



THE WEAPONIZATION OF PUBLIC HEALTH

Facilitation Method for Global Depopulation

**TODD S. CALLENDER, ESQ.
LTC (RET) PETE CHAMBERS, D.O.**





Todd S. Callender, Esq.

- ~ Juris Doctor – University of Denver
- ~ Licensed in Colorado Supreme Court, Federal District Court and 10th Circuit Federal Court of Appeals
- ~ Practice International Law
- ~ First US person (Licensee) Authorized by the US Gov't to Conduct Trade With Cuba (an enemy nation)
- ~ Conducted Clinical Field Trials of a Needlefree Mass Vaccination Device in Cuba (3 years) as Part of the FDA Approval Process
- ~ Filed the First Federal Lawsuit Against the DOD, HSS & FDA in Relation to the "Vaccine" Mandate

LTC Pete Chambers D.O



The Global Public-Private Partnership (G3P)

Policy Makers

This is the part of the GPPP where policy originates

BIS

Bank for International Settlements (BIS)

The BIS ultimately control the money supply and thus global markets, trade and national economies.

Central Banks

Central Banks (Coordinated by the BIS)

The Central Banks are "going direct" and directly funding government spending. Monetary policy has effectively become fiscal policy.

WEF

CFR

Club of Rome

Chatham House

Rockefellers

Think Tanks & Global Representative Groups

The Think Tanks & globalist representative groups, such as the WEF, form the policy agendas. Working in Partnership with the BIS and the Central Banks they set the G3P objectives. These can then be pursued through partnership agreements with policy distributors and enforcers, such as the World Bank and national governments.

Policy Distributers

United Nations

IMF

IPCC

World Bank

WHO

Philanthropists

Global Corps

NGOs

These organisations and bodies take policy directives from the policy makers and distribute them to the policy enforcers.

Policy Enforcers

National Governments

Civil Service, NHS, RRU, IPSO, Ofcom, Police, Military, Courts, Local Governemnts, Statutory Agencies, etc.

Selected Scientific Authorities

SAGE, NERVTAG, ICL, MHRA, JCVI, CDC, FDA, NIH, EMA, AMA, etc.

The Policy Enforcers in National Governments exploit or work with the Selected Scientific Authorities to justify the policies they are required to enforce.

Policy Propagandists

Propagandists and Hybrid Warfare Specialists

MSM, Fact Checkers (PolitiFact, Full Fact, etc.), Social Media Platforms, Hybrid Warriors (77th Brigade, HutEighteen, etc.), Anti-Hate Campaigners (CCE, CCDH, SPLC, etc.)

The Propagandists and Hybrid Warfare Specialists are tasked with convincing the public to accept and hopefully believe in the policies. They use psychological manipulation, disinformation, misinformation, censorship and propaganda

Policy Subjects

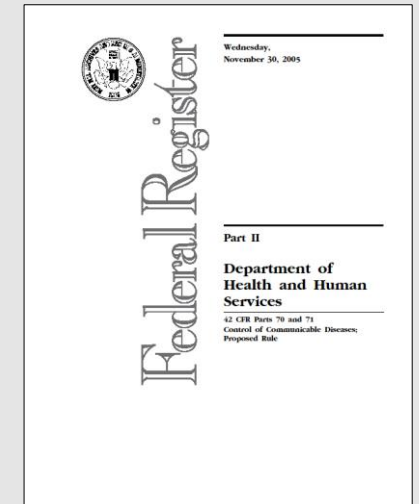
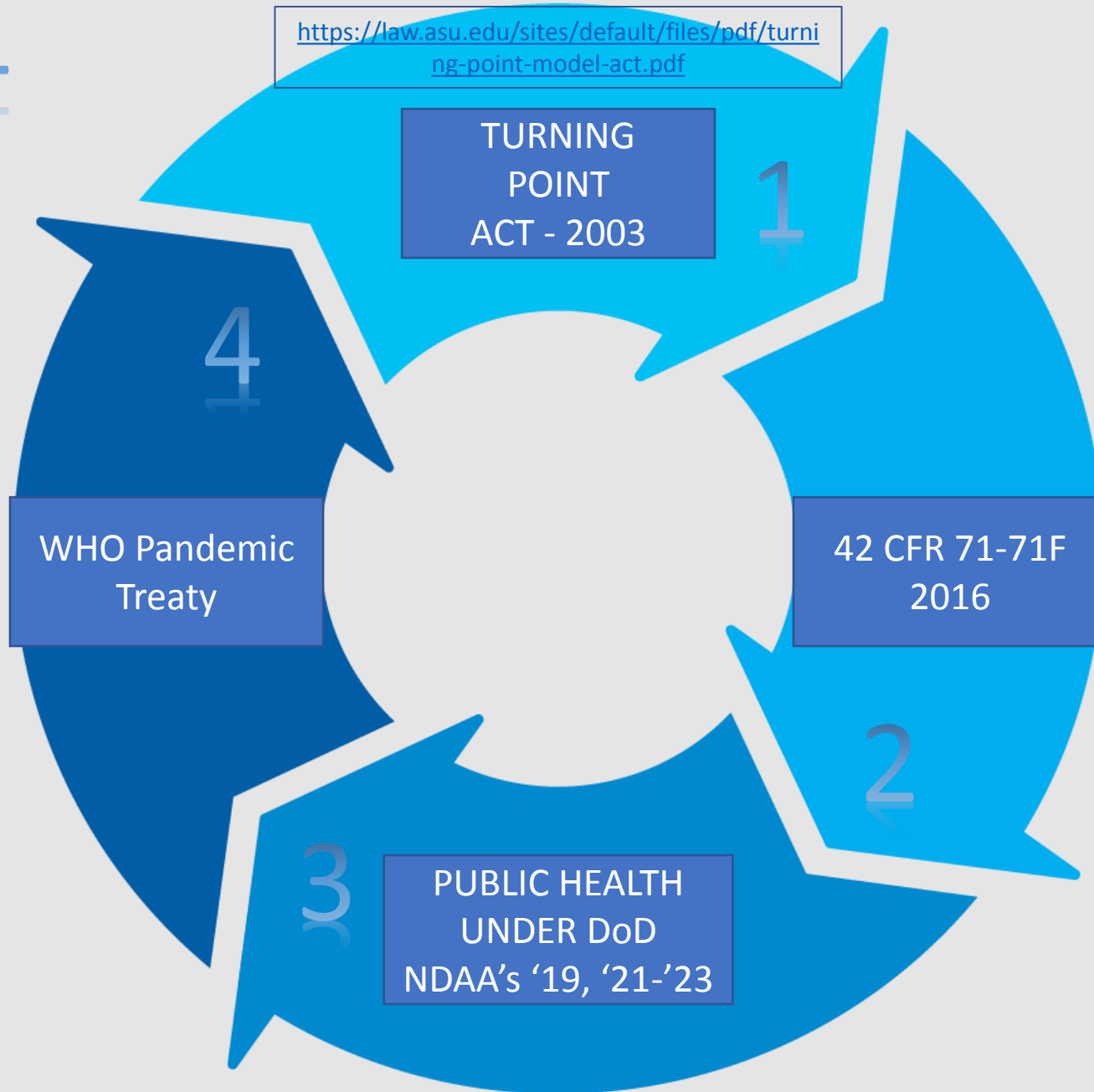
The Public

