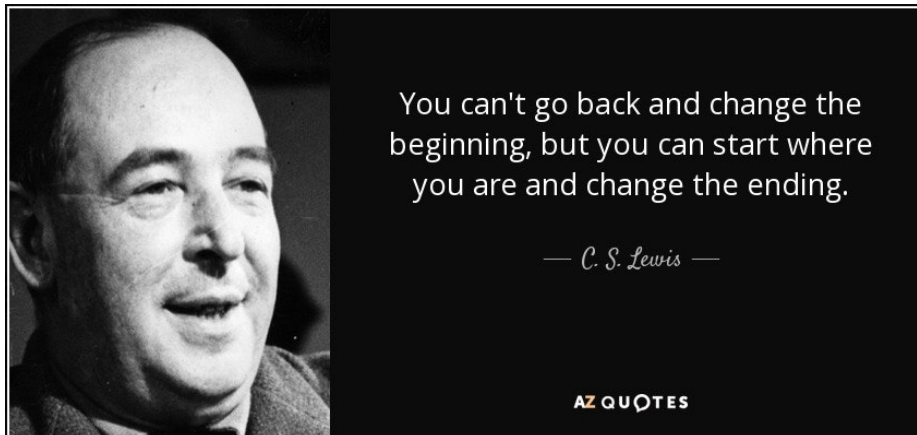
Brussels proposed the launch of negotiations on the new pandemic prevention initiative backed by the World Health Organization in 2021. However, since then the EU has been struggling to get approval from other major countries, notably Brazil, India and the US, which wanted the agreement to be non-binding.

Synopsis⁶³ (Gab)

The fact that everyone is suddenly backing away from restrictions is just a game. From today until Jan. 29, 2022, the WHO will hold an emergency meeting and deliberations in Geneva on expanding its ability to target (take over) all member states in the event of a pandemic and "any other type of threat or disaster."

WHO wants member states to sign a new treaty on Covid-19, which expands the 2005 treaty. Once signed by the Minister of Health, the WHO constitution (as per Article 19 of the same) will take precedence over a country's constitution (189 countries have signed the 2005 treaty) during natural disasters or pandemics.

Since the definition of pandemic was changed a few years ago, they will be able to impose obedience on any country and impose WHO guidelines on the public, which will be mandatory, not just recommended.



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⁶¹ <https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/>

⁶² <https://www.rt.com/news/548752-eu-pandemic-prevention-treaty/>

⁶³ <https://gab.com/Bdw/posts/107768848169181150>

**Feb. 10, 2022 - Filing claims against SCASD school board directors' surety bonds - UPDATED
To get them to repeal the mask mandates on our kids.**

I'll be researching this over the next week or so and trying to find 10 other State College Area School District parents to join me in filing.

In the meantime, here's some written information:

- BONDS FOR THE WIN - <https://bondsforthewin.com/filing-claims/>

And here's a video of parents in Dare County, North Carolina, who used the process to liberate more than 4,900 kids in their school district. The process is being used successfully in many school districts around the country.
<https://www.bitchute.com/video/PQk3R6i3YA8K/>

As a side note, SCASD's mask policy, as derived from the Acting Secretary of Health's executive orders, has been "void from the beginning" since the PA Commonwealth Court ruled it unlawful in *Corman v. Acting Secretary of Health* on November 10, 2021, and the PA Supreme Court upheld the Commonwealth Court's ruling, after Governor Wolf appealed it, in a decision published Dec. 10, 2021.

SCASD's masking policy is illegal now and has been clearly illegal since at least Dec. 10, 2021, and from that court ruling, retroactively illegal back to August 2021.

*Corman v. Acting Secretary of Pennsylvania Department of Health*⁶⁴ - Sept. 3, 2021 petition. *Corman* case parents argued that the Secretary of Health does not have "statutory or regulatory authority to mandate the wearing of face coverings by teachers, children, students, staff, or visitors working, attending, or visiting a School Entity." Argued in front of the Commonwealth Court [294 MD 2021, Oct. 20, 2021].

Mask mandate ruled "void from the beginning" on Nov. 10, 2021. Short summary of Commonwealth Court ruling by Sullivan-Simon⁶⁵.

Governor Wolf appealed the decision, to the Pennsylvania Supreme Court, where the Supreme Court upheld the Commonwealth Court ruling on Dec. 10, 2021. 83 MAP 2021 case documents⁶⁶.

Update - 1 p.m. Thursday, Feb. 10

There's a new, related lawsuit filed on Feb. 8⁶⁷ against the Pennsylvania Secretary of Education and several individual school districts across the state, with very useful information.

Also I've already heard from three families interested in joining the campaign.

Thank you for spreading the word through your networks!

Please contact me at kgwatt@protonmail.com to get involved.

Update - 2 p.m. Thursday, Feb. 10

More info about the lawsuit filed two days ago:

The legal theory that districts have been operating under since December is the idea that the Secretary of Education has the power, separate from the Secretary of Health and Governor, separate from the legislature declaring the emergency over in June 2021 and stripping Gov of emergency powers, etc.

That's what the Feb. 8, 2022 lawsuit (filed just two days ago) is challenging.

⁶⁴ <https://s3.documentcloud.org/documents/21055360/9321-petition-for-review-filed.pdf>

⁶⁵ <https://sullivan-simon.com/corman-v-acting-secy-of-the-pa-dept-of-health/>

⁶⁶ <https://www.pacourts.us/news-and-statistics/cases-of-public-interest/jacob-doyle-corman-iii-et-al-v-acting-secretary-of-the-pennsylvania-department-of-health>

⁶⁷ https://drive.google.com/file/d/1dopWZpU7R73mMW6XSfMbMdomqV48VJoJ/view?fbclid=IwAR0yk2T2L-AkBJ187XkGwiG1WL39I_4dpFDXd7lzOJ9QjSG4QZYzfATAEZM

In the appendix at p. 45 of 62, the Secretary of Education tells the school districts by email to keep masking, but doesn't cite any legal authority.

The petition at paragraphs 51-76 tries to imagine what the Secretary of Education might be claiming as legal authority, and asks the courts to find that Secretary of Education is wrong and doesn't have that power.

Update - 2:15 p.m., Thursday Feb. 10

I tried challenging the district on the legality of mask mandates by emails and information requests sent to State College Police Department and SCASD in July.

SCPD responded that a kid refusing to mask would fall under the control of school administrators for punishments, and that SCPD would only come if the kid refused to leave and was then charged with trespassing.

The SCASD response didn't cite any legal authority, pointed me to the student conduct handbook for 2020-2021 without saying what section might apply to masking, and made it clear they were going to continue even without it.

I decided I couldn't manage filing my own lawsuit to pursue it from there.

<https://bailiwicknews.substack.com/p/legal-question-sent-to-state-college>
<https://bailiwicknews.substack.com/p/response-from-state-college-police>
<https://bailiwicknews.substack.com/p/legal-question-sent-to-state-college-127>
<https://bailiwicknews.substack.com/p/scasd-is-engaged-in-religious-discrimination>
<https://bailiwicknews.substack.com/p/follow-up-to-legal-questions-sent>
<https://bailiwicknews.substack.com/p/if-the-scasd-school-board-has-any>

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Feb. 10. 2022 - Bailiwick News Volume 5 back from the printer.

Volume 5⁶⁸ joins bound volumes of my first blog, *Tideshift* (2005-2007); *Centre Daily Times* essays and letters-to-the-editor (2009-2017); *Energy Sovereignty* (2011-2013), covering the State College Community Bill of Rights and Columbia Gas/PSU pipeline campaigns; *Steady State College* and *Voices of Central Pennsylvania* writing (2013-2015); *Watershed Protection: Citizen Campaigns* (2015-2018); *Bailiwick News* Volume 1⁶⁹(2016-2017); *Bailiwick News* Volume 2⁷⁰ (2017-2018); *Bailiwick News* Volume 3⁷¹ (2019); and *Bailiwick News* Volume 4⁷² (2020).

Bound *Bailiwicks* and some of the others are available for checkout at the Penn State Special Collections Library⁷³ and the Centre County Library & Historical Society⁷⁴ (Bellefonte).

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⁶⁸ <https://bailiwicknewsarchives.wordpress.com/volume-5-2021/>

⁶⁹ <https://bailiwicknewsarchives.wordpress.com/volume-1/>

⁷⁰ <https://bailiwicknewsarchives.wordpress.com/volume-2/>

⁷¹ <https://bailiwicknewsarchives.wordpress.com/volume-3/>

⁷² <https://bailiwicknewsarchives.wordpress.com/volume-4/>

⁷³ <https://catalog.libraries.psu.edu/catalog/22605868>

⁷⁴ <https://search.centrecountylibrary.org/Search/Results?sort=relevance&lookfor=Bailiwick+News>

Feb. 10. 2022 - Legacy media getting a narrative jump on vaxx-induced cardiac damage, heart attacks, strokes, pulmonary embolisms & deaths. Don't fall for the (latest) lies. UPDATED.

Photo by way of el gato malo⁷⁵.

Published: November 6, 2021
Cannabis use disorder may be linked to growing number of heart attacks in younger adults



Energy bill price rise may cause heart attacks and strokes, says TV GP - WalesOnline

Rise in heart attacks attributed to pandemic stress and poor diet



Health > News Health
HIDDEN RISK Urgent warning as 300,000 Brits living with stealth disease that could kill within 5 years

Vanessa Chalmers, Digital Health Reporter
8:15, 26 Jan 2022 | Updated: 11:14, 26 Jan 2022

Heart attack: The 'healthy' diet that may 'increase' your risk of having a heart attack



The little-known heart attack that's striking 'fit and healthy' women as young as 22

By Terri-Ann Williams, The Sun
October 26, 2021 | 10:07am | Updated



Devoted football fans experience 'dangerous' levels of stress



SHOWING
E-cigarettes increase stroke risk at earlier ages than conventional cigarettes

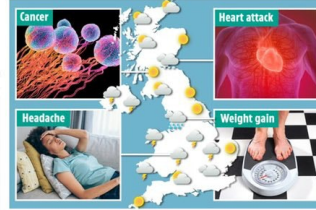
Heart attack: The drink that could trigger a 'sudden' cardiac arrest - 'catastrophic'

Now even sticking to medics' alcohol guidelines is bad for your health! Risk of heart problems could be increased even if you drink less than NHS weekly units, study suggests

More people suffering stroke and heart disease after COVID, CT doctors say
Why are heart attacks becoming common in 'seemingly' fit people?

By - Kalpana Sharma | Created: Nov 4, 2021, 11:00 IST

Sports can break your heart in more ways than one



Health > News Health
HEALTH FORECAST How the weather is HARMING your health - from heart attacks to stroke and gout

Matt Barbour
10:37, 30 Jan 2022 | Updated: 10:37, 30 Jan 2022



Health > Wellbeing
TIS THE SEASON The ways cold weather can affect your body - from winter vagina to blood clots

Terri-Ann Williams
19:03, 27 Nov 2021

Heart attack: Does skipping breakfast increase your risk?



Heart disease: Reduce your child's risk

COVID-19 pandemic increasing risk of anxiety, and therefore heart disease: study

Can shovelling snow cause a heart attack? What Canadians need to know

⁷⁵ <https://boriquagato.substack.com/p/kitten-corner-the-heart-of-the-matter-89b/comments>

Irish Examiner

NEWS SPORT LIFESTYLE OPINION

IN FOCUS: COVID-19 Ukraine/Russia Retrofitting Homes

Referee whistles may be cause to sudden increase in heart problems among sports players experts say

The recent discovery has come to light after a number of sports players have had incidents on the pitch and required medical assistance, referee whistle may also be causing incident's in sports fans attending games. All incidents are non vaccine related the public has been urged to ignore misinformation recently circulating on social media platforms

<https://www.coffeeandcovid.com/p/-coffee-and-covid-friday-february-b26>

- Why People at Risk of Heart Disease May Want to Avoid Fish Oil,” HealthLine, May 3, 2021.
- How Environmental Noise Harms the Cardiovascular System,” The Scientist, June 2, 2021.
- What to know about birth control and blood clots,” Medical News Today, July 16, 2021.
- Why has heart attack become so prevalent in young people?, Times of India, September 6, 2021
- Young adult cannabis consumers nearly twice as likely to suffer from a heart attack, research shows, CNN, September 8, 2021.
- Physical activity may increase heart attack risk, study suggests, The Irish Times, September 20, 2021.
- Mystery rise in heart attacks from blocked arteries, Times UK, September 20, 2021
- This Blood Type Puts You at Risk for Heart Disease, ETNT Health, October 12, 2021 (note: it’s all types but O)
- The Little-Known Heart Attack Killing Young Women, WebMD, October 25, 2021.
- There May Be a ‘Best Bedtime’ for Your Heart, WebMD, November 9, 2021.
- Extreme Heat Events Jeopardize Cardiovascular Health, Experts Warn, ScienceDaily, November 18, 2021
- Tis the Season: the ways cold weather can affect your body — from winter vagina to blood clots, The Sun, November 27, 2021
- Daily Aspirin Linked to Increased Risk of Heart Failure, WebMD, November 30, 2021.
- Wearing This Increases Your Blood Clot Risk, Experts Say: The condition kills someone every five minutes, a recent study reveals, Best Life, December 4, 2021 (wearing a plaster cast or brace for “several days”)
- Harsh Winter can Increase Heart-Related Complications: Experts warn in new study,” The Indian Express, December 6, 2021
- Heart attack: Does skipping breakfast increase your risk?, Express, December 12, 2021
- How Worried You Should Be About Having a Heart Attack on Your Peloton, Men’s Health, December 13, 2021
- Up to 300,000 people facing heart-related illnesses due to post-pandemic stress disorder, warn physicians, Evening Standard, December 14, 2021.
- Science Reveals How Red Meat Harms the Heart, WebMD, December 29, 2021.
- Bing Watching TV Linked to Higher Blood Clot Risk, WebMD, January 21, 2022.

- Chemical in plastics and personal care products linked to heart disease, Harvard Health Journal, January 1, 2022.
- Blood Clots: The Popular Breakfast Food That Could Enhance The Risk Of Blood Clotting,” various, January 22, 2022.
- Now even sticking to medics’ alcohol guidelines is bad for your health! Risk of heart problems could be increased if you drink less than NHS weekly units, study suggests, Daily Mail UK, January 28, 2022.
- Death during sex isn’t just something that happens to middle-aged men, new study finds, The Conversation, February 1, 2022.
- Energy bill price rise may cause heart attacks and strokes, says TV GP, Wales Online, February 3, 2022.
- Heart Attacks: What Does Age Have to Do With It?, HealthLine, February 9, 2022.
- Yes, Even Runners (and Triathletes) Get Heart Disease, Triathlon Magazine, February 11, 2022
- From Broken-Heart Syndrome to Cardiovascular Diseases, Your Heart Health Needs Extra Care Post-Covid,” Economic Times, February 9, 2022
- New Study Reveals Shocking Benefit of ‘Heart Attack’, REVYUH, February 16, 2022
- Does an Aspirin a Day Keep Heart Disease Away? It Depends, Michigan Health, February 16, 2022
- Doctors Say Broken Heart Syndrome is Real, and it Can Be Deadly, WHNT, February 16, 2022
- Lonely older women at greater risk of heart attack, study shows, London Times, February 17, 2022

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Feb. 11, 2022 - Dr. Roger Hodkinson

<https://youtu.be/smj91z9il0s>

(Video subsequently removed by uploader, after Canadian government crushed the trucker protest in Ottawa around Feb. 25, 2022)

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Feb. 14, 2022 - “The survival of Man on this Earth...is not worth having unless it can be had by honourable and merciful means.” C.S. Lewis, 1948

Thinking this morning about all that’s happening: looming military force against the Ottawa freedom fighters, including the children; hemorrhagic fever biowarfare threats from China; Ukraine-Russia conflict stoked by US government; the illegitimacy of the 2020 election and planned corruption of the 2022 midterms; poison-shot genocide; Federal Reserve, Bank for International Settlements, and inflation and currency debasement; digital wallets and digital passports; globalist secular tyranny gathering strength on one side, populist, freedom-loving Christian resistance gathering strength on the other...

Reminded me of C.S. Lewis, On Living in an Atomic Age⁷⁶, written in 1948 and equally if not more important in 2022:

“The first action to be taken is to pull ourselves together. If we are all going to be destroyed by an atomic bomb, let that bomb when it comes find us doing sensible and human things: praying, working, teaching, reading, listening to music, bathing the children, playing tennis, chatting to our friends over a pint and a game of darts — not huddled together like frightened sheep and thinking about bombs. They may break our bodies (a microbe can do that) but they need not dominate our minds...

Nature does not, in the long run, favour life...the important question is not whether an atomic bomb is going to obliterate "civilization." The important question is whether “Nature” — the thing studied by the sciences — is the only thing in existence...

All Naturalism leads us to this in the end — to a quite final and hopeless discord between what our minds claim

⁷⁶ <https://fsmmandfsmwo.files.wordpress.com/2020/04/cslewis-living-in-an-atomic-age.pdf>

to be and what they really must be if Naturalism is true. They claim to be spirit; that is, to be reason, perceiving universal intellectual principles and universal moral laws and possessing free will...

We must simply accept it that we are spirits, free and rational beings, at present inhabiting an irrational universal, and must draw the conclusion that we are not derived from it. We are strangers here. We come from somewhere else. Nature is not the only thing that exists. There is “another world,” and that is where we come from. And that explains why we do not feel at home here...”

If Nature is only our sister — if she and we have a common Creator — if she is our sparring partner — then the situation is quite tolerable...

She has nothing to teach us. It is our business to live by our own law not by hers: to follow, in private or in public life, the law of love and temperance even when they seem to be suicidal, and not the law of competition and grab, even when they seem to be necessary to our survival. For it is part of our spiritual law never to put survival first: not even the survival of our species. We must resolutely train ourselves to feel that the survival of Man on this Earth, much more of our own nation or culture or class, is not worth having unless it can be had by honourable and merciful means.

The sacrifice is not so great as it seems. Nothing is more likely to destroy a species or a nation than a determination to survive at all costs. Those who care for something else more than civilization are the only people by whom civilization is at all likely to be preserved. Those who want Heaven must have served Earth best. Those who love Man less than God do most for Man.”

* * *

Feb. 14, 2022 - Updates on parent campaign to unmask our SCASD kids. Right to Know Request filed today.

Six families have contacted me since last week’s post⁷⁷ about trying again to get the State College Area School District school board to stop forcing our kids to wear masks to access K-12 education...

- even as kids in many US states have been mask-free for 18-months or more with equal or better health results and far better academic, mental health and social trust outcomes;
- even after Pennsylvania voters gave the Pennsylvania legislature the power to end Governor Wolf’s “state of emergency” through a Constitutional amendment in May 2021;
- even after the Pennsylvania legislature used that Constitutional power to end the “state of emergency” in June 2021;
- even after Pennsylvania courts struck down the PA Secretary of Health’s unlawful attempt to continue exercising those terminated “emergency” powers, through court rulings in November and December 2021; and
- even as another group of parents statewide filed a lawsuit February 8, 2022⁷⁸ against the PA Secretary of Education and several individual school boards, asking the courts to stop the unlawful mask mandates promulgated by email (see p. 45 of the filing) under a possible but unstated legal theory that the Secretary of Education holds “emergency” regulatory and enforcement powers separate from the Pennsylvania courts, the Pennsylvania Secretary of Health, the Pennsylvania Governor and the Pennsylvania legislature.

The concerned parents group will be meeting later this week to develop more specific plans for our campaign to get the SCASD school board to end the mask “mandate” in the school district and let our kids breathe freely and see each other’s faces again after two years of forced masking.

If you are a parent of a SCASD child and you want to get involved, email me at kgwatt@protonmail.com.

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⁷⁷ <https://bailiwicknews.substack.com/p/filing-claims-against-scasd-school>

⁷⁸ https://drive.google.com/file/d/1dopWZpU7R73mMW6XSfMbMdomqV48VJoJ/view?fbclid=IwAR0yk2T2L-AKbJ187XkGwiG1WL39I_4dpFDXd7lzOJ9QjSG4QZYzfATAEZM

This morning I submitted a Right to Know request to SCASD's Right to Know Officer, Finance and Business Director Randy Brown.

I asked for the surety bond and liability insurance documents recommended by the Bonds for the Win⁷⁹ organizers, as follows:

1. The SCASD school board public official surety bond according to the Pennsylvania Statutes Title 8 P.S. Bonds and Recognizances §11.
2. The governing State College Area School District board blanket surety bond if the SCASD board requires the members to be bonded under a blanket bond.
3. The SCASD school board Errors & Omissions (E&O) policy, Directors & Officers (D&O) policy, Surety Liability Insurance policy, and the Duty of Care policy.
4. The SCASD school board General Obligation Bonds.
5. The SCASD school board general long-term bond.
6. The SCASD school board Crime Policy.
7. The SCASD school board Risk Management Policy
8. The following SCASD school board insurance application documents, including the policy number and the insured amount of the policy: a) ACORD 125; b) ACORD 126; c. ACORD 127; d. ACORD 128
9. The SCASD school board Certificate(s) of Liability.
10. SCASD school board Public Officials and/or any other bonds pertaining to proof of liability and policies.
11. SCASD school board Faithful Performance Bond.
12. SCASD school board Fidelity Bond.
13. SCASD school board Public Employee Dishonesty Policy.
14. SCASD school board Public Employee Blanket Bond.
15. SCASD school board Statutory Bond.
16. SCASD school board Official Bond.
17. The power of attorney for the SCASD surety bond and/or liability coverage company.
18. The Blanket Bond power of attorney for the surety bond company.
19. The SCASD school board oath of office.

Under the Pennsylvania Right to Know Law, the RTK Officer has five business days to respond to RTK requests.

It's possible that the response will be a letter from the SCASD attorney stating that there are no surety bonds, liability insurance policies or other legal contracts in place to provide financial coverage to the school district in the event that one or more school board member commits crimes or otherwise engages in unlawful acts.

If so, we'll find out, probably by close of business next Monday, February 21.

It's also possible that the SCASD school board will drop the masking orders in the next couple of weeks to align itself with the many states and school districts that have unmasked their kids in recent weeks.
Remains to be seen.

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⁷⁹ <https://bondsforthewin.com/filing-claims/>

Feb. 15, 2022 - Crash course in socialism.

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Feb. 15, 2022 - Canadian Freedom Convoy 2022

Three-minute documentary.

<https://gab.com/AK4WA/posts/107802407982530205>

* * *



Feb. 17, 2022 - Unmask our kids - SCASD campaign

Message drafted to loop in the new parents who have contacted me in the last day or so. Feel free to forward it to your networks.

Basic Info:

We're working from the organizing model recommended by Bonds for the Win⁸⁰.

Here's a video of parents⁸¹ in Dare County, North Carolina, who used the process to liberate more than 4,990 kids in their school district.

Here's a link to a lawsuit⁸² filed in Pennsylvania on Feb. 8, 2022 against PA Secretary of Education and several individual school boards, on the same issues. We need to watch that case to see how fast the court takes it up and how quickly the court issues a ruling.

HOWEVER, this current SCASD campaign is not a lawsuit approach, so it doesn't require attorneys or attorneys fees.

It only requires parents willing to sign cover letters and "Notice of Intent to File Claim" forms to be submitted to the school board. There are samples of those documents at the Bonds for the Win site, with citations to federal and state criminal statutes. We will need to adapt the samples for the SCASD campaign, to cite federal laws and Pennsylvania laws.

The surety bond campaign goes after the district's financial interests and the criminal acts of the board members, by notifying the board that we believe they are engaging in criminal acts, giving them a short time to correct their policy and practice to stop breaking the law, and letting them know the consequence for failure to stop committing the crimes: that we will make claims to the insurance policy holder, such that the insurance company will investigate and potentially suspend the board's bonds/insurance coverage, or hike their premiums to cover the risks to the policy-holder stemming from continued criminal acts.

⁸⁰ <https://bondsforthewin.com/filing-claims/>

⁸¹ <https://www.bitchute.com/video/PQk3R6i3YA8K/>

⁸² https://drive.google.com/file/d/1dopWZpU7R73mMW6XSfMbMdomqV48VJoJ/view?fbclid=IwAR0yk2T2L-AKbJ187XkGwiG1WL39I_4dpFDXd7lzOJ9QjSG4QZYzfATAEZM

On Monday, Feb. 14, I filed a Right to Know request⁸³ to SCASD, which is the first step: getting the bond and/or liability insurance contracts.

I have used Right to Know Law (and similar laws in other states) regularly over the past two decades to get documents from SCASD and other local government entities, through work investigative reporting, as a paralegal and for grassroots citizen campaigns)...

If SCASD stonewalls, the next step is to try to find the insurance company itself and request the bond contract from them, and/or appeal the SCASD records denial to the PA Office of Open Records.

If SCASD does give us records and doesn't lift the mask mandates, the next steps will be reading the bond/insurance policies and preparing "Notice of Intent to File Claim" forms.

Those will inform the board of the demand that the mask mandate be lifted, which Pennsylvania criminal laws are being violated (primarily practicing medicine without a license, but also possibly criminal fraud based on the demonstrably false claims about mask safety and efficacy), how many days they have to comply with the demand, and what will happen if they refuse, which is the step of actually filing claims with the insurance policy holders.

Our goal would be to have as many parents as possible signing those forms, and deliver them to the board at their next meeting, in early March, similar to the parents in the Dare County, NC video.

*

We have already heard, from district administrator Jeanne Knouse, that they are currently reviewing policies and preparing an announcement of changes within the next week or so.

We are in "wait and see" mode until next Monday, see what district does in the meantime re: mask mandate, and see how district responds to RTK request.

With many states and school districts lifting their mask mandates in recent weeks ahead of Biden's State of the Union Address March 1, it's possible SCASD will lift the mandate before we get to the filing stage.

They might do it based on changing CDC guidance, which has been shifting in recent weeks from mandates pegged to "case rates" at the community level, to mandates pegged to "hospitalization" and "death" rates.

However, Vermont public health authorities are apparently trying to peg lifting of mask mandates to reaching 80% mRNA/DNA injection rates in schools.

<https://rwmalonemd.substack.com/p/letter-from-a-coerced-mother>

If SCASD tries to go that route, we have a different fight on our hands.

*

Note: The reason why we're going after the insurance policies, even related to criminal acts by the board and administrators, instead of reporting the actions to police for criminal investigation and prosecution, is because law enforcement has demonstrated a lack of interest in investigating and charging the perpetrators of the Covid "mitigation" crimes over the last two years.

That might change with the changing political and cultural momentum, and more people are filing Private Criminal Complaints already on small and large aspects of the criminal enterprise⁸⁴, which can be done in Pennsylvania. *See* 235 Pa. Rules of Criminal Procedure 504⁸⁵.

⁸³ <https://bailiwicknews.substack.com/p/updates-on-parent-campaign-to-unmask?r=531ln>

⁸⁴ <https://vaxxchoice.com/wp-content/uploads/2021/06/Combined-Criminal-Complaint-w-Instructions-for-Filing-1.pdf>

⁸⁵ <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/234/chapter5/s504.html>

But for the last two years, I've tried to work with State College police and the Centre County sheriff without success, and I've seen reports of that same disinterest/complicity from many other law enforcement jurisdictions. That's why people around America are using the surety bond approach: it bypasses sluggish law enforcement and goes straight to the pockets of the corporations providing insurance to the school districts.

* * *

Feb. 17, 2022 - Canada Freedom Convoy Demands

Pray and work for American and other worldwide convoys to follow this courageous and clear lead, and for governments to comply.

National File⁸⁶ reporting:

Freedom Convoy leadership stated their demands with the following message:

- 1: End all vaccine mandates for all Canadians, truckers, travelers, employees, health care workers, law enforcement agents, and soldiers.
- 2: Cancel provincial and municipal vaccine passports and masking requirements.
- 3: End all state of emergency declarations.
- 4: Allow those who have lost their jobs to go back to work.
- 5: Grant access to parents that lost access to their kids. Be reunited.
- 6: Financial protection for all small businesses harmed by COVID restrictions.
- 7: Respect freedom of choice and not discriminate.

* * *

Feb. 17, 2022 - Email message sent to Centre County sheriff Bryan Sampsel, Centre County District Attorney Bernie Cantorna and Centre County ADA Sean McGraw (UPDATED)

the conspiracy is not a theory. el gato malo at Substack.

<https://boriquagato.substack.com/p/the-conspiracy-is-not-a-theory/comments?r=531ln>

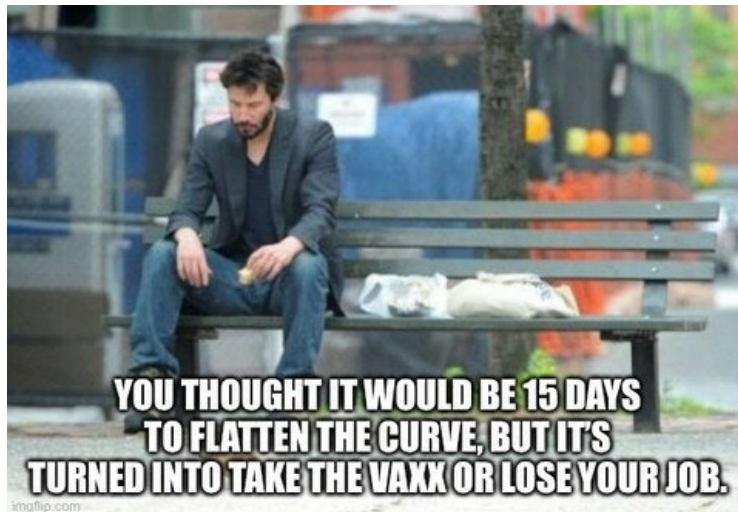


Update - Feb. 17, 2022, 1:35 p.m. - Sheriff Bryan Sampsel email reply: "I will not be doing anything."

* * *

⁸⁶ <https://nationalfile.com/freedom-convoy-announces-list-demands-including-end-vaccine-mask-mandates/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

Feb. 18, 2022 - Sometimes I make memes. Lame, Gen-X memes. But still.

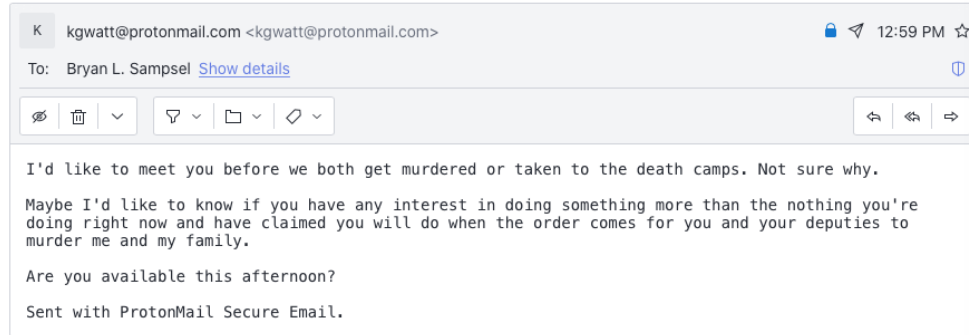


* * *

Feb. 18. 2022 - Request for appointment - UPDATED

Sent to Centre County Sheriff Bryan Sampsel.

request for appointment



Updated Friday, Feb. 18, 1:40 p.m. - Sheriff Sampsel replied that he has prior commitments today and Monday, but said I could come and meet with him next Tuesday.

A reader sent an email, concerned that I sound “over the top.”

My reply:

Attorney Todd Callender has made clear since late January that the legal structures have been put in place to round up and imprison unvaccinated people in the United States.

As of today, Canada is now a dictatorship and Parliament has been shut down. Military and police are beating veterans and rounding up peaceful protestors.

*

See January 27, 2022 update⁸⁷ from vaxxchoice.com:

In light of the foregoing, we are finding evidence to support the likely scenarios playing out:

1. entire military is ordered, coerced and threatened into taking the shots;
2. the shots contain many (at least 8) deadly pathogenic RNA fragments as the payload in the lipid nanoparticles;
3. vax users who are exposed to the virus, or family of viruses, in the shots develop the ADE response when exposed or re-exposed to the pathogen (happening now with Covid, called Omicron);
4. military and law enforcement (“LEO”) gets rid of all unvaxxed;
5. all vaxxed fall-out (dead or sick) leaving a vacuum in the military and LEO positions;
6. hundreds of thousands of military aged and physically fit illegal immigrants have been flooding into the US for the last year without going through any immigration or identification processing;
7. there are numerous reports that many of the immigrants are military trained and previously exposed to US equipment;
8. FEMA camps are being activated with quarantine powers granted under 42 CFR Parts 71 & 72;
9. the vacuum created in military and LEO positions is filled with conscripted illegal immigrants under NDAA 2014 (existing law);
10. immigrants become the troops and now serve as quarantine, law enforcement and military forces (this is what Hitler did to round-up the Jews, he replaced all local LEO’s);
11. foreign troops are now occupiers of the US per the Hague convention and Law of War, afore mentioned and attached (see: Paragraphs 2 & 3, page 148; 12) the US no longer exists under the international and the Law of War;
12. those that survive will become the chattel property of the patent holders of the shots and enslaved.

⁸⁷ <http://www.vaxxchoice.com/daily-news/>

With the high mortality and morbidity rates (1,100% increase in 2021) we heard about in Sen. Johnson's hearing [January 24⁸⁸ which included Attorney Thomas Renz' testimony about Department of Defense whistleblowers⁸⁹, which was followed by massive revisions of the DMED database⁹⁰ to hide the mortality and morbidity], we can expect many multiples of these higher rates this year.]

The excuse (Marburg) to force quarantine of infected individuals and restriction of travel by all others (per 42 CFR Part 71 & 72) with foreign occupying military enforces (may not even speak English) it will be an easy mop-up operation for those occupying forces who have use of all the military equipment left behind.

*

I understand it's hard to understand and accept the magnitude of the evil that has been planned and is being implemented. That doesn't make it not exist; it doesn't mean it's not happening.

* * *

Feb. 18, 2022 - January Bailiwick PDF

Also Justin Trudeau is now the dictator of Canada; Parliament has been shut down; armed police are beating veterans and rounding up freedom-fighting truckers for detention.

<https://bailiwicknewsarchives.files.wordpress.com/2022/02/2022.01-january-bailiwick-posts.pdf>
<https://rumble.com/vv971s-feb-18-live-from-ottawa-viva-on-the-street.html>

* * *

Feb. 21, 2022 - Unmask our kids campaign - update.

SCASD provided us (parents) with insurance policy documents.

State College Area School District Finance & Operations Officer/Right to Know Officer Randy Brown, responded to my February 14 Right to Know Request⁹¹ on Friday, February 18.

Brown provided six insurance policy contracts currently in force:

- Public Official Bond covering SCASD Treasurer, Travelers Insurance Co. - 2 pages
- ACORD (Commercial Insurance Application) forms 125, 126 & 128, CM Regent Insurance Co. - 11 pages
- ACORD (Commercial Insurance Application) form 127, CM Regent Insurance Co. - 3 pages
- PA School Boards Association Memorandum of Coverage Re SCASD policies, CM Regent Insurance Co. - 11 pages
- SCASD Insurance Policy, CM Regent Insurance Co. - 336 pages.
- SCASD School Leaders Legal Liability Policy, CM Regent Insurance Co. - 11 pages.

I stayed off the Internet over the weekend, so I downloaded and began reviewing them this morning, and forwarded them to the 15 families interested in pursuing the surety bond approach to getting SCASD's board and administrators to unmask our kids. If readers are interested in reviewing the documents, please email me at kgwatt@protonmail.com and I'll forward them to you.

*

⁸⁸ <https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours>

⁸⁹ <https://www.theblaze.com/op-ed/horowitz-whistleblowers-share-dod-medical-data-that-blows-vaccine-safety-debate-wide-open>

⁹⁰ <https://www.theblaze.com/op-ed/horowitz-the-pentagons-response-to-the-explosive-dod-medical-data-is-an-even-bigger-story-than-the-data>

⁹¹ https://bailiwicknews.substack.com/p/updates-on-parent-campaign-to-unmask?url_source=url

I also saw SCASD Superintendent Bob O'Donnell's email (Friday, February 18) about the district heading toward masks optional as of March 28, including the letter outlining the plans in a little more detail.

And I heard about a pro-masking petition being circulated online by other SCASD parents. The social division, fear and hatred fostered in every human community in the world, including ours, though the "mitigation" policies and practices promoted by alleged government public health experts, is a massive tragedy, and a crime against humanity.

Next steps:

I'll be reading through the SCASD policy documents this morning looking for the provisions relating to criminal conduct by board members, procedures for filing claims, and maximum dollar amounts per claim. Along with the citations to federal and state criminal and civil rights laws, those are the key pieces of information we need to fill in the Notice of Intent to File Claim forms.

The main crimes the administrators and board are committing are child abuse, practicing medicine without a license, and improper dumping of allegedly toxic materials (used masks).

The administrators and board, with the ongoing mask mandates, are also depriving individuals of Constitutional civil rights, engaging in conspiracy to interfere with civil rights and breaching fiduciary duties to students, teachers, staff and parents.

Despite O'Donnell's announcement, I plan to pursue the surety bond approach.

Two years of medicalized, government-enforced criminal child abuse by SCASD school administrators and board members is two years too many. They should not continue the criminal abuse another six weeks. They should not continue the criminal abuse another hour, or another minute.

I've proposed to the other parents that we get the information we need collected up from the policy documents, finish drafting the notice forms and cover letters, print/copy/sign them and assemble them into packages for O'Donnell and each board members, and then have a contingent of parents go to the Panorama administration building and submit the packages this Wednesday, February 23.

Our demand would be that the SCASD administration change the policy to masks- optional, effective 8 a.m. Monday, February 28, or we will file the Notices of Claims with the insurance company starting at 9 a.m. on Monday, February 28.

I'm recommending against doing a group presentation of Notice of Claim forms at a SCASD board meeting, and instead proposing that we calmly give SCASD administrators and board members constructive legal notice, a clear demand for compliance with law, with a clear deadline for compliance, during regular business hours at the district's main business office.

The parent group will discuss this proposal further and make a decision about how to proceed in the next day or so. Please share this post on social media.

* * *

Feb. 21, 2022 - Pennsylvania House Bill 2013

To add medical freedom to the individual rights protected by the Pennsylvania constitution.

*Updates from Pennsylvania Coalition for Informed Consent*⁹²:

...HB2013 would add the right to medical freedom to our state constitution. SB937 would prevent COVID shot mandates for K-12 schools, and HB261 would require schools to provide exemption information when giving information about required vaccines...

⁹² <https://informedconsentpa.org/2022/02/14/two-conversations/>

PCIC's focus for 2022 is HB2013⁹³, Representative Diamond's constitutional amendment, which would add medical freedom to the Pennsylvania constitution and would be a dream come true for our commonwealth (and the envy of other states' freedom groups).

The governor cannot veto a constitutional amendment. It seems that chamber leadership may not run this bill unless there is enough interest from legislators, so we NEED to show them why this is important...

Call your PA representative. If you aren't sure who your PA Representative is, go here⁹⁴ to find your representative. Use the following talking points during your conversation with your PA Representative:

- If they aren't in the "Current Cosponsors of HB2013" list shown here then ask your Representative to support HB2013 by cosponsoring and voting yes when given the opportunity. Current Cosponsors of HB2013 are: Diamond (main sponsor), Bernstine, Borowicz, Cook, Cox, Gillen, Gleim, Greiner, Hamm, Irvin, Kauffman, Keefer, M. Mackenzie, Maloney, Metcalfe, Pennycuick, Roae, Rowe, Ryan, Sankey, Smith, Zimmerman
- Ask your Representative (regardless of cosponsor status) to express their support of HB2013 to their chamber leadership and ask leadership to run this bill.

Set up a meeting with your PA representative. Meeting options may include in-person, by phone, or via teleconference (zoom). For those who don't feel comfortable doing this alone, PCIC may be able to connect you with an advocate in your area to join your in-person meeting. Visit our Local Chapters⁹⁵ page to find advocates near you. If your meeting is via zoom and you'd like an advocate to join we can extend the invite to our legislative team members. Use the following talking points during your meeting with your PA Representative:

- Explain why medical freedom is important to you, and that never in PA history has there been such a need as there is now to provide medical freedom protection for citizens.
- If your representative isn't already a cosponsor, ask them to support HB2013 by cosponsoring and voting yes. Request that they express their support of HB2013 to their chamber leadership and ask leadership to run this bill.
- Let your legislator know that parental choice for kids' covid vaccines is important to you and ask for support for HB261, Rep Diamond's school vaccine and Exemption Announcements Bill⁹⁶ and SB937, Sen. Brooks's Prohibiting Covid vaccine mandates for children⁹⁷. Both bills are currently in the house education committee (SB937 was already voted through the senate). Share this flier against covid vaccine mandates for children⁹⁸ with your legislator.

Since March 2020, the government's response to COVID-19 has demonstrated how quickly our medical freedom rights can be trampled. It is clear that we need additional protections for Pennsylvanians.

If passed, Representative Russ Diamond's House Bill (HB) 2013 would secure the right to medical freedom in Pennsylvania and we need all boots on the ground for this effort. This is the year that we can hold our PA House of Representatives accountable to medical freedom efforts as they are up for reelection in November. Please share this ACTION ALERT with anyone who is ready to take action towards medical freedom here in the commonwealth.

Let us know your outcome stories via your preferred social media outlet which will encourage others to take these simple steps towards making history with this constitutional amendment. Visit our Legislative Advocacy page for tips on meeting with your legislator and thank you for advocating for medical freedom here in PA!

*

Concerned About Kids and COVID-19 Mandates?

⁹³<https://www.legis.state.pa.us/cfdocs/legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2021&sessInd=0&billBody=H&billTyp=B&billNbr=2013&pn=2321>

⁹⁴ https://www.legis.state.pa.us/cfdocs/legis/home/findyourlegislator/index.cfm?mobile_choice=suppress

⁹⁵ <https://informedconsentpa.org/join/#local-chapters>

⁹⁶ <https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2021&sInd=0&body=H&type=B&bn=0261>

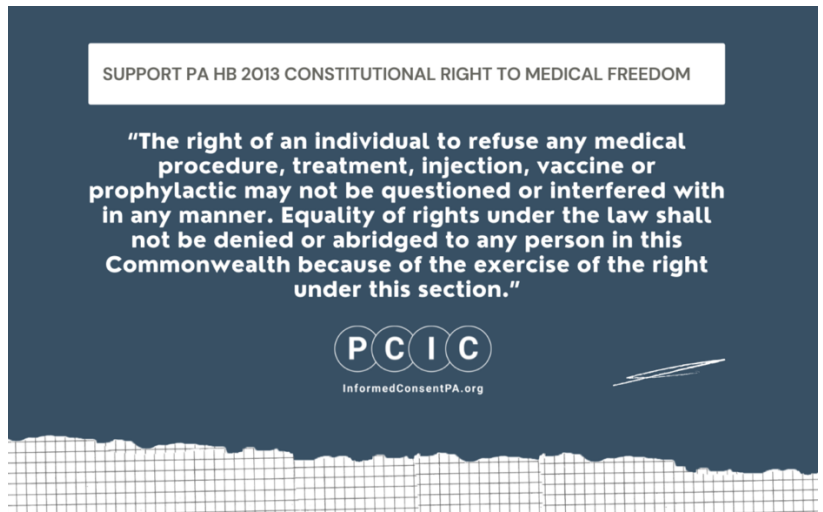
⁹⁷ <https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?syear=2021&body=S&type=B&bn=937%20>

⁹⁸ <https://informedconsentpa.org/wp-content/uploads/2022/01/Children-and-COVID-Vax-Legislators-rev4-FINAL.pdf>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

As pressure rises for parents to get their children as young as five to get a COVID shot, and the potential of mandates loom, PCIC has created downloadable⁹⁹ resources to help you in sharing facts to safeguard mandates with your state legislators, school boards, principals, superintendents, and parents.

- For Legislators: Legislator flier
- For School Administrators: School flier
- For Parents in your Community: Parent flier

As bills like HB2013, SB937, and HB261 come up for votes in committee and in the general assembly, it is imperative that legislators understand the minimal risk of COVID to children, compared to the largely unknown, but possibly devastating, risks of the COVID shot.



* * *

⁹⁹ <https://informedconsentpa.us11.list-manage.com/track/click?u=c4dd48b417f2a82ce7599ada8&id=d0968f9860&e=08da0f99ec>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

Feb. 23, 2022 - Notices of Intent to File Claims delivered to State College Area School District board members and superintendent today.

Commonwealth of Pennsylvania — Centre County

Notice of Intent to File Claim Against Your Risk Management Plan

Notices delivered at 2 p.m. on Wednesday, February 23, to nine members of the State College Area School District (Amber Concepcion, Amy Bader, Gretchen Brandt, Dan Duffy, Carline Crevecouer, Jacqueline Huff, Deborah Anderson, Laurel Zydney, Peter Buck) and SCASD Superintendent Robert O'Donnell, by hand at Panorama Village Administrative Center, 240 Villa Crest Drive, State College PA, 16801, by parents and friends of SCASD children.

Notice & cease and desist demand

I hereby notify you that, in your capacity as a public official, you are currently, actively engaging in criminal acts and violations of the constitutional rights and civil liberties of the schoolchildren of the State College Area School District.

I demand that you cease and desist from your unlawful, criminal and unconstitutional actions effective no later than 8 a.m. Eastern Standard Time on Monday, February 28, 2022.

This includes permanent and irreversible suspension of all policies and practices, including but not limited to oral and written instructions from adults to children, or from children to other children, that physically or mentally frighten, intimidate, force, coerce, order, direct or otherwise pressure children to:

- Wear masks
- Maintain "social distancing"
- Submit to medical testing
- Submit to medical treatments

I further notify you that if you do not permanently and irreversibly rescind, nullify and void the criminal and unconstitutional SCASD policies and practices, on or before that time, I will file a claim against the district's liability insurance carrier, CM Regent Insurance Co., Policy No. CMR-CPP-01721, requesting that the insurance corporation investigate your criminal and unconstitutional policies and practices, press criminal charges, file civil litigation against you, issue monetary damages to your child victims, and/or revoke the district's insurance coverage to the fullest extent of the law.

Crimes Identified

You are committing crimes and civil rights violations through your adoption, extension, promulgation and enforcement of unlawful "mandates" purporting to require all children to wear medical devices and/or comply with religious dress codes (masks) to access public school education in all SCASD school district buildings; imposing physical "social distancing" behavioral conduct rules; promoting invasive medical procedures (Covid-19 "testing"); and promoting pharmaceutical product injections ("Covid-19 vaccines") through, among other acts, dissemination of information through the district email distribution lists, promoting participation in "vaccine clinics."

Procedural History

In your capacity as a public official of the State College Area School District, you initiated these criminal, unlawful actions in or about March 2020 under the alleged authority created by Pennsylvania Governor Tom Wolf's March 6, 2020 unilateral "state of emergency" executive order and President Donald Trump's emergency declaration issued on or about March 13, 2020 and extended thereafter by Trump and his successor, President Joseph Biden.

These extraordinary federal and state "emergency" declarations and powers have been unlawfully derived from the World Health Organization's January 30, 2020 "declaration of a public health emergency of international concern," (PHEIC) in violation of the national sovereignty and Constitutionally-protected individual liberty of the people of the United States of America.

On May 18, 2021, the voters of Pennsylvania stripped Governor Wolf of his unilateral executive authority to enact and indefinitely extend the "state of emergency," by adopting a Constitutional amendment recognizing the legislature's authority to end such executive emergency declarations by joint resolution.

On June 10, 2021, the Pennsylvania legislature adopted a joint resolution (HR106), formally ending the "state of emergency" in the Commonwealth of Pennsylvania, and stripping Governor Wolf and his appointed administrators of the extraordinary emergency powers they had exercised up to that point.

In your capacity as a public official of the State College Area School District, and in flagrant, criminal violation of the law, you continued to impose extraordinary abuse of the mental and physical health and interference with the bodily integrity and human dignity of schoolchildren entrusted to your fiduciary care, through your adoption and continued enforcement -- after the June 10, 2021 joint resolution of the General Assembly -- of purported "health and safety" plans that included medical and/or religious masking rules, physical distancing rules, Covid-19 testing and reporting guidelines, and district promotion of pharmaceutical injections.

Despite the legislature stripping Governor Wolf and his administration of the emergency powers they had assumed in March 2020, the Pennsylvania Acting Secretary of Health continued to promulgate and enforce unlawful "orders" including purported medical and/or religious mask "mandates" on the free people — including schoolchildren — of Pennsylvania.

The Acting Secretary of Health did so under a proposed, novel legal theory that the appointed health secretary's executive powers may be exercised independent of the Pennsylvania and US Constitutions, the citizens of Pennsylvania, the elected Pennsylvania legislature and the elected Pennsylvania governor.

Upon legal challenge, the Pennsylvania Commonwealth Court and Pennsylvania Supreme Court found the Secretary of Health lacked such independent authority to impose such "mitigation" measures on the free people of the Commonwealth of Pennsylvania, by order dated December 10, 2021 (83 MAP 2021). The court explicitly found such measures *void ab initio*: "void from the beginning."

Immediately after the Supreme Court ruling, on Dec. 10, 2021, the Pennsylvania Secretary of Education Noe Ortega sent a "colleague" email to Pennsylvania school district officials, instructing school boards to continue promulgating and enforcing medical and/or religious mask "mandates" on the schoolchildren across the state.

Secretary Ortega stated, with no statutory or constitutional citation to support the claim, that "school entities still possess the authority and are encouraged to require masks in their facilities as recommended by CDC."

In your capacity as a public official of the State College Area School District, and in flagrant, criminal violation of the law, you continued to impose extraordinary abuse of the mental and physical health and interference with the bodily integrity and human dignity of schoolchildren entrusted to your fiduciary care, through your adoption and continued enforcement — after the December 10, 2021 court ruling — of purported "health and safety" plans that included medical and/or religious masking rules, physical distancing rules, Covid-19 testing and reporting guidelines, and district promotion of pharmaceutical injections.

The actions of Secretary Ortega and several Pennsylvania school districts have been challenged in court by parent lawsuit filed Feb. 8, 2022 (49 MD 2022).

Further, you have continued to promulgate and enforce these unlawful, criminal and unconstitutional policies and practices despite hundreds of school districts around the country abandoning their own unlawful policies and practices. Some districts stopped abusing the children in their care more than a year and a half ago.

Other districts, including most of the Centre County Pennsylvania school districts, have stopped inflicting the abusive, oppressive and unlawful "mitigation" practices on the schoolchildren under their fiduciary care within the last two months, since the Pennsylvania Supreme Court ruling.

Mandates are not enforceable laws. As an elected public servant or appointed public employee, you have no lawful jurisdiction or lawful authority to create or enforce mandates.

To repeat, I demand that you permanently and irreversibly rescind, nullify and void the criminal and unconstitutional SCASD policies and practices you are unlawfully imposing on the children of State College, on or before 8 a.m., Monday February 28, 2022.

Pennsylvania Laws You are Violating

Child abuse

Under 23 Pa. CSA §6303, child abuse includes: "intentionally, knowingly or recklessly doing any of the following:

- (1) Causing bodily injury to a child through any recent act or failure to act.
- (2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (4) Causing sexual abuse or exploitation of a child through any act or failure to act.
- (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (7) Causing serious physical neglect of a child.
- (8) Engaging in any of the following recent acts:
 - (i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
 - (ii) Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
 - (iii) Forcefully shaking a child under one year of age.
 - (iv) Forcefully slapping or otherwise striking a child under one year of age.
 - (v) Interfering with the breathing of a child...
 - (vi) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known: (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H...
- (9) Causing the death of the child through any act or failure to act...
- (10) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)..."

Under 18 Pa. CSA §4304, Endangering the welfare of a child:

- "(1) A parent, guardian or other person supervising the welfare of a child under 18 years of age, or a person that employs or supervises such a person, commits an offense if he knowingly endangers the welfare of the child by violating a duty of care, protection or support.
- (2) A person commits an offense if the person, in an official capacity, prevents or interferes with the making of a report of suspected child abuse under 23 Pa.C.S. Ch. 63 (relating to child protective services).
- (3) As used in this subsection, the term "person supervising the welfare of a child" means a person other than a parent or guardian that provides care, education, training or control of a child."

Your criminal acts:

You are abusing schoolchildren — and grooming them for future additional abuse and molestation — by forcing them to wear physical masks that restrict their ordinary human breathing; increase their inhalation of carbon dioxide, chemical manufacturing toxins and bacteria; cause headaches, blurred vision, behavioral issues and other harms; violate their bodily integrity against their will; and block ordinary social communication of facial expressions.

You are abusing schoolchildren — and grooming them for future additional abuse and molestation — by forcing them to socially distance; by psychologically terrorizing them to fear unobstructed human breathing, ordinary human contact and common respiratory infections; by coercing them to submit to medical testing; and by promoting their submission to unwanted pharmaceutical injections.

Practicing Medicine Without a License

Under 63 Pa. CSA § 422.38, it is "unlawful for any person to practice, or attempt to offer to practice, medicine and surgery, or other areas of practice requiring a license, certificate or registration from the board, as such practice is defined in this act, without having at the time of so doing a valid, unexpired, unrevoked and unsuspended license, certificate or registration issued under this act."

Your violations of the law:

You have ordered schoolchildren to wear masks, purportedly for "infection control," and thus as a medical device or, alternatively, as a statement of religious belief and government-established religious dress code.

You have directed schoolchildren to submit to Covid-19 tests, which are medical tests.

You have promoted schoolchildren submission to injections of pharmaceutical products marketed as "Covid-19 vaccines," which are medical treatments.

Yet no doctor-patient relationship exists between any SCASD board member or administrator and any child attending public school in the State College Area School District.

You have engaged in the practice of medicine without a license, and you continue to engage in that unlawful practice to this day.

Violation of Your Oath of Office

Under 24 PS 3-321, you swore an oath to uphold the Constitution of the Commonwealth of Pennsylvania and the Constitution of the United States of America, as follows: "I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of this Commonwealth, and that I will discharge the duties of my office with fidelity."

Your violations of the law

You have failed to uphold both of these constitutions, and have violated the constitutional rights of the schoolchildren entrusted to your fiduciary care.

If you are unable to discharge the duties of your office as a school board director or school district administrator, resign so that you can be replaced by someone willing to uphold the oath of office.

Federal laws

In addition to state laws prohibiting child abuse and practicing medicine without a license, you are also violating multiple federal laws and Constitutionally-protected human rights, including but not limited to:

- First Amendment right for individuals to be free from government interference in the right to free speech and freedom of religion (including the right not to be compelled to speak falsely through forced compliance with religious dress codes requiring the wearing of masks or other face coverings against the beliefs, conscience and will of the individual);
- Fourth Amendment right to be free from government search and seizure of the individual's physical body, without due process of law;
- Title VII of the 1964 Civil Rights Act;
- Individuals with Disabilities Act;
- 42 U.S. Code § 1983 - Civil action for deprivation of rights;
- 42 U.S. Code §1985 – Conspiracy to deprive persons of rights and privileges; and
- 18 U.S. Code § 242 - Deprivation of rights under color of law

International laws

In addition to violating state and federal laws and constitutional rights, you are violating multiple international laws and conventions.

Medical and religious mask mandates, physical distancing, psychological terrorism, medical testing, and Covid "vaccine" pharmaceutical promotion policies adopted, promulgated and enforced by State College Area School District board members and administrators also violate numerous international laws and conventions, including but not limited to the Nuremberg Code, Geneva Declaration of the Rights of the Child, UNESCO Universal Declaration on Bioethics and Human Rights, International Humanitarian Law protecting non-combatants in hostile environments, the Hague Conference on Private International Law and UN Child Protection resolutions 1539 (2004) and 1612 (2005).

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NOTICE OF INTENT TO FILE CLAIM

A CLAIM MAY BE FILED AGAINST THE STATE COLLEGE AREA SCHOOL DISTRICT LIABILITY INSURANCE POLICY IF THE CRIMINAL CHILD ABUSE POLICIES AND PRACTICES DO NOT STOP PERMANENTLY AND IRREVERSIBLY ON OR BEFORE 8 a.m. Eastern Standard Time, Monday February 28, 2022

Total Amount Owed to Notifying Party:

- \$1,000,000 per act of child abuse or molestation conducted under SCASD policy and practice on or after Monday, February 28, 2022 (See Memorandum of Coverage at p. 5/11); and/or
- \$1,000,000 per each board director violation of Faithful Performance of Duty coverage for Government Employees conducted under SCASD policy and practice on or after Monday February 28, 2022. (See Memorandum of Coverage at p. 7/11)

This notice is provided to inform you that the Notifying Party has provided the above descriptions of criminal, unconstitutional and unlawful actions that have endangered the health of my children attending this school district. You have until no later than 8 a.m. on Monday, February 28, 2022, following receipt of this notice, to correct these violations at all the schools in the State College Area School District and restore all children to ordinary, unobstructed human breathing, speaking and facial expression; and ordinary human physical movement and proximity, without adult interference.

This includes permanent and irreversible suspension of all policies and practices, including but not limited to oral and written instructions from adults to children, or from children to other children, that physically or mentally frighten, intimidate, force, coerce, order, direct or otherwise pressure children to:

- Wear masks
- Maintain "social distancing"
- Submit to medical testing
- Submit to medical treatments

Failure to comply with the aforementioned demands on or before 8 a.m. on Monday, February 28, 2022, will result in a claim being filed against the CM Regent Insurance Company, Policy No. CMR-CPP-01720 for the full amount of the coverage per incident per child, and/or per incident per school board director or school district administrator.

