BAILIWICK NEWS

Gen-X Catholic writing about Covid-times law, geopolitics, philosophy and theology.

January to September 2025
(Volume 9)

Katherine Watt
bailiwicknews.substack.com

Cover image: St. Eustace, patron saint of hunters and those facing adversity.

JMJ

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October 2025 Author Notes

Some scientific and biomedical topics about which I've learned more, and about which my views as of October 2025 are not the same as the views I held when first writing about them, include disease definitions, classifications, and diagnosis; morbidity and mortality attribution, data collection and publishing (such as ICD codes, cause-of-death information on death certificates); stability, homogeneity or heterogeneity, pathogenicity (disease causation), transmissibility and other characteristics and qualities of biological matter, including genetic material (such as DNA, RNA); vaccines, vaccine production, and vaccination programs; synthetic biology and synthetic biotechnology. These are not the only subjects on which my views as presented early in the learning process have changed during the last five years; they are the subjects most directly related to my work on biological product manufacturing law, communicable disease control law, and pandemic preparedness and response law.

Also, in Bailiwick reporting and analysis published at Substack and compiled into these and earlier collections, I cited the work of many individuals whose work I found trustworthy at the time I wrote the posts, but whose work I no longer found trustworthy as time passed, due to information I learned as my learning process continued.

I urge readers to use discernment in reading and thinking about subjects and sources.

> "By their fruits you shall know them. Do men gather grapes of thorns, or figs of thistles?"
>
> -Matthew 7:16

Author

Katherine Watt is a Catholic American writer and paralegal. From 2022 to 2025, she published her legal research on biological product law and related legal subjects at Bailiwick News on Substack.

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January 2025

Adoration of the Shepherds. Bartolomé Esteban Murillo

Jan. 4, 2025 - Comment on Opinions on Wedge Issues[1]

Dec. 31, 2024, Just Another Tommy, Opinions on wedge issues of some well known commentators, as far as I can tell...a work in progress:

Name	Supports Trump	Trump assassination attempt faked	mRNA is a bioweapon	Covid was just poisoning	Covid was a military operation	Viruses exist	G3P is in charge	G3P runs Putin too	Global warming caused by humans	Supports Ukraine war
Tim Berners-Lee	?	?	?	?	?	?	?	?	yes	?
Cynthia Chung	?	?	?	?	?	?	?	?	?	no
Bobbie Anne Cox	yes	no	?	?	?	?	?	?	?	no
Iain Davis	no	?	?	?	?	?	yes	?	no	no
Matt Ehret	?	?	?	?	?	?	?	?	?	no
David A. Hughes	no	?	?	?	yes	?	yes	?	no	no
Steve Kirsch	?	?	no	no	?	yes	?	?	?	?
Alex Krainer	?	?	yes	?	yes	?	?	?	no	no
Sasha Latypova	?	?	yes	yes	yes	no	yes	?	no	no
A Midwestern Doctor	?	?	no	no	?	yes	?	?	?	?
Meryl Nass	yes	no	?	no	?	yes	yes	?	no	no
Jacob Nordangard	?	?	yes	?	yes	?	yes	?	no	no
Denis Rancourt	?	?	yes	yes	yes	?	?	?	no	no
Toby Rogers	?	?	?	?	?	?	?	?	?	?
Joseph Sansone	yes	no	yes	?	yes	?	yes	?	no	no
Cindy Sheehan	no	?	yes	yes	yes	yes	?	?	no	no
Amy Sukwan	no	?	yes	yes	yes	no	?	?	no	no
Katherine Watt	?	?	yes	yes	yes	?	yes	?	no	no
Mike Yeadon	no	yes	yes	yes	yes	no	?	?	no	no
Yet Another Tommy	?	yes	yes	yes	yes	?	yes	yes	no	no

Comment I wrote on Just Another Tommy's post

Filling in some of the blanks:

No, I do not support Trump.

Yes, I think the Trump assassination attempt was faked.

Yes, I think 'viruses' exist, because I think the definition of 'virus' encompasses an infinite variety of complex biological molecules (known by many other terms in addition to 'virus') found in the body of the living self and having biological effects that also vary across time and differ from one host to another. I can explain that in more detail, but will leave it at that for the purposes of answering this basic question.

It's not a column in your chart yet, but No, I do not believe viruses (defined as above) cause diseases or are capable of causing diseases (including epidemics or pandemics of "communicable disease.")

Yes, I think G3P runs Putin too.

