BAILIWICK NEWS

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May 4, 2023 - Construction of the kill box: legal history.

Note: I'm working on an academic paper for the next couple of weeks, so will not be posting much new work at Bailiwick.

Patience of Job. Painting by Gerard Seghers

In December 2022, I drafted an executive summary version of the legal history of the biomedical police state kill box system for Senator Ron Johnson, at his request.

At that time, Sen. Johnson's stated goal was to send a letter enquiring about military control and lethal intent of the Covid-19 program, to President Biden, Defense Secretary Lloyd Austin and Health and Human Services Secretary Xavier Becerra.

A small team assembled a package including a list of questions and document requests to shed more light on the program through which genetic cell poisons are falsely presented to and injected into the world's people as medicinal products.

We put together supporting exhibits, summarizing facts already found by Brook Jackson[1] and Sasha Latypova (cGMP[2] and DoD/BARDA[3] reports).

My contribution to the project was a legal history memo with footnotes, which I also posted here at Bailiwick:

- Dec. 22, 2022 - Biomedical security state and state-run bioterrorism programs: six American statutory frameworks.[4]

After several weeks reviewing the material with his staff, Johnson decided not to engage further in the process of exposing and stopping the killing program; removing the killers from the government offices they occupy; building criminal prosecution cases against the killers; and bringing them to justice.

The legal memo remains the most concise version of the legal story that I've written to date.

I updated it a few days ago after receiving a request from a military litigant seeking supporting affidavits.

- May 2023 - Legal History - American Domestic Bioterrorism Program[5] (PDF)

[1] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.04.22-pfizer-mtd-exh-e.pdf
[2] https://bailiwicknewsarchives.files.wordpress.com/2023/02/2022.12.18-latypova-memo-re-cgmp-intentional-noncompliance-12-p.pdf
[3] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2023.01.08-latypova-memo-dod-barda-role.pdf
[4] https://bailiwicknews.substack.com/p/biomedical-security-state-and-state
[5] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf

In December 2022 and January 2023 versions, I used softening language to try to make the horrifying information somewhat easier for new readers to emotionally process.

Softening words and phrases have been removed from the May 2023 version.

The brutal global mass murder program is fully intentional.

Widespread fear, confusion, despair, sickening and death are not, as many would prefer to believe, "unintended consequences."

The killing program includes religious, psychological, behavioral, biochemical, social, economic, political, financial, monetary and military elements.

The program hides behind lies about the source and purpose of human life and procreative potential; population-carrying capacity; resource use; climate; scientific and technological aptitude; human disease; and human health.

The lies are promulgated by governments, transnational organizations, mass media and State schools.

The program's effective implementation is readily observable through lived human experience over the last 60 years.

- March 11, 1969 - Frederick Jaffe memo to Bernard Berelson, Activities Relevant to the Study of Population Policy for the United States.[6] (Technical Division, Planned Parenthood-World Population)

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LEGAL HISTORY - AMERICAN DOMESTIC BIOTERRORISM PROGRAM

Enabling statutes, regulations, executive orders, guidance documents and budget allocations.

At least six Congressionally-authorized statutory frameworks and related budget appropriations, reinforced through Presidential Executive Orders and related executive branch declarations,[7] and implemented through hundreds of regulatory amendments,[8] mostly promulgated through the Federal Register since 1969, authorized and funded a

[6] https://ia803103.us.archive.org/34/items/fredericks_jaffe_memorandum_to_bernard_berelson/1969.03.11 - Original Jaffe Memo - Horvath Compilation.pdf

[7] 1983-present, relevant Presidential Executive Orders, proclamations and related acts, partial list: Executive Order 12452, 1983 (expanded list of communicable diseases subjecting citizens to forcible apprehension and detention under HHS Secretary quarantine authority); EO 13139, 1999 (forced experimental, unapproved 'vaccines' on armed forces without informed consent); Proclamation 7463, 2001 (Declaration of National Emergency by Reason of Certain Terrorist Attacks, renewed annually since); EO 13295, 2003 (added **symptomatic SARS** to quarantinable communicable diseases); EO 13375, 2005 (added **symptomatic influenza** to quarantinable communicable diseases; National Security Presidential Directive 51, 2007; EO 13527, 2009 (*Establishing Federal Capability for the Timely Provision of Medical Countermeasures Following a Biological Attack)***;** EO 13601, 2012 (*National Defense Resources Preparedness*)**;** EO 13674, 2014 (added **asymptomatic, suspected SARS** to quarantinable communicable diseases); EO 13747, 2016 (*Advancing the* ***Global Health Security Agenda*** *to Achieve a World Safe and Secure from Infectious Disease Threats*); EO 13887, 2019 (*Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health;* directed **rapid-deployment mRNA/DNA/LNP/nanotech drugs and devices**); Proclamation 9994, 2020 (Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak, renewed annually since); EO 13909, 2020 (*Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of COVID–19):* EO 13910, 2020 (*Preventing Hoarding of Health and Medical Resources To Respond to the Spread of COVID–19*); EO 13911, 2020 (*Delegating Additional Authority Under the Defense Production Act With Respect to Health and Medical Resources To Respond to the Spread of COVID–19)*; EO 14047, 2021 (added **measles** to the list of quarantinable communicable diseases); EO 14081, 2022 (*Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy*.)

[8] 1981-present, relevant HHS Proposed Rules, Final Rules, Notices, and Guidance for Industry, partial list: HHS-Food and Drug Administration Final Rule Protections for Human Subjects; Prisoners Used as Subjects in Research (1981); HHS-FDA Final Rule Protection of Human Subjects; Informed Consent (1981); HHS Interim Final Rule: Informed Consent for Human Drugs and Biologics; Determination that Informed Consent is Not Feasible (1990); 1991 Common Rule (1991); HHS-FDA Guidance for Human Somatic Cell Therapy and Gene Therapy (1998); HHS Interim Final Rule - Human Drugs and Biologics; Determination That Informed Consent Is NOT Feasible or Is Contrary to the Best Interests of Recipients; Revocation of 1990 Interim Final Rule; Establishment of New Interim Final Rule (1999); HHS-FDA Draft Guidance Re: Emergency Use

coordinated US Government attack (actors), on the American people (targets), using toxic biological and chemical material (bioagents/biochemical weapons) distributed across state borders labelled as "Covid-19 vaccines."[9]

These biochemical weapons have been fraudulently marketed by the US Government and pharmaceutical weapons manufacturers including Pfizer, Moderna, Johnson & Johnson and their manufacturing subcontractors as "safe and effective vaccines," following the transfer of the US Government's Chemical and Biological Warfare Program, formerly housed in the Department of Defense (DOD), to the Public Health Emergency (PHE) Emergency Use Authorization (EUA) Medical Countermeasures (MCM) program.

The American chemical and biological warfare program is now housed in the Department of Health and Human Services (HHS) and jointly operated by DOD, HHS, Department of Homeland Security, Department of State, most other federal agencies and their subordinate departments, divisions, offices, authorities, enterprises, committees, advisory boards and employees.

Six of the enabling statutes, in chronological order of Congressional enactment:

- 1969 - Title 50, War and National Defense, Chapter 32, §1511 et seq. **Chemical and Biological Warfare**, enacted Nov. 19, 1969 (PL 91-121).
- 1983 - Title 42, Public Health Service, §247d et seq. **Public health emergencies**, established July 13, 1983 (PL 98-49).
- 1986 - Title 42 - Public Health Service, §300aa-1 et seq. **National Vaccine Program** and **Vaccine Injury Compensation Program**, established Nov. 14, 1986 (PL 99-660).
- 1997 - Title 21 - Federal Food and Drugs Act, §360bbb et seq, **Expanded access to unapproved therapies and diagnostics**, adopted Nov. 21, 1997 (PL 105-115).
- 2002 - Title 42 - Public Health Service, §300hh et seq, **National All-Hazards Preparedness for Public Health Emergencies**, adopted June 12, 2002 (PL 107-188).
- 2015 - Title 10 - Armed Forces, §4021 et seq., **Research projects: transactions other than contracts and grants**. Originally adopted July 29, 1958 (PL 85-568) for NASA, expanded for DOD use for "prototype" contracting on Nov. 25, 2015 (PL 114-92).

Authorization of Medical Products (2005); HHS-FDA Interim Final Rule, Medical Devices; Exception From General Requirements for Informed Consent (2006) HHS-FDA Guidance: Gene Therapy Clinical Trials - Observing Subjects for Delayed Adverse Effects (2006); HHS-FDA Guidance - Emergency Use Authorization of Medical Products (2007); HHS Interim Final Rule - FDA Exceptions or Alternatives to Labeling Requirements for Products Held by the Strategic National Stockpile. (2007); HHS-FDA Final Rule: Medical Devices; Exception From General Requirements for Informed Consent (2011); HHS-FDA Guidance: Potency Tests for Cellular and Gene Therapy Products (2011); HHS-FDA Preclinical Assessment of Investigational Cellular and Gene Therapy Products (2013**);** HHS-FDA Guidance: Decisions for Investigational Device Exemption Clinical Investigations (2014); HHS-FDA Considerations for the Design of Early-Phase Clinical Trials of Cellular and Gene Therapy Products (2015); HHS-FDA Guidance: Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products (2015); HHS Final Rule - HHS Clinical Trials Registration and Results (2016); HHS Workshop Summary - The Nation's Medical Countermeasure Stockpile: Opportunities to Improve the Efficiency, Effectiveness, and Sustainability of the CDC Strategic National Stockpile (2016); HHS-FDA Guidance: Emergency Use Authorization of Medical Products and Related Authorities (2017); HHS Final Rule - Federal Policy for the Protection of Human Subjects (2017); HHS Final Rule - Control of Communicable Diseases (2017); HHS-FDA Guidance: IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects (2017); HHS-FDA Guidance: Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices (2017); HHS Final Rule - Federal Policy for the Protection of Human Subjects: Six Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions During the Delay Period (2018); HHS-FDA Guidance: Development and Licensure of Vaccines to Prevent COVID-19 (2020); HHS-FDA Guidance: Emergency Use Authorization for Vaccines to Prevent COVID-19 (2020); HHS-FDA Guidance: Real-World Data - Assessing Electronic Health Records and Medical Claims Data To Support Regulatory Decision-Making for Drug and Biological Products (2021); HHS-FDA Guidance: Real-World Data - Assessing Registries to Support Regulatory Decision-Making for Drug and Biological Products (2021); HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins—Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting From Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins (2021); HHS Final Rule - National Vaccine Injury Compensation Program: Adding the Category of Vaccines Recommended for Pregnant Women to the Vaccine Injury Table (2022); HHS-FDA Proposed Rules: Protection of Human Subjects and Institutional Review Boards (2022)

[9] 2018: "Agent or **bioagent** is used broadly to refer to any product created using biological components that may be intended to cause harm. In the context of synthetic biology, an agent could be a pathogen, a toxin, or even a biological component, such as a genetic construct or a biochemical pathway, that may be developed with the intent to harm a human target; **Actor** is used to refer to individuals or groups who may seek to effect an attack; **Target** is typically used to refer to the human beings harmed (or intended to be harmed) in an attack. In the context of manipulation of biological components, target may be used to refer to the intended outcomes of those manipulations." *Biodefense in the Age of Synthetic Biology*, National Academy of Sciences (2018).

EXECUTIVE SUMMARY

1969 - Chemical and Biological Warfare Program

The 1969 Armed Forces Appropriations Act, codified at 50 USC 1511 et seq. authorized the DOD **Chemical and Biological Warfare Program**, including use of human subjects for chemical, biological, radiological and nuclear (CBRN) weapons research and development; Presidential suspension of otherwise applicable statutes and regulations under "national emergency" conditions as unilaterally declared by the executive branch, including nullification of informed consent rights for human recipients of biologically-active and potentially toxic products; and limited Congressional reporting requirements.

Subsequent amendments, often passed through annual National Defense Authorization Acts (NDAAs),[10] expanded components of the Chemical and Biological Warfare Program; redefined bioweapons as "medical countermeasures;" transferred many components to statutory frameworks governing Health and Human Services programs under "public health emergency" conditions; and reduced or eliminated most Congressional reporting requirements relating to DOD Chemical and Biological Warfare, Biological Defense Research and related programs. Key provisions of the Chemical and Biological Warfare program as of December 2022.[11]

1983 - Public Health Emergency Program

A key turning point occurred in 1983, with Congressional passage of the Public Health Service Act Amendment, codified at 42 USC 247d to create a sweeping **Public Health Emergency Program** under the direction of the Secretary of Health and Human Services. The Public Health Emergency program at 42 USC 247d falls under Title 42, Public Health and Welfare, Chapter 6A, Public Health Service, Subchapter II, Powers and Duties, Part B, **Federal-State Cooperation**.

The Public Health Emergency framework added a new category of national emergency under which Constitutional and statutory protections for American lives, liberties and property, against government overreach, abuse and mass murder, could be suspended unilaterally by the President in consultation with Cabinet secretaries, without Congressional oversight [42 USC 247d-6d(b)(9)] or judicial review [42 USC 247d-6d(b)(7)], and without respect to Constitutional provisions reserving unenumerated powers to state and local governments and to the People themselves [42 USC 247d-6d(b)(8)].