A copy of this notice will also be provided to the State College Police Department and the Centre County Sheriff's Department with a request for criminal investigation into the child abuse and molestation being committed - at your direction -- by administrators, teachers and staff in the State College Area School District.

Signed and Dated,

-SCASD Parents and Friends of SCASD schoolchildren.

* * *

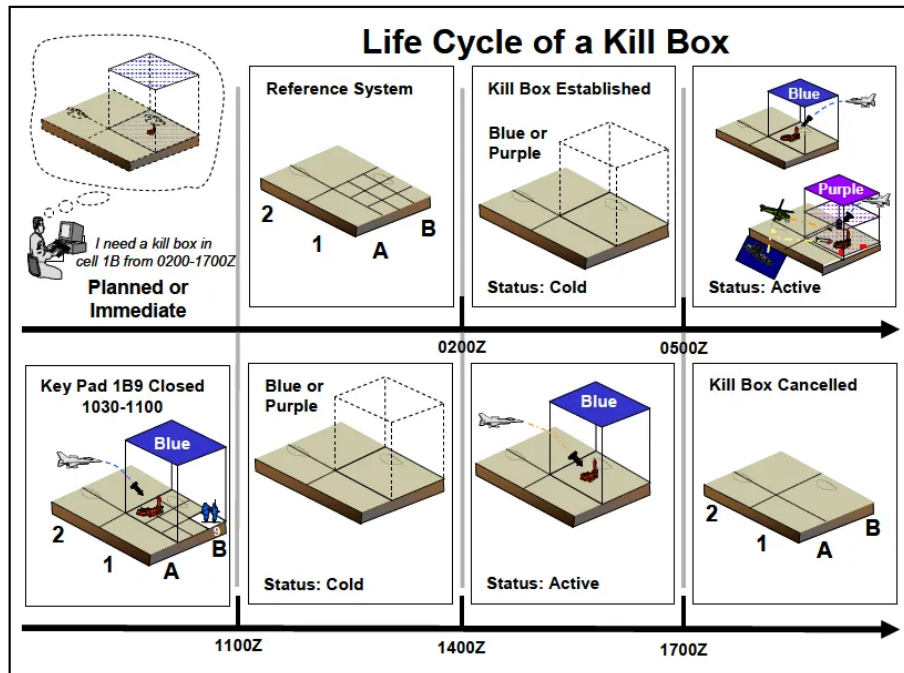


Figure I-1. Life Cycle of a Kill Box

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

Feb. 26, 2022 - Legal Walls of the Covid-19 Kill Box

Report: Attorney Todd Callender's January 30, 2022 interview by Dr. Elizabeth Lee Vliet. (June 2, 2022 version)

I encourage readers to listen to this podcast interview of Attorney Todd Callender, conducted by Dr. Elizabeth Lee Vliet on Jan. 30, 2022.¹⁰⁰

Callender is an international disability rights law expert and currently represents military personnel challenging Department of Defense "vaccine" mandates.

I've been publishing piecemeal posts about the interview for the past three weeks.

Below is a full written report, including supporting research, additional information and related developments on the subject of the legal relationship between government acts and how the Covid-19 event is legally classified: pandemic, act of biological or chemical war, contract fraud, and/or a crime against humanity.

At the current time, the formerly criminal actions of governments are legally defined as not-crimes, and many of the crime victims who formerly would have been entitled to human rights protections under law, can be legally defined as not-humans.

But it's not the end of the world, or the end of time. So it's not a permanent or irreversible, or inevitable, state of human affairs.

Preface

The goals and actions of the individual humans working on the global Covid-19 democide project are so brazenly and profoundly evil that good human minds shut down the instant they confront the information. We recoil instinctively — emotionally, cognitively and spiritually — from the extraordinary saturation of evil; we struggle to grasp how it can be so comprehensive in its scope and destructive in its force.

¹⁰⁰ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

The human perpetrators and their Satanic accomplices have instituted many layers of legal and media control and distortion of information to demoralize and confuse their victims.

But our natural recoiling phenomenon, our fingertip-on-a-hot-stove natural human withdrawal from evil, provides them with powerful additional camouflage for the evil acts, because the mind of the observer will self-add the camouflage of "this is so evil, it can't possibly be true" adding to the layers of legal and media propaganda cover the perpetrators control and impose themselves.

Please pray for the courage to overcome the recoil, so we can fight back better.

*"Veni, vidi, Deus vicit."*¹⁰¹ - Jan Sobieski, Warrior King of Poland, Battle of Vienna, 1683

Synopsis

In the one-hour interview, Callender described international and federal legislative, executive, judicial, medical and military frameworks introduced in 1990 and reinforced repeatedly between then and now, using public health emergency predicates to create and control a new sub-human, or trans-human, species.

In the first half of the interview, Callender outlined the 2005 International Health Regulations (to which the United States is a signatory), which allow for the suspension of national sovereignty and federal constitutional and statutory legal frameworks during a "public health emergency of international concern" as declared by the World Health Organization director-general.

Callender also laid out the legal significance of a 2013 US Supreme Court intellectual property case (*Association for Molecular Pathology v. Myriad Genetics*), which rendered genetically-modified organisms (such as plant seeds and mice) as legally chattel property of those who own the patents for the inserted genes.

If that US Supreme Court precedent stands, it could be used to legally render people who have been injected over the past year with the mRNA/DNA pharmaceutical products marketed as Covid-19 vaccines," as the chattel property of the injection patent holders: Pfizer, BioNTech, Moderna and Johnson & Johnson corporations.

The US Congress could adopt new legislation governing the legal status of genetically "vaccinated" citizens to define them as legally identical to natural humans, thus overriding the Supreme Court precedent and ensuring that they retain all the legal, human, constitutional, civil and other rights that they lack under the GMO case law.

In the second half of the January 30 interview, Callender described state and county legal frameworks currently being put into place to make the legal state of emergency and related extraordinary executive powers permanent, and to implement the next, more-militarized enforcement steps at the community level.

Callender described "intergovernmental agreements," which he has received from whistleblowers in Cochise County, Arizona, and other US states.

The IGAs link continued federal reimbursement funding protocols for community hospitals and nursing homes — which have financially coerced health care providers for the past two years already — to continued hospital and nursing home compliance with deadly "treatment" protocols and injection mandates.

The intergovernmental agreements (IGAs) are being put in place alongside other, reinforcing legal frameworks. For example, in Arizona, a petition from individuals claiming to be public health experts was submitted to the Arizona governor, in support of the governor's petition to the Arizona legislature, requesting that the legislature make the governor's temporary emergency powers created by Covid-19 permanent.

The state-level action is happening in several states, including Pennsylvania and Arizona (covered below); New York¹⁰² (amendments to Title 10 NYCRR) and Florida¹⁰³ (HB7021). It's paralleled at the federal level by, for example, President Biden's indefinite extension of the Covid-19 state of emergency, issued on Feb. 18, 2022.

¹⁰¹ <https://www.newadvent.org/cathen/14061c.htm>

¹⁰² https://margaretannaalice.substack.com/p/letter-to-the-new-york-state-department?utm_source=url

¹⁰³ https://margaretannaalice.substack.com/p/letter-to-governor-ron-desantis?utm_source=url

Callender advises anyone who wants to end hospital and nursing home homicides to work at the household level: appeal to relatives and friends who are directly tasked with enforcement, whether they're hospital workers, nursing home workers, police officers, National Guard soldiers, medical coders responsible for attaching the ICD-10 diagnostic codes to patients.

“Educate them that they are really a cog in this great giant machine designed to kill as many people as is possible. Particularly the unvaccinated. And those who are vaccinated, to envelope them in the machine for whatever the purpose is of The Owners.”

Other necessary steps include removing emergency powers from all levels of government, and running for office to repeal the enabling laws and enact laws protecting human rights and human lives.

“This is about the survival of our species. Stand up. Say no. Don't go with the program. Civil disobedience. That is our only hope.”

Outline

- Brief Analysis
- 1990 - Three United Nations conventions
- 2005 - The Owners, through the World Health Organization, create International Health Regulations
- 2003, 2005 and 2014 US Presidents' Executive Orders listing quarantinable communicable diseases
- 2004 - 2006 - Congress passes Project Bioshield Act of 2004, PREP Act of 2005 and Pandemic and All-Hazards Preparedness Act of 2006 [Section added 3/26/22]
- 2017 - Major rulemaking by US Department of Health and Human Services
- Cumulative legal effect of International Health Regulations (IHR) and implementing national regulations and executive orders
- 2013 - US Intellectual Property and Patent Law; Title 35 U.S.C. 101
- 2020 — Clinical Treatment Protocol and Financial Coercion of Hospitals, Doctors and Nurses
- 2008 — Merger of public health with law enforcement
- Pennsylvania case study; how the IHR voids constitutional and statutory law and underpins public health martial law.
- Ransom demand from World Health Organization to G20.
- World Health Organization now working toward an expansion of the 2005 International Health Regulations
- Conclusion
- Related essays

Note: The following report is focused on legal frameworks. It doesn't include information about the deadliness of the products marketed as Covid-19 vaccines, their inefficacy at infection control, or severe adverse effects: the debilitating and fatal damage they cause to human neurological, cardiovascular, reproductive and immune systems and organs. The inherent toxicity is far beyond proved, and if readers are interested in up-to-date coverage, please check out Steve Kirsch¹⁰⁴, Jessica Rose¹⁰⁵ and Alex Berenson¹⁰⁶ on Substack for reporting and analysis, and RealNotRare¹⁰⁷ for firsthand accounts. Many people have been investigating the crimes and raising the alarm publicly since late 2020, with no access to legacy media and no response from the legally-responsible government entities. Update 2/28/22: this report also doesn't cover the issue of lab leak vs. natural outbreak, nor the issue of intentional¹⁰⁸ design and release vs. accidental lab leak. Good sources for that subject are Igor Chudov¹⁰⁹, Arkmedic¹¹⁰, and Charles Rixey¹¹¹.

¹⁰⁴ <https://stevekirsch.substack.com/>

¹⁰⁵ <https://jessicar.substack.com/>

¹⁰⁶ <https://alexberenson.substack.com/>

¹⁰⁷ <https://www.realnotrare.com/>

¹⁰⁸ <https://www.lifesitenews.com/news/dna-found-in-coronavirus-was-patented-by-moderna-3-years-before-the-pandemic/>

¹⁰⁹ <https://igorchudov.substack.com/>

¹¹⁰ <https://arkmedic.substack.com/p/absolute-proof-the-gp-120-sequences?s=r>

¹¹¹ <https://prometheusshrugged.substack.com/p/theblindwatchmaker?s=r>

Brief Analysis

Callender's paper trail and legal analysis make sense of a lot of things that haven't made sense all along, especially two things:

1. the strange abrogation of the doctor-patient relationship and physicians' independent diagnostic and treatment judgment; and
2. the strange refusal of the courts to even hear challenges to the public health police state on constitutional and evidentiary grounds, much less judicially stop the tyranny.

It also helps explain why the avalanche of coercion continues and is escalating, now with major American corporations imposing their own injection mandates and mass firings, despite the expanding torrent of evidence that the injections are deadly and don't stop infections, and despite some US courts overturning some of federal mandates on limited, procedural grounds.

It also helps explain that the governments of nation-states around the world won't permanently stop the legalized mass murder, maiming and enslavement of the world's people through

- masking and social distancing;
- detentions in homes, nursing homes, schools, hospitals, military barracks and quarantine-facilities;
- withholding of preventative and early treatments for Covid-19;
- coerced administration of ventilation, Remdesivir, midazolam and other lethal poisons; and
- administration of mRNA and DNA bioweapon injections;
- establishment of restrictive digital surveillance, identity, currency and social credit score controls

until those governments and their central banks (the Federal Reserve in the United States) are prepared to withdraw from political and financial participation the international legal frameworks (such as the International Health Regulations), and endure and recover from the financial and economic consequences: blocked access to the international financial system controlled by the individuals who control the Bank for International Settlements.

1990 - Three United Nations conventions

Callender began his interview with a "Tyranny 101" introduction, talking about the "warp-speed, orchestrated" global command-and-control campaign that rolled out starting in January 2020.

He observed that humans will trade liberty for security when they believe they are under a threat.

"It has worked for thousands of years," Callender said. "It has worked again, to a large extent. Probably not to the extent that they were hoping. A lot of people were aware that something was wrong. A lot of people were, I think, divinely --, were whispered to in their ear, and used their discernment to understand that things were not what they appeared."

Callender said that the human individuals behind the global Covid-19 crisis are the men and women who privately own the Bank for International Settlements (BIS).

He calls them "The Owners," as a shorthand. (The names of the current leaders of the Owner families¹¹² don't matter for understanding the legal frameworks put in place to expand their political power and wealth, but their identities will matter for holding them accountable someday.)

Through the BIS, they own all the other private central banks in the world, including the US Federal Reserve Bank. Through the banks, over the past century or so, they consolidated their ownership and control of all financial wealth and all physical assets in the world: energy systems; water and food supplies; money supplies used as a medium of exchange; and most (but not all) media and information channels.

1990 - The Owners decide there are too many people in the world.

¹¹² <https://hannenabintuherland.com/usa/the-federal-reserve-cartel-the-eight-families-who-own-usa-dean-henderson-herlandreport/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

Around 1990, Callender said, there were a lot of people in the world and populations were continuing to grow. The Owners decided depopulation was needed.

They realized that when populations get very large it's very difficult to control or kill them. Historically, the only things that kill very large numbers of people are human-caused genocides and natural plagues and famines.

Arguably, Covid-19 and the subsequent pharmaceutical products marketed as “vaccines” combine the most effective features of genocide and plague: they weaken and kill lots of people, are human-made, but the deaths can be made appear naturally-caused.

Rather than undertake a blatant and likely politically unpopular gun- or bomb-based global genocide, Callender explained, The Owners decided instead to promote the idea among world populations of "sustainable development."

They began by setting the narrative frame that there are too many people and not enough resources in the world to support those people; that climate change driven by human use of carbon-based energy resources would cause deadly earthquakes, floods, disease outbreaks, food shortages and other disasters; and that public health and the thriving of future generations require coordinated international action to reduce population, as a way to mitigate climate change.

1992 - The Owners extort governments of the world's nation-states to adopt Agenda 21 at the Earth Summit

In June 1992, the United Nations hosted the United Nations Conference on Environment and Development, commonly called the Earth Summit, in Rio de Janeiro, Brazil.

At the conference, 179 participating nations adopted Agenda 21 (later renamed Agenda 30)¹¹³, laying out “a comprehensive plan of action to be taken globally, nationally and locally by organizations of the United Nations System, Governments, and Major Groups in every area in which human impacts on the environment.”

The goals of Agenda 21/30, according to Callender, are threefold:

1. elimination of private property
2. elimination of borders and national sovereignty
3. depopulation



Immunization Agenda 2030

A global strategy to leave no one behind

Truth in World Health Organization advertising¹¹⁴

1992-1994 - The Owners extort governments of the world's nation-states to adopt the UN Framework Convention on Climate Change

At the 1992 Rio conference, the United Nations Framework Convention on Climate Change¹¹⁵ was also opened for nation-states to sign. By 1994, enough nations had signed for the convention¹¹⁶ to enter into force.

1994 - The Owners extort governments of the world's nation-states to adopt International Conference on Population and Development Program of Action

¹¹³ <https://grist.org/politics/agenda-21-everything-you-need-to-know-about-the-secret-u-n-plot-in-one-comic/>

¹¹⁴ https://www.who.int/immunization/IA2030_draft_4_WHA.pdf?ua=1

¹¹⁵ <http://newsroom.unfccc.int/>

¹¹⁶ <https://www.un.org/sustainabledevelopment/climate-negotiations-timeline/>

In September 1994, the United Nations hosted the International Conference on Population and Development in Cairo, Egypt. Again, 179 nation-states signed on to a 20-year Programme of Action, which was extended in 2010 to cover 2014-2034.¹¹⁷ The population control project was framed using keywords including empowerment of women, reproductive health and people-centered development.

Cumulative impact

Callender explained that after those three mutually-reinforcing international conventions were adopted by the world's national governments — UN Agenda 21/30 (1990); UN Framework Convention on Climate Change (1994); and UN International Conference on Population and Development Program of Action (1994) — The Owners, who had already owned and controlled all of the natural resources in the world, now controlled all of the political resources in the world: the means through which us human beings organize our social lives and power relationships in society.

They successfully created an international legal framework that subordinates human rights and national sovereignty to global governing instruments operated privately by a handful of men and women accountable to no one but themselves.

Propaganda campaign

Throughout the 1990s and into the 21st century, The Owners mounted an intense propaganda campaign to persuade the world's human population that people are “the problem,” Callender said.

The media messages instilled the notion that ordinary people, simply by existing, cause the degradation and destruction of the natural world.

Callender lives outside the United States and has travelled extensively throughout his career over the past few decades.

During the Jan. 30 interview, he said he saw the same messages being fed to populations, through governments and media, all over the world over the last 30 years, calling it “a homogenized and very coordinated approach.”

The Owners also introduced public health frameworks as a key tool for population control in two forms: control of numbers of people through funding contraception programs to lower birth rates, and control of behavior through manipulation of information.

See, for example, two policy documents laying out national and international government programs designed to increase fear levels to increase compliance with social bond disruptions and uptake of pharmaceutical injections during the Covid-19 response in 2020.

- UK SAGE, March 20, 2020¹¹⁸
- World Health Organization, Oct. 15, 2020¹¹⁹

¹¹⁷ <https://www.unfpa.org/resources/a6962-framework-actions-follow-programme-action-international-conference-population-and>

¹¹⁸ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.03-uk-paper-re-increasing-fear-levels-in-population.pdf>

¹¹⁹ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.10-who-guidance-behavioral-psychology-of-covid-vaccine-manipulation-.pdf>

2005 - The Owners, through the World Health Organization, create International Health Regulations

In 2005, through the World Health Organization, the individuals who control the Bank for International Settlements created the International Health Regulations (IHR).

[CORRECTION ADDED March 13, 2022 - WHO member states adopted the first version of the IHR in 1951, as International Sanitary Regulations.¹²⁰ Those were revised and renamed International Health Regulations in 1969.¹²¹ The 1969 regulations were revised in 1973 and 1981, and then were revised again in 2005, as described below. And now in 2022, WHO has started another round of negotiations to revise further.]

The second edition of the IHR is described, by WHO, as follows:

“In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR). This binding instrument of international law entered into force on 15 June 2007.”

The stated purpose and scope of the IHR are

“to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.”

The IHR “are not limited to specific diseases, but are applicable to health risks, irrespective of their origin or source.”

The IHR further,

"require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. They further introduce a series of health documents, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travelers."

The 2005 International Health Regulations required each signatory nation to adopt implementing legislation, which the United States government did, through revisions to 42 Code of Federal Regulations, Parts 70 and 71.

Those federal laws regulate interstate and foreign quarantine activities during “public health emergencies of international concern” or PHEICs.

2003, 2005 and 2014 - US Presidents' Executive Orders listing quarantinable communicable diseases

There have been three Executive Orders issued by US Presidents related to the quarantine power of the US Secretary of Health and Human Services laws since 1990.

They were promulgated under section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)), and they assigned the President's executive authority to the Secretary of Health and Human Services for implementation.

Executive Order 13295 of April 4, 2003

On April 4, 2003, President George W. Bush signed Executive Order 13295¹²².

¹²⁰ https://apps.who.int/iris/bitstream/handle/10665/101391/WHA4_60_eng.pdf?sequence=1&isAllowed=y

¹²¹ <https://www.paho.org/en/file/61397/download?token=eeRLSWXi>

¹²² <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2003-executive-order-bush-.pdf>

Bush's 2003 executive order revoked and replaced Ronald Reagan's Executive Order 12452 of Dec. 22, 1983, which specified quarantinable diseases limited to "Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named)."

Bush's 2003 executive order replaced the list above with the following:

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

(b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences.”

In 2003, President Bush added the common cold to the list of communicable diseases empowering the executive branch, through the Secretary of Health and Human Services, to involuntarily detain American citizens.

Executive Order 13375 of April 1, 2014

On April 1, 2005, President Bush signed Executive Order 13375¹²³, extending the quarantine power of the Health and Human Services Secretary to include:

“(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.”

In 2005, the executive branch of the federal government granted itself the power to involuntarily detain American citizens for the flu.

Executive Order 13674 of July 31, 2014

On July 31, 2014, President Barack Obama signed Executive Order 13674¹²⁴, revising Section b of President Bush's 2003 order. The new text expanded on the definition of SARS [the common cold]:

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

In 2014, the federal government expanded its power to detain American citizens for common colds, not only if the diseases "are transmitted" but if they "are *capable* of being transmitted...and are causing, or have the *potential* to cause, a pandemic."

To recap:

- In 2003, President Bush made the common cold a quarantinable disease under US law.
- In 2005, President Bush made the common flu a quarantinable disease under US law.
- In 2014, President Obama made suspected but asymptomatic colds quarantinable diseases under US law.

¹²³ <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2005-executive-order-bush.pdf>

¹²⁴ <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2014-executive-order-obama.pdf>

2004 - 2006 - Congress passes Project Bioshield Act of 2004, PREP Act of 2005 and Pandemic and All-Hazards Preparedness Act of 2006

[This section was added 3/26/22 and updated 3/29/22. More information here¹²⁵.]

The Project Bioshield Act¹²⁶ (30 pages) was passed by Congress and signed by President George W. Bush on July 21, 2004.

The PREP Act¹²⁷ was passed by Congress and signed into law on Dec. 30, 2005. It was tagged on as the last 14 pages of a 154-page Department of Defense supplemental appropriations and Hurricane Katrina relief bill.

The Pandemic and All-Hazards Preparedness Act of 2006¹²⁸ was passed by Congress and signed into law on Dec. 17, 2006.

Together, these laws changed a lot of federal laws related to bioterrorism, pandemics, drug development, appropriations, contracting, procurement, and product liability.

Together with several other laws¹²⁹, the Project Bioshield Act and PREP Act are the source of the US Secretary of Health and Human Services' Emergency Use Authorization (EUA) power, through which HHS Secretary Alex Azar first declared Covid-19 a public health emergency on Jan. 31, 2020, the day after World Health Organization Director-General Tedros declared it a "public health emergency of international concern."

Azar then issued a "declaration for medical countermeasures" for Covid-19¹³⁰ on March 10, 2020, retroactively effective Feb. 4, 2020, followed by other declarations and amendments to the original declarations.

Azar's PREP Act declaration bestowed immunity for liability on developers, manufacturers, distributors and vaccinators, for injuries and deaths caused by vaccines developed, manufactured, distributed and administered under Emergency Use Authorization.

The only exception is for "willful misconduct," which might apply to Pfizer and Moderna if the clinical trial fraud alleged by whistleblower Brook Jackson¹³¹ can be proved — as Edward Dowd and others are working toward. But it would probably not apply to distributors and injectors who can credibly claim they had no knowledge of the clinical trial fraud.

HHS Secretary Azar's declaration also rendered contractors like Pfizer, Moderna, nurses and pharmacists, as classifiable, in legal terms, as government employees of the Department of Health and Human Services for purposes of the Federal Tort Claims Act and related laws: 28 USC 1346(b) and 28 USC 2672.

The Project Bioshield Act of 2004 includes provisions specifically addressing how EUAs are to be declared, maintained and terminated, at 21 USC 360bbb-3¹³², relating to use of "unapproved products" or "unapproved uses of approved products."

The effect of Azar's PREP Act declaration, through the Project Bioshield Act of 2004, was to authorize government-funded development, marketing, distribution and deployment, by the contractors (Pfizer, Moderna, hospitals, nursing homes, clinics, pharmacies, nurses, pharmacists, etc.) of the pharmaceutical products marketed as "Covid-19 vaccines."

¹²⁵ <https://bailiwicknews.substack.com/p/project-bioshield-act-of-2004-and?s=w>

¹²⁶ <https://www.congress.gov/108/plaws/publ276/PLAW-108publ276.pdf>

¹²⁷ <https://www.congress.gov/109/plaws/publ148/PLAW-109publ148.pdf#page=140>

¹²⁸ <https://www.congress.gov/109/plaws/publ147/PLAW-109publ147.pdf>

¹²⁹ <https://www.phe.gov/Preparedness/legal/Pages/default.aspx>

¹³⁰ <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

¹³¹ <https://s3.documentcloud.org/documents/21206071/brook-jackson-lawsuit.pdf>

¹³² <https://www.govinfo.gov/content/pkg/USCODE-2019-title21/pdf/USCODE-2019-title21-chap9-subchapV-partE-sec360bbb-3.pdf>

2017 - Major rulemaking by US Department of Health and Human Services

The most recent, major revisions of 42 CFR Parts 70 and 71 occurred through a "final rulemaking" by the Department of Health and Human Services, published in the Federal Register on Jan. 19, 2017 and effective Feb. 17, 2017. (See 6890 Federal Register. Vol. 82, No. 12)

- 2017-01-19 — Federal Register on HHS Revisions¹³³ to 42 CFR Parts 70 and 71
- 42 CFR 70 — US Domestic Interstate Quarantine Regulations¹³⁴ as revised by HHS in 2017
- 42 CFR 71 — US Foreign Quarantine Regulations¹³⁵ as revised by HHS in 2017

Later in 2017, Johns Hopkins University published new biological threat reports, including the SPARS scenario. See: Technologies to Address Global Catastrophic Biological Risks, Johns Hopkins Center for Health Security¹³⁶, June 2017 and SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators. Johns Hopkins Center for Health Security¹³⁷, October 2017.

The Federal Register entry reported that some commenters, during the public comment period, requested clarification concerning whether the World Health Organization's (WHO) declaration of a Public Health Emergency of International Concern (PHEIC) could continue to serve as the basis for a "public health emergency" if the President or HHS Secretary disagreed with the declaration of a PHEIC on legal, epidemiologic, or policy grounds.

Health and Human Services/Centers for Disease Control respondents described such a scenario as "unlikely" and noted that "CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

Another comment addressed the same concern from a slightly different perspective: the commenter "objected to referencing the WHO's declaration of a Public Health Emergency of International Concern (PHEIC) in the definition of public health emergency' because this ostensibly relinquishes U.S. sovereignty."

Again, HHS/CDC respondents said they disagreed with the characterization, stating that US government officials would give consideration to the WHO's declaration of a PHEIC but would "continue to make its own independent decisions regarding when a quarantinable communicable disease may be likely to cause a public health emergency if transmitted to other individuals."

A few paragraphs later, the HHS/CDC respondents again said that "it would be unlikely for the United States to formally object to the WHO's declaration of a PHEIC, but that CDC remains a component of HHS, subject to the authority and supervision of the HHS Secretary and President of the United States."

Other commenters expressed concern that "any disease considered to be a public health emergency may qualify it as quarantinable" and noted that some PHEICs "most certainly do not qualify as public health emergencies" under the proposed definition.

HHS/CDC respondents clarified that "only those communicable diseases listed by Executive Order of the President may qualify as quarantinable communicable diseases. For example, Zika virus infection, which although the current epidemic was declared a PHEIC by WHO, is not a quarantinable communicable disease."

After dispatching with the comments, the HHS/CDC respondents concluded: "The definition of *Public health emergency* is finalized as proposed."

¹³³ <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-federal-register-re-42-cfr-70-and-71.pdf>

¹³⁴ <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-42-cfr-part-70-us-domestic-interstate-quarantine-statute-as-revised-by-hhs-1.pdf>

¹³⁵ <https://bailiwicknewsarchives.files.wordpress.com/2022/02/2017-42-cfr-part-71-us-foreign-quarantine-statute-as-revised-by-hhs.pdf>

¹³⁶ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2017-.06-johns-hopkins-global-pandemic-response-technology.pdf>

¹³⁷ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2017-.10-spars-pandemic-scenario-johns-hopkins.pdf>

Involuntary detention of healthy individuals authorized

The 42 CFR Section 70 revisions that went into effect in February 2017 authorize the federal government to apprehend American citizens on suspicion of having colds, under §70.6:

Apprehension and detention of persons with quarantinable communicable diseases.

“(a) The Director may authorize the apprehension, medical examination, quarantine, isolation, or conditional release of any individual for the purpose of preventing the introduction, transmission, and spread of quarantinable communicable diseases, as specified by Executive Order, based upon a finding that:

(1) The individual is reasonably believed to be infected with a quarantinable communicable disease in a qualifying stage and is moving or about to move from a State into another State [interstate]; or

(2) The individual is reasonably believed to be infected with a quarantinable communicable disease in a qualifying stage and constitutes a probable source of infection to other individuals who may be moving from a State into another State [interstate].

(b) The Director will arrange for adequate food and water, appropriate accommodation, appropriate medical treatment, and means of necessary communication for individuals who are apprehended or held in quarantine or isolation under this part.”

Under Section §70.5(d) and (e), healthy American citizens can also be involuntarily detained to keep us from travelling intrastate (within a state’s borders)

Cumulative legal effect of International Health Regulations and implementing national regulations and executive orders

Cumulatively, these executive and legislative sides of the kill box made it legally possible for President Trump and President Biden, working through the Centers for Disease Control of the Department of Health and Human Services (using the March 13, 2020 PanCAP Adapted U.S. Government Covid-19 Response Plan¹³⁸, which threw out all prior guidance on pandemic management), alongside state governors and health secretaries to:

1. place all Americans — including healthy Americans with no symptoms — under home/hospital/nursing home/business/school/military barracks/prison/detention facility arrest;
2. close schools, businesses, churches and government offices;
3. order that healthy Americans wear medical devices (cloth masks) against their will; without personal risk-benefit assessment; without individual clinical diagnoses or evidence of efficacy for infection control, and without a personal physician’s prescription; and
4. submit to forcible injection of mRNA and DNA toxins on pain of losing their jobs or being kicked out of school.

Explaining the combined effect in the podcast interview¹³⁹, Attorney Todd Callender stated:

“It allows for, in every instance, a suspension of your human rights, your sovereign rights, your Constitutional rights, charter rights.”

This explains, among other things, the refusal of the US Supreme Court, the International Criminal Court, and other federal and state courts around the world to even hear cases challenging democidal¹⁴⁰ Covid-19 population control measures on human rights, constitutional, civil liberties grounds, even while they have heard cases challenging some of those measures on regulatory, procedural grounds, and even decided a few in favor of citizen plaintiffs seeking relief from government “mandates.”

¹³⁸ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.03-hhs-trump-lockdown-order.pdf>

¹³⁹ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

¹⁴⁰ <https://en.wikipedia.org/wiki/Democide>

American federal judges know that — to the extent they accept The Owners' legal framework as legitimate, dispositive and controlling law — the US Constitution is irrelevant.

American citizens are legally subordinated to the appointed Director-General of the World Health Organization, his appointed American deputy (the US Secretary of Health and Human Services) and appointed state health secretaries.

2013 — US Intellectual Property and Patent Law; Title 35 U.S.C. 101

Case law, or legal precedents derived from judicial rulings in court cases, form another reinforcing strut of the kill box structure.

Callender cited *Association for Molecular Pathology v. Myriad Genetics*, a 2013 US Supreme Court case. According to the published Supreme Court opinion, Myriad was a company that

“obtained several patents after discovering the precise location and sequence of the [human] BRCA1 and BRCA2 genes, mutations of which can dramatically increase the risk of breast and ovarian cancer. This knowledge allowed Myriad to determine the genes’ typical nucleotide sequence, which, in turn, enabled it to develop medical tests useful for detecting mutations in these genes in a particular patient to assess the patient’s cancer risk. If valid, Myriad’s patents would give it the exclusive right to isolate an individual’s BRCA1 and BRCA2 genes, and would give Myriad the exclusive right to synthetically create BRCA cDNA.”

The Myriad court distinguished naturally-occurring DNA from synthetic or cDNA (complementary DNA):

“...One such method begins with an mRNA molecule and uses the natural bonding properties of nucleotides to create a new, synthetic DNA molecule. The result is the inverse of the mRNA’s inverse image of the original DNA, with one important distinction: Because the natural creation of mRNA involves splicing that removes introns, the synthetic DNA created from mRNA also contains only the exon sequences. This synthetic DNA created in the laboratory from mRNA is known as complementary DNA (cDNA).”

The US federal government intervened in the case¹⁴¹, through an amicus brief filed by the US Department of Justice, taking the position that “isolated, but otherwise unmodified DNA should not be patent eligible, but that cDNA should be patent eligible.”

The *Myriad* court found in favor of the biotech corporation and the federal government, ruling that naturally-occurring DNA is not patentable, but synthetic cDNA is patentable.

The Myriad case is the most recent intellectual property case in a line that goes back to a 1980 case called *Diamond v. Chakrabarty*, 447 U. S. 303.

Chakrabarty was a case about a US patent granted to the inventor of a "human-made, genetically engineered bacterium capable of breaking down crude oil" and upheld by the Supreme Court.

“Title 35 U.S.C. 101 provides for the issuance of a patent to a person who invents or discovers “any” new and useful “manufacture” or “composition of matter.” Respondent filed a patent application relating to his invention of a human-made, genetically engineered bacterium capable of breaking down crude oil, a property which is possessed by no naturally occurring bacteria. A patent examiner's rejection of the patent application's claims for the new bacteria was affirmed by the Patent Office Board of Appeals on the ground that living things are not patentable subject matter under 101. The Court of Customs and Patent Appeals reversed, concluding that the fact that micro-organisms are alive is without legal significance for purposes of the patent law.

Held: A live, human-made micro-organism is patentable subject matter under 101. Respondent's micro-organism constitutes a “manufacture” or “composition of matter” within that statute.”

¹⁴¹ <https://www.genome.gov/about-genomics/policy-issues/Intellectual-Property>

The *Chakrabarty* court highlighted the potential moral hazards of its decision:

“[T]he petitioner, with the support of amicus, points to grave risks that may be generated by research endeavors such as respondent's. The briefs present a gruesome parade of horrors. Scientists, among them Nobel laureates, are quoted suggesting that genetic research may pose a serious threat to the human race, or, at the very least, that the dangers are far too substantial to permit such research to proceed apace at this time. We are told that genetic research and related technological developments may spread pollution and disease, that it may result in a loss of genetic diversity, and that its practice may tend to depreciate the value of human life.”

But the *Chakrabarty* court concluded that such moral, ethical and biological risks were beyond its judicial purview; the judges deferred to elected members of Congress for resolution.

Between *Chakrabarty* in 1980 and *Myriad* in 2013, and since, several court cases involving Monsanto, Dupont, Syngenta and other biotech corporations developed an ownership and licensing paradigm for patented living organisms such as plant seeds and research animals.

For example, farmers obtain licenses from biotech corporations to grow and use patented seed lines, but the farmers don't own the seeds. So Monsanto and other companies have successfully prosecuted farmers, and been awarded millions of dollars in fines. Farmers have been prosecuted for saving seeds and replanting them in following growing seasons, for example, and they've been prosecuted for GMO crops that have grown, unlicensed, on their land from seeds blown from nearby, licensed crops. *See Seed Giants v. US Farmers* report¹⁴², 2013.

The result: under international and American intellectual property and patent law, the act of genetic modification results in the modification-device patent holders owning the modified biological subject.

Judicial precedent applicable to human recipients of mRNA/DNA injections

After injection with the mRNA or DNA spike protein instructions, the human body and its cells become “a spike-protein factory,” as countless explainer pieces have informed the public since late 2020.

Callender believes that because “synthetic genomes are the chattel property, the intellectual property, of the patent holders,” and because the mRNA and DNA pharmaceutical products marketed by the US government, Pfizer/BioNTech, Moderna and Johnson & Johnson alter the DNA in the cells of the recipients to cause the production of spike proteins and make other, as-yet-unknown changes to the human genome, “All the people that got those shots, are now the chattel property of the patent holders of those shots.”

Combining the 2013 Supreme Court precedent, with the 2021 injection of billions of people with genome-modifying medical devices, The Owners, who gained ownership of physical and financial assets (food supply, water supply, energy supplies, financial systems) starting in the late 1800s, and who added the political assets of national governments, through the militarized public health apparatus put in place between 1990 and 2020, now own a large portion of the world's human assets as well.

"Now they actually own our humanity," Callender summarized.

Dr. Lee asked about the implications:

“I'm not judging, negatively, the people who chose to get the shot. Because they were manipulated to think they were doing the right thing. They were not given all of this information. They were not given any risk assessments. So they were pawns in the bigger scheme that you are describing, that's been in the plans for a long time.”

Callender said control over “what used to be humanity...appears to be limitless” on the vaccinated.

“They are not human beings. They are no longer humans for purposes of the law...because willingly, for consideration of the shot, each person became somebody else's property.”

¹⁴² <https://www.centerforfoodsafety.org/reports/1770/seed-giants-vs-us-farmers>

One of the legal implications relate to potential prosecution of governments and pharmaceutical companies for homicide.

However, if a person shoots a dog, Callender said, the shooter can't be prosecuted for homicide, because a dog is not a human and homicide legally refers to the intentional killing of a human being.

If — as the *Myriad* precedent implies — a vaccinated human is legally distinct from a natural, unvaccinated human, and is owned by the pharmaceutical companies rather than owned by him or herself:

“Do they enjoy human rights? Do they enjoy protections against homicide? Do they enjoy privacy rights? Do they enjoy any rights at all?” Callender asked. “Short answer is seemingly, No...That's how nefarious and detailed” the plan is.

Taken to the logical conclusion, for however long vaccinated humans are legally-distinct from natural humans, it will be difficult or impossible to prosecute the perpetrators for genocide on behalf of those killed by the injections. The victims, from a legal perspective, are not people and have no natural, God-given or Constitutionally-protected human sovereignty or rights to life or liberty.

As of late-February 2022, the US Congress has not acted to classify Covid-19-vaccinated humans as fully sovereign individuals or otherwise legislatively protect them from genome-based chattel slavery wrought by intellectual property law.

UPDATE JUNE 2, 2022 - On Sept. 16, 2011, Congress passed PL 112-29, An act to amend title 35, United States Code, to provide for patent reform.

At Section 33, the statute provided a limitation on 35 USC 101 (the statute interpreted by SCOTUS in *Chakrabarty* (1980) and *Myriad* (2013):

(a) Limitation — Notwithstanding any other provision of law, no patent may issue on a claim directed to or encompassing a human organism.

(b) Effective Date.

(1) In general.—Subsection (a) shall apply to any application for patent that is pending on, or filed on or after, the date of the enactment of this Act [Sept. 16, 2011].

(2) Prior applications.—Subsection (a) shall not affect the validity of any patent issued on an application to which paragraph (1) does not apply.

2020 — Clinical Treatment Protocols and Financial Coercion of Hospitals, Doctors and Nurses

During the Jan. 30 interview, Dr. Lee commented that for her as a practicing physician, a disturbing signal that something was deeply wrong, was the federal public health authorities' official guidance and pressure on doctors, nurses, pharmacists, medical and pharmacist licensing boards, and governors to withhold treatment from sick patients seeking medical help.

The USHHS Centers for Disease Control explicitly directed doctors and nurses to tell mildly sick patients to “go home and get sicker” with no treatments early in the course of the infection, and to only return for care when they could no longer breathe.

Lee had never seen that clinical guidance issued for any other illness.

“We don't wait until Stage IV cancer,” she said. “We screen and treat early.”

Further, when confronted with new, unknown illnesses, doctors historically have identified potentially life-threatening symptoms, and administered existing medications used to treat those symptoms in other diseases.

Despite the initially-inexplicable federal protocols, as the outbreak spread in February and March 2020, many doctors and nurses started successfully using existing medications to treat the most prominent symptoms experienced by patients infected with the SARS-Covid-2 virus: systemic inflammation, blood clots and secondary bacterial infections. They treated patients with fluids and vitamins, anti-inflammatory drugs, anti-coagulants, antibiotics, and antivirals like hydroxychloroquine and Ivermectin.

Patients treated early recovered.

Untreated patients, who went home and waited until they couldn't breathe, came back to hospitals, and were admitted for treatment with Remdesivir and mechanical ventilation, which was — in most cases — too much treatment, much too late.

Most of those patients died.

Through the CARES Act, Centers for Medicare and Medicaid Services (CMS)¹⁴³ and related funding¹⁴⁴ and liability-immunity mechanisms tied to (International Classification of Diseases) ICD-10-CM diagnosis code U07.1, the federal government added financial and legal pressure on clinicians to withhold care, because reimbursements, add-on payments and liability protections were only made available to providers using the “go home and get sicker” protocol, until patients returned to the hospital.

Once they were extremely sick and arrived at the hospital, they were admitted and classified as Covid-19 patients. Then they were forcibly¹⁴⁵ treated with inappropriate medications (primarily Remdesivir in the United States) and machines (ventilators) that worsened symptoms, because those were the only treatments authorized by the federal government for reimbursement and liability protections.

And then they died, triggering federal death benefit payments¹⁴⁶ to the hospitals and families¹⁴⁷.

At the same time, Lee noted, the emergency measures shut down other revenue streams for hospitals, cancelling diagnostic screenings, surgeries and treatments for non-Covid diseases. By stripping regional hospitals of non-Covid revenue, the federal government has made those hospitals and their medical staff more dependent on the federal funding that incentivizes medical neglect and death protocols.

“So they have created the monstrosity that they then turn around and use as the justification for an emergency. It is diabolical and it's malevolent and people need to know it exists,” she said.

Meanwhile, the US Food and Drug Administration (FDA) and complicit media demonized the early treatment protocols, repurposed medications and the doctors and nurses who were using them to restore suffering patients to full health.

This was done for two reasons: to maintain the fictional yet terrifying emergency narrative that legally-justified FDA emergency use authorization (EUA) for masking devices and mRNA/DNA injection funding and mandates; and to give Covid-19 itself time and space to kill as many people as possible without it appearing to be intentional medical homicide.

As of late-February 2022, these federal protocols are still in place, and still killing people.

¹⁴³ <https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap>

¹⁴⁴ <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

¹⁴⁵ <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

¹⁴⁶ <https://fredbrownbill.wordpress.com/2021/12/26/bidens-bounty-on-your-life-hospitals-incentive-payments-for-covid-19-2/>

¹⁴⁷ <https://www.fema.gov/press-release/20210324/fema-help-pay-funeral-costs-covid-19-related-deaths>

2008 - Merger of public health with law enforcement

Starting around September 2021, Lee, Callender, and other prominent leaders in the loose alliance of doctors and attorneys trying to ensure patient access to early treatments for Covid-19 began to get phone calls every day from alarmed family members of patients in hospitals and nursing homes around the United States who had been tagged on entry with ICD-10 codes triggering Covid-19 treatment protocols.

Family members reported that medical staff were withholding fluids, food and vitamins from their loved ones; refusing to administer antibiotics, corticosteroids and anticoagulants; restraining them, forcibly administering Remdesivir, and forcibly hooking them up to ventilators.

Hospital and nursing home administrators were also blocking family members from visiting patients, denying power of attorney, refusing to allow visits from priests, pastors and rabbis, and refusing to allow patients to leave the facilities.

A few weeks later, news emerged that Maryland National Guard soldiers and Federal Emergency Management Agency staff were distributing Remdesivir in nursing homes. The soldiers were sent into the nursing homes after hospital and nursing home staff who refused to take mRNA and DNA injections were fired, leading to staffing shortages, capacity overloads, and transfers of patients.

Callender emphasized that starvation and battery are criminal acts, but explained that when families called local police for help for their loved ones trying to escape the facilities, police officers generally refused to get involved. In some cases, they arrested the family members who were trying to protect the patients from abuse.

Callender described the situation as “murder for hire in the hospitals,” adding “everyone is worried about FEMA camps. They already exist. They're called hospitals...Hospitals are now part of the law enforcement system.”

Through whistleblowers and research, Callender has since learned that in 2007, the US Department of Justice Bureau of Justice Assistance and the CDC convened a working group to merge public health and law enforcement systems.

The result was a 2008 document called "A framework for improving cross-sector coordination for emergency preparedness and response: Action Steps for Public Health, Law Enforcement, the Judiciary, and Corrections"¹⁴⁸ which:

“improved cross-sectoral and cross-jurisdictional collaboration and crafted two other tools: a model Memorandum of Understanding (MOU) for joint investigations of bioterrorism, and a guide for developing MOUs for strengthening coordinated, multi-sector responses to influenza pandemics and other infectious disease threats.”

The 2008 plan, combined with frontline reports from distraught families and their own medical and legal work, provided Callender and others with initial answers to the question: “How does the global control paradigm translate from international through national down to the individual?”

Arizona case study

What they found in Cochise County, Arizona and other local jurisdictions, were intergovernmental agreements (IGAs) linking federal funding to declared public health emergencies to require states and counties to establish quarantine facilities and procedures for involuntarily moving people to detention in nursing homes, hospitals or other purpose-built structures, on the basis of government-alleged infection with a quarantinable communicable disease.

State of emergency declarations are a linchpin.

Most emergency orders at the national, state and local level are temporary and have built-in expiration dates, although the main PHEIC declaration issued by the WHO General-Director on Jan. 30, 2020 apparently does not.

The goal of The Owners, Callender said, is to make sure that emergency executive powers are not temporary, but are permanent.

¹⁴⁸ <https://intersector.com/resource/framework-improving-cross-sector-coordination-emergency-preparedness-response/>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

The process is currently underway in Arizona. Under Arizona law, Callender said, the governor can petition a House member and a Senate member asking the legislature to convert the temporary emergency powers to permanent emergency powers.

The legal document submitted by the Governor to the legislators is called a report, Callender said, and it's based on an assertion by the Arizona public health department that the Covid-19 emergency itself is permanent.

By late January 2022, when the Callender interview was recorded, a letter had already been submitted by a group claiming to represent 1,200 concerned doctors, advocating that the legislature grant the Governor permanent emergency powers that eliminate the constitutional and human rights held by the people of Arizona.

Callender linked the Arizona government acts to the Jan. 13, 2022 US Supreme Court ruling in *Biden v. Missouri*, regarding the federal government's authority, through the Department of Health and Human Services Centers for Medicare and Medicaid (CMS) financial control of hospital funding, to mandate hospital employees' submission to unwanted mRNA and DNA injections.

Callender pointed out that the Supreme Court did not review or rule on the significance of the pharmaceutical products' investigational, experimental, EUA, or gene-modifying medical device status.

The court only addressed the relationship between federal funding for hospitals and nursing homes, and the human rights and bodily integrity of employees at federally-funded facilities, and determined that CMS funding is a legal basis for compulsory, invasive, experimental medical treatments.

Linking the *Biden v. Missouri* Supreme Court ruling, to the 2008 DOJ/CDC document merging public health and law enforcement, to the Cochise County intergovernmental agreements, to the Arizona state government converting the Covid-19 emergency from temporary to permanent, to the US Secretary of Health and Human Services' regulatory and statutory powers to track and trace people through PCR and other testing, to genetic identification catalogs, Callender concluded that it's legally straightforward for a public health official to allege that any individual citizen was in the same room as a person with an allegedly communicable disease, and can therefore be forcibly — and *legally* — removed by local law enforcement officers from their home or workplace to the local hospital.

Once in the hospital, that individual can be tagged with the ICD-10 diagnostic code triggering Covid-19 treatment protocols forcibly administered.

"What they want to do is not have anybody interrupt their command and control. Once you're in the public health system, you're in the kill box," Callender said. "All rights are suspended in matters of public health. That's what we can take away from this."

Pennsylvania case study; how the IHR voids constitutional and statutory law and underpins public health martial law.

1978 Emergency Management Services (EMS) Code

On March 6, 2020, Pennsylvania Governor Tom Wolf (D) and Secretary of Health Rachel Levine declared a statewide state of emergency under the 1978 Emergency Management Services (EMS) Code, 35 Pa.C.S. §§ 7101 et seq.

The EMS Code was adopted by the General Assembly in 1978 in response to floods and the Three Mile Island nuclear incident.

The EMS Code delegated power from the legislature to the Governor, allowing the Governor to make emergency declarations lasting up to 90 days, renewable by gubernatorial order thereafter.

Governor Wolf renewed his original proclamation for another 90 days on June 3, 2020, and several times thereafter.

1955 Disease Prevention and Control Law

Governor Wolf and Secretary Levine primarily cited the 1978 EMS Code, and secondarily cited the 1955 Disease Prevention and Control Law, 35 P.S.A. Section 521.1 *et seq.*

By leaning on the 1978 law more than the 1955 law, they sidestepped requirements of the 1955 disease prevention law that limit the government's power to isolate only *individual* infected persons or animals, and limit the government's power to quarantine only “persons or animals who have been exposed to a communicable disease.”

Further, the 1955 law limited the Health Secretary's power to quarantine people only for “a period of time equal to the longest usual incubation period of the disease.”

By citing the 1978 EMS Code as their primary legal authority, Wolf and Levine managed the disaster not as a human health matter affecting millions of morally-autonomous and individually-subjective humans, but as a geographical contamination matter affecting objectified meat-sacks.

And they were able to indefinitely extend the length of time for stay-at-home, school/business/church closures and occupancy limits from 14 days (Covid-19 incubation period as it was understood in the early days of the outbreak).

That's how they could legally turning “two weeks to flatten the curve” into two years to flatten Pennsylvania's people, schools, businesses and churches.

Governor Wolf and Secretary Levine basically created a statewide disaster zone that included every individual person's physical body, every private home and businesses, and every public facility, as if all were objects presumptively under state control and contaminated by a virus, in the same way an area of land or water might be presumptively contaminated by radioactive particles in a nuclear disaster.

Power, checks and balances: executive v. legislative; court-arbitrated; partisan

Under the terms of the 1978 Emergency Management Services Code, the state of emergency could be terminated either by the Governor, or by both houses of the Pennsylvania General Assembly adopting concurrent resolutions.

However, when the Republican-majority General Assembly attempted to modify the terms of Governor Wolf's orders through concurrent legislation in Spring 2020, and eventually tried to terminate the emergency declaration through a concurrent resolution, Governor Wolf and Secretary Levine simply ignored the legislation and continued enforcing the executive orders.

The conflict made its way to the Pennsylvania Supreme Court in the *Wolf v. Scarnati* case, 104 MM 2020, which was decided in Wolf's favor on July 1, 2020.

The partisan Democrat judges ruled that concurrent resolutions (outside of three exceptions interpreted narrowly to exclude terminating emergency declarations) must be presented to the Governor's for approval or veto. The Governor, of course, would not approve a resolution bringing his extraordinary emergency powers to an end.

This prompted the Republican General Assembly to pass — in two consecutive sessions — resolutions placing a Constitutional amendment on the May 2021 ballot, so that Pennsylvania citizens could amend the state constitution to empower the General Assembly to terminate gubernatorial emergency declarations without presenting the measure to the governor for approval or veto.

Pennsylvania voters approved the constitutional amendment in May 2021 and the Republican General Assembly adopted joint resolutions on June 10, 2021, bringing the Pennsylvania state of emergency to a close.

Sort of.

Despite the legislature stripping Governor Wolf and his administration of the emergency powers they had assumed in March 2020, the Pennsylvania Acting Secretary of Health continued — after June 2021 — to promulgate and enforce unlawful orders including mask mandates, especially targeting schoolchildren attending Pennsylvania public schools.

The Acting Secretary of Health did so under a proposed, novel legal theory that the appointed health secretary's executive powers may be exercised independent of the Pennsylvania and US Constitutions, the citizens of Pennsylvania, the elected Pennsylvania legislature and the elected Pennsylvania governor.

The Secretary of Health's claim to unchecked power became the subject of state court cases, including *Corman v. Acting Secretary of Pennsylvania Department of Health*¹⁴⁹.

In their Sept. 3, 2021 petition, the *Corman* case parents argued that the Secretary of Health does not have “statutory or regulatory authority to mandate the wearing of face coverings by teachers, children, students, staff, or visitors working, attending, or visiting a School Entity.”

That legal fight was argued in front of the Commonwealth Court (294 MD 2021, oral arguments Oct. 20, 2021) and the mask mandate was ruled “void from the beginning.” Short summary of Nov. 10 Commonwealth Court ruling by Sullivan-Simon¹⁵⁰.

Governor Wolf appealed the decision, to the Pennsylvania Supreme Court, where appeal was denied on Dec. 10, 2021, thus upholding the Commonwealth Court ruling. 83 MAP 2021 case documents¹⁵¹.

The court found the Health Secretary's purported orders void, but only on procedural and regulatory grounds: failure to follow legislatively prescribed public notice procedures.

The Pennsylvania judges did not review, address or remedy the governmental stripping of citizens' constitutional, civil and human rights by unilateral edict, without evidentiary fact-finding and without due process.

The Pennsylvania Secretary of Education immediately (Dec. 10, 2021) claimed in an email to school districts that the Department of Education and the school boards governing each school district possesses authority — independent of citizens, Constitution, Governor, General Assembly and Secretary of Health — to mandate that schoolchildren wear masks to attend public schools.

School boards and municipalities across Pennsylvania have continued to impose and enforce the mandates, using non-statutory, unconstitutional CDC/HHS guidance as their only remaining rationale.

That issue is now the subject of additional litigation brought Feb. 8, 2022 by parents against the Pennsylvania Secretary of Education and school districts that have retained masking orders (49 MD 2022).

Federal law in Pennsylvania; US District Judge tries to uphold constitutional liberties; Third Circuit evades the issue.

On Feb. 4, 2022, the National File¹⁵² reported that Pennsylvania Lieutenant Governor candidate Teddy Daniels plans to arrest government officials who impose mandates, if Daniels is elected.

After reading the National File article, I did some research to update myself about what happened to the federal *Butler v. Wolf*¹⁵³ case (2:20-cv-677), filed by Butler County and several small business plaintiffs on May 7, 2020.

The plaintiffs argued that the business, government, school and church closures and occupancy limits imposed unilaterally by Governor Wolf, among other Covid-19 emergency measures, were unconstitutional government infringements on the rights of the people.

US District Court Judge William Stickman IV agreed, and attempted to overturn Gov. Wolf's emergency lockdown orders on constitutional and civil liberties grounds, in a well-written opinion and order filed on Sept. 14, 2020¹⁵⁴.

Judge Stickman's order was immediately stayed by the Third Circuit Court of Appeals, following an appeal by Governor Wolf, leaving the lockdown orders in force.

¹⁴⁹ <https://s3.documentcloud.org/documents/21055360/9321-petition-for-review-filed.pdf>

¹⁵⁰ <https://sullivan-simon.com/corman-v-acting-secy-of-the-pa-dept-of-health/>

¹⁵¹ <https://www.pacourts.us/news-and-statistics/cases-of-public-interest/jacob-doyle-corman-iii-et-al-v-acting-secretary-of-the-pennsylvania-department-of-health>

¹⁵² <https://nationalfile.com/teddy-daniels-vows-arrest-government-officials-enforce-unconstitutional-mandates/>

¹⁵³ <https://bailiwicknews.substack.com/p/butler-v-wolf>

¹⁵⁴ <https://renzlaw.files.wordpress.com/2020/09/pa-butler-v.-wolf1.pdf>

That Third Circuit stay of Stickman's order overturning Wolf's orders — and Governor Wolf's repeated extension of the state of emergency¹⁵⁵ — helped drive the constitutional amendment proposed by the Pennsylvania legislature, which was put on the ballot in May 2021, approved by voters¹⁵⁶, and cleared the path for the Pennsylvania legislature to end the Covid-19 'state of emergency' in the Commonwealth, which the legislature did in June 2021¹⁵⁷, as noted in the previous section about Pennsylvania state law conflicts.

In August 2021, the Third Circuit Court of Appeals dismissed the *Butler v. Wolf* appeal as moot, taking Wolf at his word that the Secretary of Health would not reimpose draconian mandates, but not ruling that such mandates would be unconstitutional.

PennRecord reported on that August 2021 Third Circuit ruling¹⁵⁸, quoting Judge Kent Jordan:

“The Governor’s emergency powers have been reduced and the immediate sense of emergency has abated to a large degree, but both in reported public statements and in argument before us, the Wolf administration maintains that dissolving the disaster emergency does not affect a health secretary’s disease-prevention authority to issue mask-wearing and stay-at-home orders or shut down schools and nonessential businesses. Whether that position is legally sound is not before us and I make no comment on it.

The point is that the defendants-appellants in this case – Gov. Wolf and the Commonwealth’s Secretary of Health – have taken that position, so the possibility of future executive orders of the type challenged here is not fanciful.

But such orders would have to be just that – in the future – because it is undisputed that the challenged orders have all expired, and a legal remedy aimed at those particular orders is, by definition, impossible.”

The *Butler v. Wolf* plaintiffs (counties and business owners) then appealed the Third Circuit ruling to the US Supreme Court, which refused to hear the case. That was reported Jan. 11, 2022 by Max Mitchell in the Legal Intelligencer¹⁵⁹, although the story is behind a paywall so I can't read it in full.

Pennsylvania case study through broader lens

This means that the Pennsylvania Secretary of Health can — as of this moment — reinstate any health-related orders at any time, on any pretext, regardless of the Pennsylvania legislature's removal of the Governor's executive power, and without citizen recourse to constitutional liberty protections such as court review.

The Pennsylvania Secretary of Health currently has more power than the citizens of Pennsylvania, the Governor, all of the legislators and all of the judges.