[1] https://tomg2021.substack.com/p/opinions-on-wedge-issues

If you wanted to add another column, "ALL vaccines are bioweapons, and all vaccines have been bioweapons since the start of the vaccination era circa 1798," my answer to that would also be "Yes." To elaborate briefly, I think "mRNA" is another adjectival modifier for the naming of products that have always contained foreign biological material intended to harm the recipient, and capable of doing so. To the extent I think there is anything novel about the post-2020 vaccines, I think it's primarily the lipid carriers, which enable the unstable, heterogeneous biological material to remain stable somewhat longer after injection, and thereby reach more organs and stay in the organs longer, to do more damage before decomposition and death of the foreign matter itself.

Soldado77

> Thank you, Katherine. And what of various researchers' (in the scores of them now) anecdotal findings of apparent nanotechnology in (carefully custodied) injection vials and in the blood of recipients? There are names I could give you which are here on Substack.
>
> I know that Sasha Latypova has been stalwart in her dismissal of such findings, and she may well be right. But, a serious look at these findings (as a former scientist and engineer myself), coupled with the brilliant work of the Omniwar Symposium (former Prof. David A. Hughes and Lissa Johnson) gives me cause for concern. To date, I have not seen a good refutation of the apparent nanotechnological findings, and I follow much of Sasha's work (which has been helpful).
>
> Welcome your thoughts, and God bless you for your incredible work.
>
> Ps. I could have never imagined that the heist of public consciousness on the issue of "vaccination" was as broad and deep as your work has shown. But, it is so overwhelmingly comprehensive that it strongly suggests an evil beyond most people's comprehension…and previously, my own. Thank you so much.

My reply

I find Sasha's analysis persuasive: junk is not technology; micro is not nano; and damage is not control.

Microscopic metal fragments (junk) are harmful to living organisms.

But injection of microscopic metal fragments into living organisms (or spraying of inhalable fragments) to cause damage is not technologically sophisticated or new, and doesn't result in mind control or control of the free will of the target.

* * *

Jan. 8, 2025 - Germ theory, contagion theory, virology, antibodies and anaphylaxis: Northern Tracey's work.

Also status update on Hazel-Watt biologics non-regulation legal history series, Part 5.

A few days ago, Yet Another Tommy tagged me in a comment thread to alert me to a table of writer views on "wedge issues" he's compiling at his Substack.

- Dec. 31, 2024 - Opinions on Wedge Issues[2] (Yet Another Tommy)

After Tommy tagged me on an earlier version of this table, I offered him some clarifications, including the definition I use for the term "virus."

KW

...Yes, I think 'viruses' exist, because I think the definition of 'virus' encompasses an infinite variety of complex biological molecules (known by many other terms in addition to 'virus') found in the body of the living self and having biological effects that also vary across time and differ from one host to another. I can explain that in more detail, but will leave it at that for the purposes of answering this basic question.

It's not a column in your chart yet, but No, I do not believe viruses (defined as above) cause diseases or are capable of causing diseases (including epidemics or pandemics of "communicable disease.")

If you wanted to add another column, "ALL vaccines are bioweapons, and all vaccines have been bioweapons since the start of the vaccination era circa 1798," my answer to that would also be "Yes."

To elaborate briefly, I think "mRNA" is another adjectival modifier for the naming of products that have always contained foreign biological material intended to harm the recipient, and capable of doing so.

To the extent I think there is anything novel about the post-2020 vaccines, I think it's primarily the lipid carriers, which enable the unstable, heterogeneous biological material to remain stable somewhat longer after injection, and thereby reach more organs and stay in the organs longer, to do more damage before decomposition and death of the foreign matter itself."

Expanding on this somewhat:

If virus is defined as a stable, transmissible agent capable of causing disease, then No, I don't think they exist.

But if virus is defined as an unstable or dynamic (assembling and disassembling in time from parts into wholes and wholes into parts) class of complex biological molecules or biological products (material created by and broken down by living organisms) — which class also includes enzymes,

[2] https://tomg2021.substack.com/p/opinions-on-wedge-issues

proteins, plasmids, amino acids and many, many other scientific terms denoting the materials and products of biological processes that unfold within living organisms — then Yes, I do think viruses exist.