We the people are the subjects of the policies that cascade down through the G3P system. These are funded via taxation and public borrowing, which benefits the BIS and the Central Banks and their corporate partners. The system is designed to exploit us, but we are an increasingly unnecessary component as the G3P seeks to transform the global economy based upon the financialisation of nature.

THE BIG 4



World Health Organization



Kick Off Here



1976: Henry Kissinger

1994: Cairo Population Accords

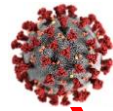
TURNING POINT ACT - 2003

Executive Order 13295: Revised List Of Quarantinable Communicable Diseases

EXORD 13295 GW Bush

DHA CREATED

70+ COVID 19 RELATED PATENTS CREATED



C-19 "A Thing"

70+ COVID 19 RELATED PATENTS CREATED

DHA PUBLIC HEALTH DIV

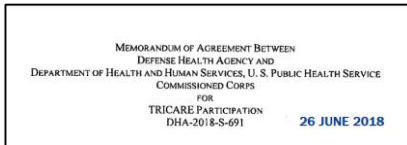
WHO Pandemic Treaty



WE ARE HERE!

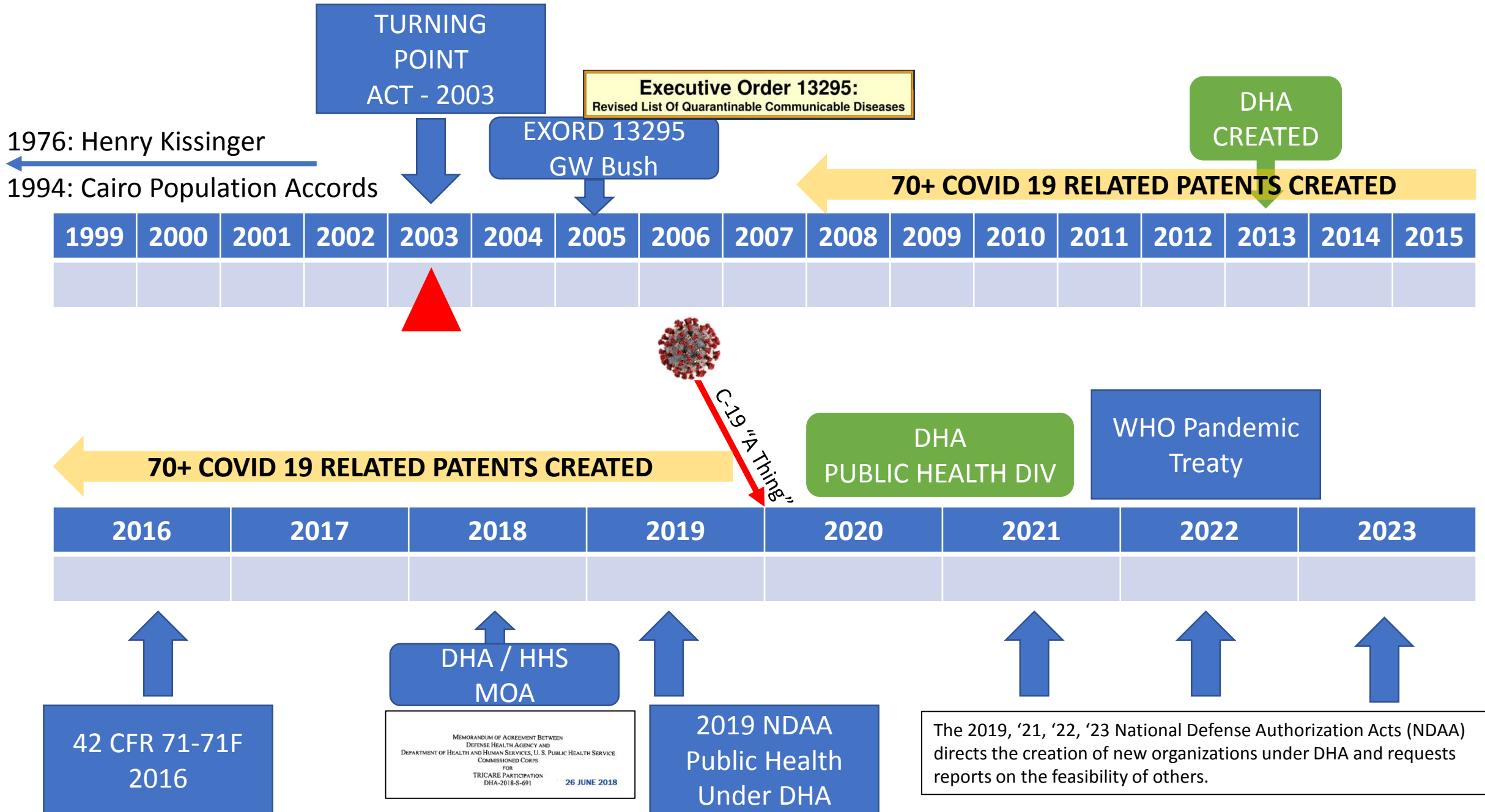
42 CFR 71-71F 2016

DHA / HHS MOA



2019 NDAA Public Health Under DHA

The 2019, '21, '22, '23 National Defense Authorization Acts (NDAA) directs the creation of new organizations under DHA and requests reports on the feasibility of others.