This aligns with what Attorney Todd Callender has been reporting.

So long as a WHO-declared public health emergency of international concern (PHEIC) is in effect, nation-states who have signed on to the 2005 International Health Regulations are legally obligated — presumably under penalty of losing access to the privately-owned Bank for International Settlements financial transaction systems — to suspend and violate the God-given constitutional, civil and human rights of their people, void their constitutions and charters, void their statutory protections, and suspend court review of human rights-based claims.

State and county public health authorities, led by the US Secretary of Health and Human Development, currently have complete legal control of the physical bodies of all the human beings within their jurisdictions. And that federal HHS Secretary delegation of power to state health secretaries and county health departments can and is being backed by county law enforcement personnel.

In other words, we are all already living under executive-imposed public health martial law.

¹⁵⁵ <https://bailiwicknews.substack.com/p/liberty-v-tyranny-pennsylvania-edition>

¹⁵⁶ <https://bailiwicknews.substack.com/p/hooray>

¹⁵⁷ <https://bailiwicknews.substack.com/p/pennsylvania-house-and-senate-have>

¹⁵⁸ <https://pennrecord.com/stories/606545317-third-circuit-vacates-federal-court-s-ruling-and-declares-suit-over-legality-of-wolf-s-covid-19-measures-is-moot>

¹⁵⁹ <https://www.law.com/thelegalintelligencer/2022/01/11/scotus-rejects-appeal-over-constitutionality-of-pa-s-covid-closures/>

So long as the United States remains a member of the World Health Organization and a signatory to the International Health Regulations, federal, state and county legislatures and courts are powerless to check or remove the public health officials' power of indefinite, pretextual arrest and detention of any citizen alleged to have asymptomatic colds.

Ransom demand from World Health Organization to G20

On February 9, 2022, the World Health Organization announced its ransom demand, seeking \$16 billion from high-income nation-states, to fund expanded testing and injections in middle- and low-income countries, to end WHO's "public health emergency of international concern."

WHO wants rich states to contribute to Covid-19 plan. ACT-Accelerator initiative requires \$16 billion to end the pandemic.¹⁶⁰ RT

"The Access to Covid-19 Tools Accelerator (ACT-A) is the WHO-led initiative that unites leading agencies in a bid to provide middle- and low-income countries with tests, vaccines, protective equipment, and other medical supplies needed to curb the pandemic worldwide.

Dr. Tedros Adhanom Ghebreyesus, director-general of the WHO, said the spread of the Omicron variant made it even more urgent to distribute medical supplies equitably around the globe.

"If higher-income countries pay their fair share of the ACT-Accelerator costs, the partnership can support low- and middle-income countries to overcome low Covid-19 vaccination levels, weak testing, and medicine shortages. Science gave us the tools to fight Covid-19; if they are shared globally in solidarity, we can end Covid-19 as a global health emergency this year," he stated.

The ACT-Accelerator representatives have contacted all high-income countries and upper-middle-income members of the G20. Their "fair share" contributions are calculated individually for each state, taking the private sector and philanthropic institutions into account as well."

Director-General Tedros Adhanom Ghebreyesus then explicitly — and falsely — linked low inoculation rates in low-income countries with an increased risk of viral variants capable of threatening highly-injected people in high-income countries.

"According to the WHO statement, only about 22 million tests, or 0.4% of the total number, were taken in low-income countries; and only 10% of people in these countries have received at least one vaccine dose.

"This massive inequity not only costs lives, it also hurts economies and risks the emergence of new, more dangerous variants that could rob current tools of their effectiveness and set even highly vaccinated populations back many months," reported the organization."

Most of the low- and middle-income populations in Africa, Asia and South America who are now targeted for expanded testing, psychological terrorism and inoculations of genetic toxins had far higher rates of early treatment and Covid recovery and far lower rates of Covid-related deaths over the past two years.

Those people now have far higher rates of natural immunity and mostly-intact personal immune systems that are coping well with all of the variants that have emerged. Their functional and diverse immune systems are not placing evolutionary pressure on the circulating viruses to evolve into variants that circumvent the spike-protein at the foundation of all the mRNA- and DNA-based injections.

Their outcomes have been far better than the outcomes in wealthier countries with the highest testing, psychological terrorism and inoculation rates, such as Israel, Iceland, the UK, Australia, New Zealand, Denmark, Canada and the United States, where extremely degraded personal immune systems are now so focused on the spike protein that they are more vulnerable to reinfection, struggle more to overcome each reinfection, drive more variant evolutions and are also more susceptible to other infections and cancers.

¹⁶⁰ <https://www.rt.com/news/548767-who-act-accelerator-initiative/>

As the infection rates and deaths rise in highly-injected G20 populations, the WHO is blaming those infections and deaths — not on toxic genetic injections destroying the hosts' immune systems — but on the low levels of genetic poisoning in poor countries.

WHO is using this framing to further impoverish G20 nations, moving the resources of their people, through their legislatures, into the hands of The Owners, through the Bank for International Settlements.

Having held all the countries in the world legally-hostage, under the 2005 International Health Regulations (IHR), since the March 2020 WHO Director-General declaration of “public health emergency of international concern,” they are now extending the hostage crisis by demanding \$16 billion in ransom money, from developed countries, to be used to expand genocidal testing and inoculations to destroy the health and kill off populations living in middle-income and low-income nation-states.

World Health Organization now working toward expansion of 2005 International Health Regulations

An international treaty on pandemic prevention and preparedness¹⁶¹ (European Council)

On 1 December 2021, the 194 members of the World Health Organization (WHO) reached consensus to kickstart the process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

An intergovernmental negotiating body will now be constituted and hold its first meeting by 1 March 2022 (to agree on ways of working and timelines) and its second by 1 August 2022 (to discuss progress on a working draft). It will then deliver a progress report to the 76th World Health Assembly in 2023, with the aim to adopt the instrument by 2024.

EU reportedly pushes for new pandemic prevention treaty¹⁶² (RT)

Brussels proposed the launch of negotiations on the new pandemic prevention initiative backed by the World Health Organization in 2021. However, since then the EU has been struggling to get approval from other major countries, notably Brazil, India and the US, which wanted the agreement to be non-binding.

Synopsis¹⁶³ (Gab)

...WHO wants member states to sign a new treaty on Covid-19, which expands the 2005 treaty. Once signed by the Minister of Health, the WHO constitution (as per Article 19 of the same) will take precedence over a country's constitution (189 countries have signed the 2005 treaty) during natural disasters or pandemics.

Since the definition of pandemic was changed a few years ago, they will be able to impose obedience on any country and impose WHO guidelines on the public, which will be mandatory, not just recommended.

Conclusion

I'll write and post analysis and fight-back-better possibilities another day, but until then, here are three things to keep in mind:

1. God. “I am the Lord thy God; thou shalt not have strange gods before Me.” Not power or social status. Not “the science.” Not comfort or convenience. Not money. Not the World Health Organization, the World Economic

¹⁶¹ <https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/>

¹⁶² <https://www.rt.com/news/548752-eu-pandemic-prevention-treaty/>

¹⁶³ <https://gab.com/Bdw/posts/107768848169181150>

Forum, the Bank for International Settlements, or the Club of Rome. Not David Rockefeller Jr., or Klaus Schwab, or Bill Gates, or Anthony Fauci.

2. Biological and chemical warfare acts are legally-distinct from pandemics. They fall under different international treaties. “Thou shalt not kill.”
3. Fraud voids contracts, including implied ‘informed consent’ contracts and liability shields. “Thou shalt not bear false witness.”

Related essays: 2021.10.13 – Ternaries and Trinities¹⁶⁴; 2021.12.17 – Teleopolitics Plan of Study¹⁶⁵; 2022.01.06 – Mass formation; self-destructive nature of totalitarianism; and the teleopolitical history of Poland;¹⁶⁶ 2022.03.28 - Democidal Master-Class v. Humanity, 1944-present.¹⁶⁷ A working model to shape forthcoming legal reporting on the dual-purpose kill-and-enslave campaign; 2022.04.28 - American Domestic Bioterrorism Program.¹⁶⁸ Building the case to prosecute members of Congress, presidents and HHS secretaries for treason under 18 USC 2381; 2022.05.19 - Where does the current Supreme Court majority stand on whether the US Constitution protects individual human liberty against encroachment by the State? Timeline of case law;¹⁶⁹ 2022.05.31 - On the odds of Nuremberg 2.0 prosecutions for the US government’s Covid war crimes.¹⁷⁰

* * *

Feb. 28, 2022 - SCASD Unmask Our Kids campaign - update

8:00 a.m. Monday, February 28, has come and gone, and the State College Area School District has not repealed its board-approved, administration-enforced child-abusive Covid-19 “mitigation” policies and practices¹⁷¹.

Over the weekend, the parents group circulated emails trying to understand the metrics allegedly used by CDC, school districts, universities like Penn State, municipalities, etc. to make policy and practice decisions.

Things like low, medium and high community transmission rates. Things like low, medium and high community test positivity rates. Things like community hospital admissions and Covid-19 bed occupancy rates.

Several concluded that it’s all bullshit.

Which it is.

And has been since the very beginning: the February 5, 2020 day when Anthony Fauci was writing private email to a worried friend (former US Health and Human Services Secretary Sylvia Burwell), saying that community-level masking of healthy people is useless for control of aerosol-borne respiratory infections.

¹⁶⁴ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2021.10.13-ternaries-and-trinities-1.pdf>

¹⁶⁵ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2021.12.17-teleopolitics-plan-of-study.pdf>

¹⁶⁶ <https://bailiwicknewsarchives.files.wordpress.com/2022/01/2022.01.06-mass-formation-and-teleopolitics-poland.pdf>

¹⁶⁷ <https://bailiwicknews.substack.com/p/democidal-master-class-v-humanity?s=w>

¹⁶⁸ <https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program?s=w>

¹⁶⁹ <https://bailiwicknews.substack.com/p/where-does-the-current-supreme-court?s=w>

¹⁷⁰ <https://bailiwicknews.substack.com/p/on-the-odds-of-nuremberg-20-prosecutions?s=w>

¹⁷¹ https://bailiwicknews.substack.com/p/notices-of-intent-to-file-claims?utm_source=url

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 5 Feb 2020 03:48:11 +0000
To: Sylvia Burwell
Subject: RE: A couple of quick questions.

Sylvia:

Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a vey low risk location. Your instincts are correct, money is best spent on medical countermeasures such as diagnostics and vaccines.

Safe travels.

Best regards,

Tony

On the other hand, as they knew then and know even better now, community-level masking is an excellent tool for fear-based suppression of rational thinking and information-sharing at the community level.

Next steps: I'll be working today to figure out the procedure for filing claims with the insurance company. It will probably take a few days for me to understand the details and get a draft ready for parents and friends of SCASD schoolchildren to sign and submit. I'll circulate the draft once it's ready, hopefully by Wednesday morning (March 2).

On the police investigation of SCASD-sponsored child abuse, I submitted a copy of the notice of intent to file claim¹⁷² form to the SCPD on Wednesday afternoon last week, just after we delivered the stack to the SCASD offices.

The desk officer accepted the form and said he would give it to the chief of police. So I will follow up with the police tomorrow morning (Tuesday), assuming SCASD will not repeal the child-abusing policies today and the kids will be forced to mask against their will again when they go back to school tomorrow. *Deus vicit.*

¹⁷² https://bailiwicknews.substack.com/p/notices-of-intent-to-file-claims?utm_source=url

BAILIWICK NEWS

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March 2022

* * *

March 2, 2022 - Steve Kirsch, Tom Renz and Bryan Ardis: Science Uncensored event. Plus Pfizer's Feb. 2021 knowledge of severe adverse effects from mRNA injections

Science Uncensored: The Truth About COVID-19, is an event organized by Lions for Liberty¹⁷³, a group of Penn Staters “supporting ideas that support our liberties & opposing ideas that oppose our liberties.”

The March 3 lineup includes Dr. Bryan Ardis, Steve Kirsch, and Attorney Tom Renz.

Lions for Liberty is also organizing a related event with Peter McCullough, Steve Kirsch and Bryan Ardis, at 1 p.m on Friday March 4 at the Hershey Lodge in Hershey PA.

“From preventative measures, early treatment, and what you need to know about hospital protocols to vaccine safety, efficacy, and cost-benefit analysis, to legal matters, each speaker is dedicated to following the science and educating the public, while exposing corruption, malpractice, and fighting censorship. The event will conclude with a period for roundtable discussion and Q&A.”

Registration links:

- March 3, 2022 at 6 p.m. in State College
- March 4, 2022 at 1 p.m. in Hershey

The events will also be livestreamed.

*

[Related: Pfizer's February 2021 knowledge of severe adverse effects of mRNA injections](#)

Below is a list of adverse effects caused by the pharmaceutical product which has been fraudulently marketed by the US government, most American doctors and medical insurance corporations, Penn State University, State College Area School District, and Pfizer as a “safe and effective Covid-19 vaccine.”

Pfizer and the US government knew the product was toxic from clinical trial data collected by February 28, 2021¹⁷⁴ (see pp. 30-38), but declined to tell the public.

The product can cause at least 1,300 toxic effects on the human body.

¹⁷³ <https://lionsforliberty.com/>

¹⁷⁴ <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>



Interestingly, menstrual disorders such as menorrhagea¹⁷⁵, metrorrhagia, polymenorrhoea, amenorrhoea, dysmenorrhoea, oligomenorrhoea, and postmenopausal bleeding,¹⁷⁶ reported on social media by women who were injected with the product starting in early spring 2021, are not listed in the Pfizer report.

Harm to women's reproductive systems was highlighted by prominent women's health advocate Naomi Wolf, who was banned from Twitter for her work raising awareness of the issue (to suppress awareness). It was later documented by other studies (links above).

Those disorders don't show up in Pfizer's February 2021 list using keyword searches on "meno" and "mens," except for "premature menopause."

However, researchers have hypothesized that menstrual irregularities may be related to the clotting disorder known as thrombocytopenia, a term that appears seven times in the list below.

Another confidential Pfizer pharmacokinetics study leaked from Japan,¹⁷⁷ translated and published in May 2021 confirmed that lipid nanoparticles from the injection concentrate in the ovaries.

The Canadian vaccine researcher who sounded the alarm on that topic — Byram Bridle — has been censored, suppressed and maligned too.

The data posted below was released in November 2021 as part of a court case — Public Health and Medical Professionals for Transparency vs. US Food and Drug Administration — filed in September 2021.

Another batch of Pfizer documents was published yesterday, by court order, and can be found at PHMPT's website¹⁷⁸. The data below, like every other piece of evidence supporting the view that the products fraudulently marketed as "safe and effective Covid-19 vaccines" are **not safe, not effective and not vaccines** — such as the Department of Defense DMED data presented by Attorney Tom Renz to a Senate hearing in late January 2022¹⁷⁹ — has been maliciously censored by the US government, legacy media and social media "fact-checkers."

Censorship kills.

Government cannot be trusted to tell the truth.

*

1p36 deletion syndrome; 2-Hydroxyglutaric aciduria; 5'nucleotidase increased; Acoustic neuritis; Acquired C1 inhibitor deficiency; Acquired epidermolysis bullosa; Acquired epileptic aphasia; Acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neutrophilic dermatosis; Acute flaccid myelitis; Acute haemorrhagic leukoencephalitis; Acute haemorrhagic oedema of infancy; Acute kidney injury; Acute macular outer retinopathy; Acute motor axonal neuropathy; Acute motor-sensory axonal neuropathy; Acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure; Addison's disease; Administration site thrombosis; Administration site vasculitis; Adrenal thrombosis; Adverse event following immunisation; Ageusia; Agranulocytosis; Air embolism; Alanine aminotransferase abnormal; Alanine aminotransferase increased; Alcoholic seizure; Allergic bronchopulmonary mycosis; Allergic oedema; Alloimmune hepatitis; Alopecia areata; Alpers disease; Alveolar proteinosis; Ammonia abnormal; Ammonia increased; Amniotic cavity infection; Amygdalohippocampectomy; Amyloid arthropathy; Amyloidosis; Amyloidosis senile; Anaphylactic reaction; Anaphylactic shock; Anaphylactic transfusion reaction; Anaphylactoid reaction; Anaphylactoid shock; Anaphylactoid syndrome of pregnancy; Angioedema; Angiopathic neuropathy; Ankylosing spondylitis; Anosmia; Antiacetylcholine receptor antibody positive; Anti-actin antibody positive; Anti-aquaporin-4 antibody positive; Anti-basal ganglia antibody positive; Anti-cyclic citrullinated peptide antibody positive; Anti-epithelial antibody positive; Anti-erythrocyte antibody positive; Anti-exosome complex antibody positive; Anti- GAD antibody negative; Anti-GAD antibody positive; Anti-ganglioside antibody positive; Antigliadin antibody positive; Anti-glomerular basement membrane antibody positive; Anti-glomerular basement membrane disease; Anti-glycyl-tRNA synthetase antibody positive; Anti-HLA antibody test positive; Anti-IA2

¹⁷⁵ <https://www.bmj.com/content/373/bmj.n958/rr-2>

¹⁷⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8732218/>

¹⁷⁷ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2021-japan-study-translation-1np-in-ovaries.pdf>

¹⁷⁸ <https://phmpt.org/pfizers-documents/>

¹⁷⁹ <https://www.theblaze.com/op-ed/horowitz-whistleblowers-share-dod-medical-data-that-blows-vaccine-safety-debate-wide-open>

antibody positive; Anti-insulin antibody increased; Anti-insulin antibody positive; Anti-insulin receptor antibody increased; Anti-insulin receptor antibody positive; Anti-interferon antibody negative; Anti-interferon antibody positive; Anti-islet cell antibody positive; Antimitochondrial antibody positive; Anti-muscle specific kinase antibody positive; Anti-myelin-associated glycoprotein antibodies positive; Anti-myelin-associated glycoprotein associated polyneuropathy; Antimyocardial antibody positive; Anti-neuronal antibody positive; Antineutrophil cytoplasmic antibody increased; Antineutrophil cytoplasmic antibody positive; Anti-neutrophil cytoplasmic antibody positive vasculitis; Anti-NMDA antibody positive; Antinuclear antibody increased; Antinuclear antibody positive; Antiphospholipid antibodies positive; Antiphospholipid syndrome; Anti-platelet antibody positive; Anti-prothrombin antibody positive; Antiribosomal P antibody positive; Anti-RNA polymerase III antibody positive; Anti-saccharomyces cerevisiae antibody test positive; Anti-sperm antibody positive; Anti-SRP antibody positive; Antisynthetase syndrome; Anti-thyroid antibody positive; Anti-transglutaminase antibody increased; Anti-VGCC antibody positive; Anti-VGKC antibody positive; Anti-vimentin antibody positive; Antiviral prophylaxis; Antiviral treatment; Anti-zinc transporter 8 antibody positive; Aortic embolus; Aortic thrombosis; Aortitis; Aplasia pure red cell; Aplastic anaemia; Application site thrombosis; Application site vasculitis; Arrhythmia; Arterial bypass occlusion; Arterial bypass thrombosis; Arterial thrombosis; Arteriovenous fistula thrombosis; Arteriovenous graft site stenosis; Arteriovenous graft thrombosis; Arteritis; Arteritis coronary; Arthralgia; Arthritis; Arthritis enteropathic; Ascites; Aseptic cavernous sinus thrombosis; Aspartate aminotransferase abnormal; Aspartate aminotransferase increased; Aspartate-glutamate-transporter deficiency; AST to platelet ratio index increased; AST/ALT ratio abnormal; Asthma; Asymptomatic COVID-19; Ataxia; Atheroembolism; Atonic seizures; Atrial thrombosis; Atrophic thyroiditis; Atypical benign partial epilepsy; Atypical pneumonia; Aura; Autoantibody positive; Autoimmune anaemia; Autoimmune aplastic anaemia; Autoimmune arthritis; Autoimmune blistering disease; Autoimmune cholangitis; Autoimmune colitis; Autoimmune demyelinating disease; Autoimmune dermatitis; Autoimmune disorder; Autoimmune encephalopathy; Autoimmune endocrine disorder; Autoimmune enteropathy; Autoimmune eye disorder; Autoimmune haemolytic anaemia; Autoimmune heparin-induced thrombocytopenia; Autoimmune hepatitis; Autoimmune hyperlipidaemia; Autoimmune hypothyroidism; Autoimmune inner ear disease; Autoimmune lung disease; Autoimmune lymphoproliferative syndrome; Autoimmune myocarditis; Autoimmune myositis; Autoimmune nephritis; Autoimmune neuropathy; Autoimmune neutropenia; Autoimmune pancreatitis; Autoimmune pancytopenia; Autoimmune pericarditis; Autoimmune retinopathy; Autoimmune thyroid disorder; Autoimmune thyroiditis; Autoimmune uveitis; Autoinflammation with infantile enterocolitis; Autoinflammatory disease; Automatism epileptic; Autonomic nervous system imbalance; Autonomic seizure; Axial spondyloarthritis; Axillary vein thrombosis; Axonal and demyelinating polyneuropathy; Axonal neuropathy; Bacterascites; Baltic myoclonic epilepsy; Band sensation; Basedow's disease; Basilar artery thrombosis; Basophilopenia; B-cell aplasia; Behcet's syndrome; Benign ethnic neutropenia; Benign familial neonatal convulsions; Benign familial pemphigus; Benign rolandic epilepsy; Beta-2 glycoprotein antibody positive; Bickerstaff's encephalitis; Bile output abnormal; Bile output decreased; Biliary ascites; Bilirubin conjugated abnormal; Bilirubin conjugated increased; Bilirubin urine present; Biopsy liver abnormal; Biotinidase deficiency; Birdshot chorioretinopathy; Blood alkaline phosphatase abnormal; Blood alkaline phosphatase increased; Blood bilirubin abnormal; Blood bilirubin increased; Blood bilirubin unconjugated increased; Blood cholinesterase abnormal; Blood cholinesterase decreased; Blood pressure decreased; Blood pressure diastolic decreased; Blood pressure systolic decreased; Blue toe syndrome; Brachiocephalic vein thrombosis; Brain stem embolism; Brain stem thrombosis; Bromosulphthalein test abnormal; Bronchial oedema; Bronchitis; Bronchitis mycoplasmal; Bronchitis viral; Bronchopulmonary aspergillosis allergic; Bronchospasm; Budd-Chiari syndrome; Bulbar palsy; Butterfly rash; C1q nephropathy; Caesarean section; Calcium embolism; Capillaritis; Caplan's syndrome; Cardiac amyloidosis; Cardiac arrest; Cardiac failure; Cardiac failure acute; Cardiac sarcoidosis; Cardiac ventricular thrombosis; Cardiogenic shock; Cardiolipin antibody positive; Cardiopulmonary failure; Cardio-respiratory arrest; Cardio-respiratory distress; Cardiovascular insufficiency; Carotid arterial embolus; Carotid artery thrombosis; Cataplexy; Catheter site thrombosis; Catheter site vasculitis; Cavernous sinus thrombosis; CDKL5 deficiency disorder; CEC syndrome; Cement embolism; Central nervous system lupus; Central nervous system vasculitis; Cerebellar artery thrombosis; Cerebellar embolism; Cerebral amyloid angiopathy; Cerebral arteritis; Cerebral artery embolism; Cerebral artery thrombosis; Cerebral gas embolism; Cerebral microembolism; Cerebral septic infarct; Cerebral thrombosis; Cerebral venous sinus thrombosis; Cerebral venous thrombosis; Cerebrospinal thrombotic tamponade; Cerebrovascular accident; Change in seizure presentation; Chest discomfort; Child-Pugh-Turcotte score abnormal; Child-Pugh-Turcotte score increased; Chillblains; Choking; Choking sensation; Cholangitis sclerosing; Chronic autoimmune glomerulonephritis; Chronic cutaneous lupus erythematosus; Chronic fatigue syndrome; Chronic gastritis; Chronic inflammatory demyelinating polyradiculoneuropathy; Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids; Chronic recurrent multifocal osteomyelitis; Chronic respiratory failure; Chronic spontaneous urticaria; Circulatory collapse; Circumoral oedema; Circumoral swelling; Clinically isolated syndrome; Clonic convulsion; Coeliac disease; Cogan's syndrome; Cold agglutinins positive; Cold type haemolytic anaemia; Colitis; Colitis erosive; Colitis herpes; Colitis microscopic; Colitis ulcerative; Collagen disorder; Collagen-vascular disease; Complement factor abnormal; Complement factor C1

decreased; Complement factor C2 decreased; Complement factor C3 decreased; Complement factor C4 decreased; Complement factor decreased; Computerised tomogram liver abnormal; Concentric sclerosis; Congenital anomaly; Congenital bilateral perisylvian syndrome; Congenital herpes simplex infection; Congenital myasthenic syndrome; Congenital varicella infection; Congestive hepatopathy; Convulsion in childhood; Convulsions local; Convulsive threshold lowered; Coombs positive haemolytic anaemia; Coronary artery disease; Coronary artery embolism; Coronary artery thrombosis; Coronary bypass thrombosis; Coronavirus infection; Coronavirus test; Coronavirus test negative; Coronavirus test positive; Corpus callosotomy; Cough; Cough variant asthma; COVID-19; COVID-19 immunisation; COVID-19 pneumonia; COVID-19 prophylaxis; COVID-19 treatment; Cranial nerve disorder; Cranial nerve palsies multiple; Cranial nerve paralysis; CREST syndrome; Crohn's disease; Cryofibrinogenaemia; Cryoglobulinaemia; CSF oligoclonal band present; CSWS syndrome; Cutaneous amyloidosis; Cutaneous lupus erythematosus; Cutaneous sarcoidosis; Cutaneous vasculitis; Cyanosis; Cyclic neutropenia; Cystitis interstitial; Cytokine release syndrome; Cytokine storm; De novo purine synthesis inhibitors associated acute inflammatory syndrome; Death neonatal; Deep vein thrombosis; Deep vein thrombosis postoperative; Deficiency of bile secretion; Deja vu; Demyelinating polyneuropathy; Demyelination; Dermatitis; Dermatitis bullous; Dermatitis herpetiformis; Dermatomyositis; Device embolisation; Device related thrombosis; Diabetes mellitus; Diabetic ketoacidosis; Diabetic mastopathy; Dialysis amyloidosis; Dialysis membrane reaction; Diastolic hypotension; Diffuse vasculitis; Digital pitting scar; Disseminated intravascular coagulation; Disseminated intravascular coagulation in newborn; Disseminated neonatal herpes simplex; Disseminated varicella; Disseminated varicella zoster vaccine virus infection; Disseminated varicella zoster virus infection; DNA antibody positive; Double cortex syndrome; Double stranded DNA antibody positive; Dreamy state; Dressler's syndrome; Drop attacks; Drug withdrawal convulsions; Dyspnoea; Early infantile epileptic encephalopathy with burst-suppression; Eclampsia; Eczema herpeticum; Embolia cutis medicamentosa; Embolic cerebellar infarction; Embolic cerebral infarction; Embolic pneumonia; Embolic stroke; Embolism; Embolism arterial; Embolism venous; Encephalitis; Encephalitis allergic; Encephalitis autoimmune; Encephalitis brain stem; Encephalitis haemorrhagic; Encephalitis periaxialis diffusa; Encephalitis post immunisation; Encephalomyelitis; Encephalopathy; Endocrine disorder; Endocrine ophthalmopathy; Endotracheal intubation; Enteritis; Enteritis leukopenic; Enterobacter pneumonia; Enterocolitis; Enteropathic spondylitis; Eosinopenia; Eosinophilic fasciitis; Eosinophilic granulomatosis with polyangiitis; Eosinophilic oesophagitis; Epidermolysis; Epilepsy; Epilepsy surgery; Epilepsy with myoclonic-atonic seizures; Epileptic aura; Epileptic psychosis; Erythema; Erythema induratum; Erythema multiforme; Erythema nodosum; Evans syndrome; Exanthema subitum; Expanded disability status scale score decreased; Expanded disability status scale score increased; Exposure to communicable disease; Exposure to SARS-CoV-2; Eye oedema; Eye pruritus; Eye swelling; Eyelid oedema; Face oedema; Facial paralysis; Facial paresis; Faciobrachial dystonic seizure; Fat embolism; Febrile convulsion; Febrile infection-related epilepsy syndrome; Febrile neutropenia; Felty's syndrome; Femoral artery embolism; Fibrillary glomerulonephritis; Fibromyalgia; Flushing; Foaming at mouth; Focal cortical resection; Focal dyscognitive seizures; Foetal distress syndrome; Foetal placental thrombosis; Foetor hepaticus; Foreign body embolism; Frontal lobe epilepsy; Fulminant type 1 diabetes mellitus; Galactose elimination capacity test abnormal; Galactose elimination capacity test decreased; Gamma-glutamyltransferase abnormal; Gamma-glutamyltransferase increased; Gastritis herpes; Gastrointestinal amyloidosis; Gelastic seizure; Generalised onset non-motor seizure; Generalised tonic-clonic seizure; Genital herpes; Genital herpes simplex; Genital herpes zoster; Giant cell arteritis; Glomerulonephritis; Glomerulonephritis membranoproliferative; Glomerulonephritis membranous; Glomerulonephritis rapidly progressive; Glossopharyngeal nerve paralysis; Glucose transporter type 1 deficiency syndrome; Glutamate dehydrogenase increased; Glycocholic acid increased; GM2 gangliosidosis; Goodpasture's syndrome; Graft thrombosis; Granulocytopenia; Granulocytopenia neonatal; Granulomatosis with polyangiitis; Granulomatous dermatitis; Grey matter heterotopia; Guanase increased; Guillain- Barre syndrome; Haemolytic anaemia; Haemophagocytic lymphohistiocytosis; Haemorrhage; Haemorrhagic ascites; Haemorrhagic disorder; Haemorrhagic pneumonia; Haemorrhagic varicella syndrome; Haemorrhagic vasculitis; Hantavirus pulmonary infection; Hashimoto's encephalopathy; Hashitoxicosis; Hemimegalencephaly; Henoch-Schonlein purpura; Henoch- Schonlein purpura nephritis; Hepaplastin abnormal; Hepaplastin decreased; Heparin-induced thrombocytopenia; Hepatic amyloidosis; Hepatic artery embolism; Hepatic artery flow decreased; Hepatic artery thrombosis; Hepatic enzyme abnormal; Hepatic enzyme decreased; Hepatic enzyme increased; Hepatic fibrosis marker abnormal; Hepatic fibrosis marker increased; Hepatic function abnormal; Hepatic hydrothorax; Hepatic hypertrophy; Hepatic hypoperfusion; Hepatic lymphocytic infiltration; Hepatic mass; Hepatic pain; Hepatic sequestration; Hepatic vascular resistance increased; Hepatic vascular thrombosis; Hepatic vein embolism; Hepatic vein thrombosis; Hepatic venous pressure gradient abnormal; Hepatic venous pressure gradient increased; Hepatitis; Hepatobiliary scan abnormal; Hepatomegaly; Hepatosplenomegaly; Hereditary angioedema with C1 esterase inhibitor deficiency; Herpes dermatitis; Herpes gestationis; Herpes oesophagitis; Herpes ophthalmic; Herpes pharyngitis; Herpes sepsis; Herpes simplex; Herpes simplex cervicitis; Herpes simplex colitis; Herpes simplex encephalitis; Herpes simplex gastritis; Herpes simplex hepatitis; Herpes simplex meningitis; Herpes simplex meningoencephalitis; Herpes simplex meningomyelitis; Herpes simplex necrotising retinopathy; Herpes simplex oesophagitis; Herpes simplex otitis externa;

Herpes simplex pharyngitis; Herpes simplex pneumonia; Herpes simplex reactivation; Herpes simplex sepsis; Herpes simplex viraemia; Herpes simplex virus conjunctivitis neonatal; Herpes simplex visceral; Herpes virus infection; Herpes zoster; Herpes zoster cutaneous disseminated; Herpes zoster infection neurological; Herpes zoster meningitis; Herpes zoster meningoencephalitis; Herpes zoster meningomyelitis; Herpes zoster meningoradiculitis; Herpes zoster necrotising retinopathy; Herpes zoster oticus; Herpes zoster pharyngitis; Herpes zoster reactivation; Herpetic radiculopathy; Histone antibody positive; Hoigne's syndrome; Human herpesvirus 6 encephalitis; Human herpesvirus 6 infection; Human herpesvirus 6 infection reactivation; Human herpesvirus 7 infection; Human herpesvirus 8 infection; Hyperammonaemia; Hyperbilirubinaemia; Hypercholia; Hypergammaglobulinaemia benign monoclonal; Hyperglycaemic seizure; Hypersensitivity; Hypersensitivity vasculitis; Hyperthyroidism; Hypertransaminasaemia; Hyperventilation; Hypoalbuminaemia; Hypocalcaemic seizure; Hypogammaglobulinaemia; Hypoglossal nerve paralysis; Hypoglossal nerve paresis; Hypoglycaemic seizure; Hyponatraemic seizure; Hypotension; Hypotensive crisis; Hypothenar hammer syndrome; Hypothyroidism; Hypoxia; Idiopathic CD4 lymphocytopenia; Idiopathic generalised epilepsy; Idiopathic interstitial pneumonia; Idiopathic neutropenia; Idiopathic pulmonary fibrosis; IgA nephropathy; IgM nephropathy; IIIrd nerve paralysis; IIIrd nerve paresis; Iliac artery embolism; Immune thrombocytopenia; Immune-mediated adverse reaction; Immune-mediated cholangitis; Immune-mediated cholestasis; Immune-mediated cytopenia; Immune-mediated encephalitis; Immune-mediated encephalopathy; Immune-mediated endocrinopathy; Immune-mediated enterocolitis; Immune-mediated gastritis; Immune-mediated hepatic disorder; Immune-mediated hepatitis; Immune-mediated hyperthyroidism; Immune-mediated hypothyroidism; Immune-mediated myocarditis; Immune-mediated myositis; Immune-mediated nephritis; Immune-mediated neuropathy; Immune-mediated pancreatitis; Immune-mediated pneumonitis; Immune-mediated renal disorder; Immune-mediated thyroiditis; Immune-mediated uveitis; Immunoglobulin G4 related disease; Immunoglobulins abnormal; Implant site thrombosis; Inclusion body myositis; Infantile genetic agranulocytosis; Infantile spasms; Infected vasculitis; Infective thrombosis; Inflammation; Inflammatory bowel disease; Infusion site thrombosis; Infusion site vasculitis; Injection site thrombosis; Injection site urticaria; Injection site vasculitis; Instillation site thrombosis; Insulin autoimmune syndrome; Interstitial granulomatous dermatitis; Interstitial lung disease; Intracardiac mass; Intracardiac thrombus; Intracranial pressure increased; Intrapericardial thrombosis; Intrinsic factor antibody abnormal; Intrinsic factor antibody positive; IPEX syndrome; Irregular breathing; IRVAN syndrome; IVth nerve paralysis; IVth nerve paresis; JC polyomavirus test positive; JC virus CSF test positive; Jeavons syndrome; Jugular vein embolism; Jugular vein thrombosis; Juvenile idiopathic arthritis; Juvenile myoclonic epilepsy; Juvenile polymyositis; Juvenile psoriatic arthritis; Juvenile spondyloarthritis; Kaposi sarcoma inflammatory cytokine syndrome; Kawasaki's disease; Kayser-Fleischer ring; Keratoderma blenorrhagica; Ketosis-prone diabetes mellitus; Kounis syndrome; Lafora's myoclonic epilepsy; Lambl's excrescences; Laryngeal dyspnoea; Laryngeal oedema; Laryngeal rheumatoid arthritis; Laryngospasm; Laryngotracheal oedema; Latent autoimmune diabetes in adults; LE cells present; Lemierre syndrome; Lennox-Gastaut syndrome; Leucine aminopeptidase increased; Leukoencephalomyelitis; Leukoencephalopathy; Leukopenia; Leukopenia neonatal; Lewis-Sumner syndrome; Lhermitte's sign; Lichen planopilaris; Lichen planus; Lichen sclerosus; Limbic encephalitis; Linear IgA disease; Lip oedema; Lip swelling; Liver function test abnormal; Liver function test decreased; Liver function test increased; Liver induration; Liver injury; Liver iron concentration abnormal; Liver iron concentration increased; Liver opacity; Liver palpable; Liver sarcoidosis; Liver scan abnormal; Liver tenderness; Low birth weight baby; Lower respiratory tract herpes infection; Lower respiratory tract infection; Lower respiratory tract infection viral; Lung abscess; Lupoid hepatic cirrhosis; Lupus cystitis; Lupus encephalitis; Lupus endocarditis; Lupus enteritis; Lupus hepatitis; Lupus myocarditis; Lupus myositis; Lupus nephritis; Lupus pancreatitis; Lupus pleurisy; Lupus pneumonitis; Lupus vasculitis; Lupus-like syndrome; Lymphocytic hypophysitis; Lymphocytopenia neonatal; Lymphopenia; MAGIC syndrome; Magnetic resonance imaging liver abnormal; Magnetic resonance proton density fat fraction measurement; Mahler sign; Manufacturing laboratory analytical testing issue; Manufacturing materials issue; Manufacturing production issue; Marburg's variant multiple sclerosis; Marchiafava-Bignami disease; Marine Lenhart syndrome; Mastocytic enterocolitis; Maternal exposure during pregnancy; Medical device site thrombosis; Medical device site vasculitis; MELAS syndrome; Meningitis; Meningitis aseptic; Meningitis herpes; Meningoencephalitis herpes simplex neonatal; Meningoencephalitis herpetic; Meningomyelitis herpes; MERS-CoV test; MERS-CoV test negative; MERS-CoV test positive; Mesangioproliferative glomerulonephritis; Mesenteric artery embolism; Mesenteric artery thrombosis; Mesenteric vein thrombosis; Metapneumovirus infection; Metastatic cutaneous Crohn's disease; Metastatic pulmonary embolism; Microangiopathy; Microembolism; Microscopic polyangiitis; Middle East respiratory syndrome; Migraine-triggered seizure; Miliary pneumonia; Miller Fisher syndrome; Mitochondrial aspartate aminotransferase increased; Mixed connective tissue disease; Model for end stage liver disease score abnormal; Model for end stage liver disease score increased; Molar ratio of total branched-chain amino acid to tyrosine; Molybdenum cofactor deficiency; Monocytopenia; Mononeuritis; Mononeuropathy multiplex; Morphoea; Morvan syndrome; Mouth swelling; Moyamoya disease; Multifocal motor neuropathy; Multiple organ dysfunction syndrome; Multiple sclerosis; Multiple sclerosis relapse; Multiple sclerosis relapse prophylaxis; Multiple subpial transection; Multisystem inflammatory syndrome in children; Muscular sarcoidosis; Myasthenia gravis; Myasthenia gravis crisis; Myasthenia

gravis neonatal; Myasthenic syndrome; Myelitis; Myelitis transverse; Myocardial infarction; Myocarditis; Myocarditis post infection; Myoclonic epilepsy; Myoclonic epilepsy and ragged-red fibres; Myokymia; Myositis; Narcolepsy; Nasal herpes; Nasal obstruction; Necrotising herpetic retinopathy; Neonatal Crohn's disease; Neonatal epileptic seizure; Neonatal lupus erythematosus; Neonatal mucocutaneous herpes simplex; Neonatal pneumonia; Neonatal seizure; Nephritis; Nephrogenic systemic fibrosis; Neuralgic amyotrophy; Neuritis; Neuritis cranial; Neuromyelitis optica pseudo relapse; Neuromyelitis optica spectrum disorder; Neuromyotonia; Neuronal neuropathy; Neuropathy peripheral; Neuropathy, ataxia, retinitis pigmentosa syndrome; Neuropsychiatric lupus; Neurosarcoidosis; Neutropenia; Neutropenia neonatal; Neutropenic colitis; Neutropenic infection; Neutropenic sepsis; Nodular rash; Nodular vasculitis; Noninfectious myelitis; Noninfective encephalitis; Noninfective encephalomyelitis; Noninfective oophoritis; Obstetrical pulmonary embolism; Occupational exposure to communicable disease; Occupational exposure to SARS-CoV-2; Ocular hyperaemia; Ocular myasthenia; Ocular pemphigoid; Ocular sarcoidosis; Ocular vasculitis; Oculofacial paralysis; Oedema; Oedema blister; Oedema due to hepatic disease; Oedema mouth; Oesophageal achalasia; Ophthalmic artery thrombosis; Ophthalmic herpes simplex; Ophthalmic herpes zoster; Ophthalmic vein thrombosis; Optic neuritis; Optic neuropathy; Optic perineuritis; Oral herpes; Oral lichen planus; Oropharyngeal oedema; Oropharyngeal spasm; Oropharyngeal swelling; Osmotic demyelination syndrome; Ovarian vein thrombosis; Overlap syndrome; Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection; Paget-Schroetter syndrome; Palindromic rheumatism; Palisaded neutrophilic granulomatous dermatitis; Palmoplantar keratoderma; Palpable purpura; Pancreatitis; Panencephalitis; Papillophlebitis; Paraneoplastic pneumonia; Paradoxical embolism; Parainfluenzae viral laryngotracheobronchitis; Paraneoplastic dermatomyositis; Paraneoplastic pemphigus; Paraneoplastic thrombosis; Paresis cranial nerve; Parietal cell antibody positive; Paroxysmal nocturnal haemoglobinuria; Partial seizures; Partial seizures with secondary generalisation; Patient isolation; Pelvic venous thrombosis; Pemphigoid; Pemphigus; Penile vein thrombosis; Pericarditis; Pericarditis lupus; Perihepatic discomfort; Periorbital oedema; Periorbital swelling; Peripheral artery thrombosis; Peripheral embolism; Peripheral ischaemia; Peripheral vein thrombus extension; Periportal oedema; Peritoneal fluid protein abnormal; Peritoneal fluid protein decreased; Peritoneal fluid protein increased; Peritonitis lupus; Pernicious anaemia; Petit mal epilepsy; Pharyngeal oedema; Pharyngeal swelling; Pityriasis lichenoides et varioliformis acuta; Placenta praevia; Pleuroparenchymal fibroelastosis; Pneumobilia; Pneumonia; Pneumonia adenoviral; Pneumonia cytomegaloviral; Pneumonia herpes viral; Pneumonia influenzal; Pneumonia measles; Pneumonia mycoplasmal; Pneumonia necrotising; Pneumonia parainfluenzae viral; Pneumonia respiratory syncytial viral; Pneumonia viral; POEMS syndrome; Polyarteritis nodosa; Polyarthritides; Polychondritis; Polyglandular autoimmune syndrome type I; Polyglandular autoimmune syndrome type II; Polyglandular autoimmune syndrome type III; Polyglandular disorder; Polymicrogyria; Polymyalgia rheumatica; Polymyositis; Polyneuropathy; Polyneuropathy idiopathic progressive; Portal pyaemia; Portal vein embolism; Portal vein flow decreased; Portal vein pressure increased; Portal vein thrombosis; Portosplenomesenteric venous thrombosis; Post procedural hypotension; Post procedural pneumonia; Post procedural pulmonary embolism; Post stroke epilepsy; Post stroke seizure; Post thrombotic retinopathy; Post thrombotic syndrome; Post viral fatigue syndrome; Postictal headache; Postictal paralysis; Postictal psychosis; Postictal state; Postoperative respiratory distress; Postoperative respiratory failure; Postoperative thrombosis; Postpartum thrombosis; Postpartum venous thrombosis; Postpericardiotomy syndrome; Post-traumatic epilepsy; Postural orthostatic tachycardia syndrome; Precerebral artery thrombosis; Pre-eclampsia; Preictal state; Premature labour; Premature menopause; Primary amyloidosis; Primary biliary cholangitis; Primary progressive multiple sclerosis; Procedural shock; Proctitis herpes; Proctitis ulcerative; Product availability issue; Product distribution issue; Product supply issue; Progressive facial hemiatrophy; Progressive multifocal leukoencephalopathy; Progressive multiple sclerosis; Progressive relapsing multiple sclerosis; Prosthetic cardiac valve thrombosis; Pruritus; Pruritus allergic; Pseudovasculitis; Psoriasis; Psoriatic arthropathy; Pulmonary amyloidosis; Pulmonary artery thrombosis; Pulmonary embolism; Pulmonary fibrosis; Pulmonary haemorrhage; Pulmonary microemboli; Pulmonary oil microembolism; Pulmonary renal syndrome; Pulmonary sarcoidosis; Pulmonary sepsis; Pulmonary thrombosis; Pulmonary tumour thrombotic microangiopathy; Pulmonary vasculitis; Pulmonary veno-occlusive disease; Pulmonary venous thrombosis; Pyoderma gangrenosum; Pyostomatitis vegetans; Pyrexia; Quarantine; Radiation leukopenia; Radiculitis brachial; Radiologically isolated syndrome; Rash; Rash erythematous; Rash pruritic; Rasmussen encephalitis; Raynaud's phenomenon; Reactive capillary endothelial proliferation; Relapsing multiple sclerosis; Relapsing-remitting multiple sclerosis; Renal amyloidosis; Renal arteritis; Renal artery thrombosis; Renal embolism; Renal failure; Renal vascular thrombosis; Renal vasculitis; Renal vein embolism; Renal vein thrombosis; Respiratory arrest; Respiratory disorder; Respiratory distress; Respiratory failure; Respiratory paralysis; Respiratory syncytial virus bronchiolitis; Respiratory syncytial virus bronchitis; Retinal artery embolism; Retinal artery occlusion; Retinal artery thrombosis; Retinal vascular thrombosis; Retinal vasculitis; Retinal vein occlusion; Retinal vein thrombosis; Retinol binding protein decreased; Retinopathy; Retrograde portal vein flow; Retroperitoneal fibrosis; Reversible airways obstruction; Reynold's syndrome; Rheumatic brain disease; Rheumatic disorder; Rheumatoid arthritis; Rheumatoid factor increased; Rheumatoid factor positive; Rheumatoid factor quantitative increased; Rheumatoid lung; Rheumatoid neutrophilic dermatosis; Rheumatoid nodule; Rheumatoid nodule removal; Rheumatoid scleritis;

Rheumatoid vasculitis; Saccadic eye movement; SAPHO syndrome; Sarcoidosis; SARS-CoV-1 test; SARS-CoV-1 test negative; SARS-CoV-1 test positive; SARS-CoV-2 antibody test; SARS-CoV-2 antibody test negative; SARS-CoV-2 antibody test positive; SARS-CoV-2 carrier; SARS-CoV-2 sepsis; SARS-CoV-2 test; SARS-CoV-2 test false negative; SARS-CoV-2 test false positive; SARS-CoV-2 test negative; SARS-CoV-2 test positive; SARS-CoV-2 viraemia; Satoyoshi syndrome; Schizencephaly; Scleritis; Sclerodactylia; Scleroderma; Scleroderma associated digital ulcer; Scleroderma renal crisis; Scleroderma-like reaction; Secondary amyloidosis; Secondary cerebellar degeneration; Secondary progressive multiple sclerosis; Segmented hyalinising vasculitis; Seizure; Seizure anoxic; Seizure cluster; Seizure like phenomena; Seizure prophylaxis; Sensation of foreign body; Septic embolus; Septic pulmonary embolism; Severe acute respiratory syndrome; Severe myoclonic epilepsy of infancy; Shock; Shock symptom; Shrinking lung syndrome; Shunt thrombosis; Silent thyroiditis; Simple partial seizures; Sjogren's syndrome; Skin swelling; SLE arthritis; Smooth muscle antibody positive; Sneezing; Spinal artery embolism; Spinal artery thrombosis; Splenic artery thrombosis; Splenic embolism; Splenic thrombosis; Splenic vein thrombosis; Spondylitis; Spondyloarthropathy; Spontaneous heparin-induced thrombocytopenia syndrome; Status epilepticus; Stevens-Johnson syndrome; Stiff leg syndrome; Stiff person syndrome; Stillbirth; Still's disease; Stoma site thrombosis; Stoma site vasculitis; Stress cardiomyopathy; Stridor; Subacute cutaneous lupus erythematosus; Subacute endocarditis; Subacute inflammatory demyelinating polyneuropathy; Subclavian artery embolism; Subclavian artery thrombosis; Subclavian vein thrombosis; Sudden unexplained death in epilepsy; Superior sagittal sinus thrombosis; Susac's syndrome; Suspected COVID-19; Swelling; Swelling face; Swelling of eyelid; Swollen tongue; Sympathetic ophthalmia; Systemic lupus erythematosus; Systemic lupus erythematosus disease activity index abnormal; Systemic lupus erythematosus disease activity index decreased; Systemic lupus erythematosus disease activity index increased; Systemic lupus erythematosus rash; Systemic scleroderma; Systemic sclerosis pulmonary; Tachycardia; Tachypnoea; Takayasu's arteritis; Temporal lobe epilepsy; Terminal ileitis; Testicular autoimmunity; Throat tightness; Thromboangiitis obliterans; Thrombocytopenia; Thrombocytopenic purpura; Thrombophlebitis; Thrombophlebitis migrans; Thrombophlebitis neonatal; Thrombophlebitis septic; Thrombophlebitis superficial; Thromboplastin antibody positive; Thrombosis; Thrombosis corpora cavernosa; Thrombosis in device; Thrombosis mesenteric vessel; Thrombotic cerebral infarction; Thrombotic microangiopathy; Thrombotic stroke; Thrombotic thrombocytopenic purpura; Thyroid disorder; Thyroid stimulating immunoglobulin increased; Thyroiditis; Tongue amyloidosis; Tongue biting; Tongue oedema; Tonic clonic movements; Tonic convulsion; Tonic posturing; Topectomy; Total bile acids increased; Toxic epidermal necrolysis; Toxic leukoencephalopathy; Toxic oil syndrome; Tracheal obstruction; Tracheal oedema; Tracheobronchitis; Tracheobronchitis mycoplasmal; Tracheobronchitis viral; Transaminases abnormal; Transaminases increased; Transfusion-related alloimmune neutropenia; Transient epileptic amnesia; Transverse sinus thrombosis; Trigeminal nerve paresis; Trigeminal neuralgia; Trigeminal palsy; Truncus coeliacus thrombosis; Tuberos sclerosis complex; Tubulointerstitial nephritis and uveitis syndrome; Tumefactive multiple sclerosis; Tumour embolism; Tumour thrombosis; Type 1 diabetes mellitus; Type I hypersensitivity; Type III immune complex mediated reaction; Uhthoff's phenomenon; Ulcerative keratitis; Ultrasound liver abnormal; Umbilical cord thrombosis; Uncinate fits; Undifferentiated connective tissue disease; Upper airway obstruction; Urine bilirubin increased; Urobilinogen urine decreased; Urobilinogen urine increased; Urticaria; Urticaria papular; Urticarial vasculitis; Uterine rupture; Uveitis; Vaccination site thrombosis; Vaccination site vasculitis; Vagus nerve paralysis; Varicella; Varicella keratitis; Varicella post vaccine; Varicella zoster gastritis; Varicella zoster oesophagitis; Varicella zoster pneumonia; Varicella zoster sepsis; Varicella zoster virus infection; Vasa praevia; Vascular graft thrombosis; Vascular pseudoaneurysm thrombosis; Vascular purpura; Vascular stent thrombosis; Vasculitic rash; Vasculitic ulcer; Vasculitis; Vasculitis gastrointestinal; Vasculitis necrotising; Vena cava embolism; Vena cava thrombosis; Venous intravasation; Venous recanalisation; Venous thrombosis; Venous thrombosis in pregnancy; Venous thrombosis limb; Venous thrombosis neonatal; Vertebral artery thrombosis; Vessel puncture site thrombosis; Visceral venous thrombosis; VIth nerve paralysis; VIth nerve paresis; Vitiligo; Vocal cord paralysis; Vocal cord paresis; Vogt-Koyanagi-Harada disease; Warm type haemolytic anaemia; Wheezing; White nipple sign; XIth nerve paralysis; X-ray hepatobiliary abnormal; Young's syndrome; Zika virus associated Guillain Barre syndrome.

* * *

March 2, 2022 - National Bonds for the Win Update. SCASD Unmask Our Kids campaign going strong; SCASD administration doubling down on masks.

Yesterday, SCASD parents filed a crime report with the State College Police Department, requesting a police investigation of the child abuse taking place every day in SCASD schools, against schoolchildren, as the official government policy of the elected SCASD school board and appointed administrators.

As we notified the district on Wednesday, February 23¹⁸⁰, with a demand for the child abuse to stop by Monday, February 28, the primary crimes are those enumerated in 23 Pa. CSA §6303¹⁸¹, including but not limited to:

- (b)(1) - bodily injury;
- (b)(2) - Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment;
- (b)(3) - Causing or substantially contributing to serious mental injury;
- (b)(5) - Creating a reasonable likelihood of bodily injury;
- (b)(6) - Creating a likelihood of sexual abuse or exploitation; and
- (b)(8)(v): interfering with the breathing of a child.

Also yesterday, SCASD Superintendent Robert O'Donnell notified the district by email that the administration is doubling down on masking children, saying that maybe, tentatively, by March 28, they will perhaps have some ideas about how to protect students board-designated as high-risk or immunocompromised, and maybe, possibly, at that point, they will temporarily stop abusing children, with the option to restart the child abuse at any time, at their sole discretion, on any pretext.

Because somehow two years wasn't enough time for them to figure that out.

And because SCASD can't figure it out immediately, even though hundreds of school districts in urban, suburban and rural Pennsylvania communities already figured it out many, many months ago, and thousands of districts across America figured it out more than a year-and-a-half ago.

Today, SCASD parents are continuing to prepare claim forms to be submitted to the SCASD insurance company and thinking through national media outreach and direct action options.

*

Meanwhile, an update on the state of play nationally, from Bonds for the Win¹⁸².

11 States are Backing Down on Masks ~ 14,242,919 Children are about to be LIBERATED because of YOU!

"Parents all across the nation are standing up to school boards, sending in notices of intent to file a claim against their criminal liability policies and/or filing lawsuits to stop this tyranny.

It is due to their courageous efforts that the narrative is crumbling and School Districts are realizing that they have no legal standing to enforce masks AND by doing so, they are in violation of SEVERAL state, federal and international laws and they are personally liable for their actions."

* * *

¹⁸⁰ <https://bailiwicknews.substack.com/p/notices-of-intent-to-file-claims?s=w>

¹⁸¹ <https://codes.findlaw.com/pa/title-23-pacsa-domestic-relations/pa-csa-sect-23-6303.html>

¹⁸² <https://mailchi.mp/0244fae6234d/welcome-to-bonds-for-the-win-california-8851594?e=626cba57d7>

March 3, 2022 - Bergoglio, Biden, Putin, Zelensky, Xi, Tedros, Soros and Schwab

Reading, thinking and writing on Gab¹⁸³ this morning.

I started with Naomi Wolf's, I'm not 'Brave,' You're Just a P---y¹⁸⁴.

Do you understand what is at stake? If you continue to comply and collude with what has become a tyrannical oligopoly, your kids will live as slaves and as serfs forever...

To end on a less furious note, I hope and trust that all people will rethink our remaining silences — we all have them — and look at ourselves, in this moment, before it is too late for all of us.

One of my favorite quotations is this, from the late poet Audre Lorde:
“My silences had not protected me. Your silence will not protect you.”

It is more true now than ever.

This is a dangerous moment indeed.

But it could also become a moment of profound blessing.

Danger, if we meet it, also gives each of us a God-given opportunity to serve our kind. In the process we become immeasurably more than we had been before.

Maybe in the course of forcing ourselves to act bravely, we actually do become brave.

*

The comment section at Naomi Wolf's post led me to ProtocolKills¹⁸⁵.

*

I had a look at DailyExpose.uk: Official Biochemical and Statistical Evidence 100% confirms Moderna created Covid-19¹⁸⁶

*

Followed by Israel, The Canary in the Coal Mine¹⁸⁷, by Ilana Rachel Daniel

In the most exquisite of betrayals then Prime Minister Benjamin Netanyahu in December 2020 informed, and I do mean informed, the country on national television that we would all be vaccinated by March. And then he proceeded to do all in his power to make good on that declaration.

So, what later followed was the revelation there was an already signed and sealed contract between Pfizer and Israel. Pfizer, as we know, is an unconscionable multiple times convicted felon of a pharmaceutical company whose roots branched back to Wyeth, who was once American Home Products, which was a subsidiary of Sterling. Whereas Sterling and Bayer bought into one another's companies and of course, Bayer was originally IG Farben of Auschwitz.

Pfizer had, [number] two, chosen these people once again for its thorough and digitised health records on its citizens reaching back decades. It's small, near hermetically sealed environment and it's eager to please government medical officials.

¹⁸³ <https://gab.com/kgwatt>

¹⁸⁴ <https://naomiwolf.substack.com/p/im-not-braveyoure-just-a-p-y>

¹⁸⁵ <https://www.protocolkills.com/>

¹⁸⁶ <https://dailyexpose.uk/2022/03/03/evidence-confirms-moderna-created-covid-19/>

¹⁸⁷ <https://dailyexpose.uk/2022/03/03/israel-the-canary-in-the-coal-mine/>

The contract, of course, was made without any prior notification, public discourse, or put to any sort of vote, as one would expect from alleged democracy.

To this day, only a heavily redacted version of this contract has ever been shown to the public. One where we paid some two and a half times the price per vial than do other countries and allegedly leaves us beholden to Pfizer's penalty clauses, restrictions and relative exclusivity....