I touched on the subject briefly in this post:

Dec. 24, 2024 - Pesticides and vaccines; microbiology and pathology nomenclature; scientific, medical and legal deceit and deceivers.[3]

> ...From my reading of the work by Lanka and Andrews, about the work of Armstrong, Enders and others — viewed in the light of how lawyers, legislators, military officers, public health officers, drug companies, physicians and university researchers have (since 1902) constructed a legalized system to covertly deceive, poison and kill lots of people — I don't think it's correct to say that "viruses don't exist."
>
> I think *virus* is one of many terms used to denote cell products made and used by living cells, tissues, organs and organisms; and cell fragments of dying, disintegrating and dead cells and tissues.
>
> Other terms include proteins, lipids, peptides, nucleic acids, amino acids, enzymes, neurotransmitters, hormones, organophosphates, organochlorines, alkaloids, toxins, antitoxins, toxoids, rickettsia, antigens, toxigens, antibodies, endotoxins, exotoxins, endosomes, exosomes, pathogens, immunogens, viroids, virions, prions, prodrugs, receptors, sugars, salts, terpenes, flavonoids, steroids, fatty acids, cytokines, phages, phagocytes, lymphocytes, macrophages, dendritic cells, acellular life, non-cellular life.
>
> That list of terms is not exhaustive. The authors of scientific literature over the last few centuries have invented hundreds of words to describe things they've seen or speculated about during their investigations into microscopic life forms and how they live, use energy, reproduce, exchange information with each other, weaken and die.
>
> I agree with Lanka's main point as I understand it. Viruses, understood as cell products and cell fragments, don't cause disease.
>
> Cell products and cell fragments are caused by disease, understood as poisoning; viruses are the result of disease, the body’s response to disease.
>
> Cell stress, cellular efforts to regain equilibrium or homeostasis, and cell fragmentation and death: all result from living organisms' responses to acts of poisoning..."

[3] https://bailiwicknews.substack.com/p/pesticides-and-vaccines-microbiology

I was also recently asked for my views on "nanotechnology," and replied:

I find Sasha Latypova's analysis[4] persuasive: junk is not technology; micro is not nano; and damage is not control. Microscopic metal fragments (junk) are harmful to living organisms.

But injection of microscopic metal fragments into living organisms (or spraying of inhalable fragments) to cause damage is not technologically sophisticated or new, and doesn't result in mind control or control of the free will of the target.

I base that position on my review (over the last couple of years) of the promotional literature published for several decades by the US Department of Defense and other federal agencies in the US and other countries, alongside my study of how DoD and other government agencies deceive people through thousands of written publications including statutes, regulations, executive orders, contracts, treaties and scientific papers and protocols.

The literature is intended to give the public impression of scientific rigor and technical feasibility where neither actually is present, and neither can be developed.

Living organisms are not machines, and never will be.

*

I urge readers to read Tracey Northern's work.

Tracey Northern, "Independent researcher since 1985 into cancer, vaccines and more recently germ theory and virology," published a blog called *Northern Tracey's Scribblings* between 2020 and 2023, which has been archived in html format.

- 2020-2023 - Northern Tracey Blog Posts[5] (Archive.org) - "Notably, as of 2024, online memorials indicate that Northern Tracey has passed. Additional information is not immediately forthcoming."

Tracey Northern read, thought about and translated a very large volume of scientific misconduct literature into plain English, bringing Stefan Lanka's work deconstructing germ theory, contagion theory and virology — and the work of those who preceded him historically — to a broader audience in more readily understandable form.

Sasha Latypova and I have cited her work on antibodies, Charles Richet, parenteral injection-induced anaphylaxis and autoimmunity, and related topics.

- Sept. 3, 2024 - The second shot, or what do vaccinators and sewer rats have in common? Reviewing Charles Richet's work on anaphylaxis, awarded the Nobel Prize in 1913.[6] (Sasha

[4] https://sashalatypova.substack.com/p/origins-of-the-nanotechnology-narrative
[5] https://archive.org/details/northern_tracey_blog_posts_2020-to-2023
[6] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators

Latypova). Cited Jan. 2022 - Russian Roulette[7] (Tracey Northern); Feb. 2022 - Anaphylaxis - The Real Bioweapon[8] (Tracey Northern).

- Sept. 27, 2024 - Antibodies and surrogate endpoints: more pieces of the scientific and regulatory fraud puzzle.[9] (Katherine Watt). Cited Nov. 2020 - Th[10]e Misinterpretation of Antibodies (Tracey Northern)

I encourage Bailiwick readers who haven't already read Tracey Northern's work and are interested in better understanding the scientific and medical misconduct that has reinforced, and been reinforced by, legal and political misconduct in the virology, communicable disease control and vaccination era (roughly 1798 to present) to start with these four:

- May 7, 2021 - The Germ Theory, an Idiots Guide[11]; PDF[12] (Tracey Northern)
- May 14, 2021 - Contagion, Fact Checked[13]; PDF[14] (Tracey Northern)
- May 25, 2021 - Going Viral, A Recipe for Disaster;[15] PDF[16] (Tracey Northern)
- June 30, 2021 - The Amino Age and The New abNormal Doctors;[17] PDF[18] (Tracey Northern)

It's important to understand scientific and medical misconduct and deceit because — in the communicable disease control, biological product and vaccination context — scientific and medical misconduct and deceit are integrated with political and legal misconduct and deceit.