Public health emergencies joined wars, natural disasters and other emergency circumstances capable of subordinating or federalizing state, local and tribal government authorities, codified by the 1973 War Powers Resolution, 1976

[10] 1969-present, relevant Congressional acts regarding **Chemical and Biological Warfare Program**, reporting to Congress, suspension of informed consent duties and rights, partial list. Armed Forces Appropriations Act of 1969 (PL 91-121). Section 409 authorized DOD to use human subjects for chemical and biological weapons testing, established reporting requirements (DOD reports to Congress) and **authorized President to suspend informed consent and all other provisions during any declared war or national emergency**; National Cancer Act of 1971 (PL 92-216); National Research Service Award Act of 1974 (PL 93-348); Department of Defense Appropriations Authorization Act of 1978 (PL 95-79); Congressional Reports Elimination Act of 1982 (PL 97-375); NDAA for FY1991 (PL 101-510); NDAA for FY1994, (PL 103-160); NDAA for FY96 (PL 104-106); Antiterrorism and Effective Death Penalty Act; Illegal Immigration Reform and Immigrant Responsibility Act; Prison Litigation Reform Act of 1996 (PL 104-132); NDAA for FY98 (PL 105-85); NDAA for FY1999 (PL 105-261); NDAA for FY 2005 (PL 108-375); NDAA for FY2017 (PL 114-328).

[11] 50 USC Chapter 32 - **Chemical and Biological Warfare**. §1511. Repealed; §1512. Transportation, open air testing, and disposal; Presidential determination; report to Congress; notice to Congress and State Governors; § 1512a. Transportation of chemical munitions; §1513. Deployment, storage, and disposal; notification to host country and Congress; international law violations; reports to Congress and international organizations; §1514. "United States" defined; **§1515. Suspension; Presidential authorization**; §1516. Delivery systems; §1517. Immediate disposal when health or safety are endangered; § 1518. Disposal; detoxification; report to Congress; emergencies; §1519. Lethal binary chemical munitions; §1519a. Limitation on procurement of binary chemical weapons; §1520. Repealed. Pub. L. 105–85, div. A, title X, § 1078(g), Nov. 18, 1997, 111 Stat. 1916, and Pub. L. 105–277, div. I, title VI, § 601, Oct. 21, 1998, 112 Stat. 2681–886; §1520a. **Restrictions on use of human subjects for testing of chemical or biological agents**; § 1521. Destruction of existing stockpile of lethal chemical agents and munitions; § 1521a. Destruction of existing stockpile of lethal chemical agents and munitions; §1522. Conduct of chemical and biological defense program; §1523. Annual report on chemical and biological warfare defense; §1524. **Agreements to provide support to vaccination programs of Department of Health and Human Services**; §1525. Assistance for facilities subject to inspection under Chemical Weapons Convention; §1526. Effective use of resources for nonproliferation programs; §1527. Improved biosafety for handling of select agents and toxins; §1528. Congressional notification of biological select agent and toxin theft, loss, or release involving the Department of Defense.

National Emergencies Act, 1988 Robert T. Stafford Disaster Relief and Emergency Act of 1988, 2001 Authorization for Use of Military Force, 2001 PATRIOT Act, 2002 Homeland Security Act and related provisions.[12]

Through the 1983 act and subsequent amendments,[13] Congress authorized concentration of federal governing power in the hands of the Secretary of Health and Human Services during any "public health emergency" as determined and extended by the HHS Secretary at his or her sole discretion.

Key provisions of Public Health Emergencies program as of December 2022.[14]

1986 - National Vaccine Program; Vaccine Injury Compensation Program

In 1986, Congress established the first **National Vaccine Program** and **Vaccine Injury Compensation Program** (VICP), at 42 US §300aa-1 et seq.

The relevance of this Congressional act for the production and dispensing of Covid-19 "vaccines" is that it set up a legal model and precedent providing civil and criminal immunity for producers, "vaccinators" and others who manufacture and/or use products classified by the US Department of Health and Human Services, operating through

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[12] 1973-present, relevant Congressional acts regarding establishment and expansion of **executive branch emergency powers**, partial list. War Powers Resolution of 1973 (93-148); National Emergencies Act of 1976 (PL 94-412); Robert T. Stafford Disaster Relief and Emergency Act of 1988 (PL 100-707); Authorization for Use of Military Force of 2001 (PL 107–40); Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 (PL 107-56); Homeland Security Act of 2002 (PL 107-296); NDAA/John Warner Defense Authorization Act for FY2007 (PL 109-364), **authorized deployment of US military on American soil against American citizens during "natural disaster, epidemic, or other serious public health emergency, terrorist attack or incident, or other condition in any State or possession of the United States."** [repealed, NDAA for FY2008; passed again in NDAA for FY2012].; NDAA for FY2008 (PL 110-181); NDAA for FY2012 (PL 112-81); Disaster Relief Appropriations Act of 2013 (PL 113-2); NDAA for FY2017 (PL 114-328); Department of Homeland Security, *Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans* (2017). 10 USC 282 (renumbered from 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."

[13] 1983-present, relevant Congressional acts regarding establishment and expansion of **Public Health Emergencies Program**, partial list. **Public Health Service Act Amendment** of 1983 (PL 98-49); Health Omnibus Programs Extension Act of 1988 (PL 100-607); National Institutes of Health Revitalization Act of 1993 (PL 103-43); Food and Drug Administration Modernization Act of 1997 (PL 105-115); Omnibus Consolidated and Emergency Supplemental Appropriations of 1998, for FY1999 (PL 105-277); **Public Health Improvement Act** of 2000 (PL 106-505); **Public Health Security and Bioterrorism Preparedness and Response Act** of 2002 (PL 107-188); **NDAA for FY2004** (PL 108-136) [Added 21 USC 360bbb-3, "*Authorization for Medical Products for Use in Emergencies*" under Federal Food Drug and Cosmetics Act, 21 USC 360bbb added in 1997, "*Expanded Access to Unapproved Diagnostics and Therapies*." Added 10 USC 1107a, *Emergency Use Products*, authorizing US President to waive informed consent rights of military personnel during declared emergencies and redefining the meaning of the right to be "informed of an option to accept or refuse administration of a product."]; **Project Bioshield Act** of 2004 (PL 108-276); DOD Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act of 2005, including **Public Readiness and Emergency Preparedness (PREP) Act** (PL 109-148); **Pandemic and All-Hazards Preparedness Act** of 2006 (PL 109-417); National Institute of Health Reform Act of 2007 (PL 109-482); Food and Drug Administration Amendments Act of 2007 (PL 110-85); Patient Protection and Affordable Care Act of 2010 (ObamaCare) including Biologics Price Competition and Innovation Act of 2009 (PL 111-148); Food and Drug Administration Safety and Innovation Act of 2012 (PL 112-144); **Pandemic and All-Hazards Preparedness Reauthorization Act** of 2013 (PL 113-5); Medicare Access and CHIP Reauthorization (MACRA) Act of 2014 (PL 114-10); **21st Century Cures Act** of 2016 (PL 114-255); FDA Reauthorization Act of 2017 (PL 115-52); NDAA for FY 2018 (PL 115-91); **Act to amend FDCA EUA statute**, 21 USC 360bbb-3, of 2017 (PL 115-92); **Pandemic and All-Hazards Preparedness and Advancing Innovation Act** of 2019 (PL 116-22); Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (PL 116-123); Families First Coronavirus Response Act of 2020 (PL 116-127); Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 (PL 116-136); Paycheck Protection Program and Health Care Enhancement Act of 2020 (PL 116-139); Consolidated Appropriations Act of 2020 (PL 116-260); American Rescue Plan/Consolidated Appropriations Act of 2021 (PL 117-2); NDAA for FY2022 (PL 117-81); Consolidated Appropriations Act of 2022 (PL 117-103).

[14] 42 USC § 247d. **Public health emergencies**; §247d–1. Vaccine tracking and distribution; §247d–3a. Improving State and local public health security; §247d–3b. Partnerships for State and regional hospital preparedness to improve surge capacity; §247d–3c. Guidelines for regional health care emergency preparedness and response systems; §247d–4. Facilities and capacities of the Centers for Disease Control and Prevention; §247d–4a. Infectious Diseases Rapid Response Reserve Fund; §247d–4b. Children's Preparedness Unit; §247d–5. Combating antimicrobial resistance; §247d–6. **Public health countermeasures to a bioterrorist attack**; §247d–6a. Authority for use of certain procedures regarding qualified countermeasure research and development activities; § 247d–6b. **Strategic National Stockpile and security countermeasure procurements**; §247d–6d. **Targeted liability protections for pandemic and epidemic products and security countermeasures**; §247d–6e. **Covered countermeasure process** [Countermeasures Injury Compensation Program]; §247d–7. Demonstration program to enhance bioterrorism training, coordination, and readiness; §247d–7a. Grants regarding training and education of certain health professionals; §247d–7b. Emergency system for advance registration of volunteer health professional; §247d–7c. Supplies and services in lieu of award funds; §247d–7d. Security for countermeasure development and production; §247d–7e. Biomedical Advanced Research and Development Authority; §247d–7f. Collaboration and coordination; §247d–7g. National Biodefense Science Board and working groups.

subagencies including Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA), as "vaccines."

In 2005, Congress replicated the VICP model through the Countermeasures Injury Compensation Program (CICP), established through the PREP Act in 2005. The CICP framework authorizes "covered persons" to produce, distribute and use biochemical weapons to murder people, with legal impunity, provided the weapons are classified by the HHS Secretary as "medical countermeasures" and used during a declared "public health emergency."[15]

The public rationale for VICP and CICP liability immunities for producers who manufacture and clinicians who administer biochemical weapons was that pharmaceutical manufacturers would hesitate to develop, produce and distribute such products if they faced legal liability for chronic diseases, injuries and deaths caused by use of the products in living human beings.

Oversight functions written into the National Vaccine Program law purported to establish safety and efficacy protections for consumers (American children and their parents) through regulations governing clinical trials; data reporting; manufacturing processes; factory inspection; product testing and labeling throughout the supply chain prior to distribution through interstate commerce; dispensing; informed consent at point of injection; and adverse event monitoring, coupled with recall power for advisory committees, after injection.

Through the pioneering work of the Informed Consent Action Network (ICAN) and Children's Health Defense (CHD), culminating in a July 9, 2018 stipulation,[16]

Americans have learned that those oversight functions have never been performed by US Government officials, and none of the currently-available "vaccines" produced by or for American pharmaceutical companies and administered to children and adults in the United States and around the world, can be conclusively demonstrated to be safe or effective. It is now more widely understood that federally-directed production and use of the biochemical weapons known as "vaccines" to injure, sicken and kill Americans, and provide liability exemption for sponsors, pharmaceutical manufacturers and vaccinators, has been domestic and international policy and practice since at least 1986.

Key provisions of National Vaccine Program as of December 2022.[17] Key provisions of National Vaccine Injury Compensation Program as of December 2022.[18]

1997 - Emergency Use Authorization Program

Food and Drug Administration drug safety regulation, clinical trial standards, and clinical trials and human subjects protection (informed consent) have been corrupted under Public Health Emergency conditions, primarily through 21 USC 360bbb, **Expanded access to unapproved therapies and diagnostics,** adopted in 1997 and amended and expanded thereafter.

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[15] 2017: "The Public Readiness and Emergency Preparedness Act (PREP Act) of 2005 amended the PHSA to authorize the HHS Secretary to issue a declaration that provides immunity from liability (except for willful misconduct) to covered persons against legal claims arising from administration or use of [medical countermeasures] recommended by the Secretary to address pandemic or epidemic diseases or threats, or CBRN threats to health that the Secretary determines constitute a present or future PHE. **Covered persons can include manufacturers; researchers, distributors, states, local governments, private sector partners, and others involved in countermeasure programs; qualified persons who prescribe, administer, or dispense countermeasures; officials, agents, employees of all of these groups, and the U.S. Government.**" US Department of Homeland Security, *Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans* (2017)

[16] 2018: *Informed Consent Action Network v. US Department of Health and Human Services*, 18-CV-03215, USDC, Southern District of New York, Doc. 18.

[17] 42 USC § 300aa-1 et seq. **National Vaccine Program** § 300aa–1. Establishment; § 300aa–2. Program responsibilities; § 300aa–3. Plan; § 300aa–4. Repealed; § 300aa–5. National Vaccine Advisory Committee; § 300aa–6. Authorization of appropriations.

[18] 42 USC §300aa–10 et seq. **National Vaccine Injury Compensation Program** §300aa–10. Establishment of program; §300aa–11. Petitions for compensation; §300aa–12. Court jurisdiction; §300aa–13. Determination of eligibility and compensation; §300aa–14. Vaccine Injury Table; §300aa–15. Compensation; §300aa–16. Limitations of actions; §300aa–17. Subrogation; §300aa–18. Repealed.; §300aa–19. Advisory Commission on Childhood Vaccines; §300aa–21. Authority to bring actions; §300aa–22. Standards of responsibility; §300aa–23. Trial; §300aa–25. Recording and reporting of information; §300aa–26. Vaccine information; §300aa–27. Mandate for safer childhood vaccines; §300aa–28. Manufacturer recordkeeping and reporting; §300aa–31. Citizen's actions; §300aa–32. Judicial review; §300aa–33. Definitions; §300aa–34. Termination of program.