Those of us bearing witness to these changes across the globe do so with gratitude for having the eyes to see the changes taking place. That gratitude comes equally with obligation to do all within the resources of our thoughts, actions and will to see the continuation of creation in the human species 1.0.

For the world where we maintain the sanctities of the human experience, such as the relationship between mother, father and child, the ultimate self-determination of body, the quiet privacy of one's own mind, the sacred communion with nature and another human soul, and a world of dynamic free choice and opportunity to learn and change and do better. It's one that is yet just still within our grasp. If only we decide to do so en masse. For humans, with our inherent and ever-present flaws, can yet be an exquisite representation for source and God.

*

Then I read an essay at Remnant Newspaper: "Thank you, George!": Director of Ukrainian Ministry of Foreign Affairs Credits Soros¹⁸⁸, and shared it to my timeline with a comment.

I haven't yet read enough to understand why Ukraine might be a key territory that the Great Reset team needs to keep under its control for the rest of its plans to move forward. But I have read enough to know that I want to read more.

This Remnant piece, reprinting a letter from a Ukrainian official "thanking" George Soros for his makeover of her country, joins something I saw yesterday here on Gab, about New World Order people stating that if Ukraine falls to Russia, then that puts at least a speed bump in their way. Plus the story about Russia targeting US bioweapons facilities in Ukraine¹⁸⁹ earliest.

Of course, those claims might just be more components of the global psy-op.

And of course, the reverse projection carpet-bombing being done by legacy propagandists is amazing to behold.

I put "Why is Ukraine important for the New World Order" into DuckDuckGo. And all of the top hits are legacy propagandists explicitly framing the war as a war between "good" democracies, roleplayed by Ukraine, and "evil" authoritarians, role played by Russia, to argue that if Russia wins, and Ukraine loses, then it's the end of the "liberal world order" of democratic freedom.

Which means, if my decoder ring is working, that if Russia wins, and Ukraine loses, then it's at least a slight hiccup in the rollout of the "new world order" of global authoritarianism.

*

I read and shared an essay at Crisis Magazine: *Ambivalent About Babylon*¹⁹⁰, by Philip Primeau

We have lately heard much talk about our 'values' from the elite institutions of Atlantic society. When the representatives of these institutions speak, they not only articulate the interests of this or that organ of the liberal order, but they reproduce the ideology of the regime they govern, with its myriad presuppositions and commitments about man and his place in the cosmos.

These presuppositions and commitments form the values of the regime: the goods it regards as deserving of celebration and cultivation.

¹⁸⁸ <https://remnantnewspaper.com/web/index.php/articles/item/5873-thank-you-george-ukrainian-ministry-of-foreign-affairs-director-credits-soros>

¹⁸⁹ <https://truth11.com/2022/03/02/why-did-the-us-embassy-official-website-just-remove-all-evidence-of-ukrainian-bioweapons-labs/>

¹⁹⁰ <https://www.crisismagazine.com/2022/ambivalent-about-babylon>

A thoughtful person, possessed of well-developed conscience, must be forgiven for inquiring about these values, ostensibly threatened by Russia's aggression (the prudence and legitimacy of which we will bracket). Such a person looks across the western world—rather, across the cultural imperium that bears that venerable title by sleight of hand—and observes an order that enthusiastically encourages grave abuses of human nature, thereby obstructing man's journey toward beatitude.

One of my Gab-pals commented on it:

At some point Christians will have to have a come to Jesus moment on where the west truly is. Blindly supporting our media and government because we are the 'good' guys is no longer valid. The signs are all around. We are the ones promoting the most degenerate society, not Russia, not even the Middle East.

Us.

We say things like freedom and democracy but in the end our culture is enslaved in sin and democracy is used as a weapon not freedom. Until we change, we will continue to support evil things including the wrong side of 'science' or wars.

Believing God can't protect us but the government can. We have switched our g's. We put a capital g on Government and took the capital G off of god. It has lead us down to Sodom and Gomorrah.

*

In the meantime, another Gab-pal responded to my post about Ukraine by passing along a Martin Armstrong essay. *The Real Backdrop Nobody Will Discuss*¹⁹¹

This account was extremely illuminating, particularly on the history of international bankers' efforts in the post-World War II era to politically control Russia; NATO expansion; the significance of the NordStream2 pipeline and Europe's energy supply dilemmas.

*

I took a side path over to *Golden Silkworms in Pandora's Box*¹⁹², posted April 1, 2021, by Harvard2TheBigHouse (Dan Sirotkin), with this pithy synopsis (that echoes Major Joseph Murphy's report to Department of Defense Inspector General¹⁹³, revealed by ProjectVeritas in early January 2022):

"SARS-CoV-2 is a circulating vaccine-derived-coronavirus (cVDCV) borne from work originally done at the University of North Carolina, the only institution on earth that's been attempting to design a live-attenuated vaccine for SARS, where they also pioneered engineering the sort of SARS-like chimeric coronaviruses that would be needed as templates for attenuation, and did their best to ignore or circumvent restrictions on gain-of-function research – obfuscation that's still ongoing as they refuse to disclose genomic details relating to lab accidents that occurred during the above publicly-funded research."

That echoes another bit of information I found a few days ago.

On November 17, 2021, the US Department of Health and Human Services quietly added: "SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV virulence factors" to the list of "biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety" in 42 CFR 73.3¹⁹⁴. See also 86 Federal Register 64081.

*

¹⁹¹ <https://www.armstrongeconomics.com/international-news/russia/the-real-backdrop-nobody-will-discuss/>

¹⁹² https://harvard2thebighouse.substack.com/p/understanding-covid-19-and-seasonal?utm_source=url&s=r

¹⁹³ <https://bailiwicknews.substack.com/p/joseph-murphy-report?s=w>

¹⁹⁴ <https://www.ecfr.gov/compare/2021-11-17/to/2021-11-16/title-42/chapter-I/subchapter-F/part-73/section-73.3>

Meanwhile, *Andreas Schöpfbeck*, German insurance executive who warned of the high vaccine side-effect rate revealed by billing data, has been fired. His termination appears timed to prevent his participation in a meeting today with German vaccine regulators¹⁹⁵ (Eugyppius) and *Allegations of Genetic Harm to Newborn Females are Easy to Verify. All it Takes is Swabbing a Few Dozen Select Newborns for DNA*¹⁹⁶ (Igor Chudov), addressing the implications of a recently published study¹⁹⁷ that found reverse transcription of mRNA into DNA in human cells: *Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line*, by Alden, et al, Current Issues in Molecular Biology

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Another Gab-pal responded to my Ukraine posts, providing a link to *Understanding Putin's narrative about Ukraine is the master key to this crisis*¹⁹⁸ (Jonathan Steele, *The Guardian*)

To those who say NATO is entitled to invite any state to join, Putin argues that the “open door” policy is conditioned by a second principle, which NATO states have accepted: namely that the enhancement of a state's security should not be to the detriment of the security of other states (such as Russia).

As recently as 2010 Barack Obama put his signature to the principle at a summit of the Organisation for Security and Co-operation in Europe (OSCE). The summit's declaration includes a wonderfully idealistic ambition: “We recommit ourselves to the vision of a free, democratic, common and indivisible Euro-Atlantic and Eurasian security community stretching from Vancouver to Vladivostok”.

This echoes Mikhail Gorbachev's plea, when the cold war division of Europe ended, for Russia and other European states to live together in a “common European home”. We now suffer in the shadow of the thwarting of that dream.

*

I posted:

Very useful analysis.

Ukraine is key to the Great Reset because if they [Klaus Schwab and his international banker backers¹⁹⁹] control it, they forge another link in the chain binding all the nation-states from “Vancouver to Vladivostok” into a single political entity, which then forms a large fraction of the even larger One-World Government.

This is the real-time implementation of the Satanic-humanist framework outlined in Malachi Martin's 1990 *The Keys of This Blood*²⁰⁰, which is basically a book about Pope John Paul II's pontificate during the late-stage, stage-setting period.

The point of the book being: ultimately, there will be a one-world government whose King is Jesus Christ.

¹⁹⁵ <https://www.eugyppius.com/p/andreas-schofbeck-german-insurance?s=r>

¹⁹⁶ <https://igorchudov.substack.com/p/allegations-of-genetic-harm-to-newborn?s=r>

¹⁹⁷ <https://www.mdpi.com/1467-3045/44/3/73>

¹⁹⁸ <https://www.theguardian.com/commentisfree/2022/feb/23/putin-narrative-ukraine-master-key-crisis-nato-expansionism-frozen-conflict?>

¹⁹⁹ <https://bailiwicknewsarchives.files.wordpress.com/2022/03/2022.02.26-legal-walls-of-the-covid19-kill-box-1.pdf>

²⁰⁰ <https://www.christianbook.com/blood-versus-russia-control-world-order/malachi-martin/>

But getting there means traversing the time when humanity is, or at least appears to be ruled by a two-headed monster combining the corporate/financial/techno materialists (Schwab, WEF, WHO etc.) with the ideological materialists (Putin, Chinese Communist Party, etc.)

And tragically, during this period, (as foreseen by Malachi Martin and Pope John Paul II) the Catholic Church's worldly 'leadership' (Bergoglio et al) is quietly supporting the merger process, in active and passive ways.

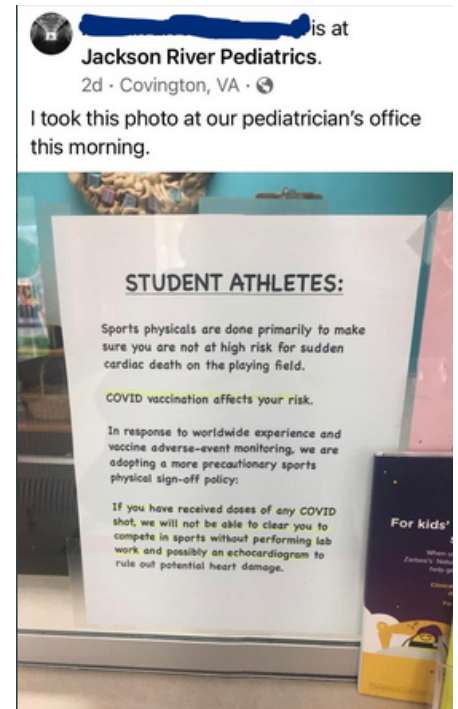
Present day example: Vatican's apparent neutrality²⁰¹ re the conflict in Russia and Ukraine.

Because for Bergoglio, the secularized, materialist Catholic Church will simply be the state religion serving the one-world-government, excised of its intrinsic divinity and all reference to transcendence, God and salvation of souls.

*

Related Essays:

- 2021.10.13 – Ternaries and Trinities
- 2021.12.17 – Teleopolitics Plan of Study
- 2022.01.06 – Mass formation; self-destructive nature of totalitarianism; and the teleopolitical history of Poland
- 2022.02.26 – Legal Walls of the Covid-19 Kill Box



* * *

March 4, 2022 - Another piece of the Russia-demonization and one-world-secular-technocratic-government puzzle

World Health Organization already is world government; Russia is the only nation-state whose government is resisting expansion of WHO powers.

Synopsis:

Under current international and federal law, the mass murder campaign of the hospital/nursing home protocols and Covid-19 'vaccines,' that would formerly have fallen under pre-2005 international legal definitions of crimes against humanity, is entirely legal.

It's not just legal. It's mandatory for nation-states that are implementing signatories to the 2005 International Health Regulations, including the US government.

And the World Health Organization is currently attempting to expand and strengthen the 2005 IHR framework, using the temporary rollback of Covid-19 'mitigation' measures and the shock of the Ukraine-Russia conflict as pretext and smokescreen.

*

It's plausible that the international bankers' cabal fronted by Klaus Schwab and the World Economic Forum politically maneuvered the timing of Ukraine's attempt to join NATO to provoke Russia's defensive response, for at least two classic shock-doctrine²⁰² purposes:

²⁰¹ <https://twitter.com/FatherTF/status/1499367478476083208>

²⁰² <https://naomiklein.org/the-shock-doctrine/>

- delegitimizing and obscuring Russia’s resistance to one-world-secular-technocratic-government via World Health Organization digital-surveillance-based public health authoritarianism; and
- creating a pretextual international emergency to grease the political skids in other countries, for more rapid betrayal of nation-state’s consent-based legal governing structures, and adoption of centralized power.

This is related to the international, federal, state and county legal systems that I posted about on Feb. 9 and Feb. 26:

- Feb. 9 - World Health Organization now working toward an expansion of the 2005 International Health Regulations²⁰³
- Feb. 26 - Legal Walls of the Covid-19 Kill Box²⁰⁴; PDF version²⁰⁵ (28 pp., includes footnotes)

Below is information from Swiss researcher and former World Health Organization employee Astrid Stuckelberger via The Great Reject, slightly edited for clarity; the original accounts of Stuckelberger’s reports appear to have been written by people for whom English is not their first language.

*

WHO is World Government. Power grab scheduled for May 1, 2022. With “relaxations” you are being framed.²⁰⁶

The fact that they are suddenly distancing themselves from restrictions is just a game.

The last week of January 2022, the World Health Organization held an emergency meeting and deliberations in Geneva on expanding its powers to take over all member-states in the event of a pandemic and “any other form of threat or disaster.”

WHO wants member states to sign a new treaty on Covid-19, which expands the 2005 treaty [International Health Regulations].

Once signed by the Ministers of Health, the WHO Constitution (according to Article 19²⁰⁷) takes precedence over any country’s [federal] constitution (189 countries have signed the 2005 treaty) during natural disasters or pandemics.

Since the definition of pandemic was changed a few years ago (cases based on the PCR test), they can enforce obedience in any country and impose WHO guidelines on the public, which will be mandatory, not just recommended. And that sounds like power over the country and the world.

Dr. Astrid Stuckelberger, who has worked for the WHO for 20 years, warns that every country should send a public letter of protest to the WHO.

Governments should draft a letter stating that the people do not accept that the signature of the Minister of Health can decide the fate of millions of people without a referendum.

It is very important to send this letter from every country to the WHO in Geneva. WHO wants all countries to implement the measures by May 2022.

Dr. Stuckelberger shared the information that so far, only the Russians have sent such a rejection letter!

*

More information via Stuckelberger’s Telegram²⁰⁸:

The most dangerous articles of the WHO CONSTITUTION²⁰⁹ for our liberties are

²⁰³ <https://bailiwicknews.substack.com/p/world-health-organization-now-working?s=w>

²⁰⁴ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

²⁰⁵ <https://bailiwicknewsarchives.files.wordpress.com/2022/03/2022.02.26-legal-walls-of-the-covid19-kill-box-1.pdf>

²⁰⁶ <https://greatreject.org/who-is-world-government-power-grab/>

²⁰⁷ https://www.who.int/governance/eb/who_constitution_en.pdf

²⁰⁸ https://t.me/s/dr_astrid_stuckelberger

²⁰⁹ <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

1) Article 19, which states that if two-thirds of member states accept a resolution or new regulation under “emergency law,” it is adopted for ALL member states with a time of implementation (under Article 22); and

2) Articles 20 & 21, which states that any regulation can be put in place for global health security, including:

- sanitary and quarantine measures (i.e. lockdown, masks, isolation and distancing at random)
- nomenclatura change (i.e. definitions)
- standardization of diagnostics (i.e. tech replacing doctors with fraud like PCR)
- standardized procedures and products
- labelling and marketing of products (e.g. the business is on! Vaccines Forever)

React before it is too late!

It is a right of member states to object and refuse participation, in Article 20, but most federal governments will not use it, so individual citizens should use it.

Anyone can write to WHO as a citizen of the world and of his or her country.

Write a letter with a copy to the UN Secretary General, your own government and your country’s ministry of health, to state:

- that as People of the country they are supposed to inform you of the proposed international law and represent you for your best interests;
- that you do not consent in any way to this treaty or any form of agreement under a ‘public health emergency of international concern’ (PHEIC) or other international emergency;
- that you do not consent that your government [to the extent your government is complicit] represents you;
- you oppose all decisions from now on and those taken in the past which need serious revision under the supervision of the People; and
- any other points you want to add

Sign alone, in groups or on behalf of an organization.

Send copies to:

1. WHO Director General
Tedros Adhanom Ghebreyesus
20 Avenue Appia
1211 GENEVA 27
SWITZERLAND
2. Antonio Guterres
Secretary-General of the United Nations
UN Headquarters
405 East 42nd Street,
New York, NY, 10017, USA
USA
3. Your Country’s President (Prime Minister, etc.)
4. Your Country’s Minister of Health (Secretary of Health and Human Services, etc.)
5. International Coronavirus Investigative Committee²¹⁰ led by Reiner Fuellmich.

Distribute copies on your platforms and to your networks.

One more step towards freedom, out of disease and perpetual vaccination tyranny!

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²¹⁰ <https://corona-ausschuss.de/en/modal/btcpay.js>

NOTE: It's not clear why Stuckelberger cites the date of the power grab's completion as May 1, 2022, because a March 3, 2022 press release by the European Council²¹¹ states:

Council gives green light to start negotiations on international pandemic treaty

On 3 March 2022, the Council adopted a decision to authorise the opening of negotiations for an international agreement on pandemic prevention, preparedness and response.

The intergovernmental negotiating body, tasked with drafting and negotiating this international instrument, will hold its next meeting by 1 August 2022, to discuss progress on a working draft. It will then deliver a progress report to the 76th World Health Assembly in 2023, with the aim to adopt the instrument by 2024.

However, Stuckelberger cites to Article 19 of the WHO Constitution, which holds that if two-thirds of signatory nations adopt a resolution or regulation under an "emergency," it becomes binding on all signatory nations.

This is why it's plausible that the European Council press release is a smokescreen. By provoking the war between Ukraine and Russia, the one-world-secular-technocracy team is attempting to create the "emergency" pretext to implement full global authoritarianism by May 1, 2022.

Immunization Agenda 2030

A global strategy to leave no one behind

https://www.who.int/immunization/IA2030_draft_4_WHA.pdf?ua=1

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Last thought for now:

What goes up must come down. Even if the international bankers' obtain their centralized secular technocratic surveillance-and-control authority over global populations in the short-term, they will not retain their dominance forever.

Deus vicit. God conquers.

Still, I'd rather they don't get the control in the short term, or ever.

I'd rather see them stopped, tried and convicted for their crimes, under the pre-2005 international legal system, while the rest of us try to recover and govern our communities in decentralized, informed-consent-based structures that uphold God's laws²¹² through faith, hope and charity.

* * *

²¹¹ <https://www.consilium.europa.eu/en/press/press-releases/2022/03/03/council-gives-green-light-to-start-negotiations-on-international-pandemic-treaty/>

²¹² <https://www.the-ten-commandments.org/the-ten-commandments.html>

March 4, 2022 - SCASD Unmask Our Kids campaign. Email update sent Friday, March 4, 2022

LIST OF POSSIBLE NEXT STEPS

These can be combined; everybody can do none, one or more of them.

No. 1. - Filing Claims Against CM Regent Co. insurance policy

For criminal child abuse, practicing medicine without a license, and breach of fiduciary duty. Draft of a letter/affidavit to CM Regent Co. is attached, along with a copy of the claim form, a template affidavit put together by Bonds for the Win, and a copy of the SCASD memorandum of coverage that lists child abuse and breach of fiduciary duty as bases for claims. For those who are interested in this approach, I can finalize the draft letter/affidavit over the weekend and we can start signing them (before a notary public) and sending them on Monday, March 7...

No. 2 - Direct Action

Such as organizing parent walk-ins, sit-ins, honk-ins etc. at SCASD schools. Or organizing student walk-outs, mask-offs etc. More below.

No. 3 - File a Court Petition to Remove School Board Members²¹³

File to remove the board members all together. A SCASD parent contacted an attorney (not in this area) who provided all the steps and forms, and said she would even assist in the filing.

Here were the steps:

1. Check with your county court system if they have e-filing available.
2. Request an e-filing account as "pro se." [representing yourself, without an attorney]
3. Edit the template Petition to Remove School Board for Pennsylvania, for your school district.
4. Optional but recommended - Start collecting parent statements from those who have children who have been adversely affected by masking.
5. Start collecting signatures for the petition once you edit the template. You need 10 signatures and 3 witnesses to verify.
6. Add exhibits such as the Right to Know requests from the Pennsylvania Department of Health and the Food and Drug Administration Emergency Use Authorization letter on masking.
7. If you have any other public meetings, documents, emails, or anything between the community members and the board denying exemption requests, etc., those are also helpful to reference in your petition or as exhibits.

No. 4 - File federal constitutional lawsuit against SCASD Superintendent Bob O'Donnell

Another parent suggested we file a complaint to Bob O'Donnell personally...in federal court...

There have been many successful cases like this across the country already on the grounds of violating our children's constitutional rights. This action is based on statute 42 USC 1983²¹⁴, Civil Action for Deprivation of Rights.

The lawsuit is based on a variety of constitutional provisions including: *First Amendment-Freedom of Speech; *Fourth Amendment-Unlawful seizure-violation of personal integrity; *Fifth Amendment-Due process; *Ninth Amendment-fundamental right to liberty; *Fourteenth Amendment-Equal protection, due process, fundamental rights; *Guarantee of republican government- mask mandates must be passed by the legislature if at all; *Claim for relief-All available relief-money damages, INJUNCTION, declaratory judgment, attorneys fees.

You can find out more about this approach as well as printouts for the complaint from a webinar Dr. Naomi Wolf did with NY Attorney James Ostrowski²¹⁵ on her home page at Dailyclout.io.

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²¹³ <https://www.dailylocal.com/2022/02/13/court-petition-seeks-to-recall-school-directors-in-west-chester-downingtown-over-masking-policy/>

²¹⁴ <https://www.law.cornell.edu/uscode/text/42/1983>

²¹⁵ <https://dailyclout.io/stop-masking-kids-webinar/>

Bigger Picture: Constitutional Rights, Criminal Laws and Law Enforcement

I met with a Pennsylvania county law enforcement officer (LEO) this week, who has advised parents in several other school districts that their best recourse is to keep going to board meetings, filing papers with the districts, and running for office to kick the current board members out of office.

I talked to him about lots of things, including direct action, such as parents getting arrested for trespassing, to bring the evidence and legal dispute before a judge.

The response given by the State College Police Department, when a report of child abuse as SCASD official policy and practice, was made earlier this week, was that the facts of children being forcibly masked are not in dispute, but the "legal interpretation" of whether that constitutes criminal child abuse is in dispute and heavily politicized.

This means that the only way to resolve the conflict is to get the policies and practices into court so that a judge and jury can review the evidence and make a determination about the legality of the acts.

The county LEO I talked to said we might get arrested for trespassing, and/or school administrators and teachers might get arrested for child abuse, but prosecutors (district attorneys) and judges, as political animals elected by voters, just as deeply divided as citizens are, and just as interested in keeping their jobs and household incomes, don't want to get involved.

So the prosecutors would drop all the charges every time, to prevent the issues from coming before a judge. And even if the charges were filed, the judges would immediately dismiss them.

Legally speaking, it appears that inside the walls of public school buildings, the US and Pennsylvania Constitution and federal, state and local civil and criminal laws don't apply.

This aligns with information I got from Rep. Kerry Benninghoff in a phone call last summer, to the effect that, through the Public School Code of 1949²¹⁶, the state legislature is heavily limited in how much it can weigh in on school board governance of public schools.

Public schools are governed independently by school boards, as their own jurisdiction or territory, with no oversight through courts or police.

The school board's policies are the sole enforceable law within schools.

I've been trying to think this through as far as fights, weapons and drug use in schools, and I think that the resource officer acts first as an enforcer of school policies, and only later, after the student has been physically removed from the building, can additional charges based on criminal statutes be brought into play.

The independent government of schools by school boards has worked out mostly okay in practice up until Covid, if the school board is not majority-insane.

But we happen to have kids in SCASD when the school board is at least majority-insane, and possibly unanimously insane.

With good reason: like all of the world's people, they have been subjected to the most comprehensive and violent psychological manipulation²¹⁷ and abuse campaign in human history.

Bonds for the Win campaigns have worked in other districts, I speculate, because their board members were less insane to start with, and withdrew the policies—probably only temporarily, but still—before the parents got to the step of filing claims with the insurance companies, and/or before the insurance companies responded to filed claims.

Remains to be seen as things play out more.

²¹⁶ <https://www.legis.state.pa.us/WU01/LI/LI/US/HTM/1949/0/0014..HTM>

²¹⁷ <https://bailiwicknewsarchives.files.wordpress.com/2021/12/2020.10-who-guidance-behavioral-psychology-of-covid-vaccine-manipulation-.pdf>
Bailiwick News - January to April 2022. Written/compiled by Katherine Watt

Thus, we probably aren't going to be able to liberate our kids unless we get at least five SCASD board members to resign soon, replacing them with sane parents; move to other districts with sane boards; pull our kids out of SCASD schools and start new charter or private schools to educate them ourselves while staying within the State College area; and/or take over the SCASD school board over the next one or two election cycles.

*

Bigger Picture: International

While I've been trying unravel this at the SCASD level, I've also been learning about how it's being done at the other levels up through county, state, and federal, to international.

Anyone interested in that information, please check out my recent posts at Bailiwick, linked below.

Synopsis:

It's trickle-down authoritarianism, used to top-down control everyone from just below the Bank International Settlements and the World Health Organization, to the nurses and teachers fired, or students kicked out of school, based on a public health pretext, by withholding money and education for real (firing the workers and expelling students) or threatening to withhold money and educational access to anyone, at any level, who is non-compliant.

Federal constitutions and charters have been suspended since Jan. 30, 2020, when Tedros declared Covid-19 a "public health emergency of international concern" (PHEIC).

PHEIC as a legal superseding of national sovereignty is ongoing, so constitutions and charters have not been reinstated yet. Biden affirmed, by extending the Covid-19 state of emergency in US on Feb. 18, 2022, with no expiration.

This has made it so that acts that would formerly have been illegal, like murder, child abuse and firing people for refusing to submit to unwanted medical treatments and devices, are now legal, and — more than legal — obligatory for any level of government (from school districts up to federal governments) that wants to retain access to funding.

Things are moving very, very fast.

* * *

March 7, 2022 - Vera Sharav testimony at Grand Jury of Public Opinion. Jewish Holocaust survivor on history, connections and parallels.

How eugenics leads to genocide, World War II and the Spanish flu²¹⁸ (video, audio and transcript):

...One of the things that we can learn from all of this is that, really, they have put out in documents that anyone can read what their plans are. And most will say, "oh, that's conspiracy theory." No, it's not. They're laying out and they're going according to plan.

We are living at a very critical juncture in human history. We are on the brink of a totalitarian dictatorship and this time it's global. This time there will be no rescuers. It's for us. If we don't reverse the trajectory of obediently following government dictates, we will either be annihilated or revert to the status of slaves...

Now, what they are doing is making the Holocaust irrelevant to history, now. And that, I believe, is a far worse sin than Holocaust denial. Because they know what they're doing. They're protecting, it's as if they're protecting a victim.

They're putting it away in a safe deposit box, not allowed to touch the Holocaust when you're studying history. Why?

²¹⁸ <https://dailyexpose.uk/2022/03/07/vera-sharav-how-eugenics-leads-to-genocide/>

I realised that “the why” is because if more people actually looked at it, they would recognise the similarities of the stages, the years before the gas chambers. Now, the fact that the gas chambers happened, as an Auschwitz survivor – Primo Levi an Italian, had said “it happened, therefore it can happen again. It can happen everywhere.”

That’s a lesson. That’s an important lesson. Human beings didn’t really change. And human beings of all groups are capable of being leaders and saints and devils. We really have to understand, human nature has the capacity for both for good and for evil, and we have to make choices. And when we are confronted by evil, we need to recognise it and do something about it rather than close our eyes and not see. That’s the worst thing...

The reason Reiner Fuellmich, his team of Covid Investigating Committee attorneys and testifying witnesses, are presenting this information as a series of online videos called the “Grand Jury of Public Opinion” instead of through a “Nuremberg 2.0” trial, is because international and federal courts around the world are blocking cases filed to bring accountability for the Covid-19 crimes against humanity through judicial systems.

The judicial systems have been hijacked and subordinated to the World Health Organization, operating as a front for the Bank for International Settlements owners and the World Economic Forum.

* * *

March 8, 2022 - Russia-Ukraine conflict as cover for global Internet shutdown by globalists

A large-scale, false-flag cyberattack is now imminent²¹⁹. Brandon Smith at Alt-Market:

The globalists are playing BOTH SIDES of the Ukraine conflict. This is reality. It’s very important to understand and accept this fact otherwise you will not be able to grasp the events that happen next.

Putin recently threatened western governments with a reprisal the likes of which they have never seen before if they try to interfere in Ukraine. The problem is that many in the mainstream and alternative media automatically assumed this was a threat of nuclear war. I don’t think this is what Putin was referring to. I have another theory...

The globalists are unlikely to spend the past several decades building up one of the most complex technocratic control grids in history to track and dominate the public only to then annihilate it all in the blink of an eye with nukes. A post-nuke environment would be impossible for them to control.

What is more likely, in my view, is a massive cyber-attack that targets the functionality of the internet itself, and it would have to happen relatively soon.

The amount of economic and business operations tied to the web is staggering. Even if the internet was to go down for a mere two weeks, the repercussions to our markets and to our supply chain would be devastating.

By extension, the benefits to the globalists would be immense.

They could implement filters and firewalls on any part of the web they don’t like (including the alternative media) and claim that this is to protect the internet from possible sources of viral spread. They could whittle the web down to only a handful of approved corporate and government sites all in the name of protecting the integrity of the net.

Furthermore, such an attack would be a perfect scapegoat for the already crashing economy and rising inflation. At that point, the central banks that are truly responsible for our financial instability could simply say that everything was “about to go back to normal” until (Russia or China) spread the cyber-virus. And, maybe Russia will be involved, but it will not be Putin that gives the order, it will be his globalist partners behind the curtain...

²¹⁹ <https://alt-market.us/a-large-scale-false-flag-cyber-attack-is-now-imminent/>

This is not about Russia. It's not about Ukraine. The real war is between free peoples and the globalists. When they are removed and their puppets are removed, the majority of these disasters will stop. As long as they remain in power, the crisis events will only accelerate and increase in frequency until they find something that works; something that makes most people willing to give up their liberties in exchange for the false promise of security.

*

Keep in mind, most of the world's critically-thinking, independently-researching dissident voices have now been corralled onto Substack, which sits on Amazon's AWS platform.

It would be very easy for the globalists to arrange for Substack to not return after the outage.

Gab has the best odds of being okay, because it's operated by a Christian man specifically to serve God through protecting freedom of speech and freedom of conscience, and Andrew Torba has built it over the last five years on its own platform infrastructure because the globalists tried to cancel Gab very early on.

Readers can find me on Gab at @kgwatt.

I'll also download the Substack subscriber list as often as possible until the outage happens, to make it possible to distribute information if any email services return on the other side.

Most likely the globalists will have increased capacity to throttle messages deemed inappropriate for sharing, but it's worth a try.

*

Other interesting recent essays:

- CJ Hopkins - Revenge of the Putin-Nazis²²⁰
- Archbishop Carlo Maria Vigano - Globalists have fomented war in Ukraine to establish the tyranny of the New World Order²²¹
- Martin Armstrong - End of cryptocurrency coming?²²²

* * *

March 8, 2022 - Pfizer's getaway plan.

Robert Malone just posted an SEC filing at his Substack²²³, with a comment that he's not sure what it means yet.

It's a Form 25 - Notification of Removal from Listing and/or Registration under Section 12(b) of the Securities Exchange Act of 1934²²⁴, filed on Pfizer's behalf yesterday (March 7, 2022).

I looked up the CFR citation they checked off — 17 CFR § 240.12d2-2²²⁵ — which refers to securities that become part of “evidence” or fall under a “court order.”

This comes just as the second batch of Pfizer's clinical trial documents were released late last week, through the court case filed by Public Health and Medical Professionals for Transparency²²⁶ in September 2021.

²²⁰ <https://cjhopkins.substack.com/p/revenge-of-the-putin-nazis?s=r>

²²¹ <https://www.lifesitenews.com/opinion/abp-vigano-globalists-have-fomented-war-in-ukraine-to-establish-the-tyranny-of-the-new-world-order/>

²²² <https://www.armstrongeconomics.com/world-news/cryptocurrency/the-end-of-cryptocurrency-coming/>

²²³ <https://rwmalonemd.substack.com/p/science-news-ivermectin-is-associated?s=r>

²²⁴ https://www.sec.gov/Archives/edgar/data/78003/000087666122000258/xslF25X02/primary_doc.xml

²²⁵ <https://www.law.cornell.edu/cfr/text/17/240.12d2-2>

²²⁶ <https://phmpt.org/pfizers-documents/>

And just as people reviewing those documents have learned more about what corporate Pfizer knew about the bioaccumulation²²⁷, pharmacokinetics and toxicity of its mRNA products, and when it knew those things.

And just as other freedom of information disclosures make clear that the US Department of Health and Human Services transferred massive amounts of public money²²⁸ into private legacy media corporations to market and promote Pfizer's product.

And just as Attorney Thomas Renz, who broke the Department of Defense DMED story²²⁹, also yesterday (March 7, 2022) notified the federal government and other defendants of planned lawsuits²³⁰. Special Notice of Evidentiary Findings.²³¹

The getaway plan is coming into view.

Pfizer is a "corporate person" under the law.

As a corporate person, it committed murder, medical battery, torture and fraud, through a US government marketing program executed by legacy media outlets, and with the physical element of the crime committed by more-or-less uninformed and coerced nurses and pharmacists who injected the toxic pharmaceutical product into recipients at hundreds of sites across the country.

Now Pfizer is poised to get permission from the US government Securities and Exchange Commission to dissolve its legal personhood and disappear, legally, forever.

Leaving no criminal defendant behind to face the charges through the judicial system, or pay damages to the survivors of murdered victims or victims facing lifelong disabilities.

* * *

March 9, 2022 - Claim Letter & Affidavit. Update: State College Area School District Unmask Our Kids campaign

Note to readers:

For the last several months, I've been writing two sorts of posts here at Bailiwick.

Roughly half of the posts have been related to fighting back against Covid-19 tyranny at the school board, municipality, county and state level in Centre County, Pennsylvania, where I live.

The other half of the posts have been about geopolitics and religion, or teleopolitics²³²: current and rapidly developing events at the international level, in terms of the global spiritual war humanity is now openly engaged in.

I've been writing about the Good v. Evil battle raging between a divinely-inspired, God-oriented, natural law, local (decentralized), virtue- and moral-freedom-based Christendom structure on the one hand, and a centralized, secular, authoritarian, demonic technocracy, under the Great Reset/Agenda 2030/New World Order/transhumanist, totalitarian structure on the other.

The essays in that series now include:

- Ternaries and Trinities - Oct. 13, 2021
- Teleopolitics - Dec. 17, 2021

²²⁷ <https://rumble.com/vwj8ln-the-pfizer-documents-bombshell-w-dr-naomi-wolf.html>

²²⁸ <https://www.thelibertybeacon.com/the-u-s-government-paid-media-outlets-millions-of-dollars-while-they-ran-big-pharma-mandate-propaganda-vieo/>

²²⁹ <https://www.theblaze.com/op-ed/horowitz-the-pentagons-response-to-the-explosive-dod-medical-data-is-an-even-bigger-story-than-the-data>

²³⁰ <https://slaynews.com/news/lawyer-exposed-dod-vaccine-injury-data-biden-admin-legal-notice/>

²³¹ <https://renz-law.com/special-notice-regarding-evidentiary-findings-related-to-the-official-renz-law-covid-19-investigation/>

²³² <https://bailiwicknews.substack.com/p/teleopolitics?s=w>

- Mass formation; self-destructive nature of totalitarianism; and the teleopolitical history of Poland - Jan. 6, 2022
- Legal Walls of the Covid-19 Kill Box - Feb. 26, 2022
- Bergoglio, Biden, Putin, Zelensky, Xi, Tedros, Soros and Schwab - March 3, 2022
- Another piece of the Russia-demonization and one-world-secular-technocratic-government puzzle - March 4, 2022

Going forward, I plan to read and write almost entirely on the teleopolitical themes.

Below is one of the last few posts about the struggle as it's going on in Centre County, PA.

For those who want to get up-to-date information about the Pennsylvania struggle, I encourage you to sign up for updates from the Pennsylvania Coalition for Informed Consent²³³, which monitors statewide developments — such as HB2013,²³⁴ a bill to add medical freedom to the Pennsylvania Constitution — and sends out detailed action alerts and event announcements regularly.

As always, thank you for reading and sharing.

*

As reported previously, State College Area School District parents have been trying to get the school board and superintendent to stop abusing our children with medicalized fear propaganda, masking orders, and other Covid-19 “mitigation” measures, most recently using the Bonds for the Win²³⁵ approach.

Today, I finished drafting a Claim Letter and Affidavit for parents and SCASD taxpayers to sign and send to the school district's general liability insurance provider, CM Regent Co. The text of the letter is below.

Please contact me²³⁶ if you want the PDFs emailed so you can sign and send copies.

*

Claim against SCASD General Liability Insurance Policy CMR-CPP-01721, as applied to official acts and omissions by individual SCASD Board of Directors members (named below) and SCASD Superintendent Robert O'Donnell, acting within the scope of their governing and administrative duties.

CLAIM LETTER & AFFIDAVIT

The undersigned swears and affirms as follows...

FACTS & LAW

1. Under CM Regent Co. Policy No. CMR-CPP-01721, CM Regent Co. company provides General Liability Insurance coverage to the State College Area School District.
2. Specifically, Certificate Number CAS579-21 provides damages for acts of "Abuse or Molestation" at \$1,000,000 per occurrence; SLL1038321 provides damages for School Board Errors and Omissions at \$1,000,000 per occurrence; and the Crime Premium provides "Faithful Performance of Duty coverage for Government Employees."
3. Other policy provisions may also apply, as may be determined as the claim process moves forward.
4. In March 2020, the State College Area School District initiated a series of policies and practices allegedly intended to "mitigate" Covid-19, including school closures and occupancy limitations; masking orders; repeated, daily verbal assertions to children that ordinary human breathing, speaking, physical contact and

²³³ <https://informedconsentpa.org/>

²³⁴

<https://www.legis.state.pa.us/cfdocs/legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2021&sessInd=0&billBody=H&billTyp=B&billNbr=2013&pn=2321>

²³⁵ <https://bondsforthewin.com/>

²³⁶ <https://bailiwicknews.substack.com/about>

disclosure of facial expressions threaten the lives of others and must be avoided; behavioral modifications and physical barriers intended to maintain abnormal physical distance between children, teachers and staff; testing protocols; isolation protocols; and district promotion of pharmaceutical products marketed as "Covid-19 vaccines."

5. These policies and practices continue to be promulgated and enforced by school district employees to the present date, as of March 2022.
6. These policies and practices have caused, and continue to cause, severe physical, mental and emotional harm to children, including but not limited to hypoxia, hypercarbia, dehydration, headaches, fatigue, bacterial and other skin infections, difficulty concentrating, difficulty interpreting speech and emotional and social cues, difficulty speaking and conveying emotional and social cues, oral infections and tooth decay, depression, anxiety, and exacerbation and/or developmental regression for children with learning and speech disabilities, and disorders such as autism, attention-deficit-disorder and sensory-processing disorders.
7. SCASD's Covid-19 "mitigation" policies directed at frightening, masking, testing and injecting K-12 children, as a condition of their attendance at public school, as enforced by teachers, staff and other students, constitute acts of child abuse under Pennsylvania criminal law 23 Pa. CSA Section 6306, including but not limited to the following:
 - (b)(1) - bodily injury;
 - (b)(2) - Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment;
 - (b)(3) - Causing or substantially contributing to serious mental injury;
 - (b)(5) - Creating a reasonable likelihood of bodily injury;
 - (b)(6) - Creating a likelihood of sexual abuse or exploitation; and
 - (b)(8)(v): interfering with the breathing of a child.
8. Covid-19 "mitigation" policies directed at frightening, masking, testing and injecting individual K-12 children, as a condition of their attendance at public school, as enforced by teachers, staff and other students, and violate Pennsylvania criminal statute 63 Pa. CSA Section 422.38, regarding practice of medicine without a license. Board members and administrators do not have physician-patient relationships with students, and do not have diagnostic, testing or treatment authority to prescribe medical devices, medical testing and/or delivery of pharmaceutical products for any K-12 student.
9. SCASD board and administrator policies and practices relating to Covid-19 "mitigation" violate the Pennsylvania oath of office and violate their individual fiduciary obligations to perform their duties to education children faithfully ("Faithful Performance of Duty.")
10. On February 23, 2022, 14 individual parents formally notified each official of the State College Area School District that — if the policies and practices were not terminated — parents of SCASD schoolchildren and SCASD property owners who fund SCASD through property tax assessments intended to file claims against SCASD's General Liability insurance, under policy coverage provisions relating to these acts of child abuse, practice of medicine without a license, and breach of fiduciary duty occurring daily on school property, by district employees, under the color of law of the governmental policies and practices adopted by the SCASD board of directors and implemented by the SCASD Superintendent, teachers and staff.
11. A copy of the submitted Notice of Intent to File Claims²³⁷ is attached at Exhibit A.
12. The Notice of Intent identified the agents responsible for the criminal acts and omissions as SCASD Superintendent Robert O'Donnell and current school board members Amber Concepcion; Amy Bader; Peter Buck; Gretchen Brandt; Carline Crevecoeur; Deborah Anderson; Jacqueline Huff; Daniel Duffy; Laurel Zydney.
13. The Notice of Intent demanded that the SCASD board and administrators cease and desist from child abuse, unlicensed practice of medicine and breach of fiduciary duty as the official government policies and practices of the district no later than 8 a.m. on Monday, February 28.
14. On Tuesday, March 1, the SCASD superintendent notified parents via email that the masking and other policies and practices will stay in place at least through March 28, and even if they are lifted at that time, may be reimposed by the district at any time, on any evidential pretext, or for no stated reason at all. Copy of

²³⁷ <https://bailiwicknews.substack.com/p/notices-of-intent-to-file-claims?s=w>

superintendent's email, (downloaded from <https://www.scasd.org/Page/37975> on March 9, 2022), is attached at Exhibit B.

15. On Tuesday, March 1, a parent went to the State College Police Department at 243 South Allen St., State College PA 16801, and filed a police report (22-SC-03406), requesting an investigation into the child abuse policies and practices taking place within the schools.
16. The SCPD officer who took the report stated that he would forward it "up the chain of command," but added that because the issue has been "politicized," the report was unlikely to lead to a police investigation or investigation by Centre County child welfare agency officials.
17. On Wednesday, March 2, a parent met with the Centre County sheriff, and was informed that even if State College police arrested administrators or teachers for alleged acts of child abuse, the Centre County District Attorney would drop the charges, and/or Centre County judges would dismiss the charges without evidentiary hearings or legal argument, because the issue has been "politicized," and they are elected officials whose positions and offices are funded by other elected officials (Centre County Commissioners).
18. The SCASD board and superintendent's legislatively-granted authority to supervise the education of the children entrusted to their care does not include the right to abuse those children or groom them for future abuse and molestation by demonstrating to them that their bodily integrity may be violated by adults, daily, for years, with impunity.
19. Child abuse is a crime, no matter who commits it, how they attempt to justify their acts of abuse, where the abuse takes place, or how long it goes on.
20. State College area parents are painfully familiar with child abuse, grooming techniques, and cover-ups, due to the sexual abuse of several children committed by Jerry Sandusky over many years, reported to police, child welfare agencies and prosecutors, and covered up by police, child welfare agencies and prosecutors.
21. Child abuse is wrong, and the SCASD board and superintendent do not have the right to abuse children even if no police, child welfare agencies, prosecutors and courts will take action to protect those children; even if the US Centers for Disease Control and Pennsylvania health officials recommend child abuse as federal and state public health guidance; even though many other districts have engaged in and continue to engage in the same child abuse acts; even though the abuse of SCASD children has gone on for two years already; even though all SCASD children are equally subjected to the pervasive abuse; and even if -- as they claim -- the board members and administrators sincerely believe that the abuse of children is being committed "for their own good" and/or for the good of the wider State College area community.
22. CM Regent Insurance Company's control of the district's long-term financial interests, through the SCASD General Liability insurance policy, is one of the only remaining tools parents and taxpayers can use to get SCASD to stop abusing children.
23. I therefore request that you process this claim:
 - investigate the facts;
 - identify all abused children (redacting their identities in any public reports)
 - identify all administrators, board members, teachers and staff who have directed and/or committed abuse and breach of fiduciary duties
 - compel SCASD to stop its child abuse policies and practices immediately and permanently; and
 - pay damages.

* * *

March 14, 2022 - Moderna's 2013 patent on furin cleavage site, Brook Jackson's 2020 report to FDA on clinical trial fraud, Pfizer 2021 SEC filings...

First pass at a timeline. Working on a full, long-form report. Will update this to fix typos, add links, etc.

tl; dr - Pfizer defrauded the US Government through the clinical trials for the pharmaceutical product sold to and marketed by the US government as a “safe and effective Covid-19 vaccine;” the US Government knew it was being defrauded no later than Sept. 17, 2020; the US Government covered up the fraud for Pfizer and continued to purchase, market and mandate the fraudulent, deadly and ineffective pharmaceutical product.

*

2013/12/16 - Moderna filed four US patent applications for the genetic sequence of the furin cleavage site that later appeared in Covid-19. US9149506B2; US9216205B2; US9255129B2; US9301993B2. Source: *Frontiers in Virology* paper, 02/21/22, Ambati et al, *MSH3 Homology and potential recombination link to SARS-CoV-2 Furin cleavage site*; DailyExpose.uk, 03/14/22

2016/02/04 - Moderna filed one US patent application for the genetic sequence of the furin cleavage site that later appeared in Covid-19. US9587003B2. Source: *Frontiers in Virology* paper, 02/21/22, Ambati et al, *MSH3 Homology and potential recombination link to SARS-CoV-2 Furin cleavage site*; DailyExpose.uk, 03/14/22

2019/12 - Bill Gates tweet, “bullish” on vaccines. Source: Edward Dowd testimony to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 02/25/22.

2020/04/05 - James Bullard, Federal Reserve Bank president, on Face the Nation, states that economy will emerge from Covid-19 panic using digital vaccine passports and digital currency. Source: Edward Dowd testimony to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 02/25/22.

2020/05 - President Trump begins process of blocking US funding for World Health Organization and suspending US membership, over concerns about China's obstruction, fraud and manipulation during Covid-19 crisis. Source: CNN.

2020/07/08 - President Trump formally notifies World Health Organization of US intention to withdraw in one year (by July 2021). Source: NBC News.

2020/09 - Brook Jackson²³⁸ hired by Ventavia as regional manager of Phase 3 clinical trials of Pfizer's Covid-19 pharmaceutical product, Fort Worth and Keller, Texas. Jackson observes numerous clinical trial safety and protocol violations. Jackson collects internal emails and other documents providing evidence that Ventavia officials knew of the violations and conveyed them to Pfizer as early as August 2020, but did not stop enrollment or halt the studies. Jackson reported the violations to Ventavia officials, discussed it with them and recorded conversations. Enrollment and trials continued. Source: *British Medical Journal* report by Paul Thatcher, 11/02/21; Brook Jackson testimony to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 03/4/22.

2020/09/25 - Jackson reported the clinical trial violations to US Food and Drug Administration, requesting investigation and halt to the study. She was fired by Ventavia several hours later. Source: *British Medical Journal* report by Paul Thatcher, 11/02/21; Brook Jackson testimony to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 03/04/22.

2020/09/29 - Brook Jackson's last contact with USFDA officials. Enrollment and trials continued. Source: Brook Jackson testimony to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 03/04/22.

2020/10/09 - Mark Barnes, attorney for Pfizer, contacts Brook Jackson on her personal cell phone by text and phone call. Further evidence of Pfizer corporation's knowledge of fraud. Source: Brook Jackson testimony to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 03/04/22.

2020/11 - Pfizer submits to FDA “Phase 1/2/3, placebo-controlled, randomized, observer-blind, dose-finding study to evaluate the safety, tolerability, immunogenicity and efficacy of SARS-CoV-2 RNA vaccine candidates against Covid-

²³⁸ <https://www.iambrookjackson.com/>

19 in healthy individuals.” Study has not and will not assess pharmacokinetics, pharmacodynamics, biomarkers or genetics. Source: Pfizer submission at page 72.

2020/12 - US Government’s Covid-19 “vaccine” marketing and mandate campaign launched. US government tells Americans shots are “safe and effective.” Millions of Americans injected, many fatally. Hundreds of thousands endure debilitating adverse effects in first year after injection alone. US government will not acknowledge their injuries or investigate. Doctors, nurses, scientists, attorneys attempt to warn Americans. Punished with job loss, comprehensive censorship/legacy media blacklisting and reputational damage. Sources: Steve Kirsch, Jessica Rose, Alex Berenson, Robert Malone, Peter McCullough, Byram Bridle, Mike Yeadon, Bret Weinstein, many more.

2021/01/08 - USA v. Ventavia, Pfizer and Icon corporations filed in Texas by US government on behalf of whistleblower Brook Jackson, under False Claims Act, 31 USC 3729. Case No. 1:21-CV-00008-MJT.

[Brook Jackson] observed:

- fabrication and falsification of blood draw information, vital signs, signatures and other essential clinical trial data;
- enrollment and injection of ineligible clinical trial participants, including Ventavia employees’ family members;
- failure to timely remove ineligible patients’ data from the trial;
- failure to maintain temperature control for the vaccine at issue;
- failure to monitor patients after injection as required by the trial protocol;
- principal investigator oversight failures;
- use of unqualified and untrained personnel as vaccinators and laboratory personnel;
- failure to maintain the “blind” as required, which is essential to the credibility and validity of the observer-blinded clinical trial;
- ethical violations, such as failure to secure informed consent and giving patients
- unapproved compensation;
- improper injection of the vaccine (i.e., by over-diluting vaccine concentrate or using the wrong needle size);
- failure to ensure that trial site staff were properly trained as required by good clinical practices;
- safety and confidentiality issues, including HIPAA violations; and
- other violations of the clinical trial protocol, FDA regulations, and Federal Acquisition Regulations and their DoD supplements.

Ventavia failed to report the majority of its clinical trial protocol and regulatory violations to Pfizer or the external Institutional Review Board. Issues were improperly documented or hidden away in “notes to the file,” and not corrected.

Case sealed by judge under 31 USC 3730(b)(2). Jackson gagged — ordered not to disclose her experiences publicly. Jackson maintains her silence for 10 months under advice of her attorney (that US government will attack her if she speaks publicly). She decides that when the marketing and mandate campaign comes for her children’s age group, she will violate the gag order and speak out publicly. Source: Brook Jackson testimony to People’s Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 03/04/22.

2021/01/22 - Newly-installed President Biden reverses Trump’s planned withdrawal of the US from World Health Organization, restarts US funding. Source: USA Today.

2021/02 - Japanese regulatory agency obtains Pfizer clinical trial data regarding pharmacokinetics in rats, concentration of Pfizer’s product in spleen, ovaries, other major organs. Reported later obtained, translated into English, and discussed publicly by Dr. Byram Bridle. See also European Medicines Agency application materials filed by Pfizer, admitting no biodistribution or pharmacokinetic studies had been conducted.

2021/02/28 - Pfizer prepares clinical trial data report “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) received through 28-Feb-2021.” Report indicates Pfizer is tracking approximately 1,290 adverse effects experienced by human test subjects, many fatal and/or severely debilitating.

2021/04/30 - FDA receives Pfizer clinical data report “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) received through 28-Feb-2021” Report indicates Pfizer is tracking approximately 1,290 adverse effects experienced by human test subjects, many fatal and/or severely debilitating. FDA does not disclose the information to the American public or withdraw the product from the market. US government continues to market and mandate the Pfizer product as “safe and effective,” including through \$1 billion legacy media advertising campaign funded by US Health and Human Services Department.

2021/05/26 - University of Guelph vaccine scientist Byram Bridle obtains English translation of Japanese data, discusses it with Steve Kirsch and others on a Canadian Covid Care Alliance phone call, and then discusses it on Darkhorse podcast June 10, 2021 with Bret Weinstein and Robert Malone. Censorship and firing campaign against Bridle, Weinstein, Malone, Kirsch and others escalates.

2021/08/13 - 24-page report by Major Joseph Murphy, US Marine Corps, of the Defense Advanced Research Projects Agency (DARPA) Directors Office (DIRO), submitted to the Department of Defense Inspector General re: SARS-CoV-2 as manufactured chimeric virus. Report obtained and published by Project Veritas 01/11/22.

2021/08/23 - FDA “approves” Pfizer injections, in legally ambiguous form, for administration to recipients over the age of 16, allegedly removing it from “emergency use authorization” status but retaining its blanket liability shield. This move created the legal rationale for ensuing federal government (OSHA/CMS/DoD etc.) and private employer-enforced mandates: job loss for injection-refusal.

2021/09/01 - FDA announces forthcoming resignations of two vaccine regulators — Dr. Marion Gruber and Dr. Philip Krause — to be effective by Nov. 1, 2021. News reports state the resignations are in response to Biden Administration coercive pressure to approve “boosters.” During September and October, pressure rises on FDA to approve and recommend injections for children age 5-11.

2021/09/13 - Dr. Gruber and Dr. Krause publish Lancet paper recommending no universal booster policy. Source: James Cintolo Substack, 12/26/21.

2021/09/16 - Public Health and Medical Professionals for Transparency file Freedom of Information Act lawsuit against FDA, seeking clinical trial data. Case No. 4:21-cv-01058-P. Source: PHMPT.org.

2021/10/29 - FDA announces “approval” for Pfizer product to be injected into children ages 5-11.

2021/11/02 - Brook Jackson goes public, providing information to *British Medical Journal* reporter Paul Thacker. Jackson’s attorney at US Department of Justice ceases representing her, because she violated the gag order. Source: BMJ 11/02/21; Brook Jackson testimony to People’s Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, 03/4/22.

2021/11/17 - First batch of Pfizer clinical trial data released in PHMPT v. FDA, including evidence of Pfizer’s Feb. 28, 2021 knowledge of severe adverse effects after just the first three months of injections, and FDA’s April 30, 2021 knowledge of same. Source: 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) received through 28-Feb-2021.

2021/11/17 - US-HHS added “SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV-2 virulence factors” to the list of “biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety” to 42 CFR 73.3. [NOTE: This classification change relates to Bailiwick’s long report about how US HHS is at the center of the American branch of the World Health Organization under the 2005 International Health Regulations,²³⁹ such that WHO already is the bankers’ one-world-government and the US government has already been rendered moot until US withdraws as a member state from WHO. US-HHS definition change may also be an attempt to forestall accountability efforts by preemptively reclassifying bioweapons as legally identical to pandemics, to block international law claims brought under the theory that SARS-CoV-2 is a bioweapon, and not a pandemic, thus nullifying the PHEIC pretext for sovereignty-removal issued by Tedros on Jan. 30, 2020 and still in effect, and instead bringing international laws prohibiting chemical and biological weapons to bear.]

2021/12/01 - Second batch of Pfizer clinical trial data released in PHMPT v. FDA.

²³⁹ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

2021/12/13 - Third batch of Pfizer clinical trial data released in PHMPT v. FDA. FDA then tries to get the court to allow documents to be released at a rate of 500 pages per month, to be completed in 75 years. Source: Aaron Siri (PHMPT attorney) Substack.

2022/01/01 - Indiana-based One America life insurance company CEO Scott Davison reports on a conference call that deaths up 40% in 18-64 age range in 2H-2021 as compared to prior years, and “uptick” in disability claims. Source: CenterSquare; Robert Malone Substack.

2022/01/06 - US District Judge Mark Pittman orders FDA to release documents at rate of 55,000 pages per month, first 10,000 due March 1, 2022. Pfizer subsequently attempted to intervene. Judge holds Pfizer request in abeyance by order dated 02/07/22.

2022/01/25 - Attorney Thomas Renz testifies before Senator Ron Johnson “Second Opinion” hearing, discloses whistleblower evidence of extremely high volume of severe adverse effects experienced by injected military personnel, under direction of Department of Defense, as documented in Defense Medical Epidemiology Database (DMED).

2022/01/30 - Attorney Todd Callender interview by Dr. Elizabeth Lee Vliet re: World Health Organization International Health Regulations of 2005, implementing federal and state regulations, US Supreme Court precedent re: patent-holder ownership of genetically modified organisms.²⁴⁰ Source: America Outloud.

2022/02/02 - Pentagon spokesmen claim five years of corrupted data in DMED database between 2016 and 2020. Over next five days, Pentagon employees backfill data to raise baseline to make 2021 spikes in diseases appear normal. Source: Daniel Horowitz reporting at *The Blaze*; Thomas Renz law firm.

2022/02/08 - Pfizer SEC filing, 4Q2021 and full year 2021, released. Shareholders notified in risk disclosure section, amending 3Q text, to add to risk list: “further information regarding the quality of pre-clinical, clinical or safety data, including by audit or inspection.” Source: Kelly Brown on Twitter (@rubiconcapital_) by way of Naked Emperor on Substack.