All of these connected forms of misconduct and deceit are ongoing within Congress, federal and state public health, epidemiology and military programs, drug manufacturing, and the professions of medicine and law.

Understanding the forms used in the past to deceive, sicken and kill people, can help targets recognize the same patterns of behavior as new scientific terms for old poisons are introduced and new legal cover-up methods are put in place, so as to more confidently stop taking vaccines and other biological products, and stop vaccinating babies and children.

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[7] https://northerntracey213875959.wordpress.com/2022/01/16/russian-roulette/
[8] https://northerntracey213875959.wordpress.com/2022/02/26/anaphylaxis-the-real-bio-weapon/
[9] https://bailiwicknews.substack.com/p/antibodies-and-surrogate-endpoints
[10] https://northerntracey213875959.wordpress.com/2020/11/26/the-misinterpretation-of-antibodies/
[11] https://northerntracey213875959.wordpress.com/2021/05/07/the-germ-theory-an-idiots-guide/
[12] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.05.07-paper-northern-tracey-germ-theory-an-idiots-guide.pdf
[13] https://northerntracey213875959.wordpress.com/2021/05/14/contagion-fact-checked/
[14] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.05.14-paper-northern-tracey-contagion-fact-checked.pdf
[15] https://northerntracey213875959.wordpress.com/2021/05/25/going-viral-a-recipe-for-disaster/
[16] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.05.25-paper-northern-tracey-going-viral-a-recipe-for-disaster.pdf
[17] https://northerntracey213875959.wordpress.com/2021/06/30/the-amino-age-and-the-new-abnormal-doctors/
[18] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.06.30-paper-northern-tracey-amino-age-and-new-abnormal-doctors.pdf

As Lydia and I wrote in August, introducing a series of reports about legalized production, distribution and use of unregulated poisons under US biological product law:

> …These developments are important, because the scientific disciplines of microbiology, bacteriology, virology, immunology, and epidemiology developed in a mutually-reinforcing way with the development of communicable disease, quarantine and biological product law.
>
> Scientific and statistical fraud have historically enabled legal fraud, and legal fraud has historically enabled scientific and statistical fraud.
>
> Among other examples, lawmakers have relied on authoritatively-delivered but false claims made by scientists and statisticians, to build public support for and compliance with federal public health programs and products, from the roots in the late 1700s and early 1800s, through modern global pandemic preparedness and response programs, Covid-19 and the current avian influenza fraud.

Update: Hazel-Watt series about history of legalized use of unregulated poisons under US biological product law, 1798 to 1972.

Series so far:

- Aug. 5, 2024 - Part 1 - Federal communicable disease control, quarantine and biological product law, 1798 to 1972: orientation through founding of Marine Hospital Service. (Lydia Hazel and Katherine Watt)
- Aug. 12, 2024 - Part 2 - US federal quarantine and biological product law: Marine-Hospital Service (1798); National Quarantine Act (1878); Laboratory of Hygiene (1887) (Lydia Hazel and Katherine Watt)
- Sept. 10, 2024 - Part 3 - 1901-1910: Federal government licensing of virus and toxin propagation establishments; criminalization of traffic in adulterated or misbranded drugs. (Lydia Hazel and Katherine Watt)
- Oct. 9, 2024 - Part 4 - 1911-1943: Continued non-existence of legal provisions directing federal agencies to establish and enforce biological product definitions and standards. (Lydia Hazel and Katherine Watt)
- Nov. 14, 2024 - Abysses of disordered law; hazards of gazing into them. Status update on Part 5 of vaccine non-regulation series, 1798 to 1972. (Katherine Watt)

I'm still working on Part 5 of the series, and sent a status update to my co-researcher Lydia Hazel recently:

Will continue thinking through the changes made from 1902 law Section 4 to 1944 law Section 351(d) and the addition of Section 352, and how they fit together with the scientific misconduct of the late 1930s and enabled the scientific misconduct, vaccine production, non-regulation and use of the unregulated 1948 DTP combination vaccines and then into the faked (pesticide poison and vaccine-driven) epidemics to drive the 1955 polio vaccines, mid-1960s MMR vaccines, late-1960s influenza vaccines and into the 1972 transfer from NIH to FDA.