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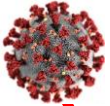
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1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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DHA PUBLIC HEALTH DIV

WHO Pandemic Treaty

2016	2017	2018	2019	2020	2021	2022	2023
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42 CFR 71-71F 2016

DHA / HHS MOA

MEMORANDUM OF AGREEMENT BETWEEN DEFENSE HEALTH AGENCY AND DEPARTMENT OF HEALTH AND HUMAN SERVICES, U. S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS FOR TRICARE PARTICIPATION DHA-2018-S-691 26 JUNE 2018

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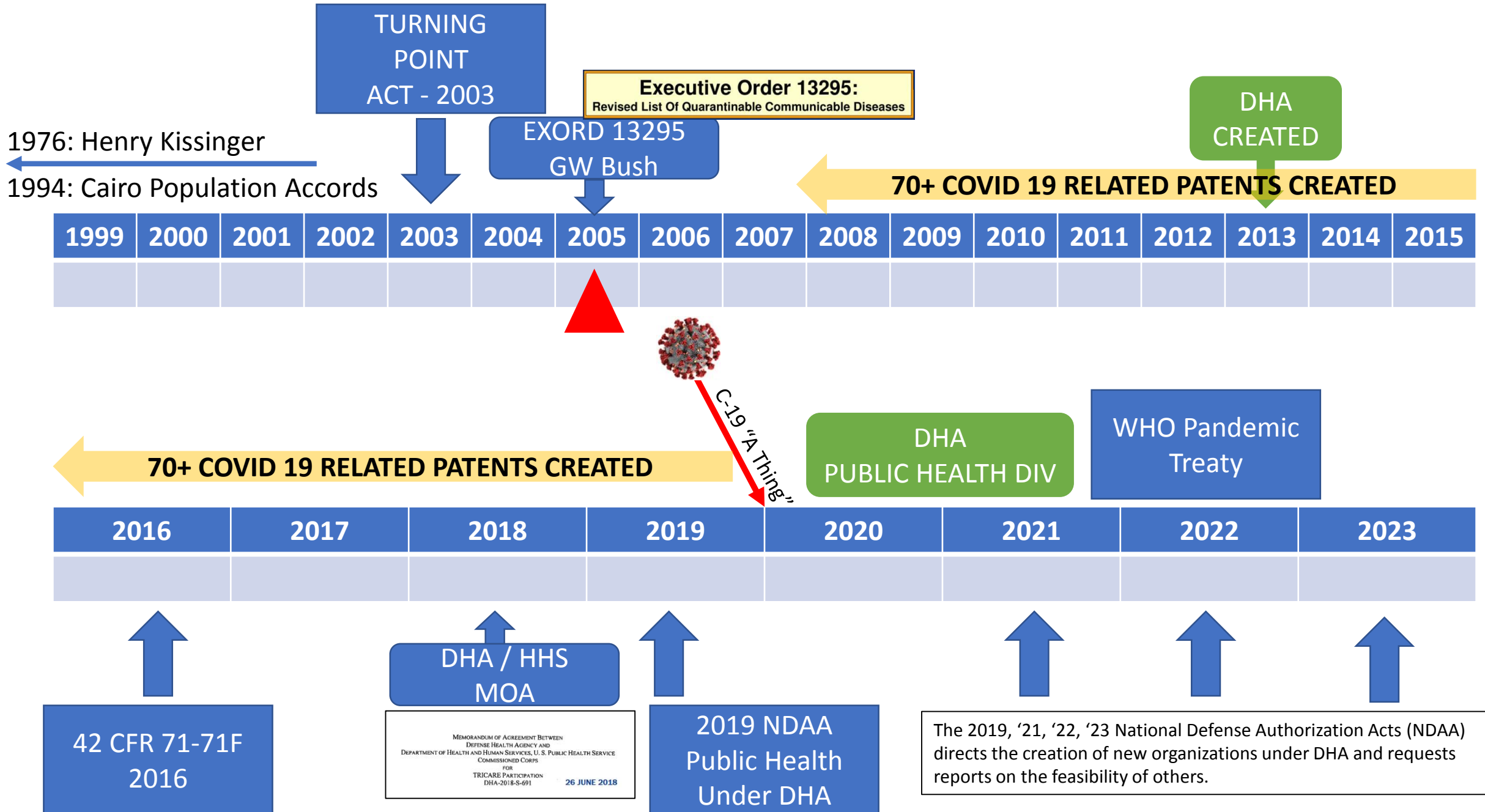
2003

The Turning Point Model State Public Health Act

The Turning Point Model State Public Health Act (Turning Point Act), published in September 2003, provides a comprehensive template for states interested in public health law reform and modernization. This case study is the first in a series examining the political and policy efforts undertaken by states following the development of the Turning Point Act. Through this eighteen-month project, we will compare four to five states that have acted (or failed to act) to reform their public health laws pursuant to the Turning Point Act. Through this comparative case study and ongoing legislative tracking in all fifty states, we can investigate how the Turning Point Act is codified into state law and how these modernized state laws can influence or change public health practice, leading to improved health outcomes. The series of case studies is intended to provide the public health practice community with information that can facilitate successful modernization of public health statutes across the country and inform scholarship on the role of law and policy in building enhanced public health infrastructure.

- Law is an essential tool for improving public health infrastructure and outcomes; however, existing state statutory public health laws may be insufficient. Built over decades in response to various diseases/conditions, public health laws are antiquated, divergent, and confusing. The Turning Point Public Health Statute Modernization National Collaborative addressed the need for public health law reform by producing a comprehensive model state act. The Act provides scientifically, ethically, and legally sound provisions on public health infrastructure, powers, duties, and practice. This article examines (1) how statutory law can be a tool for improving the public's health, (2) existing needs for public health law reform, (3) themes and provisions of the Turning Point Act, and (4) how it is being used by public health practitioners.

Codified into state law! Producing “need” for MODEL STATE ACT!



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Executive Order 13295

Section 1. Based upon the recommendation of the Secretary of Health and Human Services (the “Secretary”), in consultation with the Surgeon General, and for the purpose of specifying **certain communicable diseases** for regulations providing **for the apprehension, detention, or conditional release of individuals** to prevent the introduction, transmission, or spread of suspected communicable diseases, the following communicable diseases are hereby specified pursuant to section 361(b) of the Public Health Service Act:

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

(b) Severe Acute Respiratory Syndrome (**SARS**), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly **by the aerosolized or droplet route**, and, if spread in the population, would have severe public health consequences.

Masks Anyone?