The 2004 Project Bioshield Act amendments codified at 21 USC 360bbb-3, Authorization for medical products for use in emergencies, commonly known as the **Emergency Use Authorization (EUA) program,** represent the key expansion that enabled the Covid-19 biochemical weapons attack on the American people.

As summarized below under the "Case Study" heading, the EUA Program authorized the HHS Secretary, at his or her sole discretion, to knowingly, deliberately suspend federal drug safety regulation[19] for the duration of any "public health emergency" as determined and extended by the HHS Secretary at his or her sole discretion, including but not limited to:

- non-clinical, pre-clinical and clinical trial standards
- data collection
- regulatory review procedures
- raw material, manufacturing process and product testing standards
- product labeling and serialization
- product distribution and storage standards
- advertising and marketing standards
- physician prescription requirements
- product dispensing
- informed consent obligations on investigators and rights for individual human recipients;
- adverse effect monitoring and reporting
- product safety enforcement and recall provisions

In a related Congressional act in 1998 (PL 105-277), Congress converted the status of the DOD's chemical and biological weapons stockpile – which was illegal under the terms of the UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction, as codified in a different section of the same Congressional act – into a pseudo-legal "National Pharmaceutical Stockpile," later renamed the Strategic National Stockpile. The 1998 Congressional act also transferred management of the products, now called "medical countermeasures," to the CDC operating under HHS direction.

Key provisions of 21 USC 360bbb, Expanded access to unapproved therapies and diagnostics, as of December 2022.[20]

2002 - National All-Hazards Preparedness for Public Health Emergencies

In 2002, Congress adopted the **National All-Hazards Preparedness for Public Health Emergencies** law at 42 USC §300hh et seq.

This Congressional act and subsequent amendments, mostly enacted through the same laws that developed the 1983 Public Health Emergencies framework listed at Endnote 7, expanded and centralized the managerial structure or chain-of-command, establishing parallel offices or directorates of "emergency preparedness and response" within

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[19] 2009: "At the workshop, participants noted that EUA has a broader use beyond enabling the use of an unapproved product or extending the use of an approved product to populations for which it was not approved. In particular, it can also be used to address labeling requirements and other challenges that arise because of constraints inherent in a public health response. **'From a legal perspective, there are a lot of situations where EUA helps get past all those requirements,'** said [Susan E. Sherman, J.D., M.S., a senior attorney with the Office of the General Counsel, HHS] **'You can change the labeling. You can change the information. You can change the dosage. You can give it to populations for which wasn't approved.'** " US-HHS FDA Workshop Summary, *Medical Countermeasures Dispensing: Emergency Use Authorization and the Postal Model* (2009).

[20] 21 USC § 360bbb. **Expanded access to unapproved therapies and diagnostics**; §360bbb–0. Expanded access policy required for investigational drugs; §360bbb–0a. Investigational drugs for use by eligible patients; §360bbb–1. Dispute resolution; §360bbb–2. Classification of products; §360bbb–3. **Authorization for medical products for use in emergencies [Emergency Use Authorization/EUA products]**; §360bbb–3a. Emergency use of medical products; §360bbb–3b. Products held for emergency use; §360bbb–3c. Expedited development and review of medical products for emergency uses; §360bbb–4. Countermeasure development, review, and technical assistance; §360bbb–4a. Priority review to encourage treatments for agents that present national security threats; §360bbb–4b. Medical countermeasure master files; §360bbb–5. Critical Path Public-Private Partnerships; §360bbb–6. Risk communication; §360bbb–7. Notification; §360bbb–8. Consultation with external experts on rare diseases, targeted therapies, and genetic targeting of treatments; §360bbb–8a. Optimizing global clinical trials; §360bbb–8b. Use of clinical investigation data from outside the United States; §360bbb–8c. Patient participation in medical product discussion; §360bbb–8d. Notification, nondistribution, and recall of controlled substances.

Health and Human Services (Assistant Secretary for Preparedness and Response/ASPR), Department of Defense, Department of Homeland Security, Department of Justice and other federal agencies.

Coordinating committees comprised of representatives of these federal offices are authorized to meet and establish supervisory procedures to direct, control and fund public health emergency response programs at the federal, state, local and tribal levels. These coordinating committees include but are not limited to the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), established by HHS in 2006 and authorized by Congress in 2019,[21] and other public, private, hybrid and quasi-governmental entities, including the FDA Medical Countermeasures Initiative (MCMi); HHS Biomedical Advanced Research and Development Authority (BARDA); and the Medical Chemical, Biological, Radiological, Nuclear [CBRN] Defense Consortium (MCDC).

Key provisions of 42 USC 300hh, National All-Hazards Preparedness for Public Health Emergencies program as of December 2022.[22]

2015 - Research projects: transactions other than contracts and grants

Reduction of Congressional contract oversight pertaining to procurement of medical countermeasures originated in 1958, if not earlier, through Other Transactions Authority (OTA), which suspends most normal financial controls on federal spending.

Congress authorized DOD to use OTA for prototype procurement in 2015, by adopting 10 USC 2371 et seq, **Research projects: transactions other than contracts and grants.**

The laws were subsequently renumbered and reorganized at 10 USC 4021 et seq, including 10 USC 4022, "Authority of the Department of Defense to carry out certain prototype projects" under Other Transactions Authority.[23]

DOD used this authority to contract for development, production and distribution of Covid-19 biochemical weapons in 2020. The contracts covered "large scale manufacturing demonstrations," but not clinical trials, and were carried out by Medical CBRN [Chemical Biological Radiological Nuclear] Defense Consortium (MCDC) program members, coordinated by Advanced Technology International (ATI) and other weapons-procurement corporations.
Key provisions of 10 USC 4022, Research projects: transactions other than contracts and grants, as of December, 2022, at footnote.[24]

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[21] 42 USC 300hh-10a. **Public Health Emergency Medical Countermeasures Enterprise** membership shall include: (1) The [HHS] Assistant Secretary for Preparedness and Response; (2) The Director of the Centers for Disease Control and Prevention; (3) The Director of the National Institutes of Health; (4) The Commissioner of Food and Drugs; (5) The Secretary of Defense; (6) The Secretary of Homeland Security; (7) The Secretary of Agriculture; (8) The Secretary of Veterans Affairs; (9) The Director of National Intelligence; (10) Representatives of any other Federal agency, which may include the Director of the Biomedical Advanced Research and Development Authority, the Director of the Strategic National Stockpile, the Director of the National Institute of Allergy and Infectious Diseases, and the Director of the Office of Public Health Preparedness and Response, as the [HHS] Secretary determines appropriate.

[22] 42 USC § 300hh. **Public health and medical preparedness and response functions**; §300hh–1. National Health Security Strategy; §300hh–2. Enhancing medical surge capacity; §300hh–10. Coordination of preparedness for and response to all-hazards public health emergencies; §300hh–10a. **Public Health Emergency Medical Countermeasures Enterprise**; §300hh–10b. National Advisory Committee on Children and Disasters; §300hh–10c. National Advisory Committee on Seniors and Disasters; §300hh–10d. National Advisory Committee on Individuals With Disabilities and Disasters; §300hh–10e. Advisory Committee Coordination; §300hh–11. National Disaster Medical System; §300hh–12. Transferred; §300hh–13. Evaluation of new and emerging technologies regarding bioterrorist attack and other public health emergencies; §300hh–14. Protection of health and safety during disasters; §300hh–15. Volunteer Medical Reserve Corps; §300hh–16. At-risk individuals; §300hh–17. Emergency response coordination of primary care providers; §300hh–31. Epidemiology-laboratory capacity grants; §300hh–32. Enhanced support to assist health departments in addressing vector-borne diseases; §300hh–33. Public health data system modernization

[23] NDAA for FY-2016 (PL 114-92), Section 815 added 'prototype' procurement contracting language (Other Transactions Authority - OTA), authorizing DOD to contract with pharmaceutical corporations to produce bioagents labeled as medical countermeasures or security countermeasures. Codified at 10 USC 2371b, renumbered 10 USC 4022.

[24] 10 USC §4021. **Research projects: transactions other than contracts and grants;** § 4022. **Authority of the Department of Defense to carry out certain prototype projects**; §4023. Procurement for experimental purposes; §4024. Merit-based award of grants for research and development; §4025. Prizes for advanced technology achievements; §4026. Cooperative research and development agreements under Stevenson-Wydler Technology Innovation Act of 1980; [§4027. Disclosure requirements for recipients of research and development funds]

COVID-19 'VACCINES' AS CASE STUDY

21 USC 360bbb-3(k) is a crucial provision at the intersection of the six primary statutory pillars.
This law provides that "use" of EUA-covered medical countermeasure (MCM) products including masks, diagnostic tests, bioagent injections, and other drugs, devices and biologics, once so classified by the HHS Secretary and his/her delegees, "shall not be considered to constitute a clinical investigation."

Jan. 27, 2020 was the effective date of US Secretary of Health and Human Services Alex Azar's *Determination that a Public Health Emergency Exists,* signed Jan. 31, 2020, retroactive to Jan. 27, 2020.[25]
It has been extended continuously since, most recently by HHS Secretary Xavier Becerra on March 15, 2023. (88 Federal Register 16644)

Effective Feb. 04, 2020, HHS Secretary Azar issued Notice of *Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19*.[26]

To the extent that "use" of Covid-19 products after Feb. 04, 2020 "shall not constitute clinical investigation," use of such products is authorized even if there is no safety or efficacy data, even if such products are toxic and ineffective.
Investigators, researchers, physicians, nurses, pharmacists and other individuals involved in product dispensing, use, or administration to human beings have had and today have no legal obligations to comply with laws and regulations that applied previously to use of experimental, investigational, unapproved or approved biological products or devices, including compliance with informed consent laws, medical monitoring of recipients during product use and post-administration monitoring and reporting of adverse effects.

Recipients of such products are not legally recognized as experimental subjects or patients receiving experimental, authorized or approved products, because "use" of the products "shall not constitute clinical investigation." There is no stopping condition, because there is no legally-relevant "clinical investigation" to be stopped.
On the basis of a self-declared "public health emergency" and self-declared classification of products as "emergency use medical countermeasures," including an unreviewable determination as to the relative risks posed by a communicable pathogen as compared to "medical countermeasure" products, the Secretary of Health and Human Services can suspend informed consent obligations and rights, on behalf of the entire American population.

"Vaccinators" are thereby authorized by the HHS Secretary to withhold information about product ingredients; vial contents; potential individual risks and benefits based on individual health conditions; treatment alternatives; and the option to accept or refuse the products.

Provisions include:

- 10 USC 4022: DOD is authorized to contract with pharmaceutical corporations to produce and distribute 'prototype' products for use on the general public. *See also* Defense Production Act of 1950, 50 USC 4501 et seq.
- 21 USC 360bbb-3(c)(2)(A): The only required product **efficacy** standard authorizing "use" of such products is that "based on the totality of scientific evidence available to the Secretary, including data from adequate and well-controlled clinical trials, if available, it is reasonable to believe that — the product **may be effective** in diagnosing, treating, or preventing—(i) such disease or condition [SARS-CoV-2]; or (ii) a serious or life-threatening disease or condition caused by a product authorized under this section, approved or cleared under this chapter, or licensed under section 351 of the Public Health Service Act [42 U.S.C. 262], for diagnosing, treating, or preventing such a disease or condition caused by such an agent," with all risk and benefit assessments reserved to HHS Secretary alone, no data required and no data or decisional review by Congress, courts or individual recipients authorized.
- 21 USC 360bbb-3(c)(2)(B): There are no **safety** standards required prior to "use" of medical countermeasures, which are authorized for production and use "based on the totality of scientific evidence available to the Secretary, including data from adequate and well-controlled clinical trials, if available, it is reasonable to

[25] Notice of Determination that a Public Health Emergency Exists, effective Jan. 27, 2020. 85 Federal Register 7316, Feb. 07, 2020.

[26] Notice of **Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19, effective Feb. 04, 2020**. 85 Federal Register 15198, March 17, 2020.

believe that... the known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product, taking into consideration the material threat posed by the agent or agents identified in a declaration," with all risk and benefit assessments reserved to HHS Secretary alone, no data required and no data or decisional review by Congress, courts or individual recipients authorized.