- *risks and uncertainties related to our efforts to develop and commercialize a vaccine to help prevent COVID-19 and an oral COVID-19 treatment, as well as challenges related to their manufacturing, supply and distribution, including, among others, uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with pre-clinical and clinical data (including the Phase 1/2/3 or Phase 4 data for Comirnaty, any other vaccine candidate in the BNT162 program, Paxlovid or any other future COVID-19 treatment) in any of our studies in pediatrics, adolescents or adults or real world evidence, including the possibility of unfavorable new pre-clinical, clinical or safety data and further analyses of existing pre-clinical, clinical or safety data or further information regarding the quality of pre-clinical, clinical or safety data, including by audit or inspection; the ability to produce comparable clinical or other results for Comirnaty or Paxlovid, including the rate of effectiveness and/or efficacy, safety and tolerability profile observed to date, in additional analyses of the Phase 3 trial for Comirnaty or Paxlovid and additional studies, in real-world data studies or in*

2022/02/21 - Frontiers in Virology publishes paper, *MSH3 Homology and potential recombination link to SARS-CoV-2 Furin cleavage site*, by Ambati et al, stating that Moderna patented the genetic sequence in 2016 [and 2013] and it was located in the US National Institutes of Health BLAST database. Evidence SARS-CoV-2 and pharmaceutical products are both designed and manufactured bioweapons.

2022/02/23 - Daily Mail UK reports on Frontiers in Virology paper, *MSH3 Homology and potential recombination link to SARS-CoV-2 Furin cleavage site*, by Ambati et al.

2022/02/23 - Andreas Schofbeck of BKK health insurance corporation in Germany publishes information about adverse effects of Covid-19 ‘vaccines’ as evidenced in databases of health care contacts among German population. Schofbeck then scheduled to speak to German vaccine regulator on 03/01/22, but is fired before he can attend the meeting. Source: Eugypius Substack.

2022/02/24 - Russia invades Ukraine after provocation by NATO and United States government; targets US-funded and US-operated bioweapons facilities.

2022/02/25 - Former Blackrock investor Edward Dowd testimony to People’s Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, re: Pfizer’s corporate fraud, stock values, etc.

²⁴⁰ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

2022/03/01 - Fourth batch of Pfizer clinical trial data released in PHMPT v. FDA.

2022/03/01 - German insurance executive Andreas Schofbeck, BKK, fired on the day he was scheduled to meet with German vaccine regulator.

2022/03/03 - Federal deceptive medical practice and civil rights lawsuit filed in Utah against Biden Administration, US Department of Health and Human Services, Xavier Becerra, Centers for Medicare and Medicaid Services, et al. 2:22-cv-00149 DAK.

2022/03/04 - Former Ventavia regional manager for Pfizer clinical trials Brook Jackson testifies to People's Grand Jury, Coronavirus Investigating Committee, Reiner Fuellmich, re: Pfizer's corporate fraud and US government's complicity and coverup.

2022/03/07 - Thomas Renz files "Special Notice Regarding Evidentiary Findings Related to the Official Renz Law Covid-19 Investigation" including evidence related to the Department of Defense DMED database fraud. Source: Renz Law.

2022/03/07 - Pfizer files with the SEC a Form 25 - Notification of Removal from Listing and/or Registration under Section 12(b) of the Securities Exchange Act of 1934. 17 CFR § 240.12.

2022/03/13 - Dr. David Martin announces federal civil rights lawsuit filed in Utah; products are not legally vaccines. Discloses Pfizer financial documents asserting plans to license pharmaceutical product for up to 10 additional injections. Source: David Martin video 03/13/22, VigilantFox on Rumble.

2022/03/13 - Pfizer CEO Albert Bourla announces via CBS and Politico that Americans will have to get second booster/fourth injection.

* * *

March 16, 2022 - Myriad and Moderna and the furin cleavage site.

Working on index card files about the big picture of global geopolitics and theology opened to view by the Covid crisis.

I've used this technique a lot over the years as an investigator, mostly looking at municipal, county and corporate corruption in New Jersey and Pennsylvania up to this point.

I write the dates, names, authors, sources, and key points of key documents on individual index cards, so that I can sort them all chronologically and then pull out and look at card clusters about subtopics, and then put them all back together and write timelines²⁴¹ and reports²⁴².

This sequence popped up today when I started intercalating a new batch into the set I started a couple of days ago.

- 2013/06/13 - US Supreme Court. *Association for Molecular Pathology et al v. Myriad Genetics Inc.*²⁴³ GMO organisms owned by patent-holders.
- 2013/12/16 - Moderna patent application, furin cleavage site. US9149506B2; US9216205B2; US9255129B2; US9301993B2. DailyExpose.uk report, 3/14/2022.²⁴⁴

*

²⁴¹ <https://bailiwicknews.substack.com/p/modernas-2013-patent-on-furin-cleavage?s=w>

²⁴² <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

²⁴³ https://www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

²⁴⁴ <https://dailyexpose.uk/2022/03/14/documents-published-confirming-moderna-created-covid/>

As reported — from Attorney Todd Callender’s Jan. 30, 2022 interview — in Legal Walls of the Covid-19 Kill Box²⁴⁵:

The *Myriad* court found in favor of the biotech corporation and the federal government, ruling that naturally-occurring DNA is not patentable, but synthetic cDNA is patentable...

Between *Chakrabarty* in 1980 and *Myriad* in 2013, and since, several court cases involving Monsanto, Dupont, Syngenta and other biotech corporations developed an ownership and licensing paradigm for patented living organisms such as plant seeds and research animals...

The result: under international and American intellectual property and patent law, the act of genetic modification results in the modification-device patent holders owning the modified biological subject...

*

I originally interpreted Callender’s point from the Jan. 30, 2022 interview to mean that pharmaceutical corporations including Pfizer and Moderna could at some point — if the law is not changed and the *Myriad* precedent stands — make a claim to legal ownership of any living human being who has been injected with their pharmaceutical products (full contents unknown²⁴⁶, negating any possibility of informed consent), to the extent the products have altered the genetic material of recipients by artificially inducing mRNA/DNA-mediated immune system responses.

My current understanding is that, since the Moderna-patented sequence coding for the furin cleavage site has been found in SARS-CoV-2 itself, Moderna could potentially make a claim to legal ownership of any living human being who has contracted and recovered from Covid-19, thus acquiring natural immunity, to the extent that SARS-CoV-2 infection alone results in genetic modification by stimulating mRNA/DNA-mediated innate immune system responses.

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TIMELINE

This hypothesis is supported by other documents in the timeline, including:

2013/06/13 - US Supreme Court. *Association for Molecular Pathology et al v. Myriad Genetics Inc.*²⁴⁷ GMO organisms owned by patent-holders.

2013/12/16 - Moderna patent application, furin cleavage site. US9149506B2; US9216205B2; US9255129B2; US9301993B2. DailyExpose.uk report²⁴⁸, 03/14/2022.

2018/10/09 - Technologies to Address Global Catastrophic Biological Risks²⁴⁹, Johns Hopkins Centre for Health Security, at p. 48: “self-spreading vaccines.”

Self-spreading vaccines—also known as transmissible or self-propagating vaccines—are genetically engineered to move through populations in the same way as communicable diseases, but rather than causing disease, they confer protection. The vision is that a small number of individuals in the target population could be vaccinated, and the vaccine strain would then circulate in the population much like a pathogenic virus. These vaccines could dramatically increase vaccine coverage in human or animal populations without requiring each individual to be inoculated.

2019/12/12 - Material transfer agreement²⁵⁰ from US-NIAID/NIH and Moderna to UNC Chapel Hill/Ralph **Baric**²⁵¹, mRNA coronavirus vaccine candidates developed and jointly owned by NIAID and Moderna.

2020/05/13 - An infectious cDNA clone of SARS-CoV-2²⁵², Xie et al, *Cell Host & Microbe*

²⁴⁵ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

²⁴⁶ <https://rumble.com/vsjon7-whats-in-the-vax.html>

²⁴⁷ https://www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

²⁴⁸ <https://dailyexpose.uk/2022/03/14/documents-published-confirming-moderna-created-covid/>

²⁴⁹ <https://jhsphcenterforhealthsecurity.s3.amazonaws.com/181009-gcbr-tech-report.pdf>

²⁵⁰ <https://archive.ph/JzSiP>

²⁵¹ <https://www.med.unc.edu/microimm/directory/ralph-baric-phd-1/>

²⁵² <https://pubmed.ncbi.nlm.nih.gov/32289263/>

We report a reverse genetic system for SARS-CoV-2. Seven complementary DNA (cDNA) fragments spanning the SARS-CoV-2 genome were assembled into a full-genome cDNA. RNA transcribed from the full-genome cDNA was highly infectious after electroporation into cells, producing 2.9×10^6 plaque-forming unit (PFU)/mL of virus. Compared with a clinical isolate, the infectious-clone-derived SARS-CoV-2 (icSARS-CoV-2) exhibited similar plaque morphology, viral RNA profile, and replication kinetics.

Our reverse genetic system represents a major reagent in the pursuit of understanding SARS-CoV-2 and COVID-19. Compared with the clinical isolate, the recombinant WT SARS-CoV-2 has no deficit in terms of viral RNA species produced, plaque morphology, or replication kinetics. Therefore, it might be used as an equivalent to the clinical strain, and mutant viruses can be generated to characterize mutational effect on viral infection. This approach has allowed researchers to identify key viral antagonists of innate immunity for SARS-CoV and MERS-CoV (Menachery et al., 2015; Totura and Baric²⁵³, 2012). Several of these mutant viruses have subsequently been employed as live-attenuated vaccine candidates for SARS-CoV and MERS-CoV (de Wit et al., 2016; Schindewolf and Menachery, 2019). Using our system, this knowledge might now be applied to the current SARS-CoV-2.

2021/04/01 - Golden Silkworms in Pandora's Box²⁵⁴, Dan Sirotkin, summarizing this paper²⁵⁵.

"SARS-CoV-2 is a circulating vaccine-derived-coronavirus (cVDCV) borne from work originally done at the University of North Carolina [Ralph Baric lab²⁵⁶], the only institution on earth that's been attempting to design a live-attenuated vaccine for SARS, where they also pioneered engineering the sort of SARS-like chimeric coronaviruses that would be needed as templates for attenuation, and did their best to ignore or circumvent restrictions on gain-of-function research – obfuscation that's still ongoing as they refuse to disclose genomic details relating to lab accidents that occurred during the above publicly-funded research."

2021/08/21 - Major Joseph Murphy's report to Department of Defense Inspector General²⁵⁷

SARS-CoV-2 is "a synthetic spike protein chimera engineered to attach to human ACE-2 receptors and inserted into a recombinant bat SARSr-CoV backbone."

2021/11/17 - Revision to 42 CFR 73.3 by US Department of Health and Human Services:

"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" added to the list of "biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety" in 42 CFR 73.3.²⁵⁸ See also 86 Federal Register 64081.

2022/02/21 - MSH3 Homology and Potential Recombinant links to SARS-CoV-2 furin cleavage site²⁵⁹, Ambati et al, *Frontiers in Virology*. [Although the authors mention Moderna's 02/04/2016 patent application, they do not mention the four previous patent applications filed 12/16/2013. Those were located by the author of the DailyExpose.uk report²⁶⁰, published 03/14/2022.]

A peculiar feature of the nucleotide sequence encoding the PRRA furin cleavage site in the SARS-CoV-2S protein is its two consecutive CGG codons. This arginine codon is rare in coronaviruses: relative synonymous codon usage (RSCU) of CGG in pangolin CoV is 0, in bat CoV 0.08, in SARS-CoV 0.19, in MERS-CoV 0.25, and in SARS-CoV-2 0.299 (9).

A BLAST search for the 12-nucleotide insertion led us to a 100% reverse match in a proprietary sequence (SEQ ID11652, nt 2751-2733) found in the US patent 9,587,003 filed on Feb. 4, 2016.

²⁵³ <https://www.med.unc.edu/microimm/directory/ralph-baric-phd-1/>

²⁵⁴ https://harvard2thebighouse.substack.com/p/understanding-covid-19-and-seasonal?utm_source=url&s=r

²⁵⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7435492/>

²⁵⁶ <https://www.med.unc.edu/microimm/directory/ralph-baric-phd-1/>

²⁵⁷ <https://bailiwicknews.substack.com/p/joseph-murphy-report?s=w>

²⁵⁸ <https://www.ecfr.gov/compare/2021-11-17/to/2021-11-16/title-42/chapter-I/subchapter-F/part-73/section-73.3>

²⁵⁹ <https://www.frontiersin.org/articles/10.3389/fviro.2022.834808/full>

²⁶⁰ <https://dailyexpose.uk/2022/03/14/documents-published-confirming-moderna-created-covid/>

2022/02/25 - Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line,²⁶¹ Alden et al, *Current Issues in Molecular Biology*.

In this study we present evidence that COVID-19 mRNA vaccine BNT162b2 is able to enter the human liver cell line Huh7 in vitro. BNT162b2 mRNA is reverse transcribed intracellularly into DNA as fast as 6 h after BNT162b2 exposure. A possible mechanism for reverse transcription is through endogenous reverse transcriptase LINE-1, and the nucleus protein distribution of LINE-1 is elevated by BNT162b2.

2022/03/14 - Whilst you were distracted by the Battle for Ukraine, documents were published confirming Moderna created the Covid-19 Virus.²⁶² DailyExpose.uk

...I can confirm, and the reader can confirm using the links above, that Moderna did apply for a Patent not only on the reverse compliment of the 12 nucleotide Furin Cleavage Site in Covid-19 but actually on the 19 nucleotide sequence containing it as described above.

Furthermore, they did not merely apply for a patent on 2016 February 4 with US9587003B2, as reported in the Daily Mail.²⁶³ They actually applied on 2013 December 16 for 4 patents with US9149506B2, US9216205B2, US9255129B2, US9301993B2, as well.

So Moderna had developed the 19-nucleotide gene sequence containing the Furin Cleavage Site which gives Covid19 its infectivity to humans by patented gain of function research as early as 2013, six years before the Wuhan outbreak took place. Not three as reported in the Mail and virally elsewhere...

* * *

March 17, 2022 - On the World Health Organization's current round of pandemic treaty negotiations Preemption doctrine at the global level: America is already under stealth occupation.

Several independent reporters have been writing in recent weeks about the new round of negotiations the World Health Organization and European Union are organizing, aimed at drafting and adopting new pandemic treaty terms. I've written about it a few times too, most recently here²⁶⁴.

Daniel Horowitz published a piece today: Stop the pandemic treaty and global health fascism before it's too late.²⁶⁵ It's a good report, except that my understanding is, the pandemic treaty is already in place.

It's the 2005 WHO International Health Regulations²⁶⁶, and it's the legal framework that made the last two years of government overreach possible in all the countries that mounted coordinated "mitigations" to extinguish human social and economic lives and liberties.

The latest round of negotiations is just that: the latest round.

It's intended to *expand and strengthen* the reach of the 2005 IHR that is already in force and currently supersedes federal and state constitutions, charters, legislatures and courts.

Most likely, the globalist framers of the IHR update aim to make the surveillance and behavioral control mechanisms invoked for Covid-19 as an epidemiological emergency, applicable to any and all *other* international emergencies as dictated by the World Health Organization. Things like wars, food and fuel supply crises, currency collapses and sustained, widespread Internet outages.

To repeat: a global "pandemic treaty" has been in force since 2007, when the United States became a member/party to the WHO International Health Regulations.

²⁶¹ <https://www.mdpi.com/1467-3045/44/3/73>

²⁶² <https://dailyexpose.uk/2022/03/14/documents-published-confirming-moderna-created-covid/>

²⁶³ <https://www.dailymail.co.uk/news/article-10542309/Fresh-lab-leak-fears-study-finds-genetic-code-Covids-spike-protein-linked-Moderna-patent.html>

²⁶⁴ <https://bailiwicknews.substack.com/p/another-piece-of-the-russia-demonization?s=w>

²⁶⁵ <https://www.theblaze.com/op-ed/horowitz-stop-the-pandemic-treaty-and-global-health-fascism-before-its-too-late>

²⁶⁶ <https://www.who.int/publications/i/item/9789241580496>

It's a global version of the preemption doctrine²⁶⁷ that has helped the federal and state governments in America tie the hands of local governments and ordinary citizens for more than a century, since *Dartmouth College v. Woodward* in 1819.

The American regulatory implementation tools to execute the WHO's governance of the United States have been in place domestically since 2017, when the US Department of Health and Human Services adopted implementing regulations laying out surveillance, quarantine and other "emergency" public health-related powers that would kick in *automatically and silently* when and if the WHO Director-General declared a "public health emergency of international concern." (PHEIC).

The mechanism for that automatic, silent power transfer lies in 42 CFR 70²⁶⁸ — US Domestic Interstate Quarantine Regulations.

Through those regulations, the appointed Secretary of Health and Human Services has been legally empowered to seize and unilaterally exercise the governing authority formerly held by the President, Congress and federal courts.

The Secretary of Health and Human Services, in that scenario, acts on behalf of World Health Organization technocrats, *not* on behalf of American citizens, and *not* bound by the US Constitution.

WHO Director-General Tedros declared a PHEIC on Jan. 30, 2020²⁶⁹.

The declaration is still in effect, despite the temporary purported "rollbacks" in various smaller jurisdictions such as states, counties, municipalities and school districts.

In other words, America is already under stealth occupation by the World Health Organization.

Psychological and economic coercion have been enough to maintain the WHO's grip on power up to this point, but kinetic armed force and involuntary detention are already authorized by the IHR and 42 CFR 70, to be delegated to local law enforcement whenever the Secretary of Health and Human Services gives the green light. Which he or she can do unilaterally, right now, without Presidential, Congressional or judicial review or ratification.

Implementing regulations at the state and county level are already in place in many jurisdictions. They're based on the Model State Emergency Health Powers Act²⁷⁰ (MSEHPA) which was drafted in 2001 under the pretext of addressing "bioterrorism" in the wake of the 9/11 attacks, by the Center for Law and the Public's Health at Georgetown and Johns Hopkins University, at the request of the Centers for Disease Control and Prevention. The CDC is a division of the Department of Health and Human Services.

By 2006, Arizona, Florida, Georgia, Hawaii, Maine, Maryland, Minnesota, Missouri, New Hampshire, New Mexico, South Dakota, Tennessee, Utah, and Virginia had adopted state-level versions of the MSEHPA.

Since at least August 2021, Arizona and several other states have been adopting "intergovernmental agreements" and "memoranda of understanding" between state agencies and county-level administrators (for example, Cochise County, AZ²⁷¹). These IGAs condition state passthrough of federal Covid funding on county-level mergers of law enforcement and public health functions, and full compliance with current and future CDC/HHS directives.

As far as I can tell, Pennsylvania doesn't have a version of the MSEHPA on the books yet. There was an attempt to adopt one in 2001 (HB2261²⁷²), and a Pennsylvania joint legislative committee produced reports addressing related topics in January 2013²⁷³ and November 2013²⁷⁴.

²⁶⁷ <https://bailiwicknewsarchives.files.wordpress.com/2020/09/9.3.19-bailiwick-news.pdf>

²⁶⁸ <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70>

²⁶⁹ <https://www.euro.who.int/en/health-topics/health-emergencies/international-health-regulations/news/news/2020/2/2019-ncov-outbreak-is-an-emergency-of-international-concern>

²⁷⁰ <https://pubmed.ncbi.nlm.nih.gov/12150674/>

²⁷¹ <https://twopundit.com/2022/01/21/twp-exclusive-warning-the-federal-government-is-stealing-our-freedom-by-circumventing-state-legislatures-opinion/amp/>

²⁷² <http://www.sweetliberty.org/activism/msehpa/pa/hb2261.htm>

²⁷³ [http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2013-288-Public Health Law Report.pdf](http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2013-288-Public%20Health%20Law%20Report.pdf)

²⁷⁴ [http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2013-318-Public Health Law Report - Disease Control Measures November 18 2013.pdf](http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2013-318-Public%20Health%20Law%20Report%20-%20Disease%20Control%20Measures%20November%202013.pdf)

Further preparations for armed enforcement of public health directives have been made through reports and training programs jointly organized by the US Department of Justice and the CDC/HHS. See, for example, the 2006 report *The Role of Law Enforcement in Public Health Emergencies*²⁷⁵, which covers “The Role of Law Enforcement in Mass Vaccination and Preventive Measures;” “Law Enforcement’s Role During Voluntary Restrictions,” and “Law Enforcement’s Role During Involuntary Restrictions, Including Quarantine” at pp. 18-20. See also the 2008 report: *A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response. Action Steps for Public Health, Law Enforcement, the Judiciary and Corrections*²⁷⁶.

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Some of our political, media and tech leaders probably know all this, and don’t talk about it.

Many probably don’t even know.

And it certainly hasn’t been announced to the citizenry at large.

The WHO IHR and 42 CFR 70 are the legal reasons why US federal courts have not and will not even review, much less overturn pandemic mitigation measures on constitutional or civil liberties grounds, but will only play around the edges on limited, procedural grounds.

To repeat the point: the latest round of negotiations that started in late 2021 is intended to draft a new version that expands and strengthens the already-existing, massive powers of the WHO to usurp national sovereignty under PHEIC pretexts.

I agree with Horowitz and the many other voices calling for the United States and other national governments, acting within their extremely limited current powers, to refuse participation in the latest negotiating round as it moves forward.

But the United States government also needs to withdraw our country from the World Health Organization completely, a one-year process President Trump initiated in July 2020²⁷⁷, and President Biden reversed in January 2021²⁷⁸ as one of his first executive acts.

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March 19, 2022 - Catherine Austin Fitts discussion with Karel van Wolferen

The interview²⁷⁹ starts with a few historical points, including the budget deal collapsing in the United States in October 1995, which spurred The Owners/Mr. Global/Soros/Gates/Schwab/Rothschild et al, to go all-in on destroying national economies and stealing national wealth.

Then in November 1995, Austin-Fitts said, the “great poisoning” began through ramping up the childhood ‘vaccine’ schedule (driving up chronic health problems including autism rates) and approving OxyContin to promote addiction and overdosing.

For financial reasons, “they had to bring down life expectancy,” Austin-Fitts said. “It had to end in Covid.”

This is a really excellent discussion that covers an enormous amount of historical and current geopolitics and international finance, and I plan to listen to it several times and write a report about it.

But again, they believe the World Health Organization superseding all sovereign governance of member-states and all national citizenship for individuals *hasn’t happened yet*; they talk about it being still in the planning stages, with the current round of negotiations about the global “pandemic treaty” that kicked off in Geneva in late 2021.

²⁷⁵ <https://www.ojp.gov/library/publications/role-law-enforcement-public-health-emergencies-special-considerations-all>

²⁷⁶ https://www.cdc.gov/phlp/docs/CDC_BJA_Framework.pdf

²⁷⁷ <https://edition.cnn.com/2020/07/07/politics/us-withdrawing-world-health-organization/index.html>

²⁷⁸ <https://www.usatoday.com/story/news/health/2021/01/22/scientists-applaud-biden-decision-rejoin-world-health-organization/4243377001/>

²⁷⁹ <https://brandnewtube.com/v/txeGcO>

I think they are wrong on the timing.

We're already in "Constitution = Not applicable."

That's what Covid has been: the first, and ongoing, deployment of the global legal framework.

The World Health Organization established that superseding authority, legally, through the combination of member-states subordinating themselves to WHO through the International Health Regulations of 2005 (entered into force June 15, 2007) immediately upon the trigger of a WHO-declared "public health emergency of international concern" and the WHO actually declaring the PHEIC — pulling that trigger — on Jan. 30, 2020.

In between those two dates (June 15, 2007 and Jan. 30, 2020), the United States set up the legal frameworks for American subordination to WHO, through revisions by the Department of Health and Human Services, to 42 CFR 70, that went into legal effect on Feb. 17, 2017.

On the more positive side, Wolferen believes that what Putin has done in the last three months and is doing right now, is mounting the first real challenge to the Great Reset/Davos plan for global enslavement of people (as non-citizens of non-states) by re-establishing the nation-state and the individual citizenship of people within our nation-states, as the center of political life.

Below is some of my reporting on the legal paper trail for Attorney Todd Callender's claim, which I think is correct, that WHO has *already* taken over every national government and voided the citizenship and constitutional rights of every individual human person.

Understanding that the takeover has already happened doesn't mean we give up, lie down and submit to the enslavement.

It just means that in addition to blocking expansions of the enslavement system (no big whoop), we also need to dismantle the components of the system that have already been put in place (easy-peasy). :-)

Deus vicit.

* * *

March 21, 2022 - Legal Walls - SHORT VERSION Worldwide Schrodinger's nation-states and people: simultaneously sovereign and not-sovereign, citizens and slaves.

United States constitutional, civil, and criminal laws have been automatically and secretly preempted by the one-two-three punch of:

1. World Health Organization's International Health Regulations of 2005, entered into force June 15, 2007;
2. US Health and Human Services revisions to 42 CFR 70 regarding public health powers in an "emergency," which subordinate federal government to HHS acting as an agent of WHO, entered into force Feb. 17, 2017; and
3. Jan. 30, 2020 WHO Director-General declaration of "public health emergency of international concern."

The constitutions and charters have been legally suspended since Jan. 30, 2020, but most populations don't realize that yet, because their official leadership (presidents, governors, lawmakers and judges) don't know themselves, or know and aren't saying so.

If the US Constitution and American laws and courts have been privately preempted, they need to be publicly re-established.

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A short, bullet-point version of the long-read Legal Walls of the Covid-19 Kill Box²⁸⁰, which was posted Feb. 26, 2022, reporting on Attorney Todd Callender's Jan. 30, 2022 podcast interview: Compulsory Vaccination and Forced Quarantine Camps in Arizona²⁸¹:

- 1992 - Nation-states participating in UN Earth Summit in Rio de Janeiro, Brazil, adopt Agenda 21, later renamed Agenda 30. Goals include reduction of world population, elimination of private property ownership, and elimination of borders and national sovereignty.
- 1994 - UN participating nation states adopt Framework Convention on Climate Change and International Conference of Population and Development Programme of Action. Plans include reduction of world population, elimination of private property ownership, and elimination of borders and national sovereignty, to be achieved through worldwide propaganda and 'vaccine' campaigns, and changes to/nullification of constitutions, statutes, regulations and court precedents within nation-states.
- 2001 - Model State Emergency Health Powers Act (MSEHPA), drafted in 2001 under the pretext of addressing bioterrorism in the wake of the 9/11 attacks, by the Center for Law and the Public's Health at Georgetown and Johns Hopkins University, at the request of the US Health and Human Services Department Centers for Disease Control and Prevention (CDC). According to National Vaccine Information Center, the MSEHPA authorizes "state health officials to use the state militia to: take control of all roads leading into and out of cities and states; seize homes, cars, telephones, computers, food, fuel, clothing, firearms and alcoholic beverages for their own use (and not be held liable if these actions result in the destruction of personal property); arrest, imprison and forcibly examine, vaccinate and medicate citizens without consent (and not be held liable if these actions result in your death or injury)." Versions of the MSEHPA were subsequently passed by several state legislatures.
- 2002 - Congress passes and President Bush signs Homeland Security Act of 2002. [Added to timeline 3/29/22. -KW]
- 2003 - SARS outbreak declared by World Health Organization (March 15) leads to US President George W. Bush signing Executive Order (April 4) adding "Severe Acute Respiratory Syndrome" [new name given to lab-modified, weaponized common cold] to the list of communicable diseases, the outbreak of which authorizes Secretary of Health and Human Services to suspend Americans' civil liberties and the US Constitution, and legally eviscerate Congress, state governments and American courts. **SARS-2003 was the first test run of the global 'public health'-based population-control framework: acclimating populations to worldwide propaganda, behavior modification and public interference in private doctor-patient relationships.**
- 2004 - Congress passes and US President George W. Bush signs Project Bioshield Act of 2004, making major amendments to Public Health Services Act of 1944. Among other things, the amendments grant new powers to US-HHS secretary and exempt contracted pharmaceutical corporations and others from liability for injury and death caused by pharmaceutical products deployed during a declared public health emergency, under "Emergency Use Authorization." [Added to timeline 3/26/22 - KW]
- 2005 - US President George W. Bush signs Executive Order adding "influenza," [common flu] to list of communicable diseases, the outbreak of which authorizes Secretary of Health and Human Services to suspend Americans' civil liberties and the US Constitution and legally eviscerate Congress, state governments and American courts.
- 2005 - World Health Organization opens signing period for revisions to International Health Regulations, adding much stronger global surveillance, behavioral control, travel restriction, and detention powers to prior versions.
- 2005 - Congress passes and President George W. Bush signs Public Readiness and Emergency Preparedness (PREP) Act, tagged on to the end of a Department of Defense supplemental appropriations and Hurricane Katrina relief act bill. With the Project Bioshield Act of 2004, the PREP Act made major amendments to Public Health Services Act of 1944. Among other things, the amendments grant new powers to US-HHS secretary and exempt contracted pharmaceutical corporations and others from liability for injury and death caused by pharmaceutical products deployed during a declared public health emergency, under "Emergency Use Authorization." [Added to timeline 3/26/22. -KW]
- 2006 - Congress passes and President Bush signs Pandemic and All-Hazards Preparedness Act of 2006. More major revisions to 1944 Public Health Service Act. [Added to timeline 3/29/22. -KW]
- 2006 - MSEHPA state laws had been adopted by Arizona, Florida, Georgia, Hawaii, Maine, Maryland, Minnesota, Missouri, New Hampshire, New Mexico, South Dakota, Tennessee, Utah, and Virginia by 2006. More states have adopted the laws since then.

²⁸⁰ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

²⁸¹ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

- 2007 - World Health Organization collects enough member-state signatures, through World Health Assembly, for revised, strengthened International Health Regulations to enter into legal force. IHR requires participating nation-states to adopt implementing statutes and regulations.
- 2007 - US Department of Justice and US Centers for Disease Control jointly launch working group to merge public health systems and law enforcement systems in the event of communicable disease outbreaks and other public health crises. The resulting 2008 report *A framework for improving cross-sector coordination for emergency preparedness and response: Action Steps for Public Health, Law Enforcement, the Judiciary and Corrections* further implemented the Model State Emergency Health Powers Act drafted by Johns Hopkins at CDC's direction.
- 2009 - World Health Organization declares H1N1 'swine flu' an international pandemic. **H1N1 was the second test run of the legal framework, further acclimating populations to worldwide propaganda, behavior modification, public interference in private doctor-patient relationship, and adding heavy-handed rapid-deployment 'vaccination' campaigns.**
- 2013 - US Supreme Court hears *Association for Molecular Pathology v. Myriad Genetics*. US Department of Justice files amicus brief on side of gene-patent-holding corporation Myriad. Court ruling extends precedent from 1980 *Diamond v. Chakrabarty*, to find that naturally-occurring DNA is not patentable, but synthetic or modified DNA is patentable, and that a modified living organism, post-modification, becomes the legal property of the patent-holder.
- 2013 - Moderna obtains US patents for DNA sequence that was later found in SARS-CoV-2 spike protein after the outbreak started in 2019.
- 2014 - US President Barack Obama signs Executive Order adding suspected but non-clinical/asymptomatic SARS [lab-modified, weaponized common cold] to the list of communicable diseases, the outbreak of which authorizes Secretary of Health and Human Services to suspend Americans' civil liberties and US Constitution, and legally eviscerate Congress, state governments and American courts.
- 2017 - US Health and Human Services Department quietly — without Congressional debate or ratification, Presidential signature or court review — adopts major revisions to 42 CFR 70, in compliance with 2005 World Health Organization IHR, expanding public health and law enforcement officials' powers to revoke civil liberties and US and state constitutions in the event of a WHO-declared "public health emergency of international concern," automatically subordinating American government to WHO and making US-HHS and US Department of Justice function as agents of World Health Organization with no constitutional or statutory restrictions on their power.
- 2017 - Johns Hopkins Center for Health Security publishes *SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators*.
- 2018 - Johns Hopkins/US-HHS Centers for Disease Control publishes *Technologies to Address Global Catastrophic Biological Risks* report. Includes section on 'self-spreading vaccines.'
- 2019 - In October, Johns Hopkins, World Economic Forum, and Bill & Melinda Gates Foundation run Event 201, a "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." Participants included 15 global business, government, and public health leader players. Event 201 resulted in a four-page list of 'recommendations, for how governments and large corporations should prepare laws, public-private partnerships and financial contracts to limit control of key resources, including governing power, during such an emergency, to a handful of players.
- 2019 - SARS-CoV-2 released from Wuhan Institute of Virology, following development by Chinese and American scientists led by Ralph Baric and Peter Daszak, funded by US National Institutes of Health/National Institute of Allergies and Infectious Diseases, led by Anthony Fauci.
- 2020 - WHO Director-General declares Covid-19 "public health emergency of international concern," triggering legal subordination of US government to World Health Organization without firing a single bullet. **SARS-CoV-2 is the third test run of the legal framework, further acclimating populations to worldwide propaganda, behavior modification and public interference in private doctor-patient relationships. SARS-CoV-2 is the second test run of heavy-handed rapid-deployment 'vaccination' campaigns. SARS-CoV-2 is the first test run of WHO-directed suspension of nation-state governments, citizen civil liberties, federal constitutions and charters.**
- 2020-2022 - US Health and Human Services Secretary and Centers for Disease Control officials control federal government; state health officials control state governments.
- President and governors have been reduced to spokespeople for HHS, CDC, FDA and state-level health agencies.
- HHS controls and funds national legacy media to blanket population with propaganda and exclude dissenting views and contradictory evidence.

- Johns Hopkins controls the database allegedly used by CDC to establish American policy.
- US constitution has been suspended. Citizen civil liberties have been suspended.
- Congress and state legislatures have been reduced to rubber-stamp funding measures (i.e. CARES Act) drafted and then used for behavioral-control testing, masking and isolation programs; to force hospital and nursing home administrators, doctors and nurses to withhold effective treatments from mildly sick people, on pain of job loss and sequelae; and to forcibly implement death protocols: Remdesivir and ventilators on extremely sick patients, and universal mRNA/DNA injections on healthy people.
- Courts have been reduced to peripheral review and temporary reversals of WHO/HHS/state health agency-driven public ‘mandates’ for procedural violations.
- In May and July 2020, President Trump blocked funding to, and started the legal process to withdraw the United States from, the World Health Organization, to be effective July 2021.
- In January 2021, newly-installed President Biden reversed Trump’s decision, and restarted US funding for the WHO global governance organization.
- CDC, FDA, American courts and law enforcement agencies refuse to investigate and review evidence that mass testing, masking and isolation protocols, and mRNA/DNA injection clinical trials were frauds. They refuse to inform the American public that the withholding of early treatment, the government-authorized, deadly, late treatments and the pharmaceutical products injected into millions of Americans are, in combination, maiming and killing Americans in unprecedented numbers. They refuse to withdraw the products from the market, even as the deaths and maimings pile up in life insurance, long-term disability and health insurance claims. And they refuse to hold the criminals accountable for the crimes.
- 2022 - World Health Organization demands \$16 billion from G20 nation-states to fund expanded testing and injections in low- and middle-income countries. World Health Organization launches new round of negotiations to further expand WHO surveillance, behavioral control and detention powers during WHO-declared emergencies, and deepen subordination of national and citizen sovereignty and civil liberties.

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Angry American citizens and elected representatives have been trying to use the criminal and civil courts to stop the governmental and corporate abuse of citizens and hold the perpetrators accountable for the crimes they’ve already committed, since at least May 7, 2020. Filed cases include:

- 2020/05/07 - *Butler et al. v. Wolf et al.*, 2:20-cv-677-WSS, filed in Pennsylvania under 42 USC §1983 - Civil action for deprivation of rights. District Court found in favor of plaintiffs. Third Circuit Court of Appeals overturned/reversed District Court and then dismissed appeal as moot. Supreme Court refused to hear plaintiffs’ appeal, by rejection dated 01/11/22. (Bailiwick synopsis²⁸² of Pennsylvania cases posted 02/04/22.)
- 2021/01/08 - *US-DOJ/Brook Jackson v. Pfizer et al.*, 1:21-cv-00008-MJT, filed in Texas under 31 U.S. Code §3729 - False Claims Act. Whistleblower gagged; case postponed indefinitely.
- 2021/07/21 - *America’s Frontline Doctors v. Becerra et al.*, 2:21-cv-00702-CLM, filed in Alabama, under 21 U.S. Code §360bbb - Expanded access to unapproved therapies and diagnostics.
- 2021/08/21, *Ealy, Linthicum and Thatcher v. Redfield, Walensky, Azar et al.*, 3:22-cv-356-HZ, filed in Oregon, under 18 USC § 3332. Amended petition to impanel special grand jury to investigate federal crimes filed 03/07/22. The petition states there is “probable cause to believe one or all Defendants violated the...Administrative Procedures Act (5 U.S.C. §551 et seq.), the... Paperwork Reduction Act (44 U.S.C. §§ 3501–3521, Public Law 96- 511, 94 Stat. 2812 amended to 44 U.S.C. §§ 3501–3521, Public Law 104-13, 109 Stat. 182), and the...Information Quality Act (Section 515 of the Congressional Consolidated Appropriations Act, 2001 Public Law 106-554). In violating these federal laws, the Petitioners allege that crimes have been committed against the citizens of the United States...there is probable cause to believe that the violations of the APA, PRA, and IQA subsequently led to violations of the following federal laws by the Defendants, Major Fraud Against the United States (18 USC §1031), Fraud in Connection with Major Disaster or Emergency Benefits (18 USC §1040), Conspiracy to Defraud the United States (18 USC §371), False Statements Related To Healthcare Matters (USC §1035), False Statements (18 USC §1001), False Information & Hoaxes (18 USC §1038), that can be constituted as acts of Domestic Terrorism (18 USC §2331 - Chapter 113B) and Malfeasance (18 USC §3333), that may have resulted from a Conspiracy Against Rights (18 USC §241) and definitely led to the Deprivation of Rights Under Color of Law (18 USC §242) and may include Subornation of Perjury (18 USC §1622) and Misprision of Felony (18 USC §4) to be determined during the investigation by the grand jury.

²⁸² <https://bailiwicknews.substack.com/p/how-the-international-health-regulations?s=w>

- 2022/01/17 - *Boteler v. Fauci, Gates, Rockefeller, et al.* Filed in Texas Office of Attorney General. No case number assigned.
- 2022/03/03 - *Griner v. Biden et al., 2:22-cv-00149-DAK*, filed in Utah under 5th and 14th Amendments to US Constitution.

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These constitutional, civil and criminal cases have been blocked — by the American government and American judges — from moving to discovery, trial and adjudication.

In other words, since Jan. 30, 2020, in the United States and most other countries, government murder of citizens (democide) has been legalized.

And self-preservation and lifesaving of others have been criminalized.

At some point, it will become clear to a wider segment of the American population that for more than two years now, we've already been ruled over by a global organized crime syndicate. Law enforcement and courts are not going to save us. We have to understand that reality, and we have to respond to it.

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See also, CJ Hopkins on Ukraine-Russia: Revenge of the Putin-Nazis²⁸³:

“What is happening in Ukraine is, Russia is not playing ball. For some reason, it does not want to be destabilized, and restructured, and privatized by GloboCap. It is acting like a sovereign nation state ... which it is, and isn't, which paradoxical fact GloboCap is trying to impress on Russia, just as countries throughout the global-capitalist empire impressed it on us for the past two years, as Trudeau impressed it on those protesters in Ottawa when he cancelled their rights and went full-fascist.

What is happening is, Russia is rebelling against GloboCap, and, unlike the other rebellious parties that GloboCap has been dealing with recently, Russia has thermonuclear weapons.”

* * *

²⁸³ <https://cjhopkins.substack.com/p/revenge-of-the-putin-nazis?s=r>

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

Alex Berenson's latest: *Moderna wants to sell mRNA shots for children that barely lowered Covid infections and caused 15 percent of kids to spike fevers*²⁸⁴ joins Toby Rogers' recent: *Urgent call to action! We have 26 days to convince the FDA to reject the Pfizer mRNA shot in kids under 5. Let's go!!!!*²⁸⁵

What's driving Pfizer, Moderna and the FDA?

It's about getting the injections on the childhood vaccine schedule, so that the manufacturers and all the people who have administered the toxic pharmaceutical products marketed by the US government, Pfizer and Moderna as "Covid-19 vaccines" can have liability immunity permanently.

Robert F. Kennedy Jr., quoted here²⁸⁶:

"They are never going to market a vaccine, allow people access to a vaccine, an approved vaccine without getting liability protection. Now the emergency use authorization vaccines have liability protection under the PREP Act and under the CARES Act.

So as long as you take an emergency use vaccine, you can't sue them. Once they get approved, now you can sue them, unless they can get it recommended for children. Because all vaccines that are recommended, officially recommended for children get liability protection, even if an adult gets that vaccine.

That's why they are going after the kids. They know this is going to kill and injure a huge number of children, but they need to do it for the liability protection."

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The legislative trail:

1986 National Childhood Vaccine Injury Act gave manufacturers immunity for liability for injuries and deaths caused by vaccines listed on the government-recommended childhood immunization schedule.

The argument used to exempt manufacturers from liability was that the government, through the Department of Health and Human Services, would monitor the childhood vaccination program, collect safety data, and report it to Congress to provide oversight and take harmful vaccines off the market.

However, the HHS and Congressional oversight required by the 1986 law didn't occur.

See Informed Consent Action Network v. US-HHS²⁸⁷, 1:18-cv-03215-JMF, which ended with a July 9, 2018 stipulation²⁸⁸ by the U.S. government that HHS had no records of any safety monitoring or public reporting of the childhood vaccination program, under the 1986 law, between 1986 and 2018.

Later two reports were located, filed on 5/4/88²⁸⁹ and 7/21/89.²⁹⁰ Since 1989:

WHEREAS, the HHS Immediate Office of the Secretary ("IOS") maintains the official correspondence file of the Secretary of HHS, including reports to Congress by the Secretary of HHS, and therefore those files were most likely to contain records responsive to the FOIA Request;

WHEREAS, on June 27, 2018, HHS sent ICAN the following response to the FOIA Request:

The [Department]'s searches for records did not locate any records responsive to your request. The Department of Health and Human Services (HHS) Immediate Office of the Secretary (IOS) conducted a thorough search of its document tracking systems. The Department also conducted a comprehensive review of all relevant indexes of HHS Secretarial Correspondence records maintained at Federal Records Centers that remain in the custody of HHS. These searches did not locate records responsive to your request, or indications that records responsive to your request and in the custody of HHS are located at Federal Records Centers.

²⁸⁴ <https://alexberenson.substack.com/p/moderna-wants-to-sell-mrna-shots?>

²⁸⁵ <https://tobyrogers.substack.com/p/urgent-call-to-action-we-have-30?>

²⁸⁶ <https://wsau.com/2021/12/31/robert-f-kennedy-jr-explains-why-fauci-is-going-after-children/>

²⁸⁷ <https://www.icandecide.org/ican-vs-hhs-the-great-vaccine-debate/>

²⁸⁸ <https://www.icandecide.org/wp-content/uploads/2019/09/Stipulated-Order-copy.pdf>

²⁸⁹ <https://www.documentcloud.org/documents/5835885-Report-1.html>

²⁹⁰ <https://www.documentcloud.org/documents/5835886-Report-2.html>

nothing. No evidence that the childhood vaccination schedule was safe at that time, nor any evidence that the injections added to the childhood schedule since 1986, alone or cumulatively, are safe.

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2005 PREP Act, Public Readiness and Emergency Preparedness Act, gave manufacturers immunity from liability for injuries and deaths caused by vaccines under Emergency Use Authorization.

This legislation coincided with World Health Organization International Health Regulations and Presidential Executive Orders²⁹¹ signed by President Bush in 2003 and 2005, adding the common cold and influenza to the list of communicable diseases that could be declared public emergencies by the US-HHS Secretary, triggering cascading effects, including emergency use authorizations for pharmaceutical products and full manufacturer liability.

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2020 CARES Act, Coronavirus Aid, Relief, and Economic Security Act, March 27, 2020, expanded PREP Act provisions, by (among other things) expanding the number of people allowed to administer injections without facing liability for injuries and deaths caused by vaccines under EUA.

US-HHS Secretary Alex Azar declared Covid-19 a public health emergency on Jan. 31, 2020 (effective Jan. 27, 2020) and then issued a PREP Act declaration for Covid-19 March 10, 2020, retroactive to Feb. 4, 2020, followed by a series of amendments expanding its reach. (Synopsis of original and ten amendments adopted through Jan. 7, 2022) at Federal Register²⁹² (Vol. 87, No. 5, p. 982).

US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response web page²⁹³:

To expand the workforce available and authorized to administer COVID-19 vaccines, the Public Readiness and Emergency Preparedness Act (PREP Act) provides immunity to qualified individuals.

When Immunity from Liability Applies

When the Secretary determines that a threat or condition constitutes a present or credible risk of a future public health emergency, the Secretary may issue a PREP Act declaration. The declaration provides immunity from liability (except for willful misconduct) for claims of loss caused by, arising out of, relating to, or resulting from the administration or use of covered countermeasures to diseases, threats and conditions identified in the declaration.

Professionals and Entities Covered by Immunity

PREP Act immunity applies to:

- licensed health professionals authorized to administer covered medical countermeasures under the law of the state where the countermeasure is administered, and
- other individuals identified in the declaration by the Secretary of Health and Human Services (HHS) to prescribe, dispense, or administer covered countermeasures, including the COVID-19 vaccine

Qualified Persons

In March 2020, the Secretary issued a PREP Act Declaration covering COVID-19 tests, drugs and vaccines providing liability protections to manufacturers, distributors, states, localities, licensed healthcare professionals, and others identified by the Secretary (qualified persons) who administer COVID-19 countermeasures. The

²⁹¹ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

²⁹² <https://www.federalregister.gov/documents/2022/01/07/2022-00151/tenth-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical>

²⁹³ <https://www.phe.gov/emergency/events/COVID19/COVIDvaccinators/Pages/PREP-Act-Immunity-from-Liability-for-COVID-19-Vaccinators.aspx>

Declaration has been amended several times to expand liability protections, including prior amendments to cover licensed healthcare professionals who cross state borders and federal response teams.

Under the PREP Act, a qualified person is a covered person. Except for willful misconduct, a covered person is immune from lawsuits and liability under federal and state law with respect to all claims for loss resulting from the administration or use of a covered countermeasure, such as a COVID-19 vaccine, if they meet criteria stated in a declaration under the PREP Act issued for the health emergency or threat and covered countermeasure.

The seventh PREP Act amendment expands the list of professionals who are qualified to administer vaccines and are protected from liability as follows:

- **Non-Traditional Licensed or Certified Health Professionals:** Listed healthcare providers who are licensed or certified prescribe, dispense and/or administer COVID-19 vaccines.
- **Previously Active and Recently Retired Professionals:** Any retired professional whose license or certification expired within the past five years to prescribe, dispense and/or administer COVID-19 vaccines in any state or U.S. territory so long as the license or certification was active and in good standing prior to the date it went inactive.
- **Healthcare Students:** Any student who has proper training in administering vaccine from their school or training program and are under supervision by a currently practicing healthcare professional experienced in intramuscular injections.

Impacts on State, Local, Tribal, and Territorial Health Agencies

The PREP Act Declaration amendments preempt requirements that would result in a qualified person being unable to prescribe, dispense, or administer vaccines as authorized by the state or U.S. territory. Licensing laws that are less restrictive than those in the Declaration amendments are not preempted. States and U.S. territories determine authorized vaccinators in their jurisdiction.

* * *

March 23, 2022 - Regional food security: food that can be produced in Centre County, Pennsylvania

Repost from April 2020

For readers who may be looking at the snarled supply chains, looming food shortages, and rising inflation, and thinking about planting or expanding backyard gardens, and supporting regional farms and farmers, here's a repost from April 2020²⁹⁴, which was followed by another, land-analysis post in July 2020²⁹⁵. A third installment was planned but not written.

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What foods can be grown and raised in Centre County, Pennsylvania?

Below is the first part of my effort to read and summarize the key points in Eric Allen Sheffer's 2001 master's thesis looking at the Centre County population and land base capacity for nutritional self-sufficiency.

Sheffer's main assumptions included a target diet providing 2,800 calories per person per day (1,022,000 calories per person per year), for a population of 136,000 (as of the 2000 census).

He used the 1996 USDA Food Guide Pyramid to set up targets for protein, carbohydrates, fats, and vitamins and minerals including Vitamin A, Vitamin C, Vitamin B- 2, Vitamin B-6, Folate, Vitamin B-1, Niacin, Vitamin B-12, Sodium, Calcium, Magnesium, Zinc, Phosphorus, Iron.

²⁹⁴ <https://bailiwicknewsarchives.files.wordpress.com/2020/09/4.27.20-bailiwick-news.pdf>

²⁹⁵ <https://bailiwicknewsarchives.files.wordpress.com/2020/09/7.6.20-bailiwick-news.pdf>

This first piece of the puzzle simply lists the foods Sheffer concluded can feasibly be produced and stored in the Centre County climate: plant and animal-based foods that can be eaten fresh, grown outdoors uncovered, grown outdoors in cold frames, dried or pressed for long-term storage and/or stored during the winter in root cellars.

Grains: Wheat, barley, rye, millet, bulgur, couscous, oats, corn (grits and cornmeal)

Fresh Vegetables: Tomatoes, peas, green beans, lima beans, corn, eggplant, peppers (sweet and hot), asparagus, and mushrooms; carrots, potatoes, beets, sweet potatoes, yams, parsnips, turnips, radishes, Daikon radish, rutabagas, celeriac, burdock root and chicory root; cucumber, summer (yellow) squash, zucchini, acorn squash, butternut squash, Hubbard squash and pumpkins; broccoli, cauliflower, celery, cabbage (multiple varieties), brussels sprouts, kohlrabi and rhubarb; lettuces, spinach, kale, chard, radicchio, beet greens, turnip greens, alfalfa sprouts, arugula, chicory greens, mustard greens, collard greens, watercress, dandelion greens, mache, mizuna, garden cress, parsley and sorrel; onion, garlic, shallot, fennel bulb and leeks, artichoke, tomatillos, okra, endive, escarole, horseradish and Jerusalem artichoke.

Fresh Fruits: Apples, apricots, cantaloupe/musk melon, cherries (sour and sweet), cranberries, currants, gooseberries, grapes, honeydew melon, mulberries, nectarines, peaches, pears, plums, raspberries, strawberries, watermelon. For classification purposes in Sheffer's study, "whole fruits" included things like apples, apricots, peaches, pears, plums, usually consumed whole, and "chopped fruits" included things consumed by the cup or bowl, such as like melons and berries.

Dairy Products: Cow milk, goat milk, hard cheese, cottage cheese, cream cheese and yogurt.

Plant-proteins (dried beans, nuts and seeds): Black beans, black-eyed peas, chickpeas, kidney beans, pinto beans, red beans, lentils, white beans, yellow beans, soybeans, split peas; hazelnuts, peanuts, walnuts, sunflower seeds.

Animal proteins (meat, poultry, eggs and fish): Beef, chicken, duck, pheasant, deer, lamb, pork, rabbit, squirrel, trout, chicken eggs, duck eggs

Fats and oils: Butter, lard, peanut oil, corn oil, soybean oil, sunflower oil.

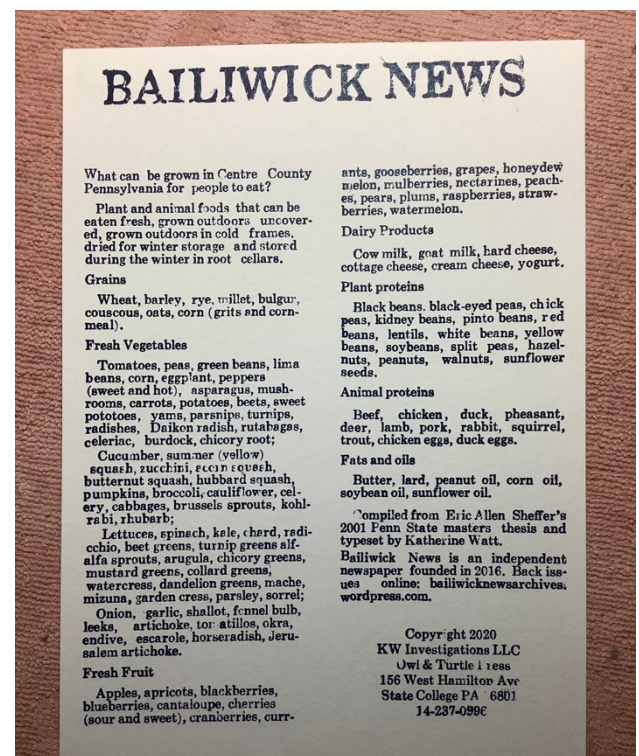
For fun, I typeset the food list in 10-point Century Schoolbook font and printed it on my homemade bottlejack printing press.

From the July 2020 land use report:

“...Sheffer concluded that adequately feeding 136,000 people from Centre County farms growing minimally-processed, locally-transported foods to meet the recommendations from the 1996 USDA Food Guide Pyramid, would require about 49,000 acres for meats and protein beans, 34,500 acres for grains, 9,400 acres for dairy products, 5,800 acres for fruits, and 2,000 acres for leafy and non-leafy vegetables, for a total of just under 101,000 acres.

Sheffer concluded that - with some changes in land use and crop production (for example, decreasing grass production and increasing small grain and orchard production) - Centre County farmland could support the county population of 136,000 (as of 2000 census), at a carrying capacity of roughly one person per 0.74 acres of farmland.

He extrapolated that if Centre County's 116,000 total acres of farmland (as of 2001), were fully planted in the types and quantities of crops suggested by his analysis, local farming in Centre County could support a maximum county population of about 157,000.



The peak of fruit variety would be each July, with about 12 different fresh fruits. Vegetable variety would peak each September, with about 60 types of fresh vegetables available from outdoor production.

The winter diet - using stored vegetables in root cellars and fresh vegetable grown in cold frames - would include about 26 types of vegetables, and winter-stored apples and pears, along with home-canned or frozen summer fruits.”

* * *

March 24, 2022 - Project Bioshield Act of 2004 and PREP Act of 2005

Legal immunity for Pfizer, Moderna, hospitals, nursing homes, pharmacies, clinics, nurses, doctors, pharmacists. Looking today at Project Bioshield Act of 2004, PL-108-276, and the PREP Act of 2005, PL-109-148, 42 U.S.C. 247d-6d et. seq. which together made a lot amendments to the Public Health Service Act of 1944, 42 USC 247(d), and paved the road we’re traveling on now.

The Project Bioshield Act²⁹⁶ (30 pages) was passed by Congress and signed by President George W. Bush on July 21, 2004.

The PREP Act²⁹⁷ was passed by Congress and signed into law on Dec. 30, 2005. It was tagged on as the last 14 pages of a 154-page Department of Defense supplemental appropriations and Hurricane Katrina relief bill.

Together, these two laws changed a lot of federal laws related to bioterrorism, pandemics, drug development, appropriations, contracting, procurement, and product liability.

Project Bioshield²⁹⁸ was

“established to help incentivize private industry to develop vitally needed medical countermeasures by providing multi-year funding to support advanced research, clinical development, manufacture and procurement. Without this secure source of funding, companies do not have the incentive needed to develop the medical countermeasures that are critical to national security.”

Together with several other laws²⁹⁹, the Project Bioshield Act and PREP Act appear to be the source of the US Secretary of Health and Human Services’ Emergency Use Authorization (EUA) power, through which HHS Secretary Alex Azar first declared Covid-19 a public health emergency a public health emergency on Jan. 31, 2020 (the day after World Health Organization Director-General Tedros declared it a “public health emergency of international concern.”

Azar then issued a “declaration for medical countermeasures” for Covid-19 effective February 4, 2020³⁰⁰, followed by other declarations and amendments to the original declarations.

Azar’s PREP Act declaration bestowed immunity for liability on developers, manufacturers, distributors and vaccinators, for injuries and deaths caused by vaccines developed, manufactured, distributed and administered under Emergency Use Authorization.

The only exception is for “willful misconduct,” which might apply to Pfizer and Moderna if the clinical trial fraud alleged by whistleblower Brook Jackson³⁰¹ can be proved — as Edward Dowd and others are working toward. But it would probably not apply to distributors and injectors who can credibly claim they had no knowledge of the clinical trial fraud.

²⁹⁶ <https://www.congress.gov/108/plaws/publ276/PLAW-108publ276.pdf>

²⁹⁷ <https://www.congress.gov/109/plaws/publ148/PLAW-109publ148.pdf#page=140>

²⁹⁸ <https://www.phe.gov/about/barda/Pages/Project-Bioshield.aspx>

²⁹⁹ <https://www.phe.gov/Preparedness/legal/Pages/default.aspx>

³⁰⁰ <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

³⁰¹ <https://s3.documentcloud.org/documents/21206071/brook-jackson-lawsuit.pdf>

HHS Secretary Azar’s declaration also rendered contractors like Pfizer, Moderna, nurses and pharmacists, as classifiable, in legal terms, as government employees of the Department of Health and Human Services for purposes of the Federal Tort Claims Act and related laws: 28 USC 1346(b) and 28 USC 2672.

The HHS PREP Act declaration has been amended several times since March 2020, each time expanding its reach, most recently on Jan. 7, 2022 (10th amendment³⁰²).