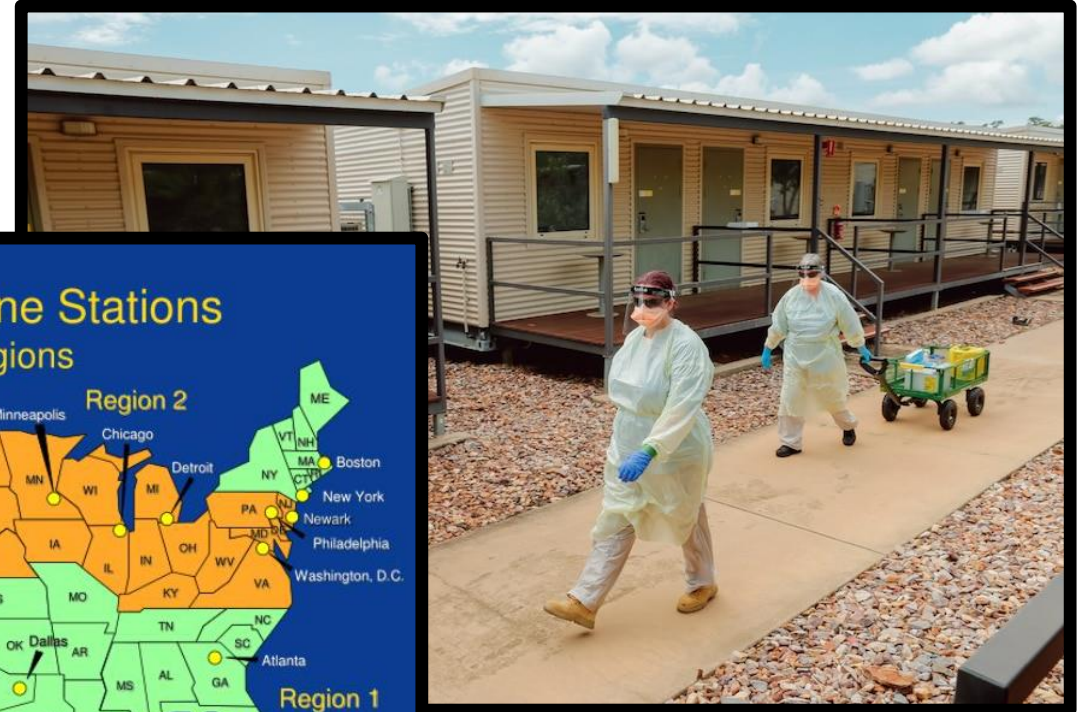
2005

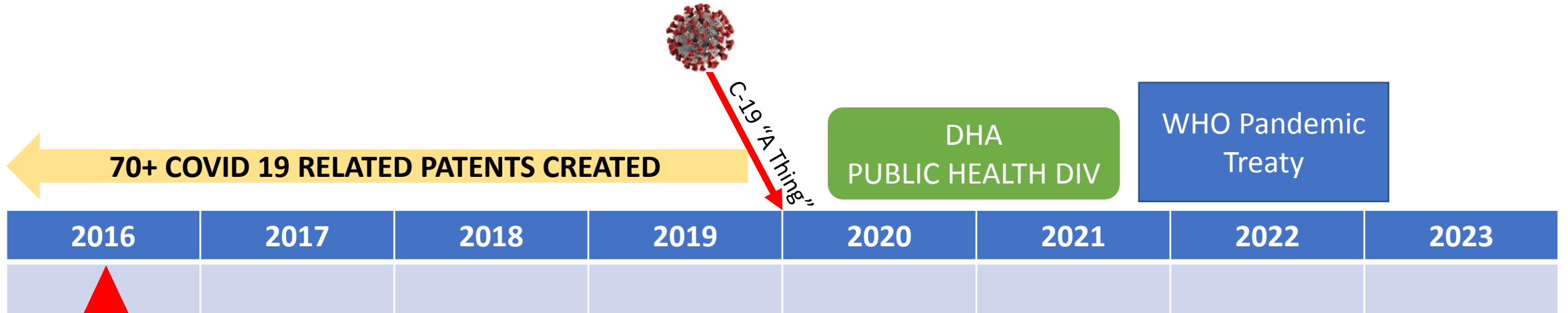
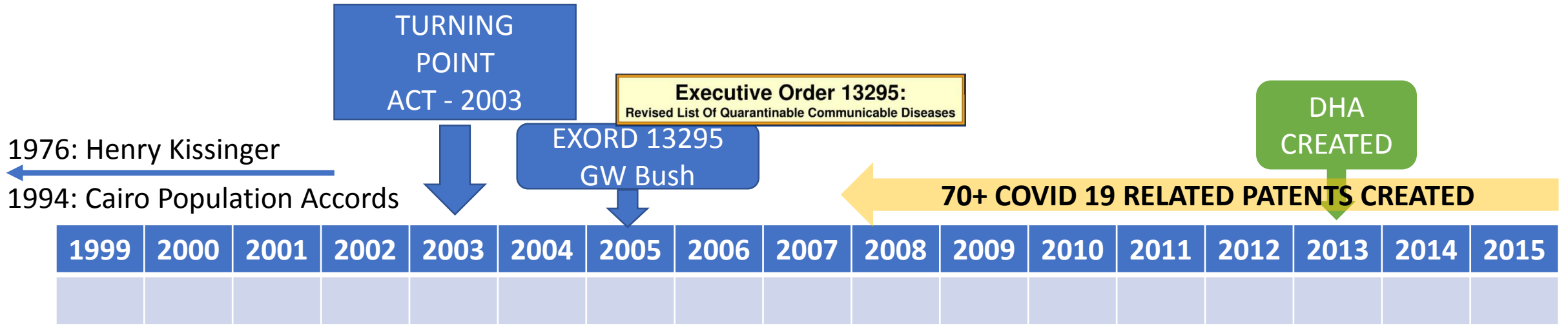
EXORD 13295
GW BUSH

U.S. Quarantine System Expansion

Precipitating Events

- Speed and high-volume of global travel
- Bioterrorism risks and 9/11
- **SARS and Monkeypox**
- Avian influenza and risk for pandemic
- MDR-TB incident in 2007