- 21 USC 360bbb-3(e)(1)(A)(ii): Authorizes HHS Secretary blanket waiver of informed consent for entire American population for "unapproved products."
- 21 USC 360bbb-3(e)(2)(A): Authorizes HHS Secretary blanket waiver of informed consent for entire American population for "unapproved use of an approved product."
- 21 USC 360bbb-3(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]."
- 21 USC 360bbb-3a(c); 21 USC 360bbb-3a(d); 21 USC 360bbb-3(e)(2)(B)(ii): EUA medical countermeasures "shall not be deemed adulterated or misbranded" even if noncompliant with regulations governing clinical research, manufacturing, testing, purity, quality, batch and lot variability, adulteration, expiration dates, labeling, serialization, marketing, branding, dispensing and prescriptions.
- 21 USC 355g: Authorizes use of "real world evidence" (mass administration of products to general public prior to or in parallel with standard nonclinical, preclinical and clinical safety and efficacy studies) followed by collection of private/proprietary information about the effects, from health insurance systems, government databases (Medicare, Medicaid, Defense Medical Epidemiology Database, Veterans Health Administration) for the purposes of FDA regulatory action.
- 21 USC 355(i)(4): Authorizes HHS Secretary blanket waiver of informed consent for entire American population, for products classified by HHS as "minimal risk drugs."
- 21 USC 360j(g)(3)(D)(i) - Authorizes HHS Secretary blanket waiver of informed consent for entire American population, for products classified by HHS as "minimal risk devices."
- 42 USC 247d-6a(d)(2)(A): Manufacturers, as contractors, are considered HHS employees for purposes of legal immunity under Federal Tort Claims Act.
- 42 USC 247d-6b(c)(5)(B)(iii): One of the factors to be considered by HHS secretary in making determinations about EUA products (qualified security countermeasures) and use of Special Reserve Fund/Strategic National Stockpile appropriations for procurement is "whether there is a lack of a significant commercial market for the product at the time of procurement, other than as a security countermeasure."
- 42 USC 247d-6d(b)(7): Blocks access to courts for judicial review of the facts or law relating to HHS Secretary public health emergency declarations and medical countermeasures product classifications.
- 42 USC 247d-6d(b)(8): Preempts authority of state, local and tribal governments and individuals to manage public health emergency and medical countermeasures classification and regulation outside of HHS/DOD control.
- 42 USC 247d-6d(b)(9): Narrowly limits obligation for HHS to report to Congress on public health emergency status and medical countermeasures classifications, and no authorization for Congress to override HHS declarations, determination, and decisions.
- 42 USC 247d-6d(c)(4): Authorizes "just following orders" defense for defendants.
- 42 USC 247d-6d(c)(5): Blocks access for plaintiffs, to civil courts for judicial review, and no entity to whom civil liability can attach, for injuries and deaths caused by covered medical countermeasures, unless and until HHS and/or Attorney General/DOJ first file enforcement action against manufacturers and prove willful misconduct proximate to injury or death.
- 50 USC 4558(j) and 50 USC 4558(o): Military contractors producing and distributing biochemical weapons under "voluntary agreements" during "emergencies" are exempt from contract law and anti-trust law.

DISCUSSION

The interlocking corruption of federal emergency management, public health and drug safety laws, for the purpose of mounting a covert biochemical weapons attack by the US Government on the American people under the fraudulent characterization of weapons as "Covid-19 vaccines," was deployed fully starting Jan. 27, 2020 and continues to be fully operational at the present time, more than three years later.

These and related HHS Secretary declarations, Presidential Executive Orders and Congressional appropriations, suspend ordinary federal product procurement contracting laws and ordinary federal drug safety regulation and informed consent laws; and authorize pharmaceutical corporations, the Department of Defense and the Department of Health and Human Services, in conjunction with several other federal agencies, to develop, produce, fraudulently market, and distribute biological weapon prototypes to American doctors, nurses, pharmacists, medical students and other medical personnel.

These nurses and other "vaccinators" are authorized to injure and murder patients with legal impunity using procedures and products (including withholding of effective non-EUA products as treatments; restraints, starvation, dehydration, isolation, sedatives, Remdesivir/Veklury, ventilators), to drive public panic and acceptance of the lethal injections colloquially known as "Covid-19 vaccines."

The same conclusions may be reached from observations of acts taken and not taken by American drug safety regulators since the Covid-19 biochemical weapons were first used on human targets between March and November 2020 during fraudulent "clinical trials," and then entered mass distribution in mid-December 2020.

If the products were intended for medicinal, healing or protective purposes, and were subject to regulation governing research and development, production and use of medical drugs, biologics and devices, the HHS Secretary, FDA regulators and their counterparts in other countries would have stopped the programs as soon as the evidence of injuries and deaths became **available**, which occurred within the first few weeks of the alleged "clinical trials" launched under Operation Warp Speed but only came to public attention much later, through the efforts of independent data analysts reviewing leaked documents and documents disclosed under FOIA and SEC laws. Instead, regulators have abandoned all attempts to regulate these products, and have refused to even answer the question: "What is the stopping condition?"

FDA and other governments' drug regulatory agencies have not withdrawn authorizations or approvals of the drugs, devices and protocols yet, despite millions of documented injuries and deaths experienced by recipients of the products during the initial deployment phase, because the products are not medicines.

The products are biochemical weapons deployed by actors within the US Government and pharmaceutical/bioweapons industry manufacturing contractors, intended to injure and kill American people as targets, and exported to other countries' governments to injure and kill their people. The killing is intentional; killing is what weapons are designed and intended to do.

Further, if the products were intended for medicinal, healing or protective purposes and moving across state and international borders under regulatory frameworks intended to protect consumer safety, they would be eligible for independent third-party purchase from manufacturers and drug suppliers, and eligible for independent testing to verify that contents match labels and corroborate or disprove claims about safety and efficacy.

Instead, third party access to and testing of vial contents is prohibited under the terms of the DOD-mediated supply and distribution contracts between purchasing governments, manufacturing corporations and "vaccination" sites, on penalty of federal "criminal or civil prosecution."[27]

[27] 2021: CDC *COVID-19 Vaccination Program Provider Requirements and Support*, https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html#provider-agreement (updated 06/11/2021). **Diversion of COVID-19 Vaccines Prohibited**: "At this time, all COVID-19 vaccine in the United States has been purchased by the United States Government for administration exclusively through the CDC COVID-19 Vaccination Program. The vaccine and all related ancillary supplies, including the COVID-19 Vaccination Cards, remains U.S. government property until vaccine is administered to the recipient...COVID-19 vaccination providers are prohibited from selling USG-purchased COVID-19 vaccine (and ancillary materials purchased by the USG for use in the Vaccination Program), soliciting or receiving any inducement, whether direct or indirect, for vaccinating (or providing COVID-19 vaccine to be used for vaccinating) any individual who is not currently eligible to receive COVID-19 vaccine as a member of a group currently authorized under prioritization specified by HHS/CDC /ACIP, the state/territory's governor or other relevant public health authority, or otherwise diverting COVID-19 vaccine from the CDC COVID-19 Vaccination Program. Such use constitutes fraud and is a violation of the terms of the provider agreement. It shall be cause for immediate termination from the CDC COVID-19 Vaccination Program and criminal or civil prosecution for violation of 18 U.S.C. §1001 or other relevant federal statutes."

May 8, 2023 - Language, lies and law.

Video created by JP and Julie Collins of Book of Ours. Plus transcript.

I asked Julie and JP Collins of Book of Ours[28] if they could clip out my segment on language and law from the longer April 24, 2023 panel discussion.[29] (Language and Law slide deck[30] PDF).

I requested the clip because my research and writing focus is moving more deeply into philosophy and theology, natural law and justice, and the relationships between truth, error, justice, charity and mercy. I want to be able to refer readers to a short video introduction to some of those issues.

Julie and JP very kindly agreed to clip the segment, and then went above and beyond to add text, similar to their creative work with a clip about the DoD-HHS chemical and biological covert warfare program history[31] (excerpted from a Jan. 24, 2023 event[32] video) and their Dec. 2022 New Constitution: Living War Crimes documentary.[33]

Book of Ours uploaded the new video to their YouTube channel:

- April 24, 2023 - Katherine Watt: Say true things.[34] (14 min)

If readers want to mirror it to Rumble, BitChute, Odyssey or other platforms, please give attribution to Julie and JP Collins at Book of Ours and link to their main page.

- http://www.book-of-ours.com/

Thank you to Julie and JP!

April 24, 2024 Transcript - Say True Things

...I'm a writer and paralegal and I have spent the last couple of years doing legal research and writing about Covid-19 law as it relates to geopolitics and some other things.

I was asked to do a presentation for this panel. The question posed to me was:

"What infrastructure, including legal infrastructure, was laid during the covid-19 pandemic that could be used to destroy our national sovereignty and personal medical freedom in the case of another pandemic?"

I come at this from a slightly different point of view from some other writers and legal analysts, because my perspective is that the legal infrastructure was laid for several decades before the Covid-19 attacks, which I think of as attacks of governments against their people.

I don't think of it as a pandemic.

Because that infrastructure was laid before the attacks started, in my view national sovereignty and human moral and biological dignity and integrity and those kinds of things have already been destroyed.

That's what's happened over the last three years in response to the embedded triggers that were in the 2005 World Health Organization International Health regulations and then the implementing nation-state laws.
So that's just a slightly different perspective. I don't think it's something we're trying to prevent from happening. I think it's something that's already happened and now we're trying to protect the Constitutional rubble that's at the bottom and rebuild from it.

[28] http://www.book-of-ours.com/
[29] https://rumble.com/v2kab7u-webinar-plandemics-what-are-they-planning-for-your-next-public-health-emerg.html
[30] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2023.04.24-language-and-law-presentation-1.pdf
[31] https://www.youtube.com/watch?v=q9mFc4_5S0A
[32] https://rumble.com/v26xpbc-dod-vaccine-press-conference-tuesday-january-24-230p-et.html
[33] https://www.youtube.com/watch?v=i9cmYNRgXXg
[34] https://www.youtube.com/watch?v=sqfCv51Bm9w

The topic that I wanted to talk about is language and law and the ways in which the people who are orchestrating the attacks are using language and perverting and corrupting language to get away with what they're doing.

And the take home message is "Say true things."

Don't participate in lies by repeating them, because lies are all over the place in this criminal enterprise and if you repeat the lies, you are participating in the crime.

Sometimes it's hard to know what's a lie and what's true and that takes a lot of work.

But once you do know what's a lie and what's true, you can't keep repeating the lies.

Globalist enemies are using lies to make the war and most of those lies have a two-layer structure.

And the reason for the two-layer structure is to block human perception that what you're being given or told is a lie.

It's very, very similar, structurally to the mRNA cellular poisons which are wrapped in the lipid nanoparticle poisons for the purpose of bypassing the human body's immune system and chemical detox system.

So what the language corruption is doing is wrapping spiritually and intellectually poisonous false statements in sort of veneer or shell structures that are true.

And the ones that I look at most are three main document types: laws and regulations; government announcements or declarations; and financial contracts.

And all of those things are happening within this false overarching context of the public health emergency. And again, the purpose is to confuse people and to bypass the human mind's cognitive immune system, which most people think of as your bullshit detector.

If your bullshit detector has been disabled, you can't tell that you're being lied to and you cooperate with things you would not cooperate with otherwise.

Basically I think it's resulted in an autoimmune attack of the body politic against itself because people are now confused about — people, like, general public people — are confused about this, and also legitimate rulers like legislators and judges who are not fully up to date on what's happening — are confused about, What is the self?

What is the individual body? What is a legitimate government? and What is the enemy?

And the enemy in this case is the infiltrators who have made a false-front government that's blocked from its connection with the actual populations that they're supposed to be protecting and serving.

A shorthand for it is the Trojan Horse model.

The enemy's goal is to destroy all human life support systems. Every kind of religious, legal, political systems, like a nation-state. Every kind of financial or monetary system. Every kind of credible, properly ordered medical and scientific institution and all of the informational and education systems.

To do that, this is where the two-part — another two-part structure comes in.

They need people to believe two contradictory things and to perceive those as being compatible.

The first part is that they need us to think that the corrupted systems we see around us — the medical systems, the legal systems — are still credible and functional, because if we think that, we will be cooperative and compliant with the things that they say.

And the second thing they need us to perceive is that those corrupted systems are actually corrupted by anything other than them. Because they want to present themselves as being the agents who can fix it, fix this broken thing.

And if we think of these structures as being corrupted but also reformable, and as not being corrupted by the people who are actually doing it, then we will block our own self-protective instincts, for our bodies over these injections, and also for the governments that we would otherwise be loyal to.

The key example of that sequence is the 2005 World Health Organization International Health regulations which were put in place and then implemented at the nation-state level.
Then we got the Covid-19 attacks of 2020 to 2023, which are still ongoing. And now they are working very hard on more International Health Regulation amendments and a new global, what they call "pandemic treaty."

For more information about that I definitely recommend that people read James Roguski's Substack.[35]

The good part of this is that, because it's a two-layered — they need us to believe it's credible, and they also need us to distrust and hate our own governments so that they can do this deeper infiltration overthrow — their project is vulnerable in proportion to the ability people have to understand what's happening and allocate credibility, like, your own credulity, your own belief, accordingly.

If you know that you're being attacked, you will not cooperate with the person or the people who are doing that.
And if you don't know that you're being attacked, then you won't resist or fight back.

That's why getting the information out and having people talk about things in accurate ways is very, very important.

Everything they say is either a straight lie, or a small piece of truth wrapped in a bigger lie, or a small lie wrapped in a bigger truth outside of it.

And so my recommendation and hope is that people will get better at listening to speakers and reading writers, including both people who say they represent the government and also people who claim that they're only talking on their own behalf, and see how close they get to acknowledging **the truth: that infiltrators are using the US Military and other military and government institutions around the world to sicken and kill human beings, by instilling fear, by telling lies, and by injecting poisons.**

And the closer anybody gets to saying those things in the context of whatever else they want to say, the more truthful they're being.