The Project Bioshield Act of 2004 includes provisions specifically addressing how EUAs are to be declared, maintained and terminated, at 42 USC 360bbb-3³⁰³, relating to use of “unapproved products” or “unapproved uses of approved products.”

The effect of Azar’s PREP Act declaration, through the Project Bioshield Act of 2004, was to authorize government-funded development, marketing, distribution and deployment, by the contractors (Pfizer, Moderna, hospitals, nursing homes, clinics, pharmacies, nurses, pharmacists, etc.) of the pharmaceutical products marketed as “Covid-19 vaccines.”

Crucially, the EUA could only be initiated and maintained by denying that safe, effective medications such as hydroxychloroquine, Ivermectin, anti-inflammatory drugs, anti-coagulants, antivirals and vitamins, existed for the treatment of the symptoms of Covid-19. This was the reason the US government and propaganda apparatus viciously attacked doctors and nurses who successfully treated patient symptoms with existing medications targeting those symptoms (inflammation, clotting, etc.) and then tried to share their successful treatments with other doctors, nurses and the general public.

That’s why the EUA provisions at 360bbb were challenged by a petition to federal court filed in Alabama on July 19, 2021³⁰⁴, by America’s Frontline Doctors against Secretary of Health and Human Services Xavier Becerra, Fauci, Woodcock, HHS, FDA, CDC, NIH, NIAID, et al, 2:21-cv-00702-CLM. Which has been slowly working its way through the court system³⁰⁵.

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Today at Coffee and Covid³⁰⁶, Jeff Childers addressed the Moderna application for EUA approval³⁰⁷ for injections for babies and young children, asking the question:

“If emergency use authorization only applies during an emergency, how are the EUA vaccines still viable? It’s been over two years. Everybody agrees the pandemic is over, and we are learning to “live with Covid.” When do these EUA licenses expire?”

It’s not true that “everybody agrees the pandemic is over.”

The World Health Organization Director-General declaration of the “public health emergency of international concern,” originally issued Jan. 30, 2020, is still in full force.

The US Secretary of Health and Human Services PREP Act emergency declaration and related declarations, that began Jan. 31, 2020, are still in full force, temporary ‘rollbacks’ and ‘pauses’ and ‘updated guidance’ notwithstanding.

On Feb. 18, 2022, President Biden indefinitely extended the original national state of emergency declared by President Trump on March 13, 2020.

Under the circumstances, the EUA status still applies, and there’s no legal liability for any injuries or deaths caused by manufacturers and vaccinators.

³⁰² <https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

³⁰³ <https://www.govinfo.gov/content/pkg/USCODE-2019-title21/pdf/USCODE-2019-title21-chap9-subchapV-partE-sec360bbb-3.pdf>

³⁰⁴ [https://img1.wsimg.com/blobby/go/3c6a0774-cfad-46fa-aa97-af5aa5e74f00/M for PI file stamped.pdf](https://img1.wsimg.com/blobby/go/3c6a0774-cfad-46fa-aa97-af5aa5e74f00/M%20for%20PI%20file%20stamped.pdf)

³⁰⁵ <https://www.courtlistener.com/docket/59929233/americas-frontline-doctors-etc-v-becerra/>

³⁰⁶ <https://www.coffeeandcovid.com/p/coffee-and-covid-thursday-march-cd5?s=r>

³⁰⁷ <https://bailiwicknews.substack.com/p/why-pfizer-and-moderna-and-fda-are?s=w>

21 USC 360bbb-3(b)(2) addresses "Termination" of an EUA:

(A) In general, A declaration under this subsection shall terminate upon the earlier of—

- (i) a determination by the Secretary, in consultation as appropriate with the Secretary of Homeland Security or the Secretary of Defense, that the circumstances described in paragraph (1) have ceased to exist; or
- (ii) a change in the approval status of the product such that the circumstances described in subsection (a)(2) have ceased to exist.

EUA seems to expire when the HHS Secretary says so, or when the EUA products get full approval, whichever comes first.

The PREP Act has been interpreted by at least one court (Supreme Court of New York) to even shield manufacturers and vaccinators from liability for injury and death when the treatment was given without consent, relating to H1N1 'vaccines.' See *Parker v. St. Lawrence*,³⁰⁸ 102 A.D.3d 140 (2012):

Liability protections for pandemic countermeasures taken by certain "covered persons" in response to a declaration of a public health emergency by the Secretary are specifically provided for in the PREP Act (*see* 42 USC § 247d-6d [a], [b]). It provides that "a covered person *shall* be immune from suit and liability under Federal and *State law* with respect to *all* claims for loss caused by, arising out of, relating to, or resulting from the administration to ... an individual of a covered countermeasure" pursuant to a declaration of, among other things, a public health emergency (42 USC § 247d-6d [a] [1] [emphasis added]).

The statute broadly defines "loss" as "any type of loss, including... physical, mental, or emotional injury" or fear thereof (42 USC § 247d-6d [a] [2] [A] [ii]-[iii]), and provides that its immunity provision applies to "*any claim* for loss that has a causal relationship with the administration to ... an individual of a covered countermeasure," including, among other things, "dispensing [and] administration" (42 USC § 247d-6d [a] [2] [B] [emphasis added]). The "sole exception" to immunity from suit and liability is a federal action for "death or serious physical injury proximately caused by willful misconduct" (42 USC § 247d-6d [d] [1]).[4]

Considering the breadth of the preemption clause together with the sweeping language of the statute's immunity provision, we conclude that Congress intended to preempt all state law tort claims arising from the administration of covered countermeasures by a qualified person pursuant to a declaration by the Secretary, including one based upon a defendant's failure to obtain consent (*see Bruesewitz v Wyeth LLC*, 562 US ___, ___, 131 S Ct 1068, 1088 [2011]³⁰⁹).

Notably, Congress created an alternative administrative remedy — the Countermeasures Injury Compensation Program — for covered injuries stemming from countermeasures taken in response to the declaration of a public health emergency (*see* 42 USC § 247d-6e [a]; 74 Fed Reg at 51154),[5] as well as a separate federal cause of action for wrongful death or serious physical injury caused by the willful misconduct of covered individuals or entities (*see* 42 USC § 247d-6d [d]). The provision of these exclusive federal remedies further supports our finding of preemption.

We are unpersuaded by plaintiff's assertion that immunity pursuant to the PREP Act does not extend to qualified persons who administer a covered countermeasure to an individual without consent. The immunity provisions of the PREP Act are triggered where, as here, the vaccines are purchased pursuant to a federal contract or agreement (*see* 75 Fed Reg 63656, 63658 [2010]) and, despite plaintiff's assertions to the contrary, Executive Order No. 29 neither defines nor otherwise places limitations upon the scope or applicability of such immunity.[6]

Plaintiff also asserts that Congress could not have intended to immunize such "radical measures" as administering a vaccination without consent. It is not our role, however, to speculate upon congressional judgments. Rather, we must presume that Congress fully understood that errors in administering a vaccination program may have physical as well as emotional consequences, and determined that such potential tort liability must give way to the need to promptly and efficiently respond to a pandemic or other public health emergency.

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³⁰⁸ https://scholar.google.com/scholar_case?case=2155206758286332854#p144

³⁰⁹ https://scholar.google.com/scholar_case?case=9760961833518014301&hl=en&as_sdt=6,39

Aggregated, the new laws, amendments to existing laws, HHS regulations and declarations put into place since the mid-2000s, and now cited by the US-HHS Assistant Secretary for Preparedness and Response³¹⁰ as the source of authority for the Covid-19 project, are the laws that the United States government was forced to adopt and implement upon becoming a member party to the 2005 World Health Organization International Health Regulations.³¹¹ List of US government Covid-19 declarations³¹²; government rule by unilateral, unreviewable, unappealable proclamation made by unelected technocrats. Interestingly, the Feb. 4, 2020 medical countermeasures declaration doesn't appear in the timeline created by Congressional Research Service through June 2021.

* * *

March 28, 2022 - Democidal Master-Class v. Humanity, 1944-present

A working model to shape forthcoming legal reporting on the dual-purpose kill-and-enslave campaign.

I've been organizing my thoughts and focusing my writing goals since posting Ternaries and Trinities in October 2021³¹³. At that time, I set out a plan to write about geopolitics from a Catholic perspective, starting with essays inspired by Malachi Martin's book *The Keys of This Blood*, and incorporating developments that have occurred worldwide since Martin published it in 1990 shortly after the fall of the Berlin Wall and the collapse of the Soviet Union.

In a subsequent December 2021 Teleopolitics³¹⁴ post, I laid out some thoughts about "the study of concepts of human existence, meaning and ultimate purpose, and how those form the moral foundations of past, present and future political and governmental projects," along with "the study and practice of politics as if the ultimate purpose and meaning of human existence matters to how governments influence how citizens live their lives as individuals and in society."

In the half-year since October, there's been a firehose of information put into the public discussion of Covid-19 and its manifold societal effects.

Citizen leaders around the world fighting to protect our God-given, natural rights to human life and human liberty have uncovered scientific research about the lab-development, patenting and deployment of SARS-CoV-2 constituents and precursors going back decades; recent scientific research on the incorporation of new genetic material into the human genome through the mass-injected pharmaceutical products rapidly developed and marketed by world governments as "safe and effective Covid-19 vaccines;" planned failure of government-run product safety monitoring programs (VAERS, V-safe, DMED, etc.); and psychological and behavioral control programs designed and deployed to promote injection-acceptance and tar conscientious objectors as social and economic pariahs³¹⁵.

Close observers and critical thinkers from the global Human Life and Human Liberty movement have learned a great deal about international legal and financial frameworks³¹⁶ that have moved the democide-and-enslavement project forward in dozens of incremental steps, taking the world from the 1944 adoption of the US Public Health Service Act and the international Bretton Woods Agreement, circumnavigating the 1946 Nuremberg trials, to arrive at the Jan. 2020 World Health Organization Director-General declaration of a "public health emergency of international concern" and into a new round of International Health Regulation update negotiations launched in December 2021 and ongoing right now.

Observers and thinkers (the demographic that the CIA successfully discredited as 'conspiracy theorists' starting in April 1967 with Document 1035 -960) have also learned a lot about American legal and financial frameworks: statutes passed by Congress and signed by presidents³¹⁷; presidential executive orders; administrative agency regulations³¹⁸,

³¹⁰ <https://www.phe.gov/Preparedness/planning/authority/Pages/default.aspx>

³¹¹ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

³¹² <https://crsreports.congress.gov/product/pdf/R/R46809>

³¹³ <https://bailiwicknews.substack.com/p/ternaries-and-trinities?s=w>

³¹⁴ <https://bailiwicknews.substack.com/p/teleopolitics?s=w>

³¹⁵ <https://pubmed.ncbi.nlm.nih.gov/34774363/>

³¹⁶ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

³¹⁷ <https://bailiwicknews.substack.com/p/project-bioshield-act-of-2004-and?s=w>

³¹⁸ <https://bailiwicknews.substack.com/p/more-on-the-international-health?s=w>

reports, plans, declarations, authorizations and approvals implementing the legislation and executive orders; budget appropriations and corporate contracts funding the programs; and court cases³¹⁹ interpreting the laws and regulations.

Human Life and Liberty fighters have also mounted several forms of resistance worldwide over the past two years, including independent investigation and data analysis; public information campaigns and public hearings to counter the historical and current mis-, dis- and mal-information spread by government agents, corporate executives and complicit media outlets regarding disease, treatments, risk-benefit profiles, adverse effects, and origins; direct-action street protests; amplification and support of government and corporate whistleblowers and dissidents in the medical, clinical trial, health insurance, disability and life insurance industries; boycotts; filing civil lawsuits; and filing criminal reports with law enforcement seeking investigations and prosecutions for crimes from school board-directed in-school child abuse and practicing medicine without a license, to international war crimes, mass murder and crimes against humanity.

A plausible working model for what's going on:

From about 1920 to 1980, governments around the world engaged in loud, observable starvation, chemical and bullet-based mass murders, implemented through secret police, mass arrests, firing squads, gas chambers, and man-made famines including the Holodomor (1932-2933), the Gulag Archipelago (1918-1956), Nazi concentration camps (1933-1944), Holocaust (1941-1945), China's Great Leap Forward (1958-1962), Khmer Rouge killing fields (1972-1976) and the Tuskegee Syphilis Study (1932-1972).

Since 1944, the Master-Class — the group of men and women described by others as Mr. Global, Globo-Cap, Davos-Man, transhumanists, eugenicists, and related terms — has been engaged in a silent, almost invisible, non-kinetic war on the rest of humanity: a biochemical war.

The weapons in their international and nation-state-level arsenals include laws, treaties, financial contracts, currencies, psychological manipulation programs and propaganda campaigns including the offensive development of the concept and academic/political discipline of 'public health,' and the defensive development of the pejorative thought-stopper of 'conspiracy theory.'

Biological agents in the arsenal were legally developed and sequentially, cumulatively deployed by governments, and hidden in plain sight by falsely labelling the acts of biological warfare as infectious diseases and vaccines.

Bioweapons deployed between 1980 and 2020 to quietly maim and kill large groups people include the HIV/AIDS epidemic named in 1981 and 1982; Anthony Fauci's installation as director of the National Institutes for Allergy and Infectious Diseases (NIAID) in 1984; the US childhood vaccination schedule implemented in 1986 and intensified through additions since 1986; anthrax and other vaccine-induced Gulf War Syndrome (1991); smallpox vaccine (military, 2002); SARS-CoV-1 (2002-2004); H1N1 (2009); and MERS (2012).

Chemical weapons in the arsenal were legally developed and sequentially, cumulatively deployed by governments, hidden in plain sight as the 'crack epidemic' centered in poor, urban, African-American communities (1980s-present³²⁰), and the 'opioid epidemic' centered in poor, rural, white communities (1996-present³²¹), alongside pesticides (such as glyphosate), fungicides, and fertilizers, including biosludge: liquified compounds of human waste and toxic chemicals sprayed on farmland and pastures nationwide³²².

Population-wide, aggregate and cumulative effects of these biological and chemical weapon deployments since 1986, misclassified as natural outbreaks and public health measures, include deaths shortly after exposure and increases in chronic (long-term, life-limiting) illness and disabilities such as obesity, heart disease, asthma, diabetes, digestive disorders, immune disorders, reproductive system disorders, cancers, neurological disorders, autism, depression and anxiety. Plus mass incarceration of the poor, black, brown, red and white.

The 2016 election and inauguration of President Trump, along with the Brexit vote in the UK, surprised the Master-Class and revealed the shocking existence and strength of a Human Life and Liberty resistance movement among the

³¹⁹ https://www.supremecourt.gov/opinions/19pdf/19a1044_pok0.pdf

³²⁰ <https://citizenruth.org/gary-webb-cia-crack-epidemic-los-angeles/>

³²¹ <https://www.addictioncenter.com/community/how-purdue-pharma-sackler-family-perpetrated-opioid-crisis/>

³²² <https://www.theguardian.com/environment/2019/oct/05/biosolids-toxic-chemicals-pollution>

working class, family-focused demographic that had been demoralized and ineffectual during the 50 years since the mid-to-late 1960s.

That decade brought Vatican II, to destroy the Roman Catholic institutional church, and suppress the Traditional Latin Mass and parish-focused family life.

It brought the Civil Rights and Vietnam War street protests, followed by the assassinations of John F. Kennedy, Robert F. Kennedy and Martin Luther King, in order to crush American national pride and multiracial, multi-ethnic cultural identity as a people who strive to protect true human exercise of free will, bodily integrity, self-determination and justice, and in order to destroy America's international legitimacy in foreign affairs.

The 1960s also brought the Warren Commission, to cover for the destruction of President John F. Kennedy before he could move decisively against the military-industrial-Congressional-academia-financial-media complex President Eisenhower warned Americans about in January 1961, and to crush popular campaigns for political accountability inspired by Eisenhower, Kennedy and King.

Alarmed by the resurgent resistance Trump's election in 2016 signaled, the Master-Class moved up the timeframe for the deployment of the next bioweapon in the sequence.

They supervised the release of SARS-CoV-2 — containing genetic sequences shared with HIV, SARS-1, MERS and Moderna patents — at some point between early-2018 and late-2019, and then allowed it to run its course through the end of 2020 while maximizing exposure of vulnerable elderly and sick people in nursing homes; prohibiting public discussion and use of safe, effective treatment with repurposed drugs; establishing the conditions for Emergency Use Authorizations; and ramping up the propaganda campaign to support deployment of the next bioweapon: the Covid-19 'vaccines' of 2021.

The speed of the escalation, in turn, alerted and alarmed a significant chunk of the working class and family-focused peasants in the Human Life and Freedom demographic: a multi-racial, multi-ethnic coalition of frontline nurses, truck drivers, doctors, soldiers, teachers, parents, lawyers, pastors, police officers, firefighters, factory workers and farmers that gathered strength over the summer of 2021 and into the spring of 2022.

Again, the level of resistance has surprised the Master-Class, as millions of people chose to sacrifice their jobs, savings, homes, families and friends, rather than 'voluntarily' submit to the bioweapons known as 'Covid-19 vaccines.'

The control group that the Master-Class intended to eradicate lives and fights on, watching the deaths and injuries among the more-or-less deceived experimental subjects we love but could not reach across the chaos of the social, psychological, mass-media battlefield, carefully built and tightly controlled by the Master-Class.

*

I'm not writing about the legal frameworks that surround the Covid-19 kill-and-enslave paradigm to discourage American or international attempts to seek legal remedies through clinical fraud claims (being pursued by Pfizer whistleblower Brook Jackson and financial investor Edward Dowd³²³), or civil rights claims (Dr. David Martin³²⁴, Naomi Wolf, James Ostrowski), or Emergency Use Authorization claims (America's Frontline Doctors³²⁵), or Freedom of Information Act claims (Public Health and Medical Professionals for Transparency³²⁶), or Department of Defense data fraud claims (Thomas Renz³²⁷); or International Criminal Court (Hannah Rose³²⁸, Reiner Fuellmich/Corona Investigating Committee³²⁹/Nuremberg 2.0) or any other civil or criminal³³⁰ legal procedures.

³²³ <https://ragnarforseti.substack.com/p/blackrocks-edward-dowd-tells-steve?s=r>

³²⁴

<https://static1.squarespace.com/static/61e10985eb59005edbd1b451/t/6222b6d4b8cc1431b30705a0/1646442197434/2022.03.04+Complaint+As+File+d.pdf>

³²⁵ [https://img1.wsimg.com/blobby/go/3c6a0774-cfad-46fa-aa97-af5aa5e74f00/M for PI file stamped.pdf](https://img1.wsimg.com/blobby/go/3c6a0774-cfad-46fa-aa97-af5aa5e74f00/M%20for%20PI%20file%20stamped.pdf)

³²⁶ <https://phmpt.org/>

³²⁷ <https://renz-law.com/special-notice-regarding-evidentiary-findings-related-to-the-official-renz-law-covid-19-investigation/>

³²⁸ <https://hannahroselaw.co.uk/icc-complaint-uk/>

³²⁹ <https://grand-jury.net/>

³³⁰ <https://dailyclout.io/webinar-criminal-charges-against-public-officials/>

Those legal procedures must be attempted, and the form rejections from judges, police officers and prosecutors must accumulate more than they have already over the past two years, to help more people understand that the legal systems that once served citizens, are now captured and subverted to work for the Master Class.

As currently set up, laws and courts are useless tools in and of themselves, at least in the hands of the global human peasantry, for purposes of protecting our lives and liberties and holding criminals accountable.

The criminals wrote the laws decades ago, to render their acts — no matter how heinous or incomprehensible to ordinary people — as fully lawful.

I'm also not trying to discourage election campaigns or legislative reform campaigns aiming to withdraw from bad international treaties, repeal bad statutes, reverse bad executive orders, void bad regulations, re-establish civil liability and criminal accountability and put in place Constitutional amendments protecting medical freedom and bodily integrity as fundamental human rights.

Those campaigns have an uphill battle ahead, but it's worth fighting.

I'm focusing on digging in this specific vein — uncovering and explicating the legal frameworks set up at judicial, executive, legislative and administrative levels between the 1944 Public Health Service Act and the present to confuse, frighten, kill and enslave human beings — because I think it's an important piece to understand two key things:

1. *Why* civil and criminal lawsuits haven't gained any traction over the past two years and won't be any more fruitful in the coming years; and
2. *Which specific laws* are reinforcing the enslavement and killing programs, and therefore must be deliberately, consciously, openly broken and exposed as inherently illegitimate, and then repealed and stripped of power, by Human Life and Liberty fighters, much as the African-American and white civil rights protestors broke segregation laws.

The laws are unjust, derived from false premises.

People who care about justice and truth cannot in good faith obey or uphold unjust laws, or be complicit in lies. In the meantime, two small ways to inoculate yourself against the mind-level acts of war:

Whenever you read or hear the Master-Class phrase 'public health,' translate it for yourself, in your own mind, as 'chemical and biological genocide.'

And whenever you read or hear the Master-Class phrase 'conspiracy theory,' translate it for yourself, in your own mind, as 'observed reality, critically assessed.'

* * *

March 30, 2022 - Sharp, prophetic reporting from 2009

2009 report³³¹ by Stephen Lendman,³³² summarizing provisions of three US laws passed by Congress and signed by President Bush to embed World Health Organization International Health Regulations of 2005 into American federal statutes and regulations³³³:

At least three US federal laws should concern all Americans and suggest what may be coming - mandatory vaccinations for hyped, non-existent threats, like H1N1 (Swine Flu). Vaccines and drugs like Tamiflu endanger human health but are hugely profitable to drug company manufacturers.

The Project BioShield Act of 2004 (S. 15) became law on July 21, 2004 "to provide protections and countermeasures against chemical, radiological, or nuclear agents that may be used in a terrorist attack against

³³¹ <https://web.archive.org/web/20090612165816/http://www.globalresearch.ca/index.php?context=va&aid=13925>

³³² <https://stephenlendman.org>

³³³ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

the United States by giving the National Institutes of Health contracting flexibility, infrastructure improvements, and expediting the scientific peer review process, and streamlining the Food and Drug Administration approval process of countermeasures.”

In other words, the FDA may now recklessly approve inadequately tested, potentially dangerous vaccines and other drugs if ever the Secretaries of Health and Human Services (HHS) or Defense (DOD) declare a national emergency, whether or not one exists and regardless of whether treatments available are safe and effective. Around \$6 billion or more will be spent to develop, produce, and stockpile vaccines and other drugs to counteract claimed bioterror agents.

The Public Readiness and Emergency Preparedness (PREP) Act of 2005 slipped under the radar when George Bush signed it into law as part of the 2006 Defense Appropriations Act (HR 2863). It lets the HHS Secretary declare any disease an epidemic or national emergency requiring mandatory vaccinations. Nothing in the Act lists criteria that warrant a threat. Also potential penalties aren't specified for those who balk, but very likely they'd include quarantine and possible fines.

The HHS web site also says the Secretary may “issue a declaration...that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of (vaccine or other pharmaceutical) countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency....”

The industry-run US Food and Drug Administration (FDA) notoriously rushes inadequately tested drugs to market, putting their efficacy and safety into question, and turning those who use them into lab rats. It includes everyone if a mass vaccination is ordered on the mere claim of a public emergency - no proof required.

The Pandemic and All-Hazards Preparedness Act of 2006 (S. 3678) is the other worrisome law, effective December 19, 2006. It amended “the Public Health Service Act with respect to public health security and all-hazards preparedness and response, and for other purposes.” Even its supporters worry about issues of privacy, liability, and putting profits over public health. Critics express greater concerns about dangerous remedies for exaggerated or non-existent threats as well as mass hysteria created for political purposes.

At least one other measure is also worrisome - The Model State Emergency Health Powers Act (MSEHPA)...

BAILIWICK NEWS

Substack posts from bailiwicknews.substack.com

April 2022

* * *

April 1, 2022 - Lipid nanoparticle production facilities are the munitions factories of World War Biochemistry.

Pharmacies, clinics, doctors offices, nursing homes and hospitals are the munitions depots.

The battlefield is every individual human soul on Earth.

All of us, together.

World War Biochemistry was a cold war from 1944 to 2020, while the weapons were developed and tested among subpopulations³³⁴; the legal frameworks³³⁵ to annihilate the Nuremberg principle of informed consent were put in place to protect the masterminds from facing justice in human judicial systems; and the psychological manipulation and control campaigns³³⁶ were deployed to prepare people to submit without constructive knowledge of the war, and therefore without physical resistance.

Since January 2020, it's been a hot war, and it's been global.

To save human souls from slavery on earth and eternal damnation in Hell:

1. Keep your sleeves rolled down, stay away from the munitions depots, and replace your Smartphone (if you have one) with a dumb phone³³⁷, or no cell phone at all.
2. Sabotage munitions factories and distribution networks and block construction of new ones.
3. Dismantle the enabling legal frameworks and establish a new World War Biochemistry tribunal.
4. Capture, convict and imprison the masterminds, among them General Anthony Fauci and General William Gates.



St. Henry II, Holy Roman Emperor. Patron saint of Benedictine oblates.

UK Government admits the Covid Vaccines are Gene Therapy after giving away millions of Taxpayers Money to expand production of Covid Jabs in the UK³³⁸ (DailyExpose.uk)

A grant of £15.9 million has been awarded to chemical producer Croda International Plc³³⁹ ('Croda') to increase the UK's manufacturing capacity of speciality lipids, an essential ingredient in mRNA vaccines, the government has announced.

This investment will enable Croda³⁴⁰, a global market leader in the field, to significantly increase production capacity at its facility in Leek, Staffordshire.

This will also allow them to increase both the range and volume of lipids it is able to produce in the UK, – particularly the mRNA lipid used in a number of Covid vaccines.

³³⁴ <https://bailiwicknews.substack.com/p/democidal-master-class-v-humanity?s=w>

³³⁵ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

³³⁶ <https://bailiwicknews.substack.com/p/covid-thoughtcrimes?s=w>

³³⁷ <https://www.zerohedge.com/markets/dumbphone-sales-are-soaring-people-revolt-against-overwhelming-smartphones>

³³⁸ <https://dailyexpose.uk/2022/04/01/uk-gov-admits-covid-vaccine-gene-therapy/>

³³⁹ <https://www.gov.uk/government/news/government-to-provide-shot-in-the-arm-for-west-midlands-vaccine-manufacturing-facility>

³⁴⁰ <https://www.croda.com/en-gb>

From 2023, the expanded facility will be able to produce a sufficient volume of lipids for around 3 billion vaccine doses – an estimate based on the volume of lipids required to produce existing COVID-19 vaccines – a significant contribution to global lipid supply and future vaccine production...

Since the launch of the Covid-19 injection programme authorities and mainstream media have frequently stressed that the Covid-19 injections are just like any other traditional vaccines, and have denied that they are gene therapy. But for anyone interested in knowing what they were having injected into their bodies, all they had to do was carry out a quick google search to conclude that the authorities were lying.

But now the UK Government has quietly admitted in their press release on the above that the Covid-19 injections are in fact gene therapy, clarifying that *“lipids are an essential component in COVID vaccines as well as other gene therapies”*.

Attorney Todd Callender testified March 28, 2022, to the Corona Investigating Committee led by Reiner Fuellmich, on the crucial role injectable lipid nanoparticles play in bypassing human immune systems³⁴¹ to embed body- and soul-destructive pathogens that healthy people with intact souls can otherwise overcome.

Summarized: without the continued and expanded manufacture, distribution and injection of the lipid nanoparticles into individual human beings — whether ‘voluntarily’ at clinics or involuntarily at gunpoint in concentration camps operated by local law enforcement officers³⁴² and soldiers deployed domestically under contract³⁴³ to federal governments and the World Health Organization — the enslavement campaign can’t move forward.

* * *

April 4, 2022 - 2004 Project Bioshield Act amendments to 1938 Food, Drug and Cosmetics Act attempted to legally void Nuremberg principles, through redefinitions.

Attorney Todd Callender was on Dr. Elizabeth Lee Vliet’s Truth for Health podcast³⁴⁴ this past weekend, discussing the 10th Circuit US Court of Appeals appellate brief (22-1032) Callender’s team recently filed in *Robert v. Austin*, 21-cv-2228³⁴⁵ (USDC Colorado) in which military members are challenging Secretary of Defense Lloyd Austin’s purported ‘vaccine mandate.’

Callender and Lee discussed the US government’s violations of informed consent principles, rendering the entire vaccine program inflicted on military members and civilians alike — a genocide and a war crime identical in character, but far more massive in scale than the Nazi war crimes that led to the Nuremberg trials³⁴⁶.

In the last couple of weeks, I’ve been tracking down and reading through some of the many relevant Congressional acts passed since 9/11 and the subsequent anthrax bioterrorism, including:

- 1938 Federal Food Drug and Cosmetic Act
- 1944 Public Health Service Act (consolidated and streamlined public health law and administration, further militarized and broadened scope of Public Health Service functions as previously authorized by Congress in 1878, 1889, 1890, 1893 and 1906)
- 1983 Public Health Service Act Amendment (added new Section 319, “Public Health Emergencies,” and established \$30 million Public Health Emergency Fund)
- 1986 Childhood Vaccine Compensation Act (exempted pharmaceutical product manufacturers from tort liability for injury and death, established federal taxpayer-funded compensation scheme)
- 1988 Health Omnibus Programs Act (increased Public Health Emergency Fund to \$45 million)
- 1992 Preventative Health Amendments (changed name of Centers for Disease Control to Center for Disease Control and Prevention)

³⁴¹ <https://odysee.com/@Corona-Investigative-Committee:5/Session-97-Todd-Callender:0>

³⁴² https://stacks.cdc.gov/view/cdc/12278/cdc_12278_DS1.pdf

³⁴³ <https://www.law.cornell.edu/uscode/text/42/204a>

³⁴⁴ <https://www.americaoutloud.com/medical-freedom-for-our-military-dod-lawsuit-explained/>

³⁴⁵ <https://www.courtlistener.com/docket/60219585/robert-v-austin/>

³⁴⁶ https://en.wikipedia.org/wiki/Nuremberg_trials

- 2000 Public Health Improvement Act (expanded authorities granted to Secretary of Health and Human Services under Section 319, Public Health Emergencies)
- 2002 Public Health Security and Bioterrorism Preparedness and Response Act
- 2002 Homeland Security Act
- 2004 Project Bioshield Act
- 2005 Public Readiness and Emergency Preparedness Act
- 2006 Pandemic and All-Hazards Preparedness Act
- 2007 John Warner Defense Authorization Act (amended 10 USC 333 re: “insurrection.”)
- 2012 National Defense Authorization Act (authorized indefinite detention of US citizens without charge or trial)
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act
- 2016 21st Century Cures Act
- 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act
- 2020 Coronavirus Aid, Relief, and Economic Security Act

The shots are classified as Emergency Use Authorization “countermeasures,” under the Project Bioshield Act of 2004 amendments to the 1938 Federal Food, Drug and Cosmetics Act and the 1944 Public Health Service Act.

This means that under 21 USC 360bbb-3(k)³⁴⁷, they are by Congress's legal definition, not part of any “clinical investigation,” despite the fact that the Phase 3 clinical trials will not be finished for two years at the earliest³⁴⁸.

“(k) Relation to other provisions - If a product is the subject of an authorization under this section, **the use of such product within the scope of the authorization shall not be considered to constitute a clinical investigation** for purposes of section 355(i), 360b(j), or 360j(g) of this title or any other provision of this chapter or section 351 of the Public Health Service Act [42 U.S.C. 262].”

It’s relevant to the legal arguments in many human courts about how employers and governments have persuaded themselves that they can ‘mandate’ shots, without running afoul of the Nuremberg Code, the U.S. Uniform Code of Military Justice (10 USC 1107³⁴⁹), 45 CFR 46.116³⁵⁰ (Public Welfare) and 21 CFR 50.25³⁵¹ (Food and Drug Administration) provisions requiring the informed consent of human subjects in medical experiments free from duress or coercion.

Combined with *Bridges v. Houston Methodist Hospital* June 12, 2021 ruling from the Southern District of Texas³⁵², and a legal opinion issued by Deputy Attorney General Dawn Johnsen on July 6, 2021³⁵³, these unlawful, unjust laws³⁵⁴ comprise legislative, regulatory and judicial nullification of informed consent principles for US citizens.

The *Bridges* case is currently on appeal in Fifth Circuit - plaintiff brief filed in November 2021, hospital brief filed in late January 2022.

There’s a lot more to learn about the comprehensive, premeditated nature of the ongoing war crimes from line-by-line reading and cross-referencing of the statutes and the implementing regulations adopted by Congress and carried out by the Department of Health and Human Services, Department of Homeland Security, Department of Defense and other federal agencies between 2001 and today.

Break these unlawful, immoral human laws, at every opportunity you have.

* * *

³⁴⁷ <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

³⁴⁸ <https://dailyexpose.uk/2022/04/03/confidential-pfizer-docs-official-gov-data-vaccinated-suffering-ade/>

³⁴⁹ <https://www.law.cornell.edu/uscode/text/10/1107>

³⁵⁰ <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.116>

³⁵¹ <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-A/part-50/subpart-B/section-50.25>

³⁵² <https://docs.justia.com/cases/federal/district-courts/texas/txsdc/4:2021cv01774/1830373/18>

³⁵³ <https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf>

³⁵⁴ https://www.csuchico.edu/iege/_assets/documents/susi-letter-from-birmingham-jail.pdf

April 7, 2022 - Responding to Steve Kirsch, James Roguski and others: World War Biochemistry has been underway for decades, key battle won by World Health Organization silently in January 2020.

Steve Kirsch posted yesterday³⁵⁵ about the latest round of negotiations to expand the World Health Organization's power to strip citizens and nation-states around the world of our sovereignty, physical freedom and Nuremberg-enshrined human rights, and operate as a one-world government accountable to no one and legally authorized to continue committing global genocide.

He linked to a series of excellent posts by James Roguski³⁵⁶.

Both are rightly raising the alarm, and I agree with them: people should get involved now, if not sooner, in trying to fight off the latest power grab by the World Health Organization, its demonic, anti-human financial backers and World War Biochemistry profiteers (the Rothschild-Rockefeller cabal), and its quislings in the United States Congressional-military-industrial-pharmaceutical complex³⁵⁷.

One way to take action, advocated by former WHO scientist Astrid Stuckelberger, is posted here³⁵⁸ and reposted below.*

It's also important for people to understand that the one-world government led by WHO is already in place, and operational at the federal, state, county and municipal level in every country, including America, through the legal merger of the public health and law enforcement systems.

The WHO already declared a "public health emergency of international concern,"³⁵⁹ and it therefore automatically, silently took control of the US government, through the US Secretary of Health and Human Services, who already declared a public health emergency³⁶⁰, in full subordination and compliance with WHO orders.

The US-HHS Secretary (first Azar, now Becerra) is already functioning as an unelected, unannounced dictator and has been in full power since January 2020.

Xavier Becerra already has Congressionally-legislated and funded, President-ratified, judicially-unreviewable power to domestically deploy the US military and local law enforcement to try to round up and imprison dissidents, aka people who can be alleged are asymptomatic carriers of colds and flus, and/or insurrectionists disturbing civil order by objecting to Covid-related government policies and programs, or election fraud, or any other pretext.

They haven't used that power yet, for at least two reasons:

1. They'd rather conduct the genocide so it looks voluntary, committed by people who go to hospitals, nursing homes, pharmacies and clinics and get the toxic injections under their own steam, without resistance, than try to go door-to-door hauling people out of our homes, shipping us to medical facilities or detention camps, and injecting us by force.
2. Americans are armed at the household level, thanks to the Constitutional framers' incredible wisdom and foresight in enshrining the Second Amendment right of the citizens to keep and bear arms to protect ourselves from what we now face: government tyranny. Our government is actively working, on behalf of hostile enemies fronted by the WHO, to enslave and kill the People.

See Legal Walls of the Covid-19 Kill Box³⁶¹

To repeat: It's a good idea to try to stop WHO from expanding and strengthening its one-world-government powers, which is what the current round of negotiations is about.

³⁵⁵ <https://stevekirsch.substack.com/p/more-covid-insanity?s=r>

³⁵⁶ <https://jamesroguski.substack.com/p/wake-up-and-smell-the-burning-of?s=r>

³⁵⁷ https://avalon.law.yale.edu/20th_century/eisenhower001.asp

³⁵⁸ <https://bailiwicknews.substack.com/p/another-piece-of-the-russia-demonization?s=w>

³⁵⁹ <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/01/2019-ncov-outbreak-is-an-emergency-of-international-concern>

³⁶⁰ <https://www.aha.org/news/headline/2020-01-31-us-declares-coronavirus-public-health-emergency-cdc-updates-guidance>

³⁶¹ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

They want it to also be deployable in any future natural disaster (floods, hurricanes, droughts) and any man-made disaster (wars, famines, supply chain disruptions, currency collapses), not just to communicable diseases.

The legal framework is already in place, through the 2005 International Health Regulations as implemented through US statutes and regulations, which all flowed from the anthrax attacks just after 9/11, which were deployed by the US military itself, to create the population-level mass fear predicates for Congressional adoption of the Patriot Acts and the related public health martial laws.

Some of the pieces were put into place between 1944 and 2000, especially in 1983, when Section 319 was added to 42 USC 247d to cover “public health emergencies” and set up a Public Health Emergency Fund³⁶² and 1986, when the Childhood Vaccine Compensation Act stripped US citizens of access to federal and state courts for wrongful death and injury claims caused by pharmaceutical homicide products marketed as vaccines.

But most have been put into place since 2000, alongside hundreds of implementing regulations adopted by the Department of Homeland Security (including FEMA); the Department of Health and Human Services (including the CDC, FDA, NIH, NIAID); the Department of Justice; the Department of Defense (including the Army and National Guard) and other federal agencies.

And they’ve been tested to see how they work, to psychologically condition the population to interpret government interference and oppression as government protection, and to strengthen them, through the 2001 anthrax attacks, the 2003 SARS outbreak, 2005 Hurricane Katrina and Hurricane Rita disaster management programs, 2005 H5N1 outbreak, 2009 H1N1 outbreak, 2014 Ebola outbreak, 2019 SARS-CoV-2 outbreak, November 2020 election theft, and January 6, 2021 protests in Washington DC, with subsequent political imprisonment of non-violent trespassers and wholesale criminalization of public or private dissent from and criticism of government-by-executive-decree.

Below are the main statutes passed between 2000 and the present, setting the frameworks in place.

These are the illegitimate U.S. laws that must be openly, deliberately resisted and violated by individual citizens, families and communities, and repealed by Congress, if America is to move forward in history as a Constitutional republic, with sovereign self-governance and protection of God-given natural human rights, just as the United States must withdraw from its membership in the anti-human World Health Organization:

- 2000 Public Health Improvement Act (expanded authorities granted to Secretary of Health and Human Services under Section 319, Public Health Emergencies)
- 2002 Public Health Security and Bioterrorism Preparedness and Response Act
- 2002 Homeland Security Act
- 2004 Project Bioshield Act
- 2005 Public Readiness and Emergency Preparedness Act
- 2006 Pandemic and All-Hazards Preparedness Act
- 2007 John Warner Defense Authorization Act (amended 10 USC 333 re: “insurrection.”)
- 2012 National Defense Authorization Act (authorized indefinite detention of US citizens without charge or trial)
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act
- 2016 21st Century Cures Act
- 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act
- 2020 Coronavirus Aid, Relief, and Economic Security Act

*

*The most dangerous articles of the WHO CONSTITUTION³⁶³ for our liberties are

1) Article 19, which states that if two-thirds of member states accept a resolution or new regulation under “emergency law,” it is adopted for ALL member states with a time of implementation (under Article 22); and

³⁶² <https://uscode.house.gov/statutes/pl/98/49.pdf>

³⁶³ <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

2) Articles 20 & 21, which states that any regulation can be put in place for global health security, including:

- sanitary and quarantine measures (i.e. lockdown, masks, isolation and distancing at random)
- nomenclatura change (i.e. definitions)
- standardization of diagnostics (i.e. tech replacing doctors with fraud like PCR)
- standardized procedures and products
- labelling and marketing of products (e.g. the business is on! Vaccines Forever)

React before it is too late!

It is a right of member states to object and refuse participation, in Article 20, but most federal governments will not use it, so individual citizens should use it.

Anyone can write to WHO as a citizen of the world and of his or her country.

Write a letter with a copy to the UN Secretary General, your own government and your country's ministry of health, to state:

- that as People of the country they are supposed to inform you of the proposed international law and represent you for your best interests;
- that you do not consent in any way to this treaty or any form of agreement under a 'public health emergency of international concern' (PHEIC) or other international emergency;
- that you do not consent that your government [to the extent your government is complicit] represents you;
- you oppose all decisions from now on and those taken in the past which need serious revision under the supervision of the People; and
- any other points you want to add

Sign alone, in groups or on behalf of an organization.

Send copies to:

1. WHO Director General
Tedros Adhanom Ghebreyesus
20 Avenue Appia
1211 GENEVA 27
SWITZERLAND
2. Antonio Guterres
Secretary-General of the United Nations
UN Headquarters
405 East 42nd Street,
New York, NY, 10017, USA
USA
3. Your Country's President (Prime Minister, etc.)
4. Your Country's Minister of Health (Secretary of Health and Human Services, etc.)
5. International Coronavirus Investigative Committee³⁶⁴ led by Reiner Fuellmich.

Distribute copies on your platforms and to your networks.

One more step towards freedom, out of disease and perpetual vaccination tyranny!

* * *

³⁶⁴ <https://corona-ausschuss.de/en/modal/btcpay.js>

April 7, 2022 - Re: “judicially-unreviewable.”

Commenter to previous post³⁶⁵ wrote:

“judicially-unreviewable power”

Having a hard time reconciling this with the 10th Amendment. Either the Constitution is supreme or revolutionary war will come.

Are you saying SCOTUS would try to enforce the treaties? Are treaties supreme to national laws?

Someone needs to explain how this is law just because legislation was passed. Unconstitutional laws pass and get rejected. States refuse to prosecute laws. How is this different?

My response:

More likely, SCOTUS will simply kick out all cases brought on Constitutional and civil liberties grounds, which is what they’ve done to date, acting as if those issues are moot.

So far, (as far as I know) all of their rulings — even the ones that benefit workers by lifting alleged mandates — have been on procedural and regulatory grounds, and SCOTUS Chief Justice Roberts, in a May 2020 case *South Bay United Pentecostal v. Newsom*³⁶⁶, explicitly said that federal judges should not even attempt to review or second-guess emergency actions taken by executive and legislative branches.

“The precise question of when restrictions on particular social activities should be lifted during the pandemic is a dynamic and fact-intensive matter subject to reasonable disagreement. Our Constitution principally entrusts “[t]he safety and the health of the people” to the politically accountable officials of the States “to guard and protect.” *Jacobson v. Massachusetts*, 197 U. S. 11, 38 (1905). When those officials “undertake[] to act in areas fraught with medical and scientific uncertainties,” their latitude “must be especially broad.” *Marshall v. United States*, 414 U. S. 417, 427 (1974). Where those broad limits are not exceeded, they should not be subject to second-guessing by an “unelected federal judiciary,” which lacks the background, competence, and expertise to assess public health and is not accountable to the people. See *Garcia v. San Antonio Metropolitan Transit Authority*, 469 U. S. 528, 545 (1985).”

So far, most federal courts have abided by CJ Roberts’ implicit directive to steer clear of Constitutional review.

Also, Congress put provisions into the statutes that authorize a variety of court workarounds, mostly related to the principle of “committed to agency discretion.”

- Once the HHS Secretary has declared a public emergency, he or she has emergency powers that courts cannot review. 42 USC 247d-6d(b)(7).
- And once he or she has designated a product as an EUA “countermeasure,” use of the product, and all the people involved in developing, manufacturing, distributing and administering the product are almost completely immune from accountability for their actions.
- People who have claims are barred from using state or federal courts for civil cases; the sole remedy is the Congressionally authorized National Vaccine Injury Compensation scheme.
- No court can review compensation payouts made under that program. 42 USC 247d-6e(b)(5)(C).
- Congress legalized the “just following orders” defense for nurses and other vaccinators. 42 USC 247d-6d(c)(4).
- Procurement contracts (i.e. with Pfizer) can only be reviewed by the contracting agency (HHS/FDA/CDC) or by the Comptroller General.
- Contractors are, for legal purposes, considered HHS employees, so they get government immunities.
- Burden of proof is on plaintiffs to prove willful misconduct proximate to injury and/or death, stricter standard than negligence.
- The only federal court authorized to hear claims is the US District Court for District of Columbia (home court) and they are required to use a three-judge panel, and their rulings are specifically not appealable to US Supreme Court. 42 USC 247d-6d(e)(5)

³⁶⁵ <https://bailiwicknews.substack.com/p/responding-to-steve-kirsch-james?s=w>

³⁶⁶ <https://www.law.cornell.edu/supremecourt/text/19A1044>

I'm working on detailed summaries and analysis of the U.S. laws passed between 2000 and 2022, to post here over the next few weeks/months, so some of those specific citations might be wrong, and will be corrected in the full posts.

In the meantime, the main statutes to look at, to confirm or refute my analysis so far, are the 2004 Project Bioshield Act, PL 108-276, passed July 21, 2004, and the 2005 PREP Act, PL 109-148, passed Dec. 30, 2005.

* * *

April 8, 2022 - Note to Attorney Aaron Siri re: US statutes nullifying US Constitution.

Sent by email today, at the suggestion of a commenter.

I'm a paralegal and independent investigative reporter, and I write a Substack about Covid-times law, geopolitics, etc. called Bailiwick News. Since late January, after I heard Attorney Todd Callender's interview on Truth4Health with Elizabeth Lee Vliet, I've been researching and writing about Callender's findings about the legal frameworks put in place to implement the WHO 2005 International Health Regulations in the United States.

I wrote a long-read piece, posted on Feb. 26, and have done several other smaller pieces and a summary version:

- Legal Walls of the Covid-19 Kill Box³⁶⁷
- Legal Walls - SHORT VERSION³⁶⁸

As I continue digging, I've found the series of Congressional statutes passed and signed by presidents between 2000 and the present, including the two mentioned in the subject line: Project Bioshield Act of 2004 and PREP Act of 2005.

Full list of the statutes I've found so far is below.

I've been reading them and preparing to write a series of synopsis/analysis posts about them.

Yesterday, in response to more coverage about the current round of World Health Organization "pandemic treaty" negotiations, I posted another piece highlighting that the theft of sovereignty isn't at some point in the future, if the new round of WHO negotiations concludes with a new pandemic treaty. Responding to Steve Kirsch, James Roguski and others³⁶⁹

The theft of sovereignty is complete already, and has been operational since January 2020, with WHO Director-General Tedros' Jan. 30, 2020 declaration of "public health emergency of international concern" (PHEIC) followed by US Health and Human Services Secretary Alex Azar's Jan. 31, 2020 declaration of public health emergency in America.

Combined, those two acts functioned under the WHO Constitution and the implementing statutes already in place in the US, to silently and automatically transfer all federal governing power in the United States from the three branches working within the US Constitution, into the HHS Secretary's hands, with the Secretary serving as a subordinate to Tedros, to implement WHO policies in the U.S. under the WHO Constitution.

The only missing piece is that the silent, automatic overthrow of the US government by WHO hasn't been announced to the population yet.

In response to the post, a commenter asked me why I used the phrase "judicially unreviewable" to describe the hostile takeover, given the 10th Amendment to the US Constitution, so I posted a quickly-assembled list of some of the provisions I've found so far in reading and taking margin notes on the 2004 Project Bioshield Act and the 2005 PREP Act. Re: Judicially unreviewable

³⁶⁷ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

³⁶⁸ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

³⁶⁹ <https://bailiwicknews.substack.com/p/responding-to-steve-kirsch-james?s=w>

A commenter on that piece asked about “willful malfeasance” as a way for plaintiffs to get around the liability protections for the products (vaxxes) and the people involved in developing, manufacturing, distributing and administering them.

I wrote back:

“My understanding is that the people who wrote the statutes — probably pharma lobbyists and WHO technocrats on behalf of financial elites — wrote them carefully to split apart the people who knew how deadly the shots are (the corporate executives, attorneys and researchers) from the people who would actually administer them (the nurses, pharmacists and doctors).

So they wrote in two prongs plaintiffs must prove for defendants to be culpable: “willful misconduct” (knowingly engaging in bad behavior like clinical trial fraud or adding toxic ingredients to vials) and “proximate” to injury and death (being near in time and space to the victim).

The corporate executives and researchers knew but weren’t proximate, because they didn’t personally inject victims. The nurses and pharmacists were proximate to the injuries (delivered the injections) but didn’t know about the clinical trial fraud and adulterated contents of the vials.”

The commenter asked me to forward that analysis to you, and ask you “how bulletproof that scheme is.”

I’ve also forwarded the information to Attorney Todd Callender, lead attorney on a Department of Defense case of military personnel against Secretary Austin, who filed an appellate brief in 10th Circuit Court of Appeals on March 28. (22-1032).

Thank you for your tremendous work with Public Health and Medical Professionals for Transparency³⁷⁰ and other cases.

* * *

April 11, 2022 - Parallel statutory and international law frameworks: pandemic and countermeasures v. bioweapons

Today I read a Substack post by Lynn Comerford: *Law Professor Francis Boyle, Author of the U.S. Biological Weapons Terrorism Act of 1989, links U.S. Bioweapons Facilities in Ukraine to SARS-CoV-2 & Seeks Covid-19 Prosecutions in the U.S.*³⁷¹

“Taking down the biodefense industry is a large task. Where do you begin? Professor Boyle argues one starts with the 15 co-authors of the 2015 paper, “SARS-Like Cluster of Circulating Bat Coronavirus Pose Threat for Human Emergence³⁷²,” and those who funded it.

You will recognize many of these names: Dr. Francis Collins, Dr. Fauci, Dr. Peter Daszak, Dr. Rochelle Walensky, and Dr. Ralph Baric. These people can be charged with murder and conspiracy to commit murder, according to Professor Boyle.

Boyle believes there are legal grounds to criminally charge the people engaged in behavior antithetical to the Biological Weapons Anti-Terrorism Act of 1989 [PL 101-298³⁷³] and responsible for creating Covid-19 and Covid-19 vaccines.”

That post clarifies that there are at least two parallel legal frameworks that could be brought to bear on the Covid-19 global disaster.

³⁷⁰ <https://phmpt.org/court-documents/>

³⁷¹ <https://lynncomerford.substack.com/p/law-professor-francis-boyle-author?s=r>

³⁷² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/>

³⁷³ <https://www.congress.gov/101/statute/STATUTE-104/STATUTE-104-Pg201.pdf>

One is the Biological Weapons Convention of 1974 and implementing statutes and regulations in the United States, rendering the use of SARS-CoV-2 and the Pfizer, Moderna and other injections as bioweapons.

The other framework is the World Health Organization International Health Regulations of 2005, with different, possibly overlapping or conflicting, implementing statutes and regulations.*

I mentioned these competing frameworks in the short analysis section at the bottom of Legal Walls of the Covid-19 Kill Box³⁷⁴ posted Feb. 26, 2022:

“Biological and chemical warfare acts are legally-distinct from pandemics. They fall under different international treaties.”

My source for that claim was another Todd Callender interview, conducted Feb. 12, 2022 by Dr. Elizabeth Lee Vliet, during which they both discussed these issues with Lt. General Thomas McInerney³⁷⁵.

McInerney categorized the Covid outbreak and the subsequent injections as acts of war, not as a pandemic of infectious disease followed by a medical management response.

He concluded that Covid-19 was therefore not a legitimate trigger for the World Health Organization’s *de facto* usurpation of national sovereignty³⁷⁶ usurpation of national sovereignty under the 2005 International Health Regulations, despite the WHO Director-General declaring the outbreak a “public health emergency of international concern” (PHEIC) on January 30, 2020, and successfully deceiving world governments and civilian populations to cooperate with the coordinated, fraudulent global control-and-compliance program.

In the United States, the control-and-compliance program was imposed in the form of Emergency Use Authorized pandemic countermeasures of school, business and church closures; masking; testing; social distancing; and medical treatments.

All were imposed by implied force, under the 1938 Federal Food Drug and Cosmetics Act and the 1944 Public Health Service Act and the legal merger of the country’s public health and law enforcement systems through amendments to those two laws passed by the U.S. Congress and signed by American Presidents between 1983 and 2020.

Instead, McInerney argued, all of the public and private acts undertaken by governments, courts, military leaders, schools, nursing homes, hospitals, corporate executives and other actors since January 2020, fall under a different international law framework: the Biological Weapons Convention ratified by the United States Senate in 1974 and implemented by U.S. statutes including the Biological Weapons Anti-Terrorism Act of 1989 (in force as of May 22, 1990 as PL 101-298).

Under that framework, the acts of so-called public health diagnostics, treatments, mitigations, measures and countermeasures are war crimes.

Citizen-civilian-patients are victims.

The agents are criminals.

*

Difficult getting civil cases to discovery and trial

It has been extraordinarily difficult for plaintiffs and attorneys to get Constitutional, human rights and civil rights claims past the motion to dismiss stage at the federal court level in the United States, and into discovery; impartial, public judicial review of evidence about the key fact issues; and trial.

³⁷⁴ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

³⁷⁵ <https://www.americaoutloud.com/hemorrhagic-fevers-diabolical-warfare-plan-exposed/>

³⁷⁶ <https://bailiwicknews.substack.com/p/responding-to-steve-kirsch-james?s=w>

The difficulty stems, at least in part, from the two parallel frameworks outlined above, and the deliberate, premeditated legal misclassification of bioweapons as viruses and vaccines.

Key fact issues need to be settled through adversarial legal proceedings and explored through open, uncensored public debate.

These issues include:

- the origins of Covid-19;
- the integrity of the clinical trials; and
- the safety and efficacy of the injections.

Not coincidentally, those are the key fact issues that cannot be presented in courtrooms, or discussed on government-controlled media platforms, health care or law enforcement settings, without eliciting case dismissal, overwhelming censorship and reputational assassination.

Intellectual Property Law

The two parallel legal frameworks are also related to another issue Callender has highlighted in his interviews over the last few months: the US Supreme Court *Myriad* precedent set in 2013³⁷⁷, interpreting a 1952 statute governing the patentability of inventions. (35 U.S.C. 101, PL 593, 66 Stat. 797)

Under *Myriad* and a series of intellectual property rights (IPR) cases dating back to *Chakrabarty* in 1980, genetically-modified, living biological organisms become the legal property of the gene-modification procedure's patent-holder after the gene modification.

Up until now, the precedent has been applied to seeds, mice and other plant and animal organisms.

If applied from this point forward, the law could also govern the ownership of human beings, nullifying the 13th Amendment prohibition on slavery and involuntary servitude.

In such a legal scenario, the owners would be the US government (through the NIH), Anthony Fauci³⁷⁸, Pfizer, Moderna, Johnson & Johnson, AstraZeneca, and other pharmaceutical corporations and government agencies that hold patents on gene sequences found in HIV, SARS, MERS, SARS-CoV-2 and the injectable gene modification bioweapons marketed by governments, pharmaceutical and mass-media corporations as 'safe and effective Covid-19 vaccines.'

The chattel property class could include anyone who contracted and recovered from the aerosolized bioweapon known as Covid-19 over the past two years and anyone who has been given the injectable form of the gene modification.

If these humans are now chattel property in legal terms, rather than sovereign individuals with inalienable rights under criminal and civil law, then current international and federal laws criminalizing battery and homicide of humans — such as the 1989 Biological Weapons Terrorism Act — may be currently legally inapplicable.

Congress adopted the statute concerning the patentability of inventions in 1952.

The Supreme Court interpreted that statute in *Myriad* in 2013.

Congress now can — if strong, sustained public pressure is applied — adopt laws protecting the lives and liberties of genetically-modified humans as morally and legally identical to the lives and liberties of unmodified humans. Adoption of such laws would clear the path for prosecution of the criminals deploying the bioweapons, for the injuries and deaths of the people they've sickened and killed.

On that topic: Dr. Sherri Tenpenny provided an overview of more than 40 mechanisms of injury during testimony to the Corona Investigative Committee³⁷⁹ led by Reiner Fuellmich. She explained the mechanisms in the first 15 minutes

³⁷⁷ <https://bailiwicknews.substack.com/p/myriad-and-moderna-and-the-furin?s=w>

³⁷⁸ <https://www.cancer.news/2022-03-15-fauci-patent-gp120-covid-hiv-destroys-t-cells.html>

³⁷⁹ <https://odysee.com/@Corona-Investigative-Committee:5/Session-99-Dr.-Sherri-Tepenny:0>

of her presentation, covering the acute, chronic and life-limiting disorders she outlined in a 2021 report³⁸⁰ and others she has identified since her initial review of the medical evidence.

Toward the end of the interview, Dr. Tenpenny also discussed the need for Congress to repeal the PREP Act of 2005³⁸¹, to revoke the civil liability shield currently enjoyed by the bioweapon manufacturers, distributors and government accomplices.

*

Three fronts in the legal war: federal civil cases

There are at least three main fronts in the legal war as fought by plaintiffs and civil attorneys over the past two years in federal courts, not counting citizen efforts to mobilize criminal investigations and bring criminal charges against ringleaders such as Anthony Fauci, Xavier Beccera, Albert Bourla, Bill Gates, Tedros Adhanom Ghebreyesus, Klaus Schwab and others³⁸², and against local enforcers such as school board members³⁸³.