42 CFR 71-71F
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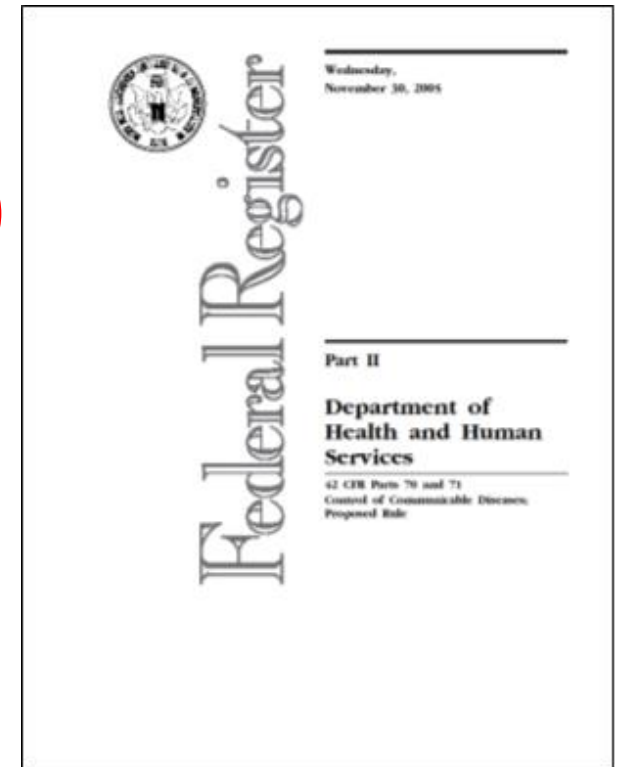
2016

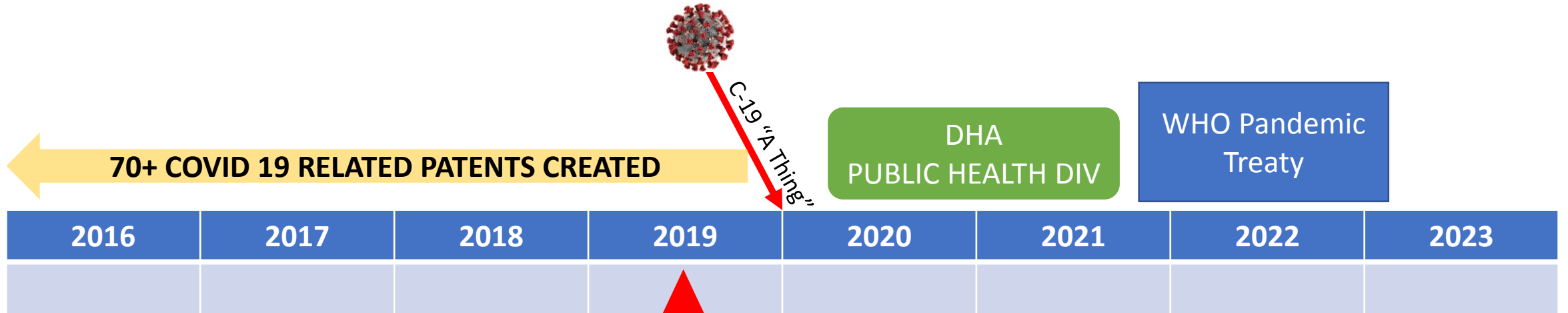
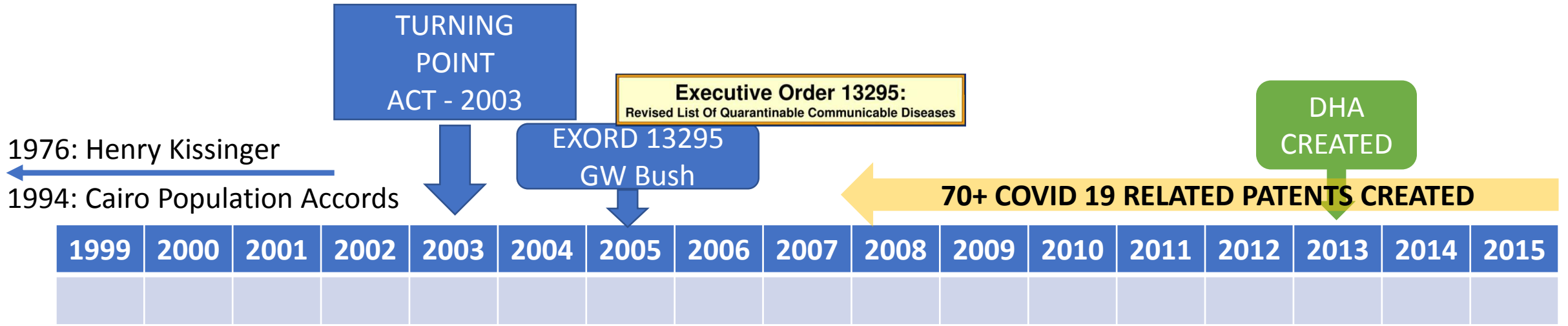
42 CODE of FEDERAL REGULATIONS (CFR)
Parts 70 and 71 (federal) is put in place in 2016
(Just as the pathogen is getting close to release)

The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is issuing this final rule (FR) to amend its regulations governing its domestic (interstate) and foreign quarantine regulations to best protect the public health of the United States. These amendments have been made to aid public health responses to outbreaks of new or re-emerging communicable diseases and to accord due process to individuals subject to Federal public health orders.

In response to public comment received, the updated provisions in this final rule clarify various safeguards to prevent the importation and spread of communicable diseases affecting human health into the United States and interstate.

Bottom Line: Once these acts are in play the necessity for Nat'l Emerg. Powers not required!





42 CFR 71-71F
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2019 NDA
Public Health Under DHA

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2019

EXORD 13887
DJ TRUMP

(iii) use DOD's network of clinical research sites to evaluate the effectiveness of licensed influenza vaccines, including methods of boosting their effectiveness;

(iv) identify opportunities to use DOD's vaccine research and development enterprise, in collaboration with HHS, to include both early discovery and design of influenza vaccines as well as later-stage evaluation of candidate influenza vaccines;

(v) investigate, in collaboration with HHS, alternative correlates of immune protection that could facilitate development of next-generation influenza vaccines;

(vi) direct the conduct of a study to assess the feasibility of using DOD's advanced manufacturing facility for manufacturing cell-based or recombinant influenza vaccines during a pandemic; and

(vii) accelerate, in collaboration with HHS, research regarding rapidly scalable prophylactic influenza antibody approaches to complement a universal vaccine initiative and address gaps in current vaccine coverage.