And the more distance any speaker puts between him or herself and that truth, the more deceptive they're being, whether they know that they're being deceptive and are doing it intentionally, or they're just being deceptive because they haven't managed to understand what's happening yet.

I'm going to go through some examples, very recent, current examples.

We're now in April 2023. At the end of March, a federal judge dismissed Brook Jackson's whistleblower case. And that order that he gave is the most recent version of the judicial part of the lie system.

It's a comp--, basically it's a complicated, really long-winded denial that judges, federal judges in the United States, have any constitutional co-equal power over any other branch to protect constitutional or civil rights.[36]

Then we have also in March, the Health and Human Services Secretary transferred the public health emergency declaration from the previous version, which is that there "is a public health emergency" to a new version that says there "is a significant potential for a public health emergency."[37]

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[35] https://jamesroguski.substack.com/

[36] Brook Jackson case reporting and analysis: Feb. 3, 2023 - Recap of Jackson v. Pfizer, whistleblower Brook Jackson's False Claims Act case. (Katherine Watt); April 1, 2023 - Brook Jackson's case dismissed by Judge Truncale. Judge sides with Pfizer's lawyers and DOJ, as expected (Sasha Latypova); April 10, 2023 - Judge Truncale went out of his way to decline to "take judicial notice" of Brook Jackson's Dec. 14, 2020 letter to DoD. (Katherine Watt)

[37] Reporting and analysis on emergency powers held by HHS Secretary: March 22, 2023 - …[W]ar criminal Xavier Becerra extends the public health emergency, effective March 15, 2023, using slightly-different wording. (Katherine Watt); April 11, 2023 - Biden rescinding Trump-Biden

The "potential" is derived from them talking about all these new variants and how those do or don't line up with the mRNA LNP formulations at any given time.

But both of those declarations have the same Constitution-suspending legal effects and that second one is in force right now even while they're talking about, lying about saying that the emergency is over.

Two more examples.

One is the FDA in April, just a couple weeks ago, withdrew the emergency use authorization [EUA] from the monovalent formulation and maintained it for the bivalent formulation and maintained the liability exemptions, while the CDC started ramping up more fear of the Kraken and Arcturus strains.

That is an example of one that's partially true and partially false because there is no biologically significant distinction between any mRNA-LNP compound other than the variable concentrations and potency that Sasha Latypova talks about and other commentators talk about.

The intent of doing that is to throw opponents off balance while maintaining the legal impunity for mass murder.
[Slide 8 content omitted from April 24, 2023 video presentation because I was trying to stay within the time limit:
As of April 2023, Robert Malone, Peter McCullough and others claim there is a biologically-significant distinction between dangerous "pseudo-mRNA" products as used since 2020, and potentially beneficial real mRNA, and that mRNA products should be developed and used more in future.

This is false. mRNA and LNP compounds are intrinsically and intentionally poisonous. They are biochemical weapons. Beneficial, non-lethal use is not possible.

This fact has been demonstrated, understood and known since mid-1990s, if not earlier. See work of US Gov. I.e., 2018, *Biodefense in the Age of Synthetic Biology*[38]), plus Mike Yeadon,[39] Sasha Latypova,[40] others.

And I will wrap up by saying another example is that all the way through from the spring of 2021 until now there have been calls by people like Steve Kirsch and others for the FDA to "withdraw" "unsafe ineffective products" from "the market."

And that is a false characterization of what's going on because first of all the products are not pharmaceutical products.

They're weapons.

But there also is no "market" for intentionally poisonous chemical and biological weapons. The FDA doesn't function in this context as a drug regulator. They have no legal role in weapons control and there are no consumers in this context.

Everybody who's been hit with these things is a target, is a military target.

The Covid-19 attacks have created a war zone, not a market for a new class of medicinal drugs.

And that's just one example of the way in which it's important to listen to what everybody is saying and parse it and understand how lies and truth are being blended and presented to elicit behaviors.

If you understand that's happening you can respond with different behaviors that are mostly not complying and not lying with the people who are trying to lie to you.

End of video and transcript.

Proclamation 9994 under 1976 National Emergencies Act does not terminate Azar-Becerra's Public Health Emergency authorities under 1983 PHE amendment to the 1944 PHSA. (Katherine Watt)

[38] https://bailiwicknews.substack.com/p/immunomodulation-and-fear-modulation
[39] https://stopvaxpassports.org/dr-michael-yeadon-are-the-mrna-injections-toxic-by-mistake-or-by-design/
[40] https://sashalatypova.substack.com/p/design-of-a-weapon-modifying-the

[Slides 10-12 were also omitted for time purposes.

Slide 10: How do globalist enemies of humanity measure success?

- Observable increases in human lying, spiritual despair, materialism, cowardice, toxic load, infertility, and premature death.
- Observable declines or disappearances in human connections to God, virtues of faith, hope, charity, justice, prudence, temperance, fortitude in worldly affairs; efficacy of man's intellect, reason and will.
- Globalists do not build, or create order out of disorder.
- Globalists only destroy and cause disorder.
- They do co-opt the language of building and creation. Ex: Build Back Better; Great Re-Set, Sustainability Goals, 15-minute cities.

Slide 11: What to do?

Individual human beings are constantly participating in one of two processes in human society: transmitting truth or transmitting lies.

- Learn how to separate truth from lies.
- Block the transmission of lies with your own mind and body.
- Spread only truth when using your own voice to speak and write.

Aleksandr Solzhenitsyn:

- "The simple step of a courageous individual is not to take part in the lie. One word of truth outweighs the world."
- "Violence can only be concealed by a lie, and the lie can only be maintained by violence."
- "You can resolve to live your life with integrity. Let your credo be this: Let the lie come into the world, let it even triumph. But not through me."

Slide 12: Catholic Teaching: Pope Felix III and Pope Leo XIII

- "An error which is not resisted is approved; a truth which is not defended is suppressed...He who does not oppose an evident crime is open to the suspicion of secret complicity." Pope Felix III, quoted by Pope Leo XIII, *On Freemasonry* (1892)
- "Injustice is always punished, and with greater severity the longer it has been continued." Pope Leo XIII, *On Right Ordering of Christian Life*, 1888]

* * *

May 10, 2023 - Transcript: Jan. 24, 2023 Legal Walls of the Covid-19 Kill Box presentation.

Links:

- Jan. 24, 2023 - DoD 'Vaccines' Press Conference.[41] (*L4Atv1*,[42] 2 hrs — 0:00:30 Sam Dube – Host Open; 0:03:04 Glen Macko – Overview of DoD Vaccines; 0:05:28 Katherine Watt – Legal: Laws, Contracts, FOIA, SEC; 0:24:39 Sasha Latypova – Manufacturing, Safety, Quality, Intent; 0:33:32 Phillip Altman - Conformation of Skills/Knowledge of Katherine & Sasha; 0:38:08 LTC (Ret) Pete Chambers – Vaccine observations in Military; 0:46:13 Dr Sam Dube – Guidance on "Going Local" for personal protection; 0:56:47 Q&A)
- Jan. 24, 2023 - Katherine Watt: In her own words.[43] Annotated clip from L4Atv1 full video, created by Julie and JP Collins, *Book of Ours*[44] (16 min)
- Jan. 24, 2023 - Legal Walls of the Covid-19 Kill Box slide deck[45]
- Jan. 24, 2023 - Legal Walls of the Covid-19 Kill Box transcript.[46]

Jan. 24, 2023 Transcript - Legal Walls of the Covid-19 Kill Box.

...And the basic idea is that public health has been militarized and the military has been sort of turned into a public health front or Potemkin Village such that they are using public health language and public health laws to actually carry out a military campaign.

And I would not call them DoD vaccines.

I would call them DoD weapons.
So, I call it the kill box because the first sort of lead that I had was Todd Callender's January 30th 2022 interview on Elizabeth Lee Vliet's podcast called Truth for Health.

And he described it as a kill box and then I looked that up and it turned out it's a military term for establishing a geographic space or three-dimensional area for a military attack by air and by surface to kill the people who are in it and then dismantle the kind of framework and move on to the next campaign.

And what the DoD and the World Health Organization intend to do and have gotten quite far in doing, but not completely reached their goals, is to set up the entire world as their geographic terrain, their target population as all the people in the world, the duration of their campaign as permanent.

And the weapons that they're using are, number one, informational. That's the propaganda piece and the censorship piece.

Number two, psychological. That's the fear and terrorism piece of telling people they need to be afraid all the time and they need to listen to the government.

And then the third piece is the chemical, biological, radiological, and nuclear [CBRN] weapons, which are called in their campaign pharmaceuticals, vaccines but are actually toxins and pathogens.

So I started, after I heard that interview — I had already been wondering what was going on but I started trying to track down some of the things Todd Callender talked about in his interview and figure out what the legal frameworks were and how they were set up and what the financial coercion mechanisms were.

[41] https://rumble.com/v27eu7e-dod-vaccines-press-conference-tues-january-24-trimmed.html
[42] https://rumble.com/user/L4Atv1
[43] https://www.youtube.com/watch?v=q9mFc4_5S0A
[44] http://www.book-of-ours.com/
[45] https://bailiwicknewsarchives.files.wordpress.com/2023/01/kill-box-presentation-1.pdf
[46] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.01.24-kill-box-transcript.pdf

My finding, which many other people have found in various, from various other angles, was that this project has been going on for centuries. It's basically globalist central bankers and lots of related organizations trying to get complete control of human beings through banking programs and through military programs. And they kicked it into higher gear in 1913 with the Federal Reserve Act, and then they kicked the public health aspect of it into higher gear starting in the 1930s and 40s.

Before the 1960s, they mostly did it through orchestrated armed conflicts and financial depressions and wars, which are very loud and messy and destructive to infrastructure. And it makes it difficult for them to have plausible deniability and legal impunity for what they're doing.

So in the mid-60s they got much better at inducing suicide and homicide by fraudulently labeling poisons as medicines or as vaccines or as prophylactics and telling people that submitting to that poisoning process was their civic duty. And that's — we saw that in Covid with the shorthand for "Do this or you're going to kill your grandma." And the way that the pharmaceutical method is primarily useful to them is that plausible deniability is much easier and legal impunity is a lot easier.

They can achieve the same goal of killing lots of people without their fingerprints being all over it.

I looked into the coercion cascades, mostly financial. I'm not going to go into a lot of detail with that but it starts at the top with the Bank for International Settlements and they can use their control of other federal central banks, access to financial systems, and then all the way down through state governments, national governments, local, municipal, school districts, hospitals. Everything.

If you comply with what they're telling you to do as far as masking and testing, isolating yourself, taking injections, then you will get the financial access that you need to run your business or to have a job. And if you don't comply, they can cut you off from those services. And so that is one of the main mechanisms through which the whole thing was carried out.

And then on the legal side, at my website I do trace it back farther[47] but I'm going to start at 1969 just for the sake of starting somewhere.

The U.S. Congress passed the law to set up the Chemical and Biological Warfare program. And in that law, which is 50 USC Chapter 32, there are very important key terms including "protective," "prophylactic" and "defensive," which is how they justified doing it.

They were using those words because the international community of ordinary non-insane people were concerned about biological and chemical weapons and they were working on international treaties to prohibit them. And so they needed to build in loopholes and the loopholes they built in were that, "We're not going to do biological and chemical research and weapons development *except for* protective or prophylactic or defensive purposes."

And that's a false characterization because all biologically active products are intrinsically aggressive and toxic and lethal. And that's where we get disciplines or, that's the thing that disciplines like toxicology, pharmacokinetics, genotoxicity, drug-drug interactions, are all related to that fact: that everything that goes into the human body or any living body has some effects which can be toxic. So that was the way they tried to get around that.

And then the foundational Public Health Emergencies platform came out in 1983 when Congress passed the Public Health Service Act Amendment and that set up the Public Health Emergencies program under the 1944 law that had originally set up the Public Health Service. Which is a branch of the military.
And it also, in 1983, Congress and Reagan set up a 30 million dollar slush fund and that has continued. It's got a different name now than it did then, [Public Health and Social Services Emergency Fund] but it's still being funded as recently as the NDAA and the Consolidated Appropriations Act in December of 2022.

The other thing they did in the 80s was set up the 1986 National Vaccine Program and National Childhood Vaccine Injury Act. And that's the one that set up the liability exemption for manufacturers and funneled anyone who was

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

injured by a vaccine into this different compensation program. And that's been used as a model since Covid started, for the Countermeasures Injury Compensation Program.

So the international piece, the cornerstone, is the World Health Organization, which is not a health organization. It's a military organization, because of this merger that I'm talking about. It's sort of the military arm of the one-world government that they're trying to set up.

And they did a set of amendments to the International Health Regulations in 2005 that entered into force in June 2007. But basically the IHR, which are currently going through another round of amendments to make them worse, called on national governments to strengthen their own domestic laws and fund more programs for surveillance, testing, detention and quarantine — physical control and forced treatment — during international outbreaks of communicable diseases.

And the pretext that they used, because it was bankers who were doing this, was that they needed to protect international trade from disruptions caused by disease outbreaks. But the real intent was to set up these legal systems that transferred sovereign government from the nation-state to the World Health Organization and the BIS automatically when a "public health emergency of international concern" [PHEIC] has been declared.