Most of those grassroots attempts to get police to investigate alleged crimes, and to get prosecutors to prosecute, are failing. The evidence is presented, but it's studiously ignored by law enforcement officers, state attorneys general and county district attorneys.

One civil law front includes federal cases brought on transparency, censorship, Freedom of Information and other First Amendment grounds.

Examples include:

- *Public Health and Medical Professionals for Transparency v. Food and Drug Administration*, US District Court Northern District Texas (4:21-cv-01058-P)
- *Empower v. National Institutes for Health* (NIH), USDC Eastern District Virginia (1:21-cv-01275)
- *Changizi, Senger and Kotzin v. Health and Human Services*, USDC Southern District Ohio (2:22-cv-01776)

The freedom of information cases have had some success, especially *PHMPT v. FDA*, led by Attorney Aaron Siri, which has resulted in the court-ordered disclosure of large volumes of drug development, clinical trial, adverse effects and deaths data³⁸⁴, posted for public access at the PHMPT website and now under scrutiny by a large team of citizens and attorneys coordinated by staff at DailyClout³⁸⁵.

A second set of civil cases have sought to stop the vaccine campaign, block further injections, and hold the vaccinators liable under tort law, for already-accrued deaths and injuries caused by the gene manipulation bioweapons.

A third front includes federal civil cases seeking injunctions and remedies for job loss, financial loss, and educational opportunity loss caused by governments shutting down and limiting occupancy of businesses, schools and churches; and/or caused by public and private employers and schools firing and expelling workers and students who either refuse to voluntarily submit to the U.S. government's branch of the global biowar on humans, or are trying to stop the assault on the People, using whistleblower and fraud statutes.

Most of the federal civil cases are being blocked by federal judges.

Or, if they lead to temporary, preliminary injunctions (almost always on procedural, not Constitutional grounds), the injunctions are later reversed by the appellate courts.

The courts are abandoning victims to the abusive aggression of those who market, manufacture, deliver and administer the bioweapons, those who cover up the resulting injuries and deaths, and those who destroy the economic and educational lives of people refusing to take the shots in self- and soul-defense.

³⁸⁰ <https://covid19alternativeperspectives.files.wordpress.com/2021/08/vaxxxkill.pdf>

³⁸¹ <https://bailiwicknews.substack.com/p/project-bioshield-act-of-2004-and?s=w>

³⁸² <https://dailyexpose.uk/2022/01/21/criminal-complaint-texas-attorney-general-crimes-against-humanity/>

³⁸³ <https://bailiwicknews.substack.com/p/notices-of-intent-to-file-claims?s=w>

³⁸⁴ <https://phmpt.org/pfizers-documents/>

³⁸⁵ <https://oh17.com/2022/04/11/naomi-wolf-update-on-status-revelations-from-pfizer-document-dump/>

An incomplete list of civil cases (the ones I know of as of today):

- *Butler v. Wolf*, USDC Middle District Pennsylvania, Third Circuit Court of Appeals. Appeal denied without explanation by US Supreme Court (20-2936). Challenge to constitutionality of governor's emergency executive orders.
- *South Bay United Pentecostal v. Newsom*, USDC Southern District California, 9th Circuit Court of Appeals, US Supreme Court (590 US __2020). Challenge to constitutionality of governor's emergency executive orders.
- *Jackson v. Ventavia*, Pfizer et al, USDC Eastern District Texas (1:21-cv-00008-MJT). Whistleblower, False Claims Act case alleging clinical trial fraud and defrauding of US government and FDA as emergency-authorizers, purchasers, marketers and mandaters of the toxic products.
- *Bridges v. Houston Methodist Hospital*, USDC Southern District Texas, 5th Circuit Court of Appeals (21-20311). Challenge to private employer vaccine mandate.
- *America's Frontline Doctors v. Becerra*, et al. USDC Northern District Alabama (2:21-cv-00702-CLM). Challenge to FDA Emergency Use Authorization of product.
- *Klaassen v. Trustees of Indiana University*, USDC Northern District Indiana, 7th Circuit Court of Appeals. Appeal rejected by US Supreme Court Justice Amy Coney-Barrett without explanation (21-2326). University vaccine mandate challenged by college students.
- *Robert et al. v. Austin, Becerra, et al.* USDC Colorado, 10th Circuit Court of Appeals (21-cv-2228; 22-1032). Challenge to federal military vaccine mandate.
- *Ealy, Linthicum and Thatcher v. Redfield, Walensky, Azar et al.*, USDC Oregon Petition to Impanel Special Grand Jury to Investigate Allegations of Federal Crimes (3:22-cv-356-HZ). Allegation that multiple federal agencies committed multiple federal crimes, defrauding US public and state and local governments.
- *Costin v. Biden et al.*, USDC District of Columbia (1:21-cv-02484). Challenge to federal employee, federal contractor and federal military vaccine mandates.
- *Navy Seal 1 v. Biden et al.*, USDC Middle District Florida (8:21-cv-02429-SDM-TGW). Challenge to federal military vaccine mandate.
- *Church v. Biden*, USDC District of Columbia (1:21-cv-02815). Challenge to federal employee, federal contractor and federal military vaccine mandates.
- *Navy Seal 1 v. Austin et al.*, USDC Northern District Texas (4:21-cv-01236), Class Action. Federal Department of Defense mandate on military personnel.
- *Missouri v. Biden*, USDC Eastern Missouri (2021 WL 5564501) and *Louisiana v. Becerra*, USDC Western Louisiana (2021 WL 5609846), appealed by Biden Administration to 5th and 8th Circuit Courts of Appeals. Consolidated 21A240 and 21A241 at US Supreme Court (595 U.S. __ 2022). Challenge to federal mandate on health care workers at Center for Medicare and Medicaid (CMS)-funded facilities.
- *Feds for Medical Freedom v. Biden*, USDC Southern Texas, 5th Circuit Court of Appeals (3:21-cv-00356). Challenge to federal mandate on federal employees.
- *National Federation of Independent Businesses v. Department of Labor Occupational Health and Safety Administration (OSHA); Ohio v. OSHA*. Consolidated 21A244 and 21A247 at US Supreme Court (595 US __ 2022). Challenge to federal/OSHA mandate on private employers with 100 or more employees.
- *Keil v. City of New York*. USDC Southern District New York, 2nd Circuit Court of Appeals (21-3043-cv). Appeal rejected without explanation by US Supreme Court Justice Sonya Sotomayor (21A398). Challenge to New York Department of Education mandates on schoolteachers and school staff.
- *Federal Civilian Contractor Employer v. Austin*, USDC Middle District Florida (8:2022-cv-00365). Challenge to federal mandate on federal contractors.
- *Doster v. Kendall*, USDC Southern District Ohio (1:22-cv-00084). Challenge to federal mandate on Air Force servicemembers.
- *Griner v. Biden*, USDC Utah (2:22-cv-00149-DAK). Challenge to federal mandate on health care workers at CMS-funded facilities, including challenge to the government's definition of the product as 'vaccines.'
- *Feds for Medical Freedom v. Biden*, USDC Southern District Texas, 5th Circuit Court of Appeals. (3:21-cv-00356). Challenge to federal 'mandate' on federal employees.'

*

Dr. David Martin's District Court case in Utah (*Griner v. Biden*) and Attorney Todd Callender's Department of Defense case in the 10th Circuit Court of Appeals (*Robert v. Austin*), are, as far as I know, the first American cases to break out of the 'vaccine' paradigm, and move somewhat closer to the bioweapons framework.

This is an important change in legal strategy, because the Covid genocide has been enabled to continue for so long, with so little public resistance, by being falsely presented — and mistakenly perceived by an isolated, frightened, confused, psychologically disintegrated, involuntarily re-educated population³⁸⁶ — as benevolent public health interventions administered by dedicated, caring nurses, doctors and pharmacists.

The Covid genocide is not comprised of benevolent public health interventions.

The Covid genocide is comprised of humiliation, ostracism, battery, poisoning, maiming and homicide ordered by pathological, lying, evil people led by Xavier Becerra in the U.S., and committed by people who just follow orders³⁸⁷.

Stop complying.

Speak up.

* * *

April 12, 2022 - Send comments to World Health Organization on pandemic treaty update negotiations

Repost of email update from Stand for Health Freedom

Note: As I've written before, I think the current version of the WHO International Health Regulations of 2005 already comprise de facto nullification of the U.S. Constitution and mooted of the U.S. government³⁸⁸, so that US Health and Human Services Secretary Xavier Becerra is an unelected and unannounced American dictator, and he and his predecessor (Alex Azar) have been serving the WHO and its financial backers in that capacity since January 2020. It's still worth letting WHO know how many people around the world are watching what they're doing now, learning about what they've already done and attempted to do, and preparing to engage in more vigorous, widespread, well-informed noncompliance against the WHO's illegitimate attempted theft of our individual and national sovereignty.

*

Update from Stand for Health Freedom

Comments open for WHO Pandemic Treaty meeting

Over 37,000 people across the globe signed the Stand for Health Freedom petition to tell America's leaders to say NO to a legally binding global pandemic treaty. Now you also have the opportunity to tell WHO directly! Comments are now open for the world to tell The World Health Organization (WHO) what we think about a global pandemic treaty.

A meeting that starts at 08:00 CEST (2:00 am EST) April 12, 2022 was announced at the end of last week, leaving little time for public input, but comments are open until 11:00 am EST, Thursday April 13.

WHO created an Intergovernmental Negotiating Body (INB) to work out the details of the global Pandemic Treaty planned for adoption at the 2024 World Health Assembly. It intended that the agreement be legally binding on member states.

This is an unacceptable threat to U.S. sovereignty, and would take health decisions out of the hands of American families. Click here³⁸⁹ to learn more and sign the petition telling our lawmakers to keep health at home.

³⁸⁶ <https://www.cia.gov/readingroom/docs/CIA-RDP78-02646R000100100002-4.pdf>

³⁸⁷ <https://codes.findlaw.com/us/title-42-the-public-health-and-welfare/42-usc-sect-247d-6d.html>

³⁸⁸ <https://bailiwicknews.substack.com/p/responding-to-steve-kirsch-james?s=w>

³⁸⁹ <https://standforhealthfreedom.com/action/who/>

WHO Rules for comments:

- You must answer the question: “What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?”
- 250 word maximum
- Responses are due by 17:00 CEST (11:00 am EST) Thursday, April 13, 2022.

Click below³⁹⁰ to be taken to the WHO web portal for comments! Click on “Written Submissions.”

Stand for Health Freedom cannot give you a script because messages would be blocked. If you need inspiration, here are the main talking points:

1. WHO treaties that remove power from the US are dangerous to the health and welfare of Americans.
2. All health decisions need to stay as close to home as possible, including when an emergency exists. WHO does not have power over the health decisions *yet* but it will if the US agrees to a legally binding pandemic treaty.

The WHO Constitution states: “Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.” Let’s hold them accountable to their word.

After you comment, you can stream the meeting [here](#)³⁹¹.

*

UPDATE: Text of the WHO Terms of Participation indicate pretty clearly what they think of the public in relationship to the WHO. We have no rights, and they have all immunities.

Terms of participation in the public hearings regarding a new international instrument on pandemic preparedness and response³⁹²

These terms address your participation or other activities relating to the public hearings of the WHO Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the INB).

Please read these terms carefully. By participating in the hearings or indicating your interest to do so, you are deemed to have agreed to these terms. Throughout these terms, the terms “you” and “your” refer to both you as an individual, and, if applicable, any entity or organization you represent or are affiliated with, and you confirm that you are authorized to act on behalf of that organization.

In the event that WHO decides that your conduct or participation in the public hearings is or would be inconsistent with these Terms, or for any reasonable basis as decided by WHO, WHO may, at its sole discretion, and without any notice, recourse, or remedy to you, elect to remove you from participation in the public hearings and/or remove or redact any contribution(s) you may have made to the public hearings.



Sts. Cosmas and Damian, patron saints of doctors and pharmacists.

³⁹⁰ <https://inb.who.int/home/written-submissions>

³⁹¹ <https://inb.who.int/>

³⁹² <https://inb.who.int/home/terms-of-participation>

Conduct of your participation

In any participation in the public hearings (written, spoken, or otherwise), your behaviour and contributions must in all cases:

- Be relevant to the subject matter of the public hearings;
- Refrain from making any statements unrelated to the topic at hand; and
- Be presented in a respectful manner, free of any profanity, ad hominem attacks, vulgarity, or other inappropriate language.

If participation, spoken or written, does not conform with these requirements, as determined solely by WHO, the participation will not be receivable. This means that WHO may call speakers to order, and/or discontinue speakers' connections, and elect to not post written statements.

Full disclosure of all affiliations

In participating in the public hearings, you must declare the entity you represent and any other affiliations, engagement, or roles relevant to the public hearings or to WHO, in light of its mandate.

No right to participate in the public hearings

You understand that WHO is not able to ensure that all interested parties will be able to participate in the public hearings, and that thus WHO does not make any commitment or undertaking to allow you to participate in the public hearings.

Terms regarding the spoken component of the public hearings

Subject to WHO's policies and procedures, the availability of slots, and these terms, spoken contributions will be welcome from all relevant stakeholders, including both public and private sector entities, that register and accept the applicable terms for spoken contributions.

The time limit for each spoken intervention at the hearings is two minutes. Participants may be automatically cut off on this two-minute mark. For reference, this is approximately 220 words of written text delivered at a speed that allows simultaneous interpretation, as more fully described below.

WHO will, subject to availability and technical ability, provide interpretation in the official WHO languages, and your contribution may be in any of the official WHO languages, which are Arabic, Chinese, English, French, Russian and Spanish. Spoken contributions in any other language are unfortunately not receivable at this time.

Participants must speak clearly and at a reasonable pace, which enables interpretation into WHO's official languages. Appropriate video and audio connections will help ensure clarity of spoken contributions.

Any failure to follow the speed and process of the digital platform may result in a speaker's allocated speaking position being forfeited.

WHO does not provide any right to speak, and speaking opportunities may be impacted by technical issues, errors, human errors, or other factors.

Please also note that due to high expected demand, WHO cannot guarantee speaking slots, or any specific speaking times, for the spoken component of the public hearings and may allocate the limited number of slots available with a view to ensuring the widest possible presentation of viewpoints.

Terms regarding the written component of the public hearings

Written contributions will be welcome from all interested parties, including the general public.

Written contributions may be provided in any language. Please note, however, that translation will not be provided by WHO, contributions will (subject to these terms, including potential redactions or revisions) be presented in the language in which they were provided. Please further note that in reviewing and preparing any reports or summaries

of contributions received, WHO will machine translate any contributions received into English for internal administrative purposes.

Media (and related) consent

By participating in the hearings and/or indicating your wish to do so, you consent to your contribution(s) – whether video statement, written statement, and/ or otherwise – being publicly disclosed, broadcast, archived, and presented by WHO for the purpose of the public hearings and any other purpose consistent with WHO’s mandate, including through WHO’s website and /or in other materials and through other outlets. You further consent to your name and information as provided to WHO for the public hearings to be included in a published list of participants and/or interested parties.

You further waive any rights to any materials that may conclude, incorporate, or make reference to your contribution(s) to the hearings, and acknowledge that WHO is under no obligation to use your contribution(s), and may remove or delete any contribution(s) at its sole discretion.

No use of WHO name or logo, or implied engagement or affiliation with WHO

You are not permitted to state or imply that WHO endorses, is affiliated with, or is engaged with you as a result of the public hearings, or that WHO endorses any entity, organization, company, or product, or use the name or emblem of WHO in any way.

Participation (and/or an expression of interest to participate) in the public hearings is not to be considered an ‘engagement’ with any actor under WHO’s rules, procedures, and practice, including, without limitation, the Framework of Engagement with non-State Actors.

Disclaimers and other matters

While all contributions to the public hearings will be moderated by the WHO Secretariat in line with the applicable terms and standard WHO practice, no contributions received should be interpreted as reflecting the view or position of WHO.

For the avoidance of all doubt, nothing contained herein or in any connection with any aspect of the public hearings shall be construed as a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, and/or as submitting the WHO to any national court jurisdiction.

Questions

Should you have any questions or comments, please contact INBpublichearings@who.int.

* * *

April 13, 2022 - Comment posted to Tess Lawrie’s Substack about WHO pandemic treaty negotiations

- Tess Lawrie: Urgent - my video call with the WHO this morning. We can’t let them get away with this power grab.³⁹³

I wholeheartedly, full-throatedly support the worldwide effort to block the WHO’s current ‘pandemic treaty’ power grab.

But I have also been trying to raise awareness that I think they already completed the takeover of national sovereignty through silent, automatic provisions of the 2005 WHO International Health Regulations *as implemented by federal statutes and regulations adopted in compliance with the IHR provisions*.

³⁹³ <https://drtesslawrie.substack.com/p/urgent-my-video-call-with-the-who?s=r>

In other words, Xavier Becerra is currently the dictator of America, the U.S. Constitution is currently suspended, the U.S. president, Congress and courts are currently moot, and the U.S. public health and law enforcement systems have been merged.

And all of those things have been true since January 30, 2020 when Tedros issued the declaration of PHEIC (public health emergency of international concern) and US Secretary of Health and Human Services Alex Azar pulled the automatic, silent, statutorily-authorized trigger for the power transfer from the three branches of government into his unelected hands, on Jan. 31, 2020.

They just haven't announced the takeover to the public, pretend that those mechanisms are still functioning and put on public performances as if those mechanisms still function.

I first started putting the pieces together after hearing Attorney Todd Callender's podcast interview on Jan. 30, 2022, and then researched his claims, located the statutes, regulations and court cases, and wrote up a long report about how the silent takeover was built piece by piece, tested and refined and strengthened through Anthrax (2001), SARS (2003), Hurricane Katrina (2005), H1N1 (2009) and other events, and fully deployed for the first time with SARS-CoV-2.

- Legal Walls of the Covid-19 Kill Box³⁹⁴
- Legal Walls - SHORT VERSION³⁹⁵

In other words, WHO has been de facto running the governments of the formerly sovereign nation-states since January 2020, through each country's highest public health official.

I continue digging and reporting on these legal frameworks.

And urge people to not just lift up your voices against the WHO's current attempt to expand and strengthen its powers, but also prepare to engage in sustained, well-informed civil disobedience against the illegitimate laws already on the books³⁹⁶.

Those laws have been enforced through psychological, social, economic, behavioral and media control over the last two years, but they are already enforceable through guns, soldiers, police and detention camps at any time Becerra decides to add those physical-force tools to the behavioral tools already deployed.

- 1983 Public Health Service Act Amendment (added new Section 319, "Public Health Emergencies," and established \$30 million Public Health Emergency Fund)
- 1986 Childhood Vaccine Compensation Act (exempted pharmaceutical product manufacturers from tort liability for injury and death, established federal taxpayer-funded compensation scheme)
- 1988 Health Omnibus Programs Act (increased Public Health Emergency Fund to \$45 million)
- 1992 Preventative Health Amendments (changed name of Centers for Disease Control to Center for Disease Control and Prevention)
- 2000 Public Health Improvement Act (expanded authorities granted to Secretary of Health and Human Services under Section 319, Public Health Emergencies)
- 2002 Public Health Security and Bioterrorism Preparedness and Response Act (used predicate of anthrax attacks to begin merging public health system with law enforcement system, to create a legal cage to control American people.)
- 2002 Homeland Security Act
- 2004 Project Bioshield Act
- 2005 Public Readiness and Emergency Preparedness Act
- 2006 Pandemic and All-Hazards Preparedness Act
- 2007 John Warner Defense Authorization Act (amended 10 USC 333 re: "insurrection.")
- 2012 National Defense Authorization Act (authorized indefinite detention of US citizens without charge or trial)
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act
- 2016 21st Century Cures Act
- 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act

³⁹⁴ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

³⁹⁵ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

³⁹⁶ https://www.csuchico.edu/iege/_assets/documents/susi-letter-from-birmingham-jail.pdf

- 2020 Coronavirus Aid, Relief, and Economic Security Act

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Reply posted to a comment³⁹⁷ by Margaret Anna Alice³⁹⁸ at Jessica Rose's Substack: We have less than 24 hours to stop this insane 'treaty' from steamrolling us.³⁹⁹

I've been trying to figure out the timeline for the drafting and adoption too, since reading Astrid Stuckelberger's view that WHO and its backers are aiming to have the whole thing done by May 2022,⁴⁰⁰ even though the official EU and WHO press releases talk about drafting, and then reviews, and then adoption at the 2024 World Health Assembly meeting.

I think they're going to claim another global emergency to trigger sections of the WHO Constitution⁴⁰¹ (Articles 19-22) that bypass the normal WHA procedures in an emergency and make it so that new regulations enter force once 2/3 of WHA member-state representatives vote for the draft, and are binding on countries that don't vote or vote no, so long as WHO provides those countries with notice:

- Article 19 - The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes.
- Article 20 - Each Member undertakes that it will, within eighteen months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement. Each Member shall notify the Director-General of the action taken, and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for non-acceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV.
- Article 21 - The Health Assembly shall have authority to adopt regulations concerning: (a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease [mandates and detentions]; (b) nomenclatures with respect to diseases, causes of death and public health practices [how pandemic, vaccine, cause of death, herd immunity and other terms are defined under law]; (c) standards with respect to diagnostic procedures for international use [PCR tests]; (d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce [product manufacturing standards]; (e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.
- Article 22 - Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

As I understand Stuckelberger's analysis, the US government's original vote to join WHO — which I think probably happened in the late 1940s or early 1950s, but haven't tracked it down, means that, so long as US stays a member, its consent is implied/built in to any votes that take place under the terms of the WHO Constitution, so long as WHO notifies the US government of the regulations, and so long as the US didn't take active steps to state objections.

The US government appears to be leading the charge on the pandemic treaty, as James Roguski has reported⁴⁰², so it won't be sending objection notices, as Russia apparently already has (again, according to Stuckelberger).

* * *

³⁹⁷ <https://jessicar.substack.com/p/we-have-less-than-24-hours-to-stop/comments?s=r#comment-6021785>

³⁹⁸ <https://margaretannaalice.substack.com/p/letter-to-the-who?s=r>

³⁹⁹ <https://jessicar.substack.com/p/we-have-less-than-24-hours-to-stop?s=r>

⁴⁰⁰ <https://greatreject.org/who-is-world-government-power-grab/>

⁴⁰¹ <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

⁴⁰² <https://jamesroguski.substack.com/p/wake-up-and-smell-the-burning-of?s=r>

April 13, 2022 - Legalized bioterrorism: poisons and antidotes

Starting at NehmingNehms on Gab⁴⁰³, I skimmed through a few threads posted in the last few days, documenting how far back the scientific research, by the same evil team of anti-humanists, on the gp120 HIV insert goes.

Some of the threads:

- Cryptonaut2 on Nitter⁴⁰⁴
- Arkmedic on Substack⁴⁰⁵
- Charles Rixey on Substack⁴⁰⁶

Reading them reminded me of a related piece of evidence coming into view, on the legal side, found in reading through the many Congressional statutes and implementing Health and Human Services regulations adopted, mostly since 2000, on the bioterrorism front, from the 1983 law that first set up the Public Health Emergency framework under the 1944 Public Health Service Act, through the 2000 Public Health Improvement Act (which expanded HHS Secretary's emergency powers almost a year before the anthrax attacks) to the 2020 CARES Act and bills under review now to update the 2016 Cures Act. (HR 6000⁴⁰⁷; full draft⁴⁰⁸; summary⁴⁰⁹)

There are a lot of them.

But a repeated phrase that keeps coming up is the definition of 'covered countermeasure' or 'qualified pandemic or epidemic product' to include both:

“i. a product manufactured, used, designed, developed, modified, licensed or procured to diagnose, mitigate, prevent, treat, or cure a pandemic or epidemic; or to limit the harm such pandemic or epidemic might otherwise cause;

OR

ii. a product manufactured, used, designed, developed, modified, licensed, or procured to diagnose, mitigate, prevent, treat or cure a serious or life-threatening disease or condition caused by a product described in clause (i).”

See, for example, 42 USC 247d-6d(i)(7)(A)⁴¹⁰, adopted in the PREP Act of 2005.

Every time I see it, I note in the margins “poison and antidote.”

If I'm understanding the threads on the gp-120 sequences and fusion peptides correctly, their scientific analysis is related to this legal framework: the same team of people designed the poisons and the antidotes, mandated and distributed the poisons and are preparing now to roll out the antidotes, as an expansion of the control-profit-enslave-kill paradigm.

Countermeasures for countermeasures, *ad infinitum*.

* * *

⁴⁰³ <https://gab.com/ShemNehm/posts/108125322380633040>

⁴⁰⁴ <https://nitter.net/TheCryptonaut2/status/1514163999750832128>

⁴⁰⁵ <https://arkmedic.substack.com/p/absolute-proof-the-gp-120-sequences?s=r>

⁴⁰⁶ <https://prometheusshrugged.substack.com/p/theblindwatchmaker?s=r>

⁴⁰⁷ <https://leemuller.substack.com/p/focus-on-forward-the-righting-the?s=r>

⁴⁰⁸ <https://www.congress.gov/117/bills/hr6000/BILLS-117hr6000ih.pdf>

⁴⁰⁹ [https://degette.house.gov/sites/degette.house.gov/files/Cures 2.0 Section by Section Summary.pdf](https://degette.house.gov/sites/degette.house.gov/files/Cures%20Section%20Summary.pdf)

⁴¹⁰ <https://www.law.cornell.edu/uscode/text/42/247d-6d>

April 14, 2022 - Legalized bioterrorism. Paper trail and analysis.

Dr. David Martin has been one of the most prominent medical freedom-fighters of Covid-times.

He has consistently written and spoken⁴¹¹ about the many patents held⁴¹² on coronavirus manufacturing methods, genetic sequences, and components of recombinant viruses, and identified these as criminal violations of 18 U.S.C. § 2331(5)⁴¹³, the domestic terrorism section of the 2001 Patriot Act, and other laws.

Martin has been quoted saying:

“You cannot patent something that is naturally occurring. Therefore the only legal patented virus is manufactured. If it is manufactured, then that becomes a violation of biological and chemical weapons treaties.”

Some of the patents Martin has identified include:

- 2002 - Ralph Baric of University of North Carolina, US7279327B2⁴¹⁴, methods for producing recombinant coronaviruses
- 2004 - US Health and Human Services Center for Disease Control and Prevention (CDC), US7220852B1⁴¹⁵, coronavirus isolated from humans.
- 2007 - CDC, US7776521B1⁴¹⁶, methods to detect virus and kit to measure it.

Martin is currently pursuing this line of attack through the federal courts, in *Griner v. Biden*⁴¹⁷, (2:2022-cv-00149) filed in Utah March 4, 2022.

Plaintiffs have asked the court to find, as a matter of fact and law, that the products marketed as vaccines are not vaccines, but rather that they are medical treatments or gene therapy devices, such that mandates “violate the liberty protected by the Fifth and Fourteenth Amendments to the Constitution, which includes rights of personal autonomy, self-determination, bodily integrity and the right to reject medical treatment.”

Griner v. Biden plaintiffs cite US Supreme Court precedent for the proposition that a “general liberty interest in refusing medical treatment exists,” *Cruzan v. Director, Missouri Department of Health*, 497 US 261 (1990) and that “forcible injection of medication into a non-consenting person’s body represents a substantial interference with that person’s liberty.” *Washington v. Harper*, 494 US 201 (1990).

*

Under 1990 United States law (the Biological Weapons Antiterrorism Act of 1989⁴¹⁸ adopted to implement the UN Convention on the Prohibition of the Development, Production, and Stockpiling of Bacteriological (Biological) and Toxin Weapons and Their Destruction⁴¹⁹, as entered into force March 25, 1975⁴²⁰) what Fauci, Shi, Baric, Daszak, Gates, Tedros and their co-conspirators have done to manufacture and deploy deadly viruses and gene manipulation injections would probably have qualified as domestic bioterrorism.

But since roughly 2000, Congress has rewritten the laws, and the US Department of Health and Human Services has rewritten the regulations, so that it’s fully legal for the US government to attack its own citizens with biological weapons, including manufactured viruses and injectable gene manipulation treatments.

⁴¹¹ <https://covid19alternativeperspectives.files.wordpress.com/2021/11/the-criminal-conspiracy-of-coronavirus.pdf>

⁴¹² <https://www.redvoicemedia.com/wp-content/uploads/2021/11/2021.11.23-11.42-redvoicemedia-619d7c6689327.pdf>

⁴¹³ <https://www.law.cornell.edu/uscode/text/18/2331>

⁴¹⁴ <https://patents.google.com/patent/US7279327B2/en>

⁴¹⁵ <https://patents.google.com/patent/US7220852B1/en>

⁴¹⁶ <https://patents.google.com/patent/US7776521B1/en>

⁴¹⁷ <https://dockets.justia.com/docket/utah/utdce/2:2022cv00149/130857>

⁴¹⁸ <https://www.congress.gov/101/statute/STATUTE-104/STATUTE-104-Pg201.pdf>

⁴¹⁹ https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.37_conv_biological_weapons.pdf

⁴²⁰ https://legal.un.org/avl/pdf/ha/cpdpsbttwd/cpdpsbttwd_e.pdf

Those acts have been redefined as public health emergencies, public health measures, and pandemic countermeasures. Domestic, state-run bioterrorism is now legal in America.

Paper trail

2005/12/31 - PREP Act adopted by Congress and signed by President Bush. Covered countermeasures, security countermeasures, qualified pandemic or epidemic products include:

- i. a product manufactured, used, designed, developed, modified, licensed or procured to diagnose, mitigate, prevent, treat, or cure a pandemic or epidemic; or to limit the harm such pandemic or epidemic might otherwise cause; or
- ii. a product manufactured, used, designed, developed, modified, licensed, or procured to diagnose, mitigate, prevent, treat or cure a serious or life-threatening disease or condition caused by a product described in clause (i).” 42 USC 247d-6d(i)(7)(A)⁴²¹

2018/10/09 - Technologies to Address Global Catastrophic Biological Risks, Johns Hopkins Centre for Health Security,⁴²² Medical Countermeasure Distribution, Dispensing and Administration, pp. 41-56

P. 46 - “Self-spreading vaccines—also known as transmissible or self-propagating vaccines—are genetically engineered to move through populations in the same way as communicable diseases, but rather than causing disease, they confer protection. The vision is that a small number of individuals in the target population could be vaccinated, and the vaccine strain would then circulate in the population much like a pathogenic virus...

This approach comes with several big challenges. One important component of the current vaccination approach for humans is the informed consent process. In order to receive a vaccine, individuals (or their legal guardians) must be informed about the risks of vaccination by a healthcare provider and provide their consent before being vaccinated. Those who decline are not forced to receive a vaccine.

In the case of self-spreading vaccines, the individuals directly vaccinated would have this option, but those to whom the vaccine subsequently spreads would not. Additionally, self-spreading vaccines would potentially infect individuals with contraindications, such as allergies, that could be life-threatening. The ethical and regulatory challenges surrounding informed consent and prevention and monitoring of adverse events would be critical challenges to implementing this approach even in an extreme event.

Finally, there is a not insignificant risk of the vaccine virus reverting to wild-type virulence, as has sometimes occurred with the oral polio vaccine—which is not intended to be fully virulent or transmissible, but which has reverted to become both neurovirulent and transmissible in rare instances. This is both a medical risk and a public perception risk; the possibility of vaccine-induced disease would be a major concern to the public.”

P. 51 - “Synthetic Vaccinology: Self-Amplifying mRNA Vaccines. Recent research in synthetic vaccinology has highlighted self-amplifying mRNA (SAM) vaccines...

Once inside a cell, the SAM is immediately translated and creates 2 proteins: the antigen of interest and the viral replicase. The viral replicase is then able to drive intracellular amplification by synthesizing a negative sense copy of the originally injected RNA, which will then result in production of additional positive sense viral RNA in a recursive process...

During the 2013 H7N9 outbreak in China, a prototype SAM(H7) vaccine was synthesized in only 8 days.”

⁴²¹ <https://www.law.cornell.edu/uscode/text/42/247d-6d>

⁴²² <https://jhsphcenterforhealthsecurity.s3.amazonaws.com/181009-gcbr-tech-report.pdf>

2021/08/13 - Joseph Murphy report⁴²³ to Department of Defense-Defense Advance Research Projects A Director's Office -

“SARS-CoV-2 is “a synthetic spike protein chimera engineered to attach to human ACE-2 receptors and inserted into a recombinant bat SARSr-CoV backbone.”

Side note: 10 days later, 8/23/21, the Food and Drug Administration publicly announced the legally-ambiguous ‘full approval⁴²⁴’ of Pfizer injections manufactured from, and intended to promote internal, human-cell based manufacture of, the SARS-CoV-2 spike protein. One day after that, 8/24/21, US Defense Secretary Lloyd Austin issued a purported vaccine mandate on all military service members, based on the alleged FDA full approval.

2021/11/17 - US Health and Human Services revision to 42 CFR 73.3, HHS select agents and toxins that pose severe public health threats⁴²⁵. 86 Federal Register 64081⁴²⁶:

"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" added to the list of "biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety."

Side note: On the same day, 11/17/21, Rep. Diana DeGette (D-Colorado) introduced Cures 2.0 Act, HR-6000⁴²⁷, to update, expand, strengthen and appropriate additional funding for the domestic bioterrorism program authorized (in part) by the 21st Century Cures Act of 2016⁴²⁸, which was signed into law on Dec. 13, 2016 during President Obama's last few weeks in office.

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I've received comments from readers raising important points about the proper procedures for nation-states to enter into international treaties, the role of the US Senate in ratifying lawful treaties, the legal requirement that counter-parties be sovereign entities (which the World Health Organization may not be) and the likelihood that US laws appearing to transfer governing power from the three co-equal Constitutional branches to the US Secretary of Human Health conflict with the Constitution itself and other US laws.

The concern expressed is that, by writing about governments flouting those standards and procedures, I risk demoralizing people: persuading readers that the battle has already been lost, the Constitution has already fallen, the legal protections of our inalienable rights have already been stripped, and our resistance is futile.

I understand those concerns.

I'm not saying the takeover of the US government and oppression of the American people, and the takeover and oppression of other governments and other peoples, by the World Health Organization and its financial backers is good, moral, lawful, legitimate, ethical, or even properly ratified as treaties (although they may have been, and I'll try to find out as I keep working).

I'm saying the takeover is factually true, and we currently live in a civil society controlled by HHS Secretary Xavier Becerra, the public World Health Organization leadership to whom he answers, and the private individuals who control WHO's governance and funding.

My position is that the possible lack of formal Senate ratification of the WHO International Health Regulations of 2005 and forthcoming ‘pandemic treaty’ updates⁴²⁹, the lack of Constitutional court review for federal implementing statutes and regulations, conflicts with existing laws, and the other excellent points, haven't stopped government

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https://assets.ctfassets.net/syq3snmxlc9/2mVob3c1aDd8CNvVneyi6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf

⁴²⁴ <https://childrenshealthdefense.org/defender/childrens-health-defense-sues-fda-pfizer-comirnaty-covid-vaccine/>

⁴²⁵ <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73/section-73.3>

⁴²⁶ <https://www.govinfo.gov/content/pkg/FR-2021-11-17/pdf/2021-25204.pdf>

⁴²⁷ <https://www.congress.gov/117/bills/hr6000/BILLS-117hr6000ih.pdf>

⁴²⁸ <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>

⁴²⁹ <https://margaretannaalice.substack.com/p/letter-to-the-who?s=r>

abuses from happening for the last two years of our lives, and won't matter again until some combination of counter-forces gathers social and political power and gains the upper hand in the quasi-declared biowar⁴³⁰ into which we've been driven.

Possession, as they say, is nine-tenths of the law.

Currently, the actual governing power in the U.S. is firmly in the hands of the Health and Human Services, Department of Justice, Department of Homeland Security and Department of Defense bureaucracies.

This is true even though no one in American government — elected or appointed — says it plainly to the People.

For two years, US citizens in many states, counties and municipalities have not been able to exercise our inalienable civil liberties. I live in a place under that oppression.

Federal courts haven't exercised Constitutional review powers.

Presidents have simply signed Executive Orders put in front of them by agency directors.

Congress has done nothing other than fund agency budgets (apart from a few excellent hearings organized by Senator Ron Johnson⁴³¹).

I'm also not saying this state of affairs will be perpetual.

I think the state-run bioterrorist attack will be thwarted, because totalitarian governments are inherently unstable and God is Almighty.

I'm saying the American domestic public-health/law-enforcement bioterrorists will not stop using and abusing the power they currently hold until they're forced to stop by entities outside their circle of co-conspirators.

The counter-forces will certainly include divinely-inspired mass civil disobedience.
Martin Luther King Jr. left us topographic maps of the terrain⁴³².

Letter from Birmingham Jail: "You express a great deal of anxiety over our willingness to break laws. This is certainly a legitimate concern. Since we so diligently urge people to obey the Supreme Court's decision of 1954 outlawing segregation in the public schools, it is rather strange and paradoxical to find us consciously breaking laws. One may well ask, "How can you advocate breaking some laws and obeying others?" The answer is found in the fact that there are two types of laws: there are just laws, and there are unjust laws. I would agree with St. Augustine that "An unjust law is no law at all."

Now, what is the difference between the two? How does one determine when a law is just or unjust? A just law is a man-made code that squares with the moral law, or the law of God. An unjust law is a code that is out of harmony with the moral law. To put it in the terms of St. Thomas Aquinas, an unjust law is a human law that is not rooted in eternal and natural law. Any law that uplifts human personality is just. Any law that degrades human personality is unjust. All segregation statutes are unjust because segregation distorts the soul and damages the personality. It gives the segregator a false sense of superiority and the segregated a false sense of inferiority. To use the words of Martin Buber, the great Jewish philosopher, segregation substitutes an "I - it" relationship for the "I - thou" relationship and ends up relegating persons to the status of things.

So segregation is not only politically, economically, and sociologically unsound, but it is morally wrong and sinful. Paul Tillich has said that sin is separation. Isn't segregation an existential expression of man's tragic separation, an expression of his awful estrangement, his terrible sinfulness?

So I can urge men to obey the 1954 decision of the Supreme Court because it is morally right, and I can urge them to disobey segregation ordinances because they are morally wrong."

⁴³⁰ <https://www.euro.who.int/en/health-topics/health-emergencies/pages/news/news/2020/01/2019-ncov-outbreak-is-an-emergency-of-international-concern>

⁴³¹ <https://www.ronjohnson.senate.gov/2022/2/a-second-opinion-on-covid>

⁴³² https://www.csuchico.edu/iege/_assets/documents/susi-letter-from-birmingham-jail.pdf

The counter-forces will probably include courageous federal judges who step out of line⁴³³ and stop providing judicial air cover for the legalized domestic bioterrorism program.

The counter-forces will probably include a new majority in Congress, or the legislatures of breakaway regions that secede to re-establish Constitutional republics, by repealing the unnatural, sinful laws that have legalized domestic, state-run bioterrorism for the time being.

The counter-forces may even include a massive change in the way the mainstream media functions — to steer back toward a somewhat independent, accountability-and-investigational oversight role, rather than a complicit propaganda role.

I'm saying it's counterproductive to pretend our inalienable, God-given, natural human rights are also legally-cognizable rights in our secular societies, during a time in history when those rights are demonstrably *not* being upheld by our governments.

I'm saying we can better organize as the good guys to fight alongside each other when we accurately understand the Devil we're all fighting against, and can clearly identify the legal rules the Devil has imposed on the earthly battlefield to empower his minions to carry out his plans for enslavement and death, while confusing, frightening and demoralizing the rest of us.

In other words, it's essential for the truth of the takeover to be clearly understood and openly discussed by the People, so that we can mount a sustained, well-informed, well-targeted, effective mass civil disobedience campaign, followed by a sacred campaign to rebuild civil society according to God's laws⁴³⁴.

Deus vicit.

* * *

April 18, 2022 - Clue about motive for poor data collection by public health authorities, on post-injection injuries and deaths.

Reading Jessica Rose posts from the last couple of days:

- What is going on in New Brunswick?⁴³⁵
- And what's going on in Ontario?⁴³⁶

An interesting possibility has turned up in the US laws. Canada may have done similar things in their federal laws. In 2017, HHS changed the 1981 definition of human subject in a clinical trial from a “recipient of a test article or control” to someone about whom data is obtained.

This suggests that VAERS, DMED other data collection failures may be deliberate (which we already know) and the reason why: no data collection means no human subjects. When combined with the acts themselves — injection with pharmaceutical products — being redefined as not clinical investigation once an Emergency Use Authorization is put in place⁴³⁷ by the FDA, no test subject has informed consent rights.

Still digging, need to confirm further. Will be starting a series of posts that are summaries and analysis of the key statutes and regulations adopted between 2000 and 2020, and two new, pending bills introduced in 2021: the Cures Act 2.0, which on first look sets up a framework to define all illnesses, injuries and deaths after Covid outbreaks as Long Covid, thus disappearing vaxx injuries, and the PASTEUR Act, which sets up a subscription model between US government and pharmaceutical companies for development and sales contracts for anti-microbial products.¹

⁴³³ <https://bailiwicknews.substack.com/p/re-judicially-unreviewable?s=w>

⁴³⁴ <http://www.thesacredheart.com/tencom.htm>

⁴³⁵ <https://jessicar.substack.com/p/what-is-going-on-in-new-brunswick?s=r>

⁴³⁶ <https://jessicar.substack.com/p/and-whats-going-on-in-ontario?s=r>

⁴³⁷ <https://bailiwicknews.substack.com/p/2004-project-bioshield-act-amendments?s=w>

Timeline of index card files:

1981/01/27 - Food and Drug Administration regulations on Institutional Review Boards - 21 CFR 56.101-56.124. Multiple revisions 1981-2016, Federal Register citations logged.

1981/01/27 - FDA regulations on Informed Consent of Human Subjects - 21 CFR 50.2 et seq. **Human subject defined as recipient of test article or control.** Multiple revisions through 1999, FR citations logged.

1982/12/31 - Termination date for President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. 48 FR 34408.

1991 - Common Rule. Federal Policy for the Protection of Human Subjects. 45 CFR Part 46

1997/11/18 - 50 USC 1520a, restrictions on use of human subjects for testing of chemical or biological agents.

2004/07/21 - Project Bioshield Act, Emergency Use Authorization provisions. As soon as a product (vaxx, mask, test) has EUA status, by legal definition, it's under 21 USC 360bbb-3(k)⁴³⁸, and the product cannot be considered part of any "clinical investigation."

"(k) Relation to other provisions - If a product is the subject of an authorization under this section, the use of such product within the scope of the authorization shall not be considered to constitute a clinical investigation for purposes of section 355(i), 360b(j), or 360j(g) of this title or any other provision of this chapter or section 351 of the Public Health Service Act [42 U.S.C. 262]."

Project Bioshield Act provisions were adopted by Congress to help military leadership work around the protections for military personnel as human subjects implemented in wake of mandatory anthrax vaccinations and resulting Gulf War Syndrome. *See* Section II, Assessing COVID-19 Emergency Use Authorizations⁴³⁹, Parasidis et al.

2013/10/13 - Army Regulation AR 40-562, in effect 11/07/2013. Enumerates exemptions for vaxxes.

2016/12/13 - 21st Century Cures Act. Amended informed consent sections of FDA FDC Act of 1938 - Section 520(g)(3) and 505(i)(4) and parts of Public Health Service Act of 1944.

2017/01/19 - HHS revised 45 CFR 46.104 relating to "basic HHS policy for protection of human research subjects." 82 FR 7259 and 82 FR 7273 The regulatory changes were made under authority of 5 USC 301, 42 USC 289(a) and 42 USC 300v-1(b). Human subject defined as someone about whom data is obtained, not to whom treatment is given. 45 CFR 46.102⁴⁴⁰:

1) *Human subject* means a living individual about whom an investigator (whether professional or student) conducting research

(i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or

(ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens."

2017/01/19 - HHS changes to the 1991 Common Rule on waivers of informed consent and Institutional Review Boards. 82 FR 7149. Went into effect 1/19/18. Need to find and read FR entry.

2017/07/25 - HHS FDA IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects: Guidance for Sponsors, Investigators, and Institutional Review Boards⁴⁴¹ (not

⁴³⁸ <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

⁴³⁹ <https://www.fdi.org/2021/12/assessing-covid-19-emergency-use-authorizations/>

⁴⁴⁰ <https://www.ecfr.gov/current/title-40/chapter-I/subchapter-A/part-26/subpart-A/section-26.102>

⁴⁴¹ https://www.fda.gov/files/about_fda/published/IRB-Waiver-or-Alteration-of-Informed-Consent-for-Clinical-Investigations-Involving-No-More-Than-Minimal-Risk-to-Human-Subjects--Printer-Friendly.pdf

published until 5/29/20?) HHS-0910-207-F-7422. Waiver of informed consent and IRB review for clinical investigation involving no more than minimal risk to human subject.

2018/06/19 - Another set of revisions to 45 CFR 46.101-124. Need to track down. 83 Federal Register 28518.

2018/07/19 - More HHS revisions to 45 CFR 46.116, regulations on informed consent under the Public Welfare laws. Need to find Federal Register citation.

2021/06/12 - *Bridges v. Houston Methodist Hospital*⁴⁴² ruling, Judge Lynn Hughes, USDC Southern District Texas, concludes that nurses, doctors and other hospital staff can't be considered "participants in a human trial" for legal purposes because they are "licensed doctors, nurses, medical technicians and staff members."

"[Plaintiff, nurse Jennifer Bridges] also argues that injection requirement violates federal law governing the protection of "human subjects." She says that the injection requirement is forcing its employees to participate in a human trial because no currently-available vaccine has been fully approved by the Food and Drug Administration. Federal law requires participants give legal, effective, and informed consent before participating in a human trial; this consent cannot be obtained through coercion or undue influence. Bridges says the threat of termination violates the law.

Bridges has again misconstrued this provision, and she has now also misrepresented the facts. **The hospital's employees are not participants in a human trial. They are licensed doctors, nurses, medical technicians, and staff members. The hospital has not applied to test the COVID-19 vaccines on its employees, it has not been approved by an institutional review board, and it has not been certified to proceed with clinical trials.** Bridges's claim that the injection requirement violates 45 C.F.R. § 46.116 also fails.

She also says that the injection requirement is invalid because it violates the Nuremberg Code, and she likens the threat of termination in this case to forced medical experimentation during the Holocaust. The Nuremberg Code does not apply because Methodist is a private employer, not a government. Equating the injection requirement to medical experimentation in concentration camps is reprehensible. Nazi doctors conducted medical experiments on victims that caused pain, mutilation, permanent disability, and in many cases, death.⁴⁴³

2021/07/06 Deputy AG Dawn Johnsen's July 6, 2021 slip opinion⁴⁴⁴ about the lawfulness of public and private vaxx mandates, citing *Bridges v. Houston Methodist Hospital* and other legal authorities (statutes, regulations) on informed consent, human subjects, etc.

* * *

April 18, 2022 - Funeral director John O'Looney posted comments at Naked Emperor today.

He posted two comments at A Picture is Worth a Thousand Words⁴⁴⁵, which is about the spike in deaths in the United Kingdom since mid-2021.

For reference, O'Looney first started raising the alarm in September 2021⁴⁴⁶. He then lost his membership in his professional organization⁴⁴⁷ and survived a hospital homicide attempt in January 2022⁴⁴⁸.

His analysis aligns with the analysis of Attorney Todd Callender, Dr. Elizabeth Lee Vliet, military whistleblowers, and Lt. Gen. Thomas McInerney, particularly on the flood of foreign young men moving across open borders into America and Western Europe over the last two years, followed by transport to the interior and military training. *See* Legal

⁴⁴² <https://www.leagle.com/decision/infdc02010616619>

⁴⁴³ <https://vaersanalysis.info/2022/04/15/vaers-summary-for-covid-19-vaccines-through-4-8-2022/>

⁴⁴⁴ <https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf>

⁴⁴⁵ <https://nakedemperor.substack.com/p/a-picture-is-worth-a-thousand-words-b2f/comments?s=r>

⁴⁴⁶ <https://bailiwicknews.substack.com/p/the-delta-variant-is-vaccine-injuries?s=w>

⁴⁴⁷ <https://bailiwicknews.substack.com/p/the-uk-undertaker-has-been-suspended?s=w>

⁴⁴⁸ <https://bluecat.media/whistleblower-john-oloney-rescued-from-hospital-by-team-of-activists/>

Walls of the Covid-19 Kill-Box⁴⁴⁹; Parallel statutory and international frameworks⁴⁵⁰, and the linked podcasts at Truth4Health/America Outloud:

- Callender/Lee, Jan. 30, 2022⁴⁵¹;
- Lee/military whistleblowers, Feb. 6, 2022⁴⁵²;
- Callender/Lee/McInerney, Feb. 12, 2022⁴⁵³

John O'Looney writing today, first comment:

i can tell you as an undertaker it is a deliberate act.

i've had families coming in to see me very very angry for the last two years - it's deliberate and it is part of the plan to cull a large swathe of us all.

i say this having sat with a senior tory mp last september in westminster voicing him my concerns as people were dying in great numbers shortly after being jabbed - he knew what was happening and said so to us, he admitted he was powerless to stop it. only the people and god can save us now.

Second comment:

Sir Graham Brady met with me and 18 or so others at number1 birdcage walk on sept 21st of last year, it was a 2pm meeting, i was there in the capacity of my field of expertise - undertaking, because i have seen more young deaths shortly after these jabs in the last 18 months than in the previous 13 years collectively. the whole industry knows these jabs are killing hundreds of thousands.

It's done with blood clots and decimating the immune system, this leads to aggressive sudden cancers and basically aids.

The symptoms are you get sick and die - there is your next bullshit variant and along come the draconian measures to tackle it, and people believe it.

Sir Graham Brady knew, i don't think he is directly complicit in it, but he knows and he is frightened.

I was there with Prof Dolores Cahill, mark sexton, tess lawrie, Dr Sam White, Dr Sucharit Bhakdi, Peter McCullough, Mike Yeadon the former VP at Pfizer and many others who all said the same thing, reams of evidence was shown.

We all gave testimony and it was utterly damning on these jabs and the damage and death they cause.

This is a cull and the next swathe of cull will be led by the W.H.O. and they will go door to door dragging people out of their houses european leaders have signed up to allow them to do just that.

Our demonic leaders will hide under W.H.O. skirts, with a promise of a seat on the ark and hundreds of millions in worthless banknotes hidden away for them like pathetic squirrels.

The W.H.O will use thousands of young men to go house to house and force vaccinate or arrest, anyone not complying, they will be thrown into one of the plethora of huge new super prisons (labelled quarantine centres) being built across the country and slowly killed off under the pretense of it being outbreaks of covid.... and who will question a deadly outbreak of covid in a relabeled prison used as a "quarantine" centre?

They will use these young men who are being escorted across europe from the east and over to kent beaches under the guise of refugees.

⁴⁴⁹ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

⁴⁵⁰ <https://bailiwicknews.substack.com/p/parallel-statutory-and-international?s=w>

⁴⁵¹ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

⁴⁵² <https://www.americaoutloud.com/whistleblowers-connect-the-dots-ukraine-illegals-and-the-military-purge/>

⁴⁵³ <https://www.americaoutloud.com/hemorrhagic-fevers-diabolical-warfare-plan-exposed/?sfw=pass1650305375>

They do this as it was thought that British soldiers would not do it as effectively and would be reluctant to kick in the doors of innocent British families, but these young men from a foreign land will not hesitate - without any mercy.

I'm told there is a whole regiment of Afghan special forces in the UK training these tens of thousands of young men who land on British beaches weekly now to do it and I have contacts within the British Secret Service who have reached out and confirmed this to me.

They land on British beaches in Kent and are processed and trained and then deposited around the UK in all major cities in readiness, they simply need to be armed and deployed and the W.H.O. will do just that with our governments hiding in bunkers like rats whilst it kicks off.

Unless collectively we cut the heads off the snake and destroy these demons collectively in power - starting with the bankers down to governments, they will destroy us all in Europe and the US because they are under orders to do so and as Sir Graham openly told us, he is powerless to stop it even though he knows what these injections do, they are all doing what they are told to do - under penalty of death I suspect.

It really is that simple and the plan is well underway as they slowly make it impossible to live in Europe and America by massive price increases on everything.

Think about it logically, last month Covid was going to kill us all, we could not work, we could not travel or even see our own families.

This is as the government has karaoke parties - because they know there is no bloody pandemic is why.

But this month there is no mention of Covid, Putin is now going to kill us all and you can move a whole family of strangers in from the Ukraine (without any bullshit Covid danger clearly) - they then ship in even more young foreign men into Europe and they are NOT Ukrainians...but "Ukrainian nationals"....how can the masses in Europe be so stupid and gullible?

Ask yourselves basic questions and it is there in front of you.

Ask yourself why so many young superfit pro footballers are dying suddenly from heart attacks - in record numbers and often on national TV...

Ask yourselves why 80,000 NHS staff, on the "front line" and "most at risk" would rather lose their careers than take the "protection" - it's because they know the jobs are what is responsible for killing people.

So many refused to take it these poisons that the government has had to backtrack, because if they didn't then 80,000 prime witnesses would tell the masses the truth.... It's the jobs and the drugs they pretend to treat Covid with - remdesivir, midazolam and baricitinib and tocilizumab doing the killing and not Covid - the clinical decisions culling the masses in hospitals.

We need the masses to wake up and realise what is being done and then overrun them with numbers and end this - the people of Europe and America are the target.

Chinese troops are in Canada now already and those numbers will increase as the U.S. military gets sick and dies and becomes a totally ineffective fighting force, the Chinese will simply sweep south - again that is happening right now under Biden's puppet administration.

Mark my words - it is coming and soon.

This is why great effort is being made to disarm Americans with regular public mass shootings - they don't want to try and take on millions of well-armed American civilians.

I'm beyond caring for myself now, which is why I speak out openly in the hope someone somewhere will spark a catalyst and collectively we can stop them.

If we don't they will kill us all off within five years in Europe and the U.S.

This is the feeling in meetings held usually thrice weekly by some of the brightest minds on the planet who see it coming and have a lot of hard evidence to back it up.

I've sat in these meetings and i've heard it said.

Unless there is a force for good these demons will kill us all off.

* * *

April 19 - Martin Armstrong with a somewhat more optimistic view.

Martin Armstrong interviewed by Reiner Fuellmich of the Corona Investigative Committee⁴⁵⁴.

Armstrong has a more optimistic take on the historical moment, based on his view of Schwab, Gates and Co. as too stupid to understand the complexity of the global economic system they've so blithely collapsed in their quest for total control.

Armstrong's view is that they may want to take control of us all, but they don't have the intellectual capacity to do it, so their structures will collapse, political jurisdictions (US, EU) will break up, and be replaced by regional, new governments, somewhat more responsive to the demands of the populace in each region.

Armstrong's argument is less persuasive to me short-term, because I don't know where the US military and local law enforcement officers will stand if WHO orders foreign men who have been brought to Canada and US, trained and equipped over the last couple of years, to start trying roundups and firing squads, and because I don't know if enough Americans at the household and neighborhood level will be organized enough to use our guns and ammo effectively enough to prevent significant armed takeovers in some regions.

Maybe the invaders can pick the most openly resistant families and communities off one-by-one.

But I do think Armstrong has a persuasive argument for the medium to long-term, because even if Schwab, Gates & Co. manage a short-term takeover, it will probably be much more difficult for them to maintain an occupation for many months or years.

*

Response to a comment on yesterday's post⁴⁵⁵, asking why the population cull is focused on Americans and Europeans.

I think it's because Americans and Europeans have a Christian, cultural history of allegiance to God over the State, individual liberty, immortal souls and rights of conscience.

The idea is, if those who want to be our techno-overlords can get rid of or demoralize most of the people who currently carry those ideas through time, other people will be more malleable and not get ideas about revolt.

The Deagel report, apparently now scrubbed from the web, listed out the percentages of each Western country's population that was planned for culling.

⁴⁵⁴ <https://odysee.com/@Corona-Investigative-Committee:5/Martin-Armstrong-Session-100-Odysee:8>

⁴⁵⁵ <https://bailiwicknews.substack.com/p/funeral-director-john-olooney-posted?s=w>

Craig Paardekooper, who has done a lot of data analysis on the 'how bad is my batch'⁴⁵⁶ bioweapon issue, posted a report⁴⁵⁷ about it:

The G7 countries are clustered near the top of the list – their % population reductions are

- a. UK - 78.5%
- b. USA - 70.2%
- c. Germany - 65%
- d. France - 41.8%
- e. Italy - 30.6%
- f. Canada - 29.7%
- g. Japan - 17.6%

A few other articles:

- US-Intelligence Organization Deagel Predicts Massive Global Depopulation of 50 to 80% by 2025; Deagel forecast by country.⁴⁵⁸
- Deagel 2025 depopulation forecast has been scrubbed.⁴⁵⁹
- Vaccines target Christendom for depopulation⁴⁶⁰

I think Covid lab development and release, the mRNA/DNA injections, collapsing economies and supply chains, disrupting social bonds and political systems, and fomenting armed conflict are part of the depopulation plan. It remains to be seen how effective the measures already deployed will turn out to be over the next few years.

But I also think the breadth and depth of global resistance has been higher than the depopulation planners expected.

And it's growing every day.