EXECUTIVE ORDERS

Executive Order on Modernizing Influenza Vaccines
in the United States to Promote National Security
and Public Health

HEALTH CARE

Issuance: November 19, 2019



**RIGHT BEFORE RELEASE
of SARS COV-2!**

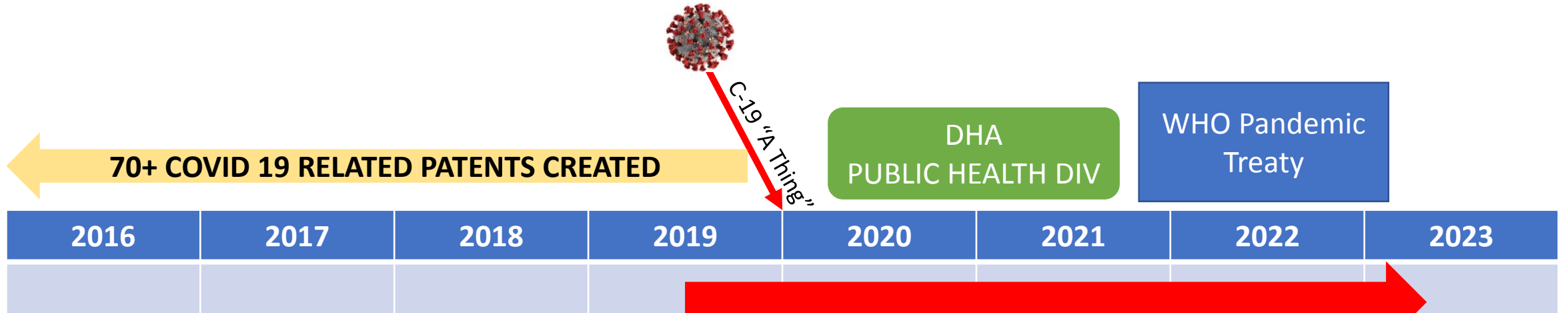
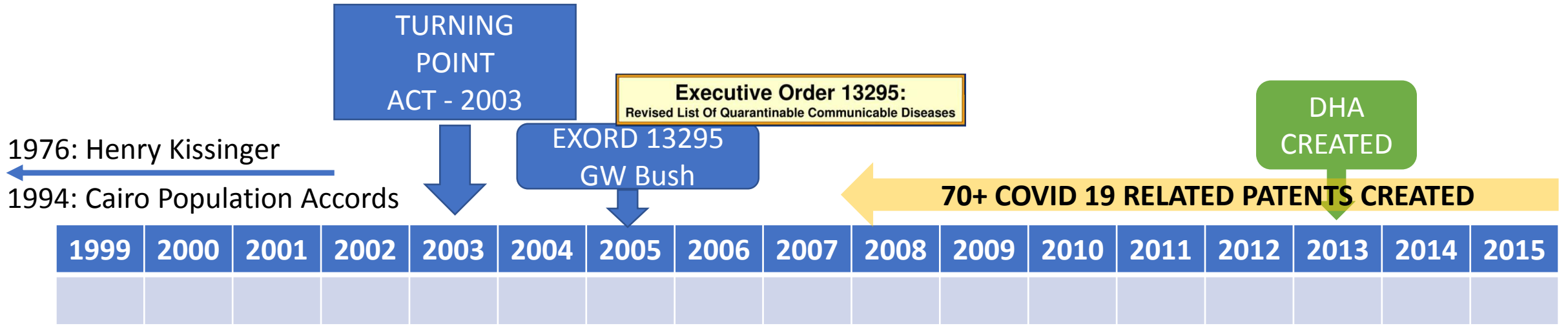
<https://www.federalregister.gov/documents/2019/09/24/2019-20804/modernizing-influenza-vaccines-in-the-united-states-to-promote-national-security-and-public-health>

Executive Order 13295

Sec. 2. Policy. It is the policy of the United States to modernize the domestic influenza vaccine enterprise to be highly responsive, flexible, scalable, and more effective at preventing the spread of influenza viruses. **This is a public health and national security priority**, as influenza has the potential to significantly harm the United States and our interests, including through large-scale illness and death, **disruption to military operations**, and damage to the economy. This order directs actions to reduce the United States' reliance on egg-based influenza vaccine production; to expand domestic capacity of **alternative methods** that allow more agile and rapid responses to emerging influenza viruses; **to advance the development of new, broadly protective vaccine candidates** that provide more effective and longer lasting immunities; and to support the promotion of increased influenza vaccine immunization across recommended populations.

Sec. 3. National Influenza Vaccine Task Force. (a) There is hereby established a National Influenza Vaccine Task Force (Task Force). The Task Force shall identify actions to achieve the objectives identified in section 2 of this order and monitor and report on the implementation and results of those actions. **The Task Force shall be co-chaired by the Secretary of Defense and the Secretary of Health and Human Services**, or their designees

mRNA Genetic Engineering Anyone?



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Public Health under the DOD starting with a consolidation of DOD health powers with very broad application in any **emergency situation**. NDAA 2019, 2021, 2022 and 2023.

DoD

MHS

DHA



Public Health Division

The Defense Health Agency Public Health Division strives to be a cutting-edge, world-class public health capability that is lean, efficient, effective, **forward leaning**, strategically positioned to fully meet the MHS and **customer needs**.