And Congress and U.S presidents and the cabinet complied with that demand from the World Health Organization.
So two of the key years were 1997 and 1998. That was when the beginnings of the emergency use authorization program was set up and when they transferred the CBRN [chemical, biological, radiological, nuclear] weapons stockpile from DOD, classification I guess, to HHS or CDC classification and control.

It was the same products, as far as I can tell. It was just a relabeling and a re-homing of them.

The EUA [Emergency Use Authorization], that was kind of a two-step thing. At the time the public was really upset about the use of unapproved vaccines for anthrax on military troops and the horrible adverse effects they were having. So Congress passed a law in November [1997] to kind of revoke authorization for testing or using unapproved products on military troops. But three days later in a different law, made it so that the same programs could be done but the target population would be expanded from just military troops to the entire American population.

Then around 2000 to 2002, using the momentum from 9/11 and the anthrax attacks on Congress, they set up, through the statutes again, program management sort of structures. They did that through the 2000 Public Health Threats and Emergencies Act, [and] through the 2001 Authorization for Use of Military Force.

And people talked about this at the time. It was construed as putting the country into a permanent state of war -- the Global War on Terror — with every other country in the world. So there was no geographic limitation. There was no time limitation. There was no identified enemy other than "terror" and through that — I think other people figured this out at the time and then it sort of got suppressed — but it made everyone in the world into a presumptive combatant or enemy target.

So it was essentially a *de facto* covert global martial law act by the US government.

And then in those early 2000s we also got the PATRIOT Act, the Public Health Security and Bioterrorism Preparedness and Response Act and the Homeland Security Act.

And those were just more of the merging of the DHS [Department of Homeland Security], the DOJ [Department of Justice], the HHS [Health and Human Services], the Department of Defense: all of the cabinet agencies.
So since then, 2003 to [2019] there have been lots and lots of executive orders on these things. Lots more statutes and appropriations. Lots of agency regulations, guidance reports that were circulated to state, local and tribal authorities and law enforcement so that they would know that under a public health emergency, they are subordinated to the federal military.

FDA [Food and Drug Administration] issued a lot of Guidance for Industry documents and sent those out to the pharmaceuticals and to the academic organizations and NGOs [non-governmental organizations] to let them know about how FDA was going to handle experimental products like "vaccines," "gene therapies," "biologics."

And they did more test runs like 2003 SARS, 2006 MERS and 2009 H1N1.

That brings us up to the Other Transactions Authority [OTA]. And this was revealed through Pfizer's April 2022 motion to dismiss whistleblower Brook Jackson's False Claims Act case.

They said, "This was not a vaccine. It was a DoD prototype and we were never obligated to do valid clinical trials. We were never obligated to prove safety or efficacy to anyone. We never had to get FDA authorization through any of the normal guidance for industry channels, because it was a prototype."

On October 4th, 2022, the US government endorsed that view and filed a statement of interest and support for the motion to dismiss, basically saying that clinical trials were never material or necessary for DOD to pay the contractors for producing and distributing the bioweapons known as Covid-19 vaccines.

And so all of this became visible from 2020 to the present when the World Health Organization Secretary-General issued the "public health emergency of international concern" [PHEIC] at the end of January 2020 and the HHS secretary immediately triggered the domestic frameworks through the "determination that a public health emergency exists" followed by PREP Act declarations for "medical countermeasures," which are the weapons.

And then Congress and the presidents — Trump and Biden — passed several additional Congressional acts funding and reinforcing the structure of the kill box and issued more executive orders under the Defense Production Act, under the Stafford Act, under the National Emergencies Act, to sort of build out the program.

Basically what it built is a huge public and private funding stream for military-led bioweapons research and use; eliminated informed consent by reclassifying people who could potentially be carrying a disease as presumptive national security threats, so that you could do anything you want to them because you're on a war footing.

And to shield the products and weapons from product liability, to shield all the people involved from criminal liability and civil liability, and to shield the government funders, developers and regulators from criminal prosecution under the other laws — which are in place but are sort-of superseded by this framework — for use of bioweapons [18 USC 175] use of chemical weapons [18 USC 229], terrorism [18 USC 2331] things like that.

...I see it as a joint project between the U.S Department of Defense — a coordinating committee of that, the Federal Reserve, and the World Health Organization, and the Bank for International Settlements and the United Nations. But the World Health Organization is like a subsidiary of the U.N.

And there are things that the globalists do not like. They don't like constitutions and charters. They don't like the conflicting statutory frameworks around bioterrorism, war crimes, genocide, torture. They don't like any of that stuff.

They don't like when states and provinces and counties and towns pass their own laws protecting informed consent, protecting people from, for consumer safety. They actually put out a report in October 2022, *State Laws Limiting Public Health Protections: Hazardous for Our Health*. And there's a whole bunch of things in there that states have started doing that the globalists do not like.

So doing more of those things, more bringing control back to the state, more using Article 10 of the Constitution, to reclaim state authority, those are all extremely useful.

And I do think it's going to break. I think there's going to be a tipping point and the criminal prosecutions are going to start.

And we have all the evidence. And every time they try to answer what we're talking about by saying national security, they reinforce that this is the right way to go.

This is what they're doing.

They're doing war crimes.

May 11, 2023 - Sasha Latypova on Steve Kirsch's VSRF call: Thursday, May 11 at 4 p.m. Pacific/ 7 p.m.

May 11, 2023 - Episode 76: VSRF Founder Steve Kirsch talks with Special Guest Sasha Latypova.

- Link for VSRF event registration
- Video: Episode 76: Whose military made Covid?[48]

Related Bailiwick reporting and analysis:

- April 25, 2022 - The investigational drugs that weren't.
- Sept. 28, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package
- Oct. 19, 2022 - Other Transaction Authority (OTA) is to federal procurement contract regulation as Emergency Use Authorization (EUA) is to federal drug safety regulation. They're both provisions through which Congress and US presidents pretended to legalize criminal conspiracy to produce and use weapons of mass destruction.
- Jan. 30, 2023 - On harboring and financing contract terrorists. And opportunities for People, state governments and True Congress to shut the death machine down.
- Feb. 9, 2023 - On the significance of 21 USC 360bbb-3(k): "use" of EUA products "shall not constitute clinical investigation."
- March 17, 2023 - Contracting for facilitation of crimes: contract killing and biomunitions hitmen. A third double-bind argument built on the truth that the products are prohibited bioweapons designed to injure and kill, not regulated medicinal products designed to protect and heal.

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[48] https://www.vacsafety.org/episode-76-whose-military-made-covid/

May 15, 2023 - Josef Pieper on the source of man's rights

Including the right to not be maimed, sterilized or killed by globalist-directed, State-sponsored, contractor-executed, biochemical warfare.

Josef Pieper, writing in 1955:

> …Man has inalienable rights because he is created a person by the act of God, that is, an act beyond all human discussion. In the ultimate analysis, then, something is inalienably due to man because he is *creatura*. Moreover, as creature, man has the absolute duty to give another his due. Kant has expressed this in the following manner: "We have a divine Sovereign, and his divine gift to man is man's right."
>
> Now a person may very well consider this to be true and may even give it his unqualified consent, but he may nevertheless discover that he himself finds it difficult to draw the conclusion that man's right is unimpeachable because he is created by God. Pious declamation on solemn occasions is not enough. Fundamental truths must constantly be pondered anew lest they lose their fruitfulness. In this lies the significance of meditation: that truth may not cease to be present and effective in the active life.
>
> Perhaps when all the consequences of a false presupposition suddenly become a threat men in their great terror will become aware that it no longer possible to call back to true and effective life a truth they have allowed to become remote — just for the sake of their survival.
>
> Finally, it is no longer completely fantastic to think that a day may come when not the executioners alone will deny the existence of inalienable rights of men, but when even the victims will not be able to say why it is that they are suffering injustice… (pp. 51-52, *The Four Cardinal Virtues*. 1966 book collecting Pieper's essays on prudence, fortitude, justice and temperance.)

Pieper is a writer whose work heavily influences my understanding of the historical and theological moment in which we live.

I think one of the most important changes that the globalists made to society over the past century — mostly through educational systems and what Gen-Xers like me learned to call *political correctness* and *moral relativism* and dozens of other terms as the ideologies gathered force in the 1980s and 1990s — was to instill in human minds an inability to think of anything in the world as unequivocably true or false.

The destruction of concepts of truth and falsity has been very good for liars.

It's helped them seed their lies throughout human institutions without detection or push-back.
Without clear, well-formed access to categories of true and false, an individual human being has no basis upon which to make moral judgments about the rightness and wrongness of his own acts and omissions, or acts and omissions taken by others.
Such thoughts are rendered almost completely unthinkable.

Without the categories of true and false, and the basis for moral judgments of right and wrong, humans are also cut off from legal recourse to human justice systems.

Because human justice systems — with their evidentiary rules and adversarial argument structures — are more or less faithful reflections of the whole human story, which is a laborious struggle against error, temptation and sin, aimed at moving toward closer union with eternal Truth: God.

Reducing and in many cases eliminating the human capacity to discern and speak truth, and the capacity to clearly refute false statements, lies, deceptions, has been a very effective way for globalists to disable and disarm the victims of the executioners.

They strangled a great deal of potential resistance in the cradle of the mind.

May 19, 2023 - A three-part spiritual-geopolitical framework.

I started Bailiwick News as a local news and analysis publication in 2016, focused on political and corporate corruption in the Pennsylvania county where I live.

I moved Bailiwick to Substack in May 2021, and transitioned my focus to Covid-times American and international law during 2021 and early 2022, while also — through the grace of God — making my way back to the traditional Catholic faith my father had passed on to me when I was a small child, but which I had wandered away from as a teenager.

During those transitional months in late 2021, I wrote three posts laying out some initial thoughts and some research and writing plans, which were focused on geopolitical analysis through a Catholic, theological lens. I planned to follow in the footsteps of Malachi Martin, tracking and contextualizing developments since he published *The Keys of This Blood* in 1990.

- Oct. 13, 2021 - Ternaries and trinities
- Dec. 17, 2021 - Teleopolitics: plan of study.
- Jan. 6, 2022, reposted Dec. 27, 2022 - [Second half of post:] Teleopolitical history of Poland. "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?"

As it turned out, my research and writing went on a bit of a detour, because on Jan. 30, 2022, I got a solid lead on the global "how" question: How are they pulling this massive crime off worldwide, without any human criminal law systems blocking their path? That lead was Attorney Todd Callender's interview by Dr. Elizabeth Lee Vliet on her Truth for Health podcast.

God gave me a mind wired to be interested in answers to "how" questions and the elucidation of underlying patterns and structures and systems. I'm driven to try to understand the mechanisms through which bad things come to be, not for the sake of the knowledge itself, but to contribute to the work of salvaging old tools or creating new tools that can break or dismantle those mechanisms, and restore to functionality, the structures and systems through which good things come to be.

On top of the basic wiring, He gave me several decades of opportunities to use and develop it. And then He gave me opportunities to apply what I'd learned to Covid-times law.

So I didn't interpret the detour as a waste of time. I looked at it as a useful next step and dove in.

From late January 2022 to now, I spent most of my time researching and writing about the secular legal components of the worldwide industrialized sterilization, maiming and murder program pursued with such great enthusiasm by private central banking families and a few thousand people who serve them from positions within national governments and supranational government-like entities, primarily the United Nations World Health Organization, and the American military-industrial-pharmaceutical-media-Congressional complex.

The main work products are the American Domestic Bioterrorism Program timeline,[49] and a 9-page summary version of the key legal structures[50] built by the events listed in the timeline.

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Meanwhile, I've also been gathering information and thinking about the parallel process through which the same forces working to sterilize, sicken and kill lots of people, have also pursued — in a similarly deliberate, incremental, covert way — the destruction of the Catholic Church, the Mystical Body of Christ. Some of the relevant events in Catholic Church history are included in the American Domestic Bioterrorism Program.