Updated outline for Part 5 below. Not much different from the version of a week or so ago, just finished entering the list of items through to 1972, working from my index card deck and the stuff I've been reading and digesting for the last couple of months.

I still don't know how much longer it will take to finish Part 5. It may be a month or more, and in the meantime, Bailiwick publishing will probably be limited to short podcast readings from *The Summa Simplified*,[19] which I read to rest between sessions of reading, thinking and writing about legalized deception, torture, mutilation and murder.

Outline for Part 5:

1937 - Congress funded a Public Health Service study of "investigations to determine the possibly harmful effects on human beings of spray insecticides on fruits and vegetables," under the *Diseases and sanitation investigations* program; 1937, Elixir sulfanilamide tragedy, driver for 1938 FDCA; 1938 FDCA Section 505 - New Drug Applications...second layer of deception...Biologics legally unregulated under the terms of the 1902 and 1944 laws, and if anyone tried to apply FDCA New Drug Application laws by classifying biologics as "investigational" drugs, or "potentially harmful" and therefore prescription-required drugs, they would be stopped by the specific exemptions from FDCA for PHS biological, investigational or "public health" products; 1939 - Armstrong papers on polio, Webster paper on mouse studies; 1944 PHSA biologics section; 1946 First EO by Truman under 1944 PHSA, list of quarantinable diseases, included polio; 1947 12 FR 408 - New Drugs under PHSA (new vaccines) exempt from FDCA 505, codified at 21 CFR 1.109 in 1949 printing of CFR; 1947 12 FR 411 - Biologics regulation, numbered 42 CFR 22, signed by SG board (3 members) and FSA administrator; 1947.09.16 - 12 FR 6218, biologics regulations numbered at 42 CFR 73; 1948 - DTP combination entered into use, but no product license needed because the establishments already had establishment licenses; no product licenses are ever issued for biological products based on any specific product characteristics or reviews; three constituent products (diphtheria, tetanus, pertussis) had already been in use; 1948.11.01 NIH Laboratory of Biologics Control incorporated into new NIH National Microbiological Institute; 1948.11.06 - 13 FR 6555 - Investigational drugs exempt from FDCA 505(a) put into 1949 CFR numbered at 21 CFR 1.114; 1949.01 - Enders paper, human embryos to propagate poliovirus. Start of "modern vaccine era" per Maurice Hilleman, 2002 NIH-NIAID Jordan Report; 1949.01 and 1949.04 - Biskind papers on DDT poisoning and polio, gastroenteritis, cattle, neuropsychiatric manifestations; 1949.08 - Enders paper (another one) cultivation of polio virus; 1951.10 - Congress Durham-Humphrey Amendment to FDCA, prescriptions for potentially harmful drugs, but exemption if FSA Administrator finds it not necessary for public health (i.e. vaccines); 1953.04 - Watson/Crick DNA structure paper. Marked scientific misconduct transition from virus defined as replication-competent organism to virus defined as package of genetic code. See Lanka 2020 papers; 1953 - Reorg Plan No. 1, FSA Abolished, HEW created. Licensing authority transferred from FSA Administrator to HEW Secretary; 1953.11 Biskind Paper - Public Health Aspects of the New Insecticides; 1954.06 - Enders paper, measles virus propagation. Enders Nobel Prize; 1954 (early) - WRAIR-NIH-DBS Joseph Smadel assigned to write polio production protocols; 1954 - 1955 - Salk polio "field trials," announcement of "success," HEW Oveta Culp Hobby; see PHS technical report with timeline; 1955.06.09 - NIH National Microbiological Institute Laboratory of Biologics upgraded to Division of Biologics Standards, under direction of Roderick Murray.

[19] https://bailiwicknews.substack.com/p/read-aloud-my-way-of-life-1952-pocket

Murray remained in charge until 1972 transfer of DBS to FDA renamed as BoB, when Murray's second-in-command, Harry M. Meyer (came out of Walter Reed WRAIR military to become head of DBS Laboratory of Virology and Rickettsiology since 1959), became head of FDA-BoB; 1955.08.12 - Polio Vaccination Act Congress; 1956.02.15 Polio Vaccination Act extended; 1956.12.12 - 21 FR 9890, noted that new vaccines exempt from FDCA 505 and added "Additional Standards" for polio vaccine, based on Enders' false methods of isolation and propagation, and provided that Surgeon General could waive requirement to