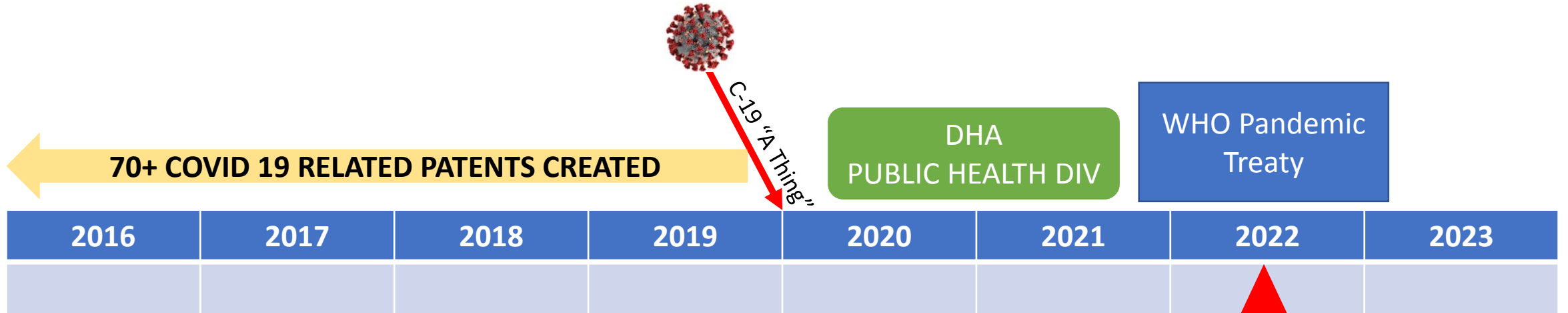
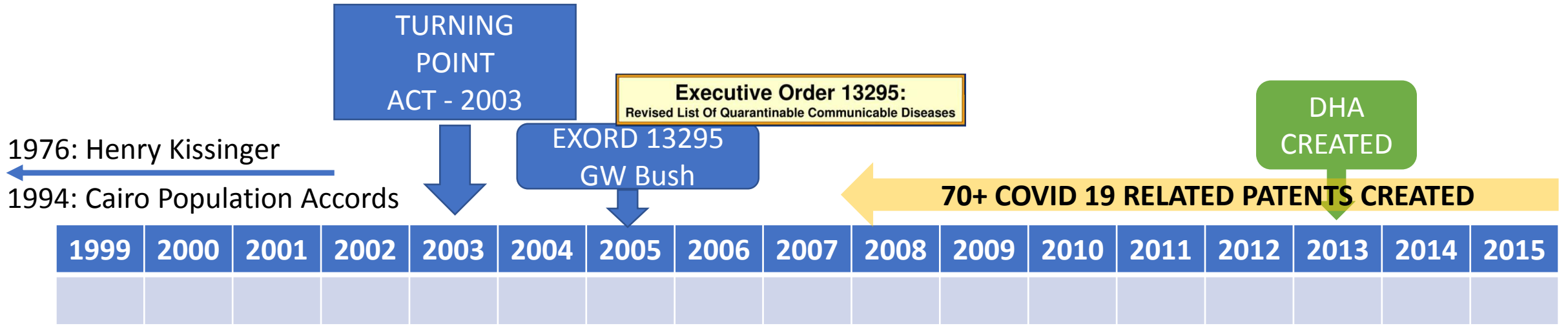
Our Mission

- Support the move from a health care system to a system of health by focusing on the prevention of disease, disability, and death in garrison and while deployed
- Create timely, standardized execution guidance, in collaboration with the Services
- Increase effectiveness and efficiencies (e.g., manpower and cost savings) through consolidation/re-engineering of functions
- Develop comprehensive portfolio management and DHA Public Health structure to best accommodate the integration and evolution of future product lines.

Shared Service Functions

- Support the move from a health care system to a system of health by focusing on the prevention of disease, disability, and death in garrison and while deployed
- Create timely, standardized execution guidance, in collaboration with the Services
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It ends with the Military following WHO treaty induced mandates to enforce the provisions, locally, state and federally, in relation to compulsory shots, quarantine, execution, etc.

“Global Health Engagement” Partners in a “Whole-of-Government” Approach

- DoS
- HHS
- Dept of Agriculture
- USAID (CIA)
- NGO’s (US and Foreign)
- Academia (UNC)
- Private Sector (US and Foreign)
 - Pfizer, Moderna, BIO-ENTECH
 - Unissant (\$\$\$ / OPSEC Breach)

<https://nitaac.nih.gov/gwacs/cio-sp3-small-business/contract-holder/unissant-inc>

Global Health Engagement

The U.S. military has a long standing [history](#) in international public health issues as a result of our responsibility to protect the health of our forces and to ensure that they are ready to deploy anywhere in the world at a moment’s notice. Global health engagement is an important priority for the Military Health System (MHS). Our work:

- Improves the health and safety of our warfighters,
- Expands our medical readiness,
- Builds trust and deepens professional medical relationships around the world, and
- Advances U.S. national security objectives.

Why DOD Supports Global Health Engagement

The Department of Defense (DOD) recognizes that global health and security are linked, and our global health engagement efforts address the intersection of these concerns.

In addition to ensuring force health protection and medical readiness, DOD global health engagement efforts also address other DOD and U.S. government priorities. [These include enhancing interoperability by helping partner nations build health capacity, combatting global health threats like emerging infectious diseases and antibiotic-resistant bacteria, and supporting humanitarian assistance and disaster relief initiatives.](#)

How the DOD Engages

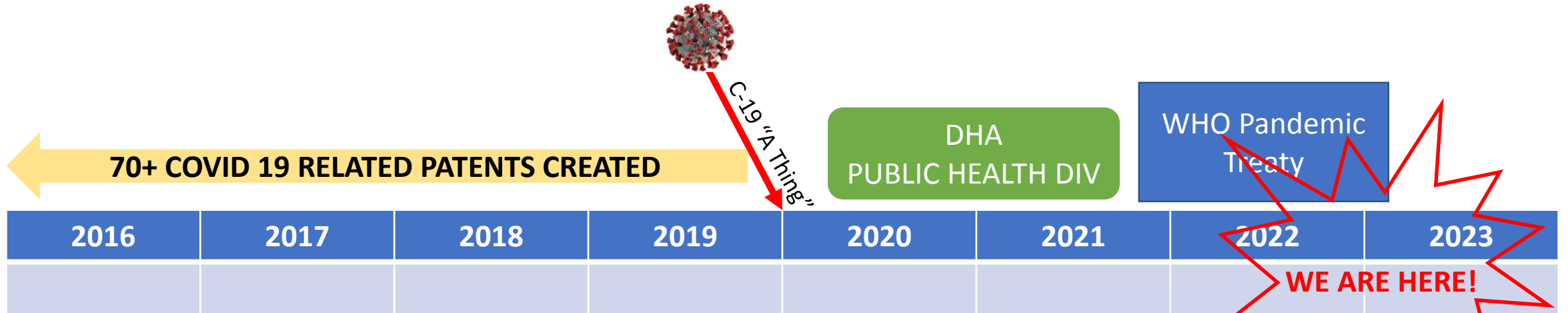
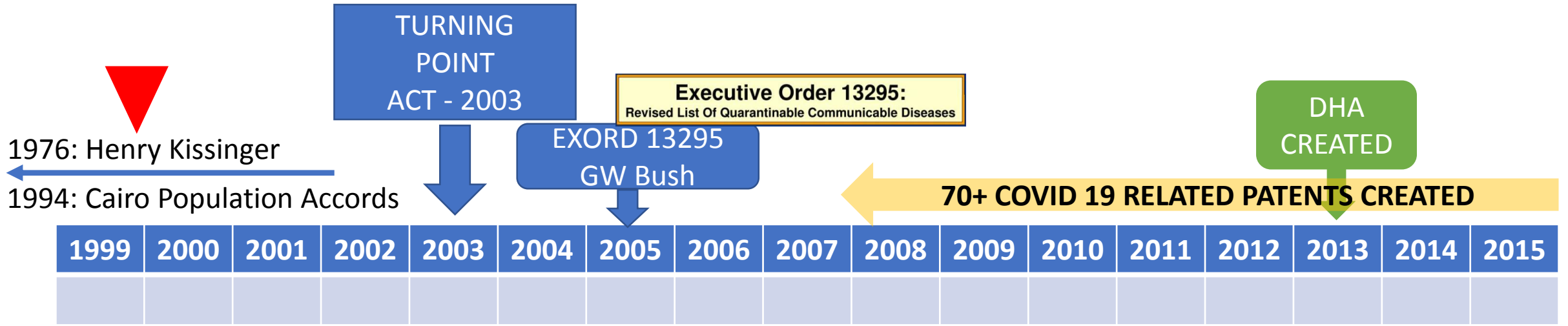
The DOD works diligently with foreign nations to establish and develop [international partnerships through joint medical training exercises and public health initiatives](#). We aim to support and [strengthen the public health capabilities of our partner nations in these engagements](#), as well as to improve our [interoperability](#) with them.