[49] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program
[50] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.01-legal-history-american-domestic-bioterrorism-program.pdf

- Oct. 13, 1884 - Pope Leo XIII vision of conversation between God and Satan.
- May 15, 1891 - Pope Leo XIII encyclical, *On the Condition of the Working Classes*, presented Christian principles of sound human government to counter the rise of atheist, anti-human materialism in two basic forms that both lead human beings to totalitarianism on earth and hell for eternity: communism and capitalism.
- May 13, 1917 - Blessed Virgin Mary appeared to three children in Fatima, Portugal, reappearing each month until a final apparition on Oct. 13, 1917, the Miracle of the Sun.
- May 15, 1931 - Pope Pius XI encyclical, *On Social Reconstruction*, further developed Christian principles of sound human government to counter the rise of atheist, anti-human materialism in its communist and capitalist forms.
- March 2, 1939 - Pope Pius XII papacy began. He was the last of the popes to clearly and publicly condemn atheist materialist ideologies and develop Catholic teaching in opposition to them.
- Sept. 14, 1952 - Pope Pius XII presented speech, *On the Moral Limits of Medical Research and Treatment,* to First International Congress on Histopathology of the Nervous System. "Insofar as the moral justification of the experiments rests on the mandate of public authority, and therefore on the subordination of the individual to the community, of the individual's welfare to the common welfare, it is based on an erroneous explanation of this principle. It must be noted that, in his personal being, man is not finally ordered to usefulness to society. On the contrary, the community exists for man."
- Oct. 9, 1958 - Death of Pope Pius XII.
- Oct. 11, 1962 - Pope John XIII convoked Second Vatican Council (Vatican II).
- June 30, 1963 - Enthronement of Lucifer ceremony coordinated with consecration of Pope Paul VI.
- Dec. 8, 1965 - Pope Paul VI concluded Second Vatican Council.
- Nov. 16, 1965 - Pact of the Catacombs signed at Rome.
- July 25, 1968 - Pope Paul VI published encyclical *Humanae Vitae* on meaning of human life, and Catholic prohibition of abortion and contraception.
- Nov. 30, 1969 - *Novus Ordo Missae* introduced by Pope Paul VI, liturgical innovation breaking the Latin Mass tradition of centuries.
- Nov. 1, 1970 - Archbishop Marcel Lefebvre founded Society of St. Pius X to train Catholic priests and preserve traditional Catholic teachings in the wake of Second Vatican Council.
- Aug. 27, 1986 - Archbishop Marcel Lefebvre published *Letter to 8 Cardinals Regarding the Assisi Affair*, addressing dangers to the Catholic faith presented by Pope John Paul II's planned Interfaith Peace Service.
- Sept. 18, 1986 - Pope John Paul II conducted multi-religious Interfaith Peace Service in Assisi, Italy.
- Dec. 2, 1986 - Archbishop Marcel Lefebvre and Bishop Antonio de Castro Mayer published *Joint Declaration Against Assisi*, again deploring the weakening of the Catholic faith by Vatican leaders under the influence of the Second Vatican Council.
- April 2, 2005 - Death of Pope John Paul II.
- April 19, 2005 - Start of papacy of Pope Benedict XVI.
- July 7, 2007 - Pope Benedict XVI issued *Summorum pontificum*, affirming right of Catholic priests to celebrate and laity to assist at pre-1962, traditional Latin Mass.
- Jan. 1, 2013 - Bank of Italy stopped providing banking services to Vatican, pressuring Pope Benedict XVI to partially resign (resignation invalid under Canon Law 188).
- Feb. 11, 2013 - Pope Benedict XVI announced partial resignation (invalid under Canon Law 188), to take effect Feb. 28, 2013.
- Feb. 12, 2013 - Bank of Italy restored banking services to Vatican.
- March 13, 2013 - Start of invalid papacy of Antipope Francis.
- Oct. 4-19, 2019 - Antipope Francis hosted pagan Pachamama/Gaia ceremonies in Vatican Garden, at Basilica of St. Peter, and Santa Maria Traspontina Church, and during Way of the Cross.
- July 16, 2021 - Antipope Francis issued *Traditionis custodes*, attempt to abrogate 2007 *Summorum pontificum* and obstruct right of Catholic priests to celebrate Latin Mass and right of Catholic laity to assist at Latin Mass.
- Aug. 18, 2021 - Antipope Francis issued public statement equating submission to mRNA/DNA-LNP lethal injections with "act of love."
- Dec. 31, 2022 - Death of Pope Benedict XVI.

I agree with Malachi Martin and many others past and present, who believe, compile evidence, and argue that the destruction of the Roman Catholic Church specifically, and especially the authority of the Pope, has long been a top priority for supernatural beings (Lucifer, Satan, all fallen angels) and for their human contractors (Rothschilds, Rockefellers, Kissinger, Gates, Schwab, Soros, Hariri, Adhanom-Ghebreysus, Becerra, Fauci and hundreds of others).

Why?

Because the worldwide spiritual moral leadership and exhortations of the popes of Christendom, on civil authorities during the centuries since Christ walked on the earth, have been the primary forces keeping evil ideologies of atheist materialism at bay.

Important to this thesis: corrupt elements have always been present within the Roman Catholic Church, because humans comprise it, and humans are corruptible. Similarly, restorative elements have always been present within the Roman Catholic Church, because humans are also capable of penitence, sacrifice, purification and voluntary submission of the will to God, and He has used such people (including but not limited to martyrs and saints) to transmit His grace, mercy and justice.

Also important to this thesis: the nature of corruption within the Roman Catholic Church began to change significantly sometime around Pope Leo XIII's terrifying Oct. 13, 1884 vision, during which the Pope heard God grant Satan's request for more latitude with which to tempt and corrupt humans. The experience prompted Pope Leo XIII to write the Prayer to St. Michael the Archangel.

Since then, the corruption of the Catholic Church has followed a pattern of intentional, infiltrative, incremental, inversion-of-truth processes, in parallel with and mirrored by the corruption mechanisms inflicted on civil authorities (governments of nation-states) and civil law.

Geopolitical events experienced by humanity in the decades since 1884 — including two world wars and many State-sponsored mass killing campaigns — reinforce this conclusion.

The spiritual-geopolitical worldview outlined here currently has three parts:

1. Corruption of the **Catholic Church**, to remove it as an obstacle to corruption of civil society and individual human souls.
2. Corruption of **civil society at the nation-state [State] level**, and substitution of global anti-human government: one-world, atheist, materialist programs operated by and for owners and administrators working within Bank for International Settlements, United Nations Security Council, World Health Organization, US Department of Defense and other supranational institutions.
3. Corruption of **human national and international law**, to strip it of functions that uphold Christian teachings about God-given human dignity, and transform it to render Luciferian, God-hating, anti-human, body-, mind- and soul-destroying acts and omissions immune from civil and criminal prosecution.

Humanity clearly finds itself in a life-or-death battle for minds, bodies and souls.

The battle is not new; it's very, very old. It became somewhat more difficult to see from the mid-1800s or so, and has become somewhat easier to see since 2020.

The question presented, is what should human beings — working within our thousands of different vocations — be doing to help God help us get out of the corruption-built kill box?

If the entry into the kill box was a door shaped like the controlled demolition and moral vacancy of the Catholic Church, cut by the atheist materialists, then the exit from the kill box will be a door shaped like the reconstruction and moral reoccupation of the Catholic Church.

* * *

May 23, 2023 - Laws that contradict each other. Excerpts from academic paper.

For the last couple of weeks, I worked on an academic paper for a summer conference in Dublin: Entrenching a Global Health Emergency Mode: Implications for Health and Human Rights Law.[51]

I pulled together a bunch of material, reorganized it, added some things and developed a much-too-long draft, which will eventually take shape as the short paperback book readers have requested.

But because the conference organizers said that conference participants will be mostly people who are not familiar with my legal research, and also requested a "dry and legalistic" tone, I decided to rework a legal history summary originally written for Sen. Ron Johnson and his staff in December,[52] by removing "kill box" references, replacing *biochemical weapons* with *harmful, regulation-exempt biochemical products* and adding some international law context.

- May 22, 2023 - Securitisation of Public Health Law: US Origin[53] (PDF)

For long-time Bailiwick readers, most of the academic paper just offers another version of what you already understand.

As with the prior versions, the report is mostly useful for two sorts of readers:

1. people who want to understand why legal systems worldwide are not stopping the mass-torture, mass-mutilation, mass-murder program that has been underway for at least three years; and
2. lawyers, judges or legislators who may become interested in using the remaining shards of legitimate national and international legal systems, with the documents cited in the footnotes, to criminally prosecute individuals posing as government officials for acts of treason that established the corrupt legal conditions through which other men and women, posing as doctors, nurses and pharmacists, are committing torture, mutilation, murder and other crimes.

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Excerpts from the new sections:

Introduction

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

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

These legal developments present the question:

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

[51] https://www.eventbrite.ie/e/global-health-emergencies-implications-for-health-and-human-rights-law-tickets-611082172227
[52] https://bailiwicknews.substack.com/p/construction-of-the-kill-box-legal
[53] https://bailiwicknewsarchives.files.wordpress.com/2023/05/2023.05.22-securitisation-of-public-health-us-origin.pdf

Since January 2020, acts of putative national governments have violated (among other international legal instruments) the 1975 UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction and the 1997 UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, under the auspices of member-state compliance with WHO International Health Regulations, 2005.

In the United States, our putative national government has also been violating federal laws implementing the international biological and chemical weapons conventions (18 USC 175 and 18 USC 229), along with federal laws prohibiting torture (18 USC 2340A), murder (18 USC 1111) and genocide (18 USC 1091), through acts that comply with federal laws authorizing public health emergency management (42 USC 247d) and use of emergency use authorized (EUA) biochemical products (21 USC 360bbb-3).

A note about style conventions.

Terms and phrases cited in relevant statutes, regulations and other legal documents are denoted with *italics*. Terms and phrases used fraudulently by governments to lie to the public about acts and materials, are denoted with "quotation marks…"

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…Covid-19 'vaccines:' case study

21 USC 360bbb-3(k), [Authorization for medical products for use in emergencies, Relation to other provisions] is a crucial provision at the intersection of the six statutory pillars outlined above.

This law provides that *use* of EUA-covered, regulation-exempt medical countermeasure (MCM) products including masks, diagnostic tests, injectable biochemical products, and other products that would otherwise be classified and regulated as "investigational" drugs, devices and biologics, once classified as EUA *covered countermeasures* during a *public health emergency* by the HHS Secretary and his/her delegees, "shall not be considered to constitute a clinical investigation."[54]

Jan. 27, 2020 was the effective date of US Secretary of Health and Human Services Alex Azar's *Determination that a Public Health Emergency Exists,* signed Jan. 31, 2020. The determination was recorded in the Federal Register as taking effect Feb. 4, 2020. 85 Federal Register 7316. It has been extended continuously since, most recently by HHS Secretary Xavier Becerra effective March 15, 2023 and in force as of this writing in May 2023. 88 Federal Register 16644.

Effective Feb. 04, 2020, HHS Secretary Azar issued a Notice of *Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19*. 85 Federal Register 15198. The PREP Act declaration has also been extended continuously since and amended eleven times, most recently by HHS Secretary Xavier Becerra effective May 11, 2023. 88 Federal Register 30769.

Government announcements about the termination of the public health emergency notwithstanding, the PREP Act declaration remains in force as of this writing in May 2023.

To the extent that *use* of Covid-19 products after Feb. 04, 2020 "shall not constitute clinical investigation," *use* of such products is authorized even if there is no safety or efficacy data, even if such products are toxic and ineffective.

Investigators, researchers, physicians, nurses, pharmacists and other individuals involved in product dispensing, use, or administration to human beings have had and today have no legal obligations to comply with laws and regulations that apply to use of other experimental, investigational, unapproved or approved drugs, devices and biological products, including compliance with informed consent laws, medical monitoring of recipients during product use and post-administration monitoring and reporting of effects, injuries and deaths.

[54] https://bailiwicknews.substack.com/p/on-the-significance-of-21-usc-360bbb

Recipients of such products are not legally recognized as human subjects of clinical research or patients receiving experimental, authorized or approved products, because *use* of the products "shall not constitute clinical investigation."

There is no stopping condition, because there is no legally-relevant clinical investigation to be stopped.

On the basis of a self-declared *public health emergency* and self-declared classification of products as *emergency use authorized medical countermeasures*, including an unreviewable determination as to the relative risks posed by a compound classified as pathogen as compared to *medical countermeasure* products, the Secretary of Health and Human Services can suspend informed consent obligations for those who administer regulation-exempt, EUA biochemical products and informed consent rights for those who submit to regulation-exempt EUA biochemical products, on behalf of the entire American population.

Under standard FDA regulations governing non-EUA investigational drugs, devices and biologics, "vaccinators" would be legally required to obtain such information from manufacturers and suppliers and disclose such information to biochemical product recipients prior to administration.

But classified as *covered persons* or *qualified persons,* "vaccinators" are authorized by the HHS Secretary to mischaracterize and withhold information about EUA products, including ingredients; vial contents; chain-of-custody and serialization; potential individual risks and benefits based on individual health conditions; treatment alternatives; and right to refuse treatment.

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Discussion

The interlocking corruption of federal emergency management, public health and drug safety laws, for the purpose of covert and intentional deployment of regulation-exempt biochemical products into recipients, by the US Government, under the fraudulent characterization of the products as "Covid-19 vaccines," was deployed fully starting Jan. 27, 2020 and continues to be fully operational at the present time, more than three years later.

These statutes, regulations and related HHS Secretary declarations, Presidential Executive Orders and Congressional appropriations suspend ordinary federal procurement contracting laws and ordinary federal drug safety regulation and informed consent laws; and authorize pharmaceutical corporations, the Department of Defense and the Department of Health and Human Services, in conjunction with several other federal agencies, to develop, produce, fraudulently market, and distribute biochemical product *prototypes* to American doctors, nurses, pharmacists, medical students and other medical personnel.

These "vaccinators" are authorized to use the regulation-exempt EUA products to injure and kill human beings with legal impunity using procedures and products (including withholding of effective non-EUA treatments; and use of restraints, starvation, dehydration, isolation, sedatives, Remdesivir/Veklury and ventilators) to drive public panic and submission to the EUA biochemical products, including injections colloquially known as "Covid-19 vaccines."

The same conclusions may be reached from observations of acts taken and not taken by American drug safety regulators at the Food and Drug Administration (FDA) since EUA biochemical products were first injected into human beings between March and November 2020 during fraudulent "clinical trials," and then entered mass distribution in mid-December 2020.