* * *

April 20, 2022 - 1983

Series on Congressional enabling statutes authorizing and funding US domestic bioterrorism program. Part 1 of TBD.

March 2023 Note: This was the first post in a planned series that was to include a summary of the domestic law(s) passed that year, plus other related events. I subsequently reported on many other statutes, but not in the format of one law per post as planned.

July 13, 1983 - PL 98-49⁴⁶¹; 97 Stat. 245; HR 2713

This statute amended the 1944 Public Health Service Act, 42 USC 201, to add **Section 319**: “to authorize appropriations to be made available to the Secretary of Health and Human Services for research for the cause, treatment, and prevention of public health emergencies.”

With the new provision, Congress and President Ronald Reagan gave power to the appointed Secretary of Health and Human Services to decide, in consultation with the appointed NIH Director, FDA Commissioner, CDC Director and/or head of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) that “(1) a disease or disorder presents a public health emergency, or (2) a public health emergency otherwise exists.”

⁴⁵⁶ <https://howbadismybatch.com/index.html>

⁴⁵⁷ <https://www.ahava528.com/wp-content/uploads/2021/09/Deagel-Analysis-updated.pdf>

⁴⁵⁸ <https://expmx.com/wp-content/uploads/2022/02/Deagel-2025-Forecast-by-Country.pdf>

⁴⁵⁹ <https://verumetinventa.wordpress.com/2021/06/28/deagel-2025-depopulation-forecast-has-been-scrubbed/>

⁴⁶⁰ <https://conspiracyforever.home.blog/2021/08/07/vaccines-target-christendom-for-depopulation-countries-with-a-christian-heritage-are-scheduled-for-a-staggering-population-reduction-of-53-percent-around-470-million/>

⁴⁶¹ <https://www.congress.gov/98/statute/STATUTE-97/STATUTE-97-Pg245.pdf>

Following the HHS Secretary's discretionary, administrative decision, he or she "has the authority to take action with respect to such emergency," acting through the NIH, FDA, CDC and ADAMHA officials and agencies.

The HHS Secretary gained independent power to make grants and enter into contracts on behalf of the federal government, to conduct and support investigations into the cause, treatment, or prevention of a disease or disorder. The new law also established a Treasury fund called the Public Health Emergency Fund for the HHS Secretary's use, and appropriated \$30,000,000 for fiscal year 1984.

Congress further authorized future appropriations, to ensure that \$30,000,000 would be sitting in the fund, ready to be spent by the HHS Secretary on grants and contracts, at the beginning of each fiscal year.

The 1983 public health emergency law included a provision requiring the HHS Secretary to report about which public health emergencies had been declared by the HHS Secretary, and which emergency grants and contracts had been funded, at what dollar amounts from the Public Health Emergency Fund, during each fiscal year, to the House Committee on Energy and Commerce and the Senate Committee on Labor and Human Resources, within the first three months of the following fiscal year.

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Other things that happened around 1983

1978/11/09 - President Jimmy Carter established President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research⁴⁶², to study controversial research topics including stem cell and embryo research, cloning, genetic modification, determinism and patent law.

1980 - Anthony Fauci appointed Chief of NIH Laboratory of Immunoregulation. Research focus: HIV/AIDS⁴⁶³. *Journal of Clinical Investigation*⁴⁶⁴.

1980/05/30 - HHS promulgates first Food and Drug Administration regulations governing informed consent of human subjects involved in clinical trials and institutional review board supervision of clinical trials, specifically experiments on prisoners - 21 CFR 50.1 et seq. 45 Federal Register 36386-36392.⁴⁶⁵

1980/06/16 - US Supreme Court decision in *Diamond v. Chakrabarty*, 447 U.S. 303⁴⁶⁶ (1980). Held: A "live, human-made micro-organism is patentable subject matter under 35 USC §101. Respondent's micro-organism constitutes a "manufacture" or "composition of matter" within that statute."

1981/01/27 - HHS promulgates expanded FDA regulations governing informed consent of human subjects involved in clinical trials and institutional review board supervision of clinical trials - 21 CFR 50.1 et seq. 46 Federal Register 8942-8980⁴⁶⁷

1981/05/13 - Assassination attempt on Pope John Paul II.

1981/06/24 - Blessed Virgin Mary began appearing to six Croatian teenagers, Medjugorje, Bosnia-Herzegovina.

1981 - HIV/AIDS (acquired immune deficiency syndrome) epidemic begins⁴⁶⁸, first identified among gay men in New York City and San Francisco.

1982/03/29 - President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research publishes first report on bioethics in clinical trials and protection of human subjects. Federal Register 1982 March 29; 47(60): 13272-13305⁴⁶⁹

⁴⁶² <https://bioethics.georgetown.edu/archives/Presidents-Commission-for-Study-of-Ethical-Problems-in-Medicine-and-in-Biomedical-and-Behavioral-Research-Original-Archive-Finding-Aid.pdf>

⁴⁶³ <https://www.civilianintelligencenetwork.ca/2021/07/26/sars-cov-2-is-hiv-and-dr-anthony-fauci-holds-the-patents/>

⁴⁶⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1994641/pdf/JCI0733692.pdf>

⁴⁶⁵ https://archives.federalregister.gov/issue_slice/1980/5/30/36375-36392.pdf#page=16

⁴⁶⁶ <https://supreme.justia.com/cases/federal/us/447/303/>

⁴⁶⁷ <https://www.govinfo.gov/content/pkg/FR-1981-01-27/pdf/FR-1981-01-27.pdf>

⁴⁶⁸ <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>

⁴⁶⁹ <https://repository.library.georgetown.edu/handle/10822/793677>

1983/03/31 - Termination of President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.

1983/07/28 - President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research publishes second report on bioethics in clinical trials and protection of human subjects. Federal Register 1983 July 28; 48(146): 34408-34412⁴⁷⁰

1983/12/22 - President Ronald Reagan signs Executive Order 12452, enumerating quarantinable diseases authorizing the HHS Secretary, under 42 USC 264(b) to order "apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of communicable diseases" to include "Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named), and revoking prior EO 9708 of March 26, 1946, EO 10532 of May 28, 1954, and EO 11070 of December 12, 1962. 46 FR 17255.⁴⁷¹

1984 - Anthony Fauci promoted within HHS National Institutes of Health from Chief of the Laboratory of Immunoregulation to Director of National Institute for Allergies and Infectious Diseases. Research focus: HIV/AIDS

1984 - Craig Venter joins NIH, continues research leading to 2001 publication of sequenced human genome⁴⁷².

1984/04/16 - Bill Gates appears on cover of Time Magazine⁴⁷³.

* * *

April 22, 2022 - Administrative Procedures Act v. Public Health Service Act; USDC Middle Florida ruling in Health Freedom Defense Fund v. Biden opens window into key separation of powers issue of the American biomedical police state established Jan. 31, 2020; list of federal cases.

Thanks to US District Court Judge Kathryn Kimball Mizelle's decision this week in *Health Freedom Defense Fund v. Biden*, 8:21-cv-1693-KKM-AEP, Middle District Florida, a crucial separation of powers issue buried in the mass panic of Covid-19 is getting some judicial and public scrutiny.

US domestic bioterrorism program spokesman Anthony Fauci has expressed concern about this development⁴⁷⁴. Fauci spoke with Kasie Hunt on CNN and explained that he was "disappointed and surprised" by courts getting involved with a public health issue...

He said he was "both surprised and disappointed because those types of things really are the purview of the CDC. This is a public health issue. And for a court to come in, if you look at the rationale for that, it really is not particularly firm. And we are concerned about the courts getting involved in things that are unequivocally public health decisions. I mean, this is a CDC issue, which should not have been a court issue."

*

Congress, through the PREP Act of 2005 amendments to the Public Health Service Act of 1944, 42 USC 201 et seq., and other public health-predicated laws signed by US Presidents over the past twenty years, gave the Secretary of Health and Human Services, as an executive branch administrator, power to govern for the duration of public health emergencies as declared and extended by the same person: the HHS Secretary.

The PREP Act included provisions that HHS Secretary executive actions, such as declarations, regulations and rulemaking, taken during declared public health emergencies, including orders relating to 'covered countermeasures'

⁴⁷⁰ <https://repository.library.georgetown.edu/handle/10822/799334>

⁴⁷¹ <https://www.archives.gov/federal-register/codification/executive-order/12452.html>

⁴⁷² <https://pubmed.ncbi.nlm.nih.gov/11181995/>

⁴⁷³ <https://www.businessinsider.com/bill-gates-on-time-magazine-in-1984-2014-8?op=1>

⁴⁷⁴ <https://www.redvoicemedia.com/2022/04/fauci-sounding-nervous-we-are-concerned-about-the-courts-getting-involved-video/>

such as medical devices (masks) and pharmaceutical products (injections), are judicially unreviewable. 42 US 247d-6d(b)(7).

The PREP Act of 2005 also provided that HHS Secretary executive actions preempt the laws of other political subdivisions such as States, territories and tribes, to the extent such laws conflict with HHS declarations. 42 USC 247d-6d(b)(8).

*

On Feb. 3, 2021, shortly after President Biden took office, the CDC issued a declaration entitled 'Requirements for Persons to Wear Masks While on Conveyances and at Transportation Hubs.' 86 Federal Register 8025.

A group of air travel passengers filed a lawsuit on July 12, 2021: *Health Freedom Defense Fund v. Biden*, 8:21-cv-1693-KMM-AEP.

The plaintiffs claimed that the CDC mandate violated rulemaking, notice and comment procedures under the Administrative Procedures Act of 1946, 5 USC 551 et seq. They requested declarative judgment that the mandate was unlawful and to have it set aside.

The case was *not* brought on constitutional grounds.

Despite the Biden Administration argument that there was no case on grounds that CDC has the authority to dispense with public notice and comment procedures at its own, unreviewable discretion, Judge Mizelle reviewed it anyway.

By opinion and order issued April 18, 2022, she declared the mandate unlawful and vacated it.

The Biden Administration — executive branch — appealed the decision to the 11th Circuit Court of Appeals on April 20, 2022.

If Judge Mizelle's decision is reversed, the plaintiffs will appeal to the US Supreme Court.

There, Chief Justice John Roberts has already set an injurious precedent on separation of powers, saying federal courts should refuse to "second-guess" legislative and executive branch acts when related to public health during a declared emergency. See May 9, 2020 order, *South Bay United Pentecostal v. Newsom*, USDC Southern District California, 9th Circuit Court of Appeals, (590 US__2020).

To Chief Justice Roberts' May 2020 statement of abdication as official Supreme Court policy, Justices Sotomayor and Barrett have added insult, by flatly refusing to accept cases seeking judicial review of university mandates (*Klaassen v. Trustees of Indiana University*, USDC Northern District Indiana, 7th Circuit Court of Appeals, 21A15, Aug. 12, 2021) and New York Department of Education mandates on schoolteachers and school staff (*Keil v. City of New York*, USDC Southern District New York, 2nd Circuit Court of Appeals, 21A398, Feb. 11, 2022).

There are many other examples of federal courts stalling, rolling over and playing dead over the last two years, such that there hasn't yet been a public, in-court, adversarial presentation of factual evidence about the HHS Secretary's unprecedented power grab and legal argument about its' legitimacy.*

That's true even though the Supreme Court has ruled on the HHS Center for Medicare and Medicaid Services (CMS) mandates: finding them lawful on the statutory basis that hospitals and nursing homes receive federal funding, with strong dissent filed by Justices Thomas, Alito, Gorsuch and Barrett; and on the Department of Labor Occupational Safety and Health Administration (OSHA) mandates: finding them unlawful on the statutory basis that the Secretary of Labor lacks power to mandate public health measures regarding hazards that exist outside the workplace just as much as inside it.

Here's the question:

If the federal courts will no longer exercise their public fact-finding and judicial review authority under the US Constitution, who will resolve legal disputes on separation of powers, using what process?

As they have throughout our history, these legal disputes pit the self-governing authority and bodily autonomy of individual sovereign American citizens and naturalized immigrants against the consent-derived power of elected and appointed government agents.

In every case, even disputes about statutory frameworks, in a rule-of-law society, the supreme law of the land should be the US Constitution.

And the impartial arbiter should be the federal judiciary operating through timely, public, adversarial fact-finding and legal arguments.

The US Constitution is demonstrably not the supreme law of the land right now.

Health and Human Services Secretary Xavier Becerra is currently the supreme law of the land.

Becerra operates above the law, above the US Constitution and above the US Supreme Court, thanks to the 109th Congress and President George W. Bush, through the PREP Act amendments to the Public Health Service Act, signed December 19, 2006.

Here's the answer:

Without the rule of law and dispute resolution through functional federal courts, separation of powers disputes are resolved through might-makes-right: the party with the most gun-backed power wins.

In this case, the winner is the CDC under the Health and Human Services Department, as merged with the Department of Homeland Security, Department of Justice, and Department of Defense, running an armed occupation of the American population that just hasn't gone kinetic yet because a critical mass of people have been bioterrorified into preemptive submission.

The non-kinetic status will endure until the critical mass tips the other way, and the general population stops quietly and peacefully going along with the occupation.

Or until the federal judges get in the game, review the statutes that have enabled the biomedical police state to take shape, recognize those statutes are unconstitutional and incompatible with human liberty and dignity, and nullify them.

Deus vicit.

*Partial List of Federal Cases Filed to Challenge COVID-19 Mitigation Measures

- *Butler v. Wolf*, USDC Middle District Pennsylvania, Third Circuit Court of Appeals. Appeal denied without explanation by US Supreme Court (20-2936). Challenge to constitutionality of governor's emergency executive orders.
- *Jackson v. Ventavia*, Pfizer et al, USDC Eastern District Texas (1:21-cv-00008-MJT). Whistleblower, False Claims Act case alleging clinical trial fraud and defrauding of US government and FDA as emergency-authorizers, purchasers, marketers and mandaters of the toxic products.
- *Bridges v. Houston Methodist Hospital*, USDC Southern District Texas, 5th Circuit Court of Appeals (21-20311). Challenge to private employer vaccine mandate.
- *America's Frontline Doctors v. Becerra*, et al. USDC Northern District Alabama (2:21-cv-00702-CLM). Challenge to FDA Emergency Use Authorization of product.
- *Robert et al. v. Austin, Becerra, et al.* USDC Colorado, 10th Circuit Court of Appeals (21-cv-2228; 22-1032). Challenge to federal military vaccine mandate.
- *Ealy, Linthicum and Thatcher v. Redfield, Walensky, Azar et al.*, USDC Oregon Petition to Impanel Special Grand Jury to Investigate Allegations of Federal Crimes (3:22-cv-356-HZ). Allegation that multiple federal agencies committed multiple federal crimes, including rulemaking violations of Administrative Procedures Act, 5 USC 551 et seq., and defrauded US public and state and local governments.
- *Costin v. Biden et al.*, USDC District of Columbia (1:21-cv-02484). Challenge to federal employee, federal contractor and federal military vaccine mandates.
- *Navy Seal 1 v. Biden et al.*, USDC Middle District Florida (8:21-cv-02429-SDM-TGW). Challenge to federal military vaccine mandate.

- *Church v. Biden*, USDC District of Columbia (1:21-cv-02815). Challenge to federal employee, federal contractor and federal military vaccine mandates.
- *Navy Seal 1 v. Austin et al.*, USDC Northern District Texas (4:21-cv-01236), Class Action. Federal Department of Defense mandate on military personnel.
- *Missouri v. Biden*, USDC Eastern Missouri (2021 WL 5564501) and *Louisiana v. Becerra*, USDC Western Louisiana (2021 WL 5609846), appealed by Biden Administration to 5th and 8th Circuit Courts of Appeals. Consolidated 21A240 and 21A241 at US Supreme Court (595 U.S. __ 2022). Challenge to federal mandate on health care workers at Center for Medicare and Medicaid (CMS)-funded facilities.
- *Feds for Medical Freedom v. Biden*, USDC Southern Texas, 5th Circuit Court of Appeals (3:21-cv-00356). Challenge to federal mandate on federal employees.
- *National Federation of Independent Businesses v. Department of Labor Occupational Health and Safety Administration (OSHA); Ohio v. OSHA*. Consolidated 21A244 and 21A247 at US Supreme Court (595 US __ 2022). Challenge to federal/OSHA mandate on private employers with 100 or more employees.
- *Federal Civilian Contractor Employer v. Austin*, USDC Middle District Florida (8:2022-cv-00365). Challenge to federal mandate on federal contractors.
- *Doster v. Kendall*, USDC Southern District Ohio (1:22-cv-00084). Challenge to federal mandate on Air Force servicemembers.
- *Griner v. Biden*, USDC Utah (2:22-cv-00149-DAK). Challenge to federal mandate on health care workers at CMS-funded facilities, including challenge to the government's definition of the product as 'vaccines.'
- *Feds for Medical Freedom v. Biden*, USDC Southern District Texas, 5th Circuit Court of Appeals. (3:21-cv-00356). Challenge to federal 'mandate' on federal employees.'

* * *

April 22 - Permanent corporate liability exemption for vaxx manufacturers.

Preliminary conclusion subject to further investigation and confirmation:

By rulemaking that was proposed April 4, 2018 (83 FR 14391⁴⁷⁵), announced Dec. 2, 2021 (86 FR 68423⁴⁷⁶), and went into effect Jan. 3, 2022, CDC already made the Covid vaxx manufacturers permanently immune from civil liability for injuries and deaths inflicted on people through government-mandated injection of their products.

Health and Human Services/CDC added “and/or pregnant women” to “children” on the list of vaccine recipients that, when a vaccine is on the ‘recommended’ list, puts compensation for injuries and deaths exclusively in the Vaccine Injury Compensation Program under the 1986 National Childhood Vaccine Injury Act, Title III of PL 99-660, 42 USC 300aa-10 et seq.

It legally shifts the financial burden of injuries, long-term disabilities and deaths caused by pharmaceutical products from the corporate manufacturers and shareholders, assigned through federal court-adjudicated tort liability proceedings, to the victims and American taxpayers through the Office of Special Masters within the US Court of Federal Claims.

The fight to keep the Covid-19 vaxxes off the childhood immunization schedule⁴⁷⁷ is still important, to protect children from government-run bioterrorism programs.

But it looks like the manufacturers already have their permanent liability exemption, barring a regulatory change by Health and Human Services to restore the prior language, or a federal court overturning the addition of pregnant women to the regulations.

On a related topic, not one Countermeasures Injury Compensation Program (CICP_ claim for injuries and deaths caused by the Covid-19 injections⁴⁷⁸ has been paid out yet, under a scheme parallel to the VICP, but specific to Covid-19 injections and more difficult to navigate.

The CICP is a “horrible programme,” says Peter Meyers, emeritus professor at George Washington University Law School in Washington, DC. “You basically submit your application for compensation, it’s then dealt with secretly, and you don’t have a right to have a lawyer paid for by the programme. You don’t have a right to a hearing. We have no idea how these cases are being processed . . . There is such a lack of transparency in this programme that it’s frightening.” (BMJ, 04/19/22)

See also, Robert Malone post: The Vaccine Injury Compensation System for COVID has failed⁴⁷⁹.

* * *

⁴⁷⁵ <https://www.federalregister.gov/documents/2018/04/04/2018-06770/national-vaccine-injury-compensation-program-adding-the-category-of-vaccines-recommended-for>

⁴⁷⁶ <https://www.federalregister.gov/documents/2021/12/02/2021-26197/national-vaccine-injury-compensation-program-adding-the-category-of-vaccines-recommended-for>

⁴⁷⁷ <https://bailiwicknews.substack.com/p/why-pfizer-and-moderna-and-fda-are?s=w>

⁴⁷⁸ <https://www.bmj.com/content/377/bmj.o919.full?ijkey=0rhjZ85IJdCj5fg&keytype=ref>

⁴⁷⁹ <https://rwmalonemd.substack.com/p/the-vaccine-injury-compensation-system?s=r>

April 25, 2022 - The Thanatos Syndrome

*Thanatos Syndrome*⁴⁸⁰ is a 1987 novel by Walker Percy, set in Feliciana Parish, Louisiana. I first read it a few years after it was published, and — like Malachi Martin’s 1990 book *The Keys of This Blood*⁴⁸¹ — I read it because my father gave me a copy.

In Greek Mythology, Thanatos is the personification of death.

I’ve re-read the novel a couple of times since then, loaned or lost my copy, bought another copy last week and read it again.

Percy was a Southern writer. He was born in 1916, converted to the Catholic faith in 1947 and died in 1990.

The protagonist, who tells the story in the first-person, is a psychiatrist named after St. Thomas More⁴⁸²: lawyer, judge, statesman, husband, father, and writer of *Utopia*⁴⁸³.

Dr. Tom More’s Catholic priest friend is Father Simon Rinaldo Smith, whose patron saint is St. Simeon the Stylite⁴⁸⁴: the monk and hermit who spent decades living and praying in the desert atop pillars.

In the novel, Father Smith lives for awhile in a fire tower.

Thanatos Syndrome was timely, as I understand even more deeply putting together the series on Congressional enabling statutes from 1983⁴⁸⁵ to the present.

And it was more than a little prophetic, addressing scientific hubris and corruption, technocracy and civic decay, family disruption, abortion, AIDS, euthanasia, and mass murder shrouded in platitudes about the common good and normalized through mass media and other forms of behavioral manipulation, encapsulated in a haunting phrase Father Smith repeats to Tom from time to time: “Tenderness leads to the gas chamber.”

*

Toward the end of the story, Father Smith speaks to Tom about the apparition of the Blessed Virgin Mary, who appeared to six Croatian teenagers starting on June 24, 1981, in the village of Medjugorje⁴⁸⁶, Bosnia-Herzegovina.

...The hospice opens and down he comes from the fire tower in his right mind and very much in charge. Very much his old wiry, vigorous self, he jokes with the children, listens to the endless stories of the senile, talks at great length with the dying. He calls on me only when the depression and terrors of his AIDS patients are more than he can handle. We do little more than visit with them, these haggard young men, listen, speak openly, we to them, they to us, and we to each other in front of them, about them and about our own troubles, we being two old drunks and addled besides. They advise us about alcohol, diet, and suchlike. It seems to help them and us. At least they laugh at us.

But when he invited me to serve Mass routinely, because I was visiting the hospice early every morning, I refused. It is easy to say no at the hospice, because honesty is valued above all. I told him the truth: that since I no longer was sure what I believe, didn’t think much about religion, participation in Mass would seem to be deceitful.

He nodded cheerfully, as if he already knew.

“Don’t worry,” he said, doing a few isometrics in the hall, pushing and pulling with his hands. “It is to be expected. It is only necessary to wait and to be of good heart. It is not your fault.”

⁴⁸⁰ <https://www.powells.com/book/thanatos-syndrome-9780312243326>

⁴⁸¹ <https://bailiwicknews.substack.com/p/ternaries-and-trinities?s=w>

⁴⁸² https://www.catholic.org/saints/saint.php?saint_id=324

⁴⁸³ <https://www.litcharts.com/lit/utopia/summary>

⁴⁸⁴ https://www.catholic.org/saints/saint.php?saint_id=5616

⁴⁸⁵ <https://bailiwicknews.substack.com/p/1983?s=w>

⁴⁸⁶ <https://www.medjugorje.org/overview.htm>

“How is that, Father?” I ask him curiously.

“You have been deprived of the faith. All of us have. It is part of the times...

The story of the apparitions is well known. Of course, no one knows for certain whether the Virgin appeared to them. The Church does not know. Many pious people believe that she did. That is not what interests me.

It is one small detail which they related about one of the many apparitions which seemed so outlandish that no one could make sense of it and either laid it to childish fantasy or overlooked it altogether.

You recall that though she identified herself as the Mother of God, one of the children related that she appeared not as the Queen of Heaven with a serpent under one foot and a cloud under the other, crowned with stars and so on — but as an ordinary-looking young red-cheeked Jewish girl, which of course she probably was.

But what she told them on this one occasion and which they related without seeming to understand what they were saying was this: Do you know why this century has seen such terrible events happen? The Turks killing two million Armenians, the Holocaust, Hitler killing most of the Jews in Europe, Stalin killing fifteen million Ukrainians, nuclear destruction unleashed, the final war apparently inevitable?

It is because God agreed to let the Great Prince Satan have his way with men for a hundred years — this one hundred years, the twentieth century.

And he has. How did he do it? No great evil scenes, no demons — he’s too smart for that. All he had to do was leave us alone. We did it. Reason warred with faith. Science triumphed. The upshot? One hundred million dead.

Could it be a test like Job’s? Then one must not lose hope even though the final war seems inevitable as this terrible century draws to a close. Because almost everyone has lost hope. Christians speak of the end time. Jews of the hopelessness of the mounting Arab terror. Even unbelievers, atheists, humanists, TV anchormen have lost hope — you’ve heard how these commentators speak in their grave style, which conceals a certain Ed Murrow delectation of doom. Do you think that there is a secret desire for it?

But you must not lose hope, she told the children. Because if you keep hope and have a loving heart and do not secretly wish for the death of others, the Great Prince Satan will not succeed in destroying the world.

In a few years this dread century will be over. Perhaps the world will end in fire and the Lord will come — it is not for us to say.

But it is for us to say, she said, whether hope and faith will come back into the world. What do you think?”

“What? Oh. Do you mean about Yugo— about the ah predictions. Very interesting. Well, Father, I really must be—”

“So don’t worry about it,” says the priest...

“And to be specific in your case, Tom... Do what you are doing. You are on the right track. Continue with the analysis and treatment of your patients...I have watched you. Carry on. Keep a good heart.”

* * *

April 25, 2022 - The investigational drugs that weren't. Preview of post under construction

NehmingNehms posted links to Steve Bannon's recent interviews with Naomi Wolf at Gab⁴⁸⁷ recently, with a comment:

Naomi Wolf on @BannonWarRoom discusses the horrifying picture that is emerging from analysis of the Pfizer document dump, one of corruption, negligence, greed, and outright inhumanity. A must watch.

NehmingNehms tagged Arkmedic⁴⁸⁸, who is one of the Substack writers (along with Charles Rixey⁴⁸⁹, Dan Sirotkin⁴⁹⁰, Igor Chudov⁴⁹¹ and a few others) tracking down the scientific evidence that Covid was made in a lab, who published a comprehensive piece on April 10⁴⁹².

Arkmedic posted a comment to the Bannon/Wolf links:

They are missing the important bit. That is, that 97% of the patients are missing from the Clinical Record Forms (CRFs) files released in the first document dump. This is the clincher. So many people don't understand what it means but you have to.

There are only 10-15 patients in the clinical record forms (CRFs) for each of the four sites' forms released as part of the court orders [in *Public Health and Medical Professionals for Transparency v. FDA*⁴⁹³]. Each site should have around 300 patients, because that is the number in the recruitment log.

They are NOT in a later dump because the court order was for the four biggest sites CRFs to be released first, which they did.

*

From my standpoint as someone trying to find and understand the legal frameworks⁴⁹⁴ that provide additional evidence that Covid was made in a lab, for global, government-funded, government-run bioterrorist purposes, I posted a question to Arkmedic:

Can you clarify your interpretation of this bit?

I'm working on a synopsis of the many legal frameworks constructed to make the government-corporation Covid plan work, and they all seem to converge on one provision of EUA law: 21 USC 360bbb-3(k)⁴⁹⁵, such that EUA covered countermeasure products, once designated as such by HHS (March 10, 2020, retroactive to February 4, 2020⁴⁹⁶, which was the same day that WHO provided the Pierre Gsell "list of candidate vaccines" to governments and researchers⁴⁹⁷) are legally not part of any "clinical investigation," despite the fact that the so-called Phase 3 clinical trials⁴⁹⁸ will not be finished for two years at the earliest.

Many other legal facts derive from this: there are no clinical trials, no investigational drugs or experimental treatments, no human subjects or patients, no informed consent requirements, no supervising doctors, no data collection and analysis, no prescriptions, no doctor-patient relationships subject to Hippocratic Oath, no Institutional Review Boards, no civil or criminal liability, no safety or efficacy benchmarks, no stopping conditions, no quality control or manufacturing standards or inspections, no product labeling requirements, no marketing standards, no clinical trial fraud⁴⁹⁹, no requirement to produce a pure/unadulterated product.

⁴⁸⁷ <https://gab.com/ShemNehm/posts/108182525313093424>

⁴⁸⁸ <https://gab.com/arkmedic>

⁴⁸⁹ <https://prometheusshrugged.substack.com/p/theblindwatchmaker?s=r>

⁴⁹⁰ <https://harvard2thebighouse.substack.com/p/understanding-covid-19-and-seasonal?s=r>

⁴⁹¹ <https://igorchudov.substack.com/p/covid-vaccine-hiv-and-vaids-an-explanation?s=r>

⁴⁹² <https://arkmedic.substack.com/p/absolute-proof-the-gp-120-sequences?s=r>

⁴⁹³ <https://phmpt.org/>

⁴⁹⁴ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

⁴⁹⁵ <https://www.law.cornell.edu/uscode/text/21/360bbb-3>

⁴⁹⁶ <https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf>

⁴⁹⁷ https://www.who.int/docs/default-source/blue-print/classes-of-candidate-vaccines-against-sars-cov.pdf?sfvrsn=5d3b1d2f_1&download=true

⁴⁹⁸ https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

⁴⁹⁹ <https://bailiwicknews.substack.com/p/modernas-2013-patent-on-furin-cleavage?s=w>

At the end of the day, under legal definitions, nothing has been done, and no one has done anything, to anyone. And the recursive loop can be infinite, as covered countermeasures are developed and deployed, and authorized, through EUA, as treatments for complications from previously developed and deployed covered countermeasures.

I think this fits with what you're saying about 97% of patients missing from files.

Working on a full post about this with links to the statute citations.

* * *

April 26, 2022 - Cures 2.0 Act, Sections 407 & 408: Genomic testing and pharmacogenetic consultations.

Legal/statute review continues...

The Cures 2.0 Act⁵⁰⁰ (HR-6000) was introduced in Congress by Representative Diana DeGette (D-Colorado) on November 17, 2021.

On that same day, chimeric SARS-CoV-2, as a government-developed, manufactured and deployed bioweapon, was added by the Secretary of Health and Human Services to the official list of biological agents and toxins that pose severe public health and safety threats⁵⁰¹ such that HHS is authorized to address them with emergency declarations and detention powers. (42 CFR 73.3).

The draft Cures 2.0 Act includes provisions about genomic screening and testing of children and teens.

Section 407, Precision Medicine Answers for Kids Today, starts at p. 111 of 173.

Section 407 of the Cures 2.0 Act provides clear evidence that federal public health bioterrorists know what sicknesses and injuries are likely to emerge, as a result of the SARS-CoV-2 communicable disease they designed and released, subsequent mass injections with liability-free 'covered countermeasures' (contents unknown and unregulated) they developed and ordered people to accept on pain of job loss, or both.

The effects anticipated by the Secretary of Health and Human Services and his collaborators include: "rare disease, including a metabolic disease, neurologic disorder...cancer...cardiac disease, birth defect, [and] developmental disability..." (p. 116 of 173)

Children and teens under age 21 eligible for the genetic testing program include those who:

- (A) have a positive result from a newborn screening program;
- (B) have one or more neurodevelopmental or congenital anomalies;
- (C) are experiencing developmental delay or intellectual disability;
- (D) are having seizures;
- (E) have been referred or admitted to a pediatric or neonatal intensive care unit for a chronic or undiagnosed disease;
- (F) have been seen by at least one medical specialist for such chronic or undiagnosed disease; or
- (G) are suspected by at least one healthcare provider to have a neonatal- or pediatric onset genetic disease (p. 112)

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⁵⁰⁰ <https://www.congress.gov/117/bills/hr6000/BILLS-117hr6000ih.pdf>

⁵⁰¹ <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73/section-73.3>

Section 408 relates to pharmacogenetic consultations, defined as:

“with respect to a genetic or genomic test furnished to an individual, a consultation with respect to such test requested by the physician treating such individual to provide such physician with advice and recommendations regarding the dosage, safety, and efficacy of particular drugs, biologicals, and other treatments based on the individual’s pharmacogenetic result.” (pp. 125-126)

It’s more evidence for the infinite recursive loop they have planned for human-kind: more bioweapons developed, manufactured, emergency-use-authorized, and deployed as ‘treatments’ for complications from previously developed and deployed bioweapons.

Step off the ride.

Keep your sleeves rolled down: don’t get injected and don’t get tested.

Steer clear of public health facilities.

Help one another; comfort the sick and injured.

Love one another.

And pray.

* * *

April 28, 2022 - American Domestic Bioterrorism Program. Building the case to prosecute members of Congress, presidents and HHS secretaries for treason under 18 USC 2381.

Note March 2023: This research and organizing tool was first posted April 28, 2022 and updated thereafter as new information came to light. The version printed here was last updated May 6, 2022. As of March 2023, the timeline has been significantly expanded and reorganized; a stand-alone print version of the updated timeline is in progress.

I started looking closely at the legal architecture supporting the Covid national prison panopticon⁵⁰² on Jan. 30, 2022, after hearing Attorney Todd Callender’s interview⁵⁰³, which provided information about the American domestic legal framework; how it fit with the oddly-coordinated pandemic story told by governments worldwide; and how it relates to the World Health Organization International Health Regulations of 2005 at the center.

I wrote up the interview:

- Legal Walls - Short Version⁵⁰⁴
- Legal Walls of the Covid-19 Kill Box⁵⁰⁵

Prior to that day, I’d spent a lot of time, with increasing confusion and alarm and despair, trying to figure out why the U.S. Constitutional legal system hadn’t put a stop to the nonsense as its nonsensicality became obvious to so many people.

Why did it continue, with no end in sight, and not even a glimpse of a path to the end?

In the three months since then, as I’ve dug into Callender’s analysis following the supporting paper trails, I’ve learned why, and how.

A whole lot of things that once were federal and state crimes and civil rights violations have been legalized by Congress through legislative, statutory revisions to the United States Code, signed by US Presidents, and implemented at the administrative, regulatory level by the Department of Health and Human Services through the Code of Federal Regulations.

⁵⁰² <https://www.ucl.ac.uk/bentham-project/who-was-jeremy-bentham/panopticon>

⁵⁰³ <https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/>

⁵⁰⁴ <https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w>

⁵⁰⁵ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

I've reported on those findings in small bits and pieces, connecting the laws to court cases, executive orders, guidance documents for researchers, academic papers, intellectual property patents, regulatory amendments, psychological manipulation programs, geopolitical developments and other facts as they've floated across my field of view.

I think the critical decay began around 1983, when the 'public health emergencies' section was added to the 1944 Public Health Service Act, although the 1944 PHSA itself represented an additional militarization of human medicine in the United States.

Most of the worst laws have been passed since 2000 — just before 9/11 and the US Department of Defense false flag anthrax attacks.

They are listed below, with links to the full text of each law, and a short summary of what I understand about how each one fits into the overall scheme.

The basic goal of the architects, which has been achieved, was to set up legal conditions in which all governing power in the United States could be automatically transferred from the citizens and the three Constitutional branches into the two hands of the Health and Human Services Secretary, effective at the moment the HHS Secretary himself declared a public health emergency, legally transforming free citizens into enslaved subjects.

That happened on Jan. 31, 2020, in effect as of Jan. 27, 2020⁵⁰⁶ through the present day.

In other words: Congress legalized and funded the overthrow of the U.S. Constitution, the U.S. government and the American people, through a massive domestic bioterrorism program relabeled as a public health program, conducted by the HHS Secretary on behalf of the World Health Organization and its financial backers.

Below is the current list of statutes, subject to change as I learn more.

U.S. DOMESTIC BIOTERRORISM PROGRAM - ENABLING STATUTES

- 1935 Social Security Act - PL 74-271. 49 Stat. 620. [Added to list on May 1, 2022.] Social Security Act is the law governing Medicare and Medicaid, which are among the authorization and funding pathways through which 'breakthrough' devices and drugs, fast-track products, products eligible for accelerated approval and other FDA- classified products are developed, manufactured and used on humans. Amendments to SSA since 1983 and pending, have expanded/will further expand the novel drug and device/bioweapon classes eligible for fast-tracked federal research and deployment funding within the Medicare/Medicaid programs.
- 1938 Federal Food Drug and Cosmetic Act⁵⁰⁷ - PL 75-717. 52 Stat. 1040. (21 pages.) 21 USC 9 et seq. Original law passed "to prohibit the movement in interstate commerce of adulterated and misbranded food, drugs, devices, and cosmetics, and for other purposes."
- 1944 Public Health Service Act⁵⁰⁸ - PL 78-410. 58 Stat. 682. (39 pages.) 42 USC 201 et seq. Consolidated, centralized and militarized the American public health system that had developed within several agencies since the Revolution.
- 1983 Public Health Service Act Amendment⁵⁰⁹ - PL 98-49, 97 Stat. 245. (2 pages.) Amended Public Health Service Act (at 42 USC 247d) to add Section 319, 'Public Health Emergencies' granting new powers to Health and Human Services Secretary and establishing a \$30 million slush fund called the Public Health Emergencies Fund. Summary posted April 20, 2022⁵¹⁰.
- 1986 State Comprehensive Mental Health Services Plan Act⁵¹¹ - PL 99-660 (73 pages). Title III - National Childhood Vaccine Injury Act. 100 Stat. 3755. Amended Public Health Service Act (42 USC 201 et seq) to add Title XXI, 42 USC 300aa et seq, including Subtitle 1, establishing and funding a National Vaccine Program, and Subtitle 2, granting vaccine manufactures legal immunity for injuries and deaths caused by their

⁵⁰⁶ <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

⁵⁰⁷ <https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/52/STATUTE-52-Pg1040a.pdf>

⁵⁰⁸ <https://uscode.house.gov/statviewer.htm?volume=58&page=682>

⁵⁰⁹ <https://uscode.house.gov/statutes/pl/98/49.pdf>

⁵¹⁰ <https://bailiwicknews.substack.com/p/1983?s=w>

⁵¹¹ <https://www.congress.gov/99/statute/STATUTE-100/STATUTE-100-Pg3743.pdf>

products, and establishing and funding a tax revenue/public debt-funded National Vaccine Injury Compensation Program.

- 1988 Health Omnibus Programs Extension Act⁵¹² - PL 100-607. 102 Stat. 3048. (126 pages.) Established National Center for Biotechnology Information under Public Health Service Act; outlined and funded HIV-AIDS research under direction of NIH/NIAID/Fauci; increased funding for the Public Health Emergencies Fund to \$45 million.
- 1992 Alcohol, Drug Abuse, Mental Health Administration (ADAMHA) Restructuring Act⁵¹³ - PL 102-321, 106 Stat. 323. (120 pages). Expanded drug abuse prevention and treatment programs; reorganized HHS subdivisions.
- 1992 Preventative Health Amendments⁵¹⁴ - PL 102-531. 106 Stat. 3504. (40 pages.) Changed name from Centers for Disease Control to Centers for Disease Control and Prevention.
- 1997 Food and Drug Administration Modernization Act⁵¹⁵ - PL 105-115, 11 Stat. 2296. (86 pages). Added new section to Federal Food Drug and Cosmetics Act (21 USC 9) to expand access to investigational drugs and devices during emergency situations (21 USC 360bbb). This was the beginning of the Emergency Use Authorization framework that culminated in the federal 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 Omnibus Consolidated and Emergency Supplemental Appropriations for FY1999⁵¹⁶ - PL 105-277. (920 pages). 112 Stat. 2681- 358: 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.”
- 2000 Public Health Improvement Act⁵¹⁷ - PL 106-505, 114 Stat. 2314. (38 pages). 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 Authorization for Use of Military Force⁵¹⁸ (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.
- 2002 Public Health Security and Bioterrorism Preparedness and Response Act⁵¹⁹ - PL 107-188, 116 Stat. 594 (105 pages). 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; 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 (7,279,372⁵²⁰) on methods to make bat coronaviruses more lethal to humans, noting that “the US government has certain rights to this invention.” More on that⁵²¹.
- 2002 Homeland Security Act⁵²² - PL 107-296, 116 Stat. 2135. (187 pages.) Established Department of Homeland Security as a cabinet-level administrative arm of the executive branch. Expanded militarization of

⁵¹² <https://www.congress.gov/100/statute/STATUTE-102/STATUTE-102-Pg3048.pdf>

⁵¹³ <https://www.congress.gov/102/statute/STATUTE-106/STATUTE-106-Pg323.pdf>

⁵¹⁴ <https://www.congress.gov/102/statute/STATUTE-106/STATUTE-106-Pg3469.pdf>

⁵¹⁵ <https://www.congress.gov/105/plaws/publ115/PLAW-105publ115.pdf>

⁵¹⁶ <https://www.congress.gov/105/plaws/publ277/PLAW-105publ277.pdf>

⁵¹⁷ <https://uscode.house.gov/statutes/pl/106/505.pdf>

⁵¹⁸ <https://www.congress.gov/107/plaws/publ40/PLAW-107publ40.pdf>

⁵¹⁹ <https://www.congress.gov/107/plaws/publ188/PLAW-107publ188.pdf>

⁵²⁰ <https://patents.justia.com/patent/7279327>

⁵²¹ <https://www.ieynews.com/the-fauci-covid-19-dossier-investigation-into-possible-illegal-patent-claims-resulting-in-millions-of-in-commercial-benefits/>

⁵²² <https://www.congress.gov/107/plaws/publ296/PLAW-107publ296.pdf>

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.

- 2004 Project Bioshield Act⁵²³ - PL 108-276, 118 Stat. 835. (30 pages.) Amendments to Public Health Service Act (42 USC 201) and Federal Food Drug and Cosmetics Act (21 USC 9). Amended and expanded 21 USC 360bbb (first adopted in PL 105-115 in 1997), relating to 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 Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act⁵²⁴ - PL 109-148. (154 pages). 119 Stat. 2818, Division C at last 14 pages: Public Readiness and Emergency Preparedness (PREP) Act. Amended Public Health Service Act (42 USC 201). 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.” 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 Pandemic and All-Hazards Preparedness Act⁵²⁵. PL 109-417, 120 Stat. 2878. (51 pages). Fulfilled many of the requirements of the World Health Organization International Health Regulations of 2005⁵²⁶, 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 John Warner Defense Authorization Act⁵²⁷ - PL 109-364, 120 Stat. 2095. (439 pages). Section 1076 amended 1807 Insurrection Act⁵²⁸, (10 USC 333, renumbered as 10 USC 253), providing exemptions to 1878 Posse Comitatus Act⁵²⁹, 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,

⁵²³ <https://www.congress.gov/108/plaws/publ276/PLAW-108publ276.pdf>

⁵²⁴ <https://uscode.house.gov/statutes/pl/109/148.pdf>

⁵²⁵ <https://www.congress.gov/109/plaws/publ417/PLAW-109publ417.pdf>

⁵²⁶ <https://www.who.int/publications/i/item/9789241580496>

⁵²⁷ <https://www.congress.gov/109/plaws/publ364/PLAW-109publ364.pdf>

⁵²⁸ <https://uscode.house.gov/statviewer.htm?volume=12&page=281>

⁵²⁹ <https://uscode.house.gov/statviewer.htm?volume=12&page=281>

terrorist attack or incident, or other condition in any State or possession of the United States.” Repealed the following year.

- 2007 National Institute of Health Reform Act⁵³⁰ - PL 109-482, 120 Stat. 3675. (29 pages). Reorganization, consolidation of power and funding.
- 2008 National Defense Authorization Act⁵³¹ - PL 110-181. (602 pages). 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.
- 2012 National Defense Authorization Act⁵³² - PL 112-81, 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 (PL 107–40; 115 Stat. 224, 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).
- 2012 Food and Drug Administration Safety and Innovation Act⁵³³ - PL 112-144, 126 Stat. 993. (140 pages). Amendments to Federal Food, Drug, and Cosmetic Act (21 USC 9) regarding user-fee programs for prescription drugs and medical devices, generic drugs and biosimilars, and for other purposes. *See* August 2014 FDA Decisions for Investigational Device Exemption: Clinical Investigations Guidance for Sponsors, Clinical Investigators, Institutional Review Boards, and FDA Staff⁵³⁴; January 2017 Emergency Use Authorization of Medical Products and Related Authorities Guidance for Industry and Other Stakeholders⁵³⁵; and July 2021 Department of Justice 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 Authorization⁵³⁶, for 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).
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act⁵³⁷ - PL 113-5, 127 Stat.161. (37 pages). Renewed and updated 2006 Pandemic and All-Hazards Preparedness Act, with amendments to Public Health Service Act (42 USC 201) and Federal Food Drug and Cosmetics Act (21 USC 9). 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.
- 2016 21st Century Cures Act⁵³⁸ (Cures Act 1.0) - PL 114-255, 130 Stat. 1033 (312 pages). Updated and expanded Public Health Service Act, 42 USC 201, “to accelerate the discovery, development, and delivery of 21st century cures.” Provided — at Section 3023 and 3024 — broad authority for HHS Secretary to waive or alter human subject protections and informed consent requirements for participants in clinical trials, by transferring the individual human subject’s risk assessment authority to the HHS Secretary, who can preemptively decide, for all subjects, without knowledge of individual health conditions, and without the subjects’ knowledge or consent, that the risk is minimal.
- 2017 National Defense Authorization Act⁵³⁹ - PL114-328, 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. 10 USC 382. *See* 01/23/2017 Department of Homeland Security Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans⁵⁴⁰ at p. 78, stating 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.”

⁵³⁰ <https://www.govinfo.gov/content/pkg/STATUTE-120/pdf/STATUTE-120-Pg3675.pdf#page=11>

⁵³¹ <https://www.congress.gov/110/plaws/publ181/PLAW-110publ181.pdf>

⁵³² <https://www.congress.gov/112/plaws/publ81/PLAW-112publ81.pdf>

⁵³³ <https://www.congress.gov/112/plaws/publ144/PLAW-112publ144.pdf>

⁵³⁴ <https://www.fda.gov/media/81792/download>

⁵³⁵ <https://www.fda.gov/media/97321/download>

⁵³⁶ <https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf>

⁵³⁷ <https://www.congress.gov/113/plaws/publ5/PLAW-113publ5.pdf>

⁵³⁸ <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>

⁵³⁹ <https://www.congress.gov/114/plaws/publ328/PLAW-114publ328.pdf>

⁵⁴⁰ https://www.fema.gov/sites/default/files/2020-07/fema_incident-annex_biological.pdf

- 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act⁵⁴¹ - PL 116-22, 133 Stat. 905 (61 pages). 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.
- 2020 US Secretary of Health and Human Services Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19.⁵⁴² 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 Coronavirus Preparedness and Response Supplemental Appropriations Act⁵⁴³ - PL 116-123, 134 Stat. 146 (12 pages). \$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 Families First Coronavirus Response Act⁵⁴⁴ - PL 116-127, 134 Stat. 178. (43 pages). \$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 Coronavirus Aid, Relief, and Economic Security (CARES) Act⁵⁴⁵ - PL 116-136, 134 Stat. 281. (335 pages) 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 Consolidated Appropriations Act⁵⁴⁶ - PL 116-260, 134 Stat. 1182 (5,593 pages). \$2.3 trillion spending bill, including \$900 billion for Covid programs.
- 2021 Orange Book Transparency Act⁵⁴⁷ - PL 116-290, 134 Stat. 4889. (5 pages) Amendments to patent law under Federal Food Drug and Cosmetics Act, (21 USC 9)
- 2022 Consolidated Appropriations Act⁵⁴⁸ - PL 117-103. Passed Congress March 15, 2022. \$1,274,678,000 for the Public Health and Social Services Emergency Fund (first funded 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)⁵⁴⁹; \$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 Covid Supplemental Appropriations Act⁵⁵⁰ - 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,

⁵⁴¹ <https://www.congress.gov/116/plaws/publ22/PLAW-116publ22.pdf>

⁵⁴² <https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf>

⁵⁴³ <https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf>

⁵⁴⁴ <https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>

⁵⁴⁵ <https://www.congress.gov/116/plaws/publ136/PLAW-116publ136.pdf>

⁵⁴⁶ <https://www.congress.gov/116/plaws/publ260/PLAW-116publ260.pdf>

⁵⁴⁷ <https://www.congress.gov/116/plaws/publ290/PLAW-116publ290.pdf>

⁵⁴⁸ <https://www.congress.gov/117/bills/hr2471/BILLS-117hr2471enr.pdf>

⁵⁴⁹ <https://www.law.cornell.edu/uscode/text/42/247d-6b>

⁵⁵⁰ <https://www.congress.gov/bill/117th-congress/house-bill/7007>

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) Act⁵⁵¹ - 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 Act⁵⁵² - Pending, HR3832. (41 pages). 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. 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 Act⁵⁵³ - Pending, HR6000. (173 pages.) 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.

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U.S. DOMESTIC BIOTERRORISM PROGRAM - ENABLING REGULATIONS, RULES & GUIDANCE DOCUMENTS [Section added May 5, 2022]

- 2014/08/19 - FDA Guidance: Decisions for Investigational Device Exemption Clinical Investigations⁵⁵⁴ (19 pages)
- 2015/08 - FDA Guidance: Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products.⁵⁵⁵ (19 pages)
- 2016/06/21 - HHS Clinical Trials Registration and Results Final Rule.⁵⁵⁶ 81 FR 64981 (177 pages)
- 2017/01/19 - Federal Policy for the Protection of Human Subjects Final Rule⁵⁵⁷. 82 FR 7149. (126 pages) Joint rule by 16 federal agencies, subsequently adopted by other agencies. Revised 1991 Common Rule⁵⁵⁸, which had been developed based on 1947 Nuremberg Code⁵⁵⁹ and 1978 Belmont Report⁵⁶⁰.
- 2017/01/19 HHS Control of Communicable Diseases Final Rule⁵⁶¹. 82 FR 6890. (89 pages)

⁵⁵¹ <https://www.congress.gov/bill/117th-congress/senate-bill/289/text>

⁵⁵² <https://www.congress.gov/117/bills/hr3932/BILLS-117hr3932ih.pdf>

⁵⁵³ <https://www.congress.gov/117/bills/hr6000/BILLS-117hr6000ih.pdf>

⁵⁵⁴ <https://www.fda.gov/media/81792/download>

⁵⁵⁵ <https://www.fda.gov/media/89036/download>

⁵⁵⁶ <https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22129.pdf>

⁵⁵⁷ <https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-01058.pdf>

⁵⁵⁸ <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html>

⁵⁵⁹ <http://www.cirp.org/library/ethics/nuremberg/>

⁵⁶⁰ https://www.videocast.nih.gov/pdf/ohrp_belmont_report.pdf

⁵⁶¹ <https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-00615.pdf>

- 2017/01 - FDA Guidance: Emergency Use Authorization of Medical Products and Related Authorities⁵⁶². (49 pages)
- 2017/07 - FDA Guidance: IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects⁵⁶³. (8 pages)
- 2017/08 - FDA Guidance: Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices⁵⁶⁴. (17 pages)
- 2018/06/19 - 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 Final Rule⁵⁶⁵. 83 FR 28497 (24 pages)
- 2021/04/02 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination⁵⁶⁶ (14 pages)
- 2021/07/06 - 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 Authorization⁵⁶⁷ (18 pages)
- 2021/09 - FDA Guidance: Real-World Data - Assessing Electronic Health Records and Medical Claims Data To Support Regulatory Decision-Making for Drug and Biological Products⁵⁶⁸ (39 pages)
- 2021/11 - FDA Guidance: Real-World Data - Assessing Registries to Support Regulatory Decision-Making for Drug and Biological Products⁵⁶⁹ (17 pages)
- 2021/11/17 - HHS - 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. Interim Final Rule⁵⁷⁰. 86 FR 64075 (7 pages)
- 2022/02/07 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination⁵⁷¹. Update to 4/2/21 version. (46 pages)

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Specific to the deadly products marketed as Covid-19 vaccines, Congressional enabling seems to converge on one provision of the Food Drug and Cosmetics Act: the Emergency Use Authorization law: 21 USC 360bbb et seq⁵⁷², which was adopted in 1997 as part of the Food and Drug Administration Modernization Act.

EUA-covered medical countermeasure (MCM) products, once designated as such by HHS (March 10, 2020, retroactive to February 4, 2020⁵⁷³) are legally not part of any “clinical investigation,” no matter how untested, unmonitored, unsafe, or ineffective they may be.

Many other legal facts derive from this, and I’m in the process of tracking down the specific citation(s) in statute and regulation, for each one:

1. The use of the EUA products marketed as Covid-19 vaccines “shall not be considered to constitute a clinical investigation,” and the products are exempt from laws regulating use of investigational, experimental drugs or devices on human beings. Federal Food Drug and Cosmetics Act, 21 USC 360bbb-3(k). 1997, 2004, 2005, 2013.

⁵⁶² <https://www.fda.gov/media/97321/download>

⁵⁶³ https://www.fda.gov/files/about_fda/published/IRB-Waiver-or-Alteration-of-Informed-Consent-for-Clinical-Investigations-Involving-No-More-Than-Minimal-Risk-to-Human-Subjects---Printer-Friendly.pdf

⁵⁶⁴ <https://www.fda.gov/media/99447/download>

⁵⁶⁵ <https://www.govinfo.gov/content/pkg/FR-2018-06-19/pdf/2018-13187.pdf>

⁵⁶⁶ <https://crsreports.congress.gov/product/pdf/R/R46745/3>

⁵⁶⁷ <https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf>

⁵⁶⁸ <https://www.fda.gov/media/152503/download>

⁵⁶⁹ <https://www.fda.gov/media/154449/download>

⁵⁷⁰ <https://www.govinfo.gov/content/pkg/FR-2021-11-17/pdf/2021-25204.pdf>

⁵⁷¹ <https://crsreports.congress.gov/product/pdf/R/R46745>

⁵⁷² <https://www.law.cornell.edu/uscode/text/21/360bbb>

⁵⁷³ <https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf>

2. There are no required standards for product safety, and only one standard for efficacy: a declaration by the HHS Secretary that a product “may be effective.” Federal Food Drug and Cosmetics Act, 21 USC 360bbb-3(c)(2)(A). 1997, 2004.
3. There are no human subjects or patients receiving the products marketed as Covid-19 vaccines. [Note to self: track statutory history authorizing 21 CFR 50, 21 CFR 56, 21 CFR 312, 21 CFR 812, 45 CFR 46A re: definition of human subjects, and protections for human subjects as amended 01/27/1981 to present.]
4. There are no informed consent duties for those who administer the products (to provide risk and benefit information and obtain consent) or rights for those who receive the products (to receive risk and benefit information and give consent). 21 USC 355(i)(4), for drugs, and 21 USC 360j(g)(3), for devices. 2016.
5. There are no clinical investigators studying the effects of products marketed as Covid-19 vaccines on human subjects; there are no doctors, nurses, or other treatment providers providing experimental treatment to their patients using products marketed as Covid-19 vaccines or subject to the Hippocratic Oath; and there is no legal requirement for medical supervision during product administration, or recipient monitoring after injection.
6. There are no coordinated, public federal data collection or analysis programs, because there are no clinical investigations, there are no human subjects or patients, and there is no administration of an investigational or experimental drug.
7. There are no requirements for individual prescriptions to be written prior to dispensing products marketed as Covid-19 vaccines, and products dispensed without prescriptions “shall not be deemed adulterated or misbranded.” Federal Food Drug and Cosmetics Act, 21 USC 360bbb-3a(d). 2013.
8. There are no Institutional Review Boards supervising administration of products marketed as Covid-19 vaccines for the protection of human subjects. [Note to self: track statutory history authorizing 21 CFR 56.101 et seq. re: Institutional Review Boards as amended 01/27/1981 to present.]
9. Manufacturers, as contractors, are considered HHS employees for purposes of sovereign immunity under Federal Tort Claims Act. 42 USC 247d-6a(d)(2)(A).
10. There is no treatment group and no control group, because there are no clinical investigations and no investigational products.
11. 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.” Federal Food Drug and Cosmetics Act, 21 USC 360bbb-3a(c). 2013.
12. There are no labeling requirements regarding the contents or ingredients in the products marketed as Covid-19 vaccines.
13. There is no limitation of administration of products past their expiration dates.
14. There is no stopping condition, because there is no clinical investigation to stop, no party responsible for the wellbeing of recipients, no coordinated monitoring of recipients after receiving the products for adverse effects and deaths, and no coordinated data collection or analysis.
15. There cannot be clinical trial fraud, because there are no clinical investigations, no investigational drugs, no investigators and no human subjects.
16. There are no marketing standards.
17. There is no consumer fraud, because the only legal parties to the financial transactions are the government as buyer — and the entity that legally authorized the EUA exemptions from laws that otherwise apply to investigational drugs and devices — and the pharmaceutical corporations as sellers, contracted to develop and manufacture the products. There are no commercial pharmaceutical products, and no consumers.
18. There is no access to courts for judicial review of the facts or law relating to HHS Secretary declarations of covered countermeasures. Public Health Service Act, 42 USC 247d-6d(b)(7). 2005.
19. There is no civil or criminal liability and no entity to whom civil or criminal liability can attach, for injuries and deaths caused by declared covered countermeasures, because Congress set enormous barriers to suit. Public Health Service Act, 42 USC 247d-6d. 2005.

20. 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 administering the products to the recipients, knew their actions were harmful, “just following orders” is an authorized, legal defense. Public Health Service Act, 42 USC 247d-6d(c)(4). 2005.
21. 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.
22. 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.