Our laboratories across the globe conduct essential surveillance of [biological threats as well as groundbreaking research on infectious diseases](#). The DOD’s global reach also serves as a force for good around the world, offering humanitarian and disaster response assistance when requested.

[The DOD’s global health engagement efforts are part of a whole-of-government approach, conducted in close coordination with other U.S. Government agencies, including the Department of State, Department of Health and Human Services, Department of Agriculture, and the United States Agency for International Development \(USAID\). The DOD also engages with non-government organizations, academia and private-sector organizations to enhance global health objectives.](#)



USNS Comfort anchors off Haiti for Continuing Promise 2015, during which its personnel conducted medical training exercises and exchanges with partner nations in Latin America.



42 CFR 71-71F
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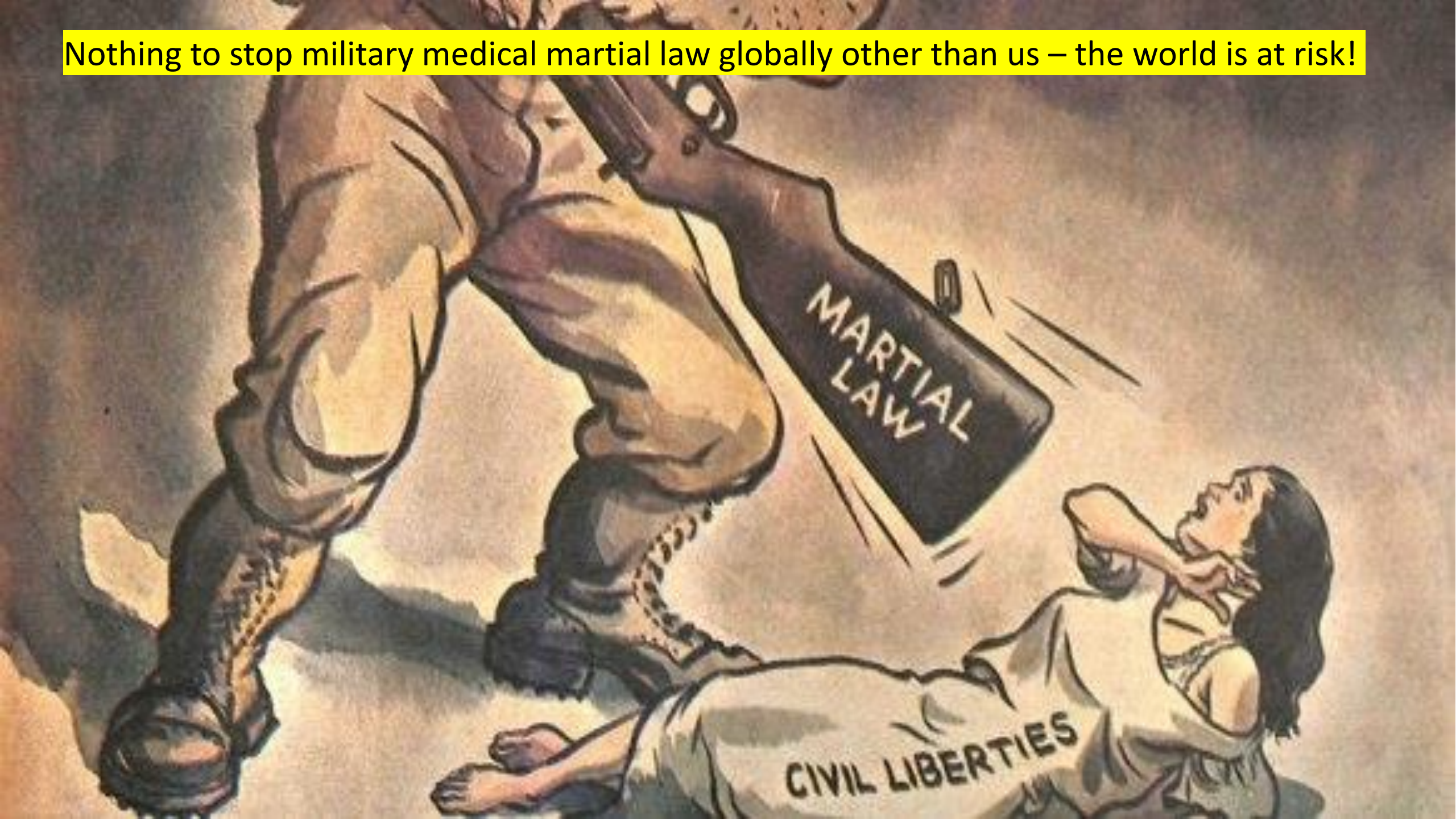
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Nothing to stop military medical martial law globally other than us – the world is at risk!





FOLLOW ME IF YOU WANT TO LIVE!

Dominic