If the products were intended for medicinal, healing or protective purposes, and were subject to FDA regulation governing research and development, production and use of medical drugs, biologics and devices, the HHS Secretary, FDA regulators and their counterparts in other countries would have stopped the programs as soon as the evidence of injuries and deaths became available, which occurred within the first few weeks of the fraudulent "clinical trials" launched under Operation Warp Speed but only came to public attention much later, through the efforts of independent data analysts reviewing leaked documents and documents disclosed under FOIA litigation and SEC laws.

Instead, regulators have abandoned all attempts to regulate these products, monitor their use and publish timely, accurate data about injuries and deaths caused by the products. FDA and other putative regulators have refused to even answer the question: “What is the stopping condition?”

FDA and other governments’ drug regulatory agencies have not withdrawn fraudulent "authorizations" or "approvals" of the drugs, devices and protocols, despite millions of documented injuries and deaths experienced by recipients of the products during the initial deployment phase, because the products are not medicines.

The products are regulation-exempt, harmful biochemical products intentionally deployed by actors within the US Government and pharmaceutical/"biodefense" industry.

Further, if the products were intended for medicinal, healing or protective purposes and moving across state and international borders under regulatory frameworks intended to protect patient safety, they would be eligible for independent third-party purchase from manufacturers and drug suppliers, and eligible for independent testing to verify that contents match labels and corroborate or disprove claims about safety and efficacy.

Instead, third party access to and testing of vial contents is prohibited under the terms of the DoD-mediated supply and distribution contracts between purchasing governments, manufacturing corporations and "vaccination" sites, on penalty of federal criminal or civil prosecution.

Conclusion

As stated at the introduction, these developments in American domestic law and international law beg the question:

> What legal recourse do victims of intentionally-harmful biochemical products have when national governments violate the terms of international treaties, conventions and federal laws prohibiting chemical and biological warfare, by executing the terms of opposing international treaties, conventions and federal laws dictating development and use of harmful biochemical products during declared public health emergencies?

* * *

May 26, 2023 biochemical weapons to decline whenever a medical mercenary offers them to you or your children.

Helpful list from FDA, found while doing research and organizing my files on:

1. Public Health Emergency (PHE), Emergency Use Authorization (EUA) and PREP Act notices, declarations, determinations and authorizations issued by HHS Secretaries and their delegees from Jan. 2020 to the present;
2. Legal advisory opinions about PREP Act liability immunity, issued by the HHS Office of General Counsel from Jan. 2020 to the present; and
3. Guidance to pharmacists about PREP Act liability immunity, issued by the Office of the Assistant Secretary of Health, from Jan. 2020 to the present; and

May biochemical weapon uptake rates approach zero in coming months and years, as rational popular response to the truth rendered much more visible since January 2020, and in firm opposition to all “recommendations” of the CDC Advisory Committee on Immunization Practices (ACIP).

Biochemical weapons deployed by injection have been intrinsically injurious from the start of government campaigns promoting their use more than a century ago.

The “Covid-19” weapons have been the most deadly to date, with some lots deadlier than others, and contents of many lots still unidentified.

The US military is now incorporating more toxic compounds into each new batch churned out by the biomunitions production lines, added to the list of FDA-endorsed bioweapons,[55] and recommended by the members of the CDC-ACIP[56] for use on military targets.

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1. Adenovirus Type 4 and Type 7 Vaccine, Live, Oral - No Trade Name
2. Anthrax Vaccine Adsorbed - Biothrax
3. BCG Live - BCG Vaccine
4. BCG Live - TICE BCG
5. Cholera Vaccine Live Oral - Vaxchora
6. COVID-19 Vaccine, mRNA - Comirnaty
7. COVID-19 Vaccine, mRNA - SPIKEVAX
8. Dengue Tetravalent Vaccine, Live - DENGVAXIA
9. Diphtheria & Tetanus Toxoids Adsorbed - No Trade Name
10. Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed - Infanrix
11. Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed - DAPTACEL
12. Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed, Hepatitis B (recombinant) and Inactivated Poliovirus Vaccine Combined - Pediarix
13. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine - KINRIX
14. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine - Quadracel
15. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate [Meningococcal Protein Conjugate] and Hepatitis B [Recombinant] Vaccine - VAXELIS
16. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine -Pentacel
17. Ebola Zaire Vaccine, Live - ERVEBO
18. Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate) - PedvaxHIB
19. Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) - ActHIB
20. Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) - Hiberix
21. Hepatitis A Vaccine, Inactivated - Havrix
22. Hepatitis A Vaccine, Inactivated - VAQTA
23. Hepatitis A Inactivated and Hepatitis B (Recombinant) Vaccine - Twinrix
24. Hepatitis B Vaccine (Recombinant) - Recombivax HB
25. Hepatitis B Vaccine (Recombinant) - PREHEVBRIO
26. Hepatitis B Vaccine (Recombinant) - Engerix-B
27. Hepatitis B Vaccine (Recombinant), Adjuvanted - HEPLISAV-B
28. Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant - Gardasil
29. Human Papillomavirus 9-valent Vaccine, Recombinant - Gardasil 9
30. Human Papillomavirus Bivalent (Types 16, 18) Vaccine, Recombinant - Cervarix
31. Influenza A (H1N1) 2009 Monovalent Vaccine - No Trade Name
32. Influenza A (H1N1) 2009 Monovalent Vaccine - No Trade Name
33. Influenza A (H1N1) 2009 Monovalent Vaccine - No Trade Name
34. Influenza A (H1N1) 2009 Monovalent Vaccine - No Trade Name
35. Influenza A (H1N1) 2009 Monovalent Vaccine - No Trade Name
36. Influenza Virus Vaccine, H5N1 (for National Stockpile) - No Trade Name
37. Influenza A (H5N1) Virus Monovalent Vaccine, Adjuvanted - No Trade Name
38. Influenza A (H5N1) Monovalent Vaccine, Adjuvanted - AUDENZ
39. Influenza Vaccine, Adjuvanted - Fluad Quadrivalent
40. Influenza Vaccine, Adjuvanted - Fluad
41. Influenza Vaccine - Afluria Quadrivalent, Afluria Quadrivalent Southern Hemisphere
42. Influenza Vaccine - Flucelvax Quadrivalent
43. Influenza Vaccine - Flulaval Quadrivalent
44. Influenza Virus Vaccine (Trivalent, Types A and B) - Afluria, Afluria Southern Hemisphere

[55] https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states
[56] https://www.cdc.gov/vaccines/hcp/acip-recs/index.html

45. Influenza Virus Vaccine (Trivalent, Types A and B) - FluLaval
46. Influenza Vaccine, Live, Intranasal (Trivalent, Types A and B) - FluMist
47. Influenza Virus Vaccine (Trivalent, Types A and B) - Fluarix
48. Influenza Virus Vaccine (Trivalent, Types A and B) - Fluvirin
49. Influenza Virus Vaccine (Trivalent, Types A and B) - Agriflu
50. Influenza Virus Vaccine (Trivalent, Types A and B) - Fluzone, Fluzone High-Dose and Fluzone Intradermal
51. Influenza Virus Vaccine (Trivalent, Types A and B) - Flucelvax
52. Influenza Vaccine (Trivalent) - Flublok
53. Influenza Vaccine (Quadrivalent) - Flublok Quadrivalent
54. Influenza Vaccine,Live, Intranasal (Quadrivalent, Types A and Types B) - FluMist Quadrivalent
55. Influenza Virus Vaccine (Quadrivalent, Types A and Types B) - Fluarix Quadrivalent
56. Influenza Virus Vaccine (Quadrivalent, Types A and Types B) - Fluzone Quadrivalent
57. Japanese Encephalitis Virus Vaccine, Inactivated, Adsorbed - Ixiaro
58. Measles, Mumps and Rubella Vaccine, Live - PRIORIX
59. Measles, Mumps, and Rubella Virus Vaccine, Live - M-M-R II
60. Measles, Mumps, Rubella and Varicella Virus Vaccine Live - ProQuad
61. Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine - MENVEO
62. Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine - Menactra
63. Meningococcal Group B Vaccine - BEXSERO
64. Meningococcal Group B Vaccine - TRUMENBA
65. Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined - Menomune-A/C/Y/W-135
66. Meningococcal (Groups A, C, Y, W) Conjugate Vaccine - MenQuadfi
67. Plague Vaccine - No trade name
68. Pneumococcal Vaccine, Polyvalent - Pneumovax 23
69. Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM_{197} Protein) - Prevnar 13
70. Pneumococcal 15-valent Conjugate Vaccine - VAXNEUVANCE
71. Pneumococcal 20-valent Conjugate Vaccine - Prevnar 20
72. Poliovirus Vaccine Inactivated (Human Diploid Cell) - Poliovax
73. Poliovirus Vaccine Inactivated (Monkey Kidney Cell) - IPOL
74. Rabies Vaccine - Imovax
75. Rabies Vaccine - RabAvert
76. Rabies Vaccine Adsorbed - No Trade Name
77. Rotavirus Vaccine, Live, Oral - ROTARIX
78. Rotavirus Vaccine, Live, Oral, Pentavalent - RotaTeq
79. Respiratory Syncytial Virus Vaccine, Adjuvanted - AREXVY
80. Smallpox and Monkeypox Vaccine, Live, Non-Replicating - JYNNEOS
81. Smallpox (Vaccinia) Vaccine, Live - ACAM2000
82. Tetanus & Diphtheria Toxoids, Adsorbed - TDVAX
83. Tetanus & Diphtheria Toxoids Adsorbed for Adult Use - TENIVAC
84. Tetanus Toxoid Adsorbed - No Trade Name
85. Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed - Adacel
86. Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed - Boostrix
87. Tick-Borne Encephalitis Vaccine - TICOVAC
88. Typhoid Vaccine Live Oral Ty21a - Vivotif
89. Typhoid Vi Polysaccharide Vaccine - TYPHIM Vi
90. Varicella Virus Vaccine Live - Varivax
91. Yellow Fever Vaccine - YF-Vax
92. Zoster Vaccine, Live, (Oka/Merck) - Zostavax
93. Zoster Vaccine Recombinant, Adjuvanted - SHINGRIX

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May 31, 2023 - Retooling and realigning.

Comment threads will be closed for a while. Also I need to take a break from writing for a few weeks to deal with some personal issues, so I've put subscriptions on "pause" until mid-July. Paying subscribers will not be billed during the pause. Thank you to all readers for your support and encouragement (reading, sharing, commenting and financial) for my work through Bailiwick. And thank you for your patience until I can get back to it, hopefully by mid-July.

I haven't been writing and posting as much or as quickly as I would like, because of some family activities that require attention, and because I'm reading and thinking a lot about Roman Catholic Church history and the divorce of State from Church, carried out from about 1700 and even more intensely since 1969 under the banner of false "liberty" and a phalanx of related errors and false ideologies.

Such that the State governments of former-Christendom are now unmoored, decoupled, from God and the social reign of Christ the King.

State murder of people is non-crime, under anti-law[57] because the State no longer recognizes human beings as having immortal souls struggling toward union with God, and State rulers no longer perceive themselves as headed toward post-death judgment of their worldly acts and omissions to foster, or obstruct, their subjects' personal paths to eternal salvation.

Humanity is undergoing a resulting chastisement. Like the chastisement God allowed Satan to inflict on Job, but on the whole world.

I've been thinking about how the collapse of federal and international legal, judicial, governmental systems fits with the global controlled demolition of Catholicism. And how both things — deliberate ruination of the one, holy, catholic and apostolic Church on earth, and collapse of the States of Christendom (monarchies and other forms) — present an invitation for the world's people to strengthen our faith in God, for those who are already baptized, or move as quickly as possible to the starting line, for those who are not yet baptized.

It's an invitation to imitate the unshakeable faith Job demonstrated, prefiguring Christ's Passion on the Cross.
It's an invitation being offered to everyone alive right now.

I was away from the Catholic faith for more than 30 years, and have only just started to climb the learning curve on these things. Lots of work lies ahead.

Until I get some more reading and thinking and writing done, here are some related posts:

- Oct. 13, 2021 - Ternaries and trinities
- Dec. 17, 2021 - Teleopolitics: plan of study.
- Jan. 6, 2022 - Teleopolitical history of Poland [second half of post]
- 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
- March 3, 2022 - Bergoglio, Biden, Putin, Zelensky, Xi, Tedros, Soros and Schwab.
- June 27, 2022 - A few things globalist kill-squad commanders fear, hate and therefore blot from their public-facing acts, in an ultimately futile attempt to make them not be.
- July 31, 2022 - An excerpt from C.S. Lewis' Mere Christianity about the war in the universe, free will and evil. [second half of post]
- Nov. 29, 2022 - C.S. Lewis, Screwtape Letters, Chapter XXVII.
- Dec. 19, 2022 - On the powers and limitations of illusionists. And the value of working and praying for deeper discernment of the differences between things as they appear and things as they are.
- Dec. 27, 2022 - Catholic Faith [second section of post]
- Jan. 20, 2023 - Subsidiarity: Political, social and economic organizing principle that stands in opposition to centralized bio-digital totalitarianism
- May 23, 2023 - A three-part spiritual-geopolitical framework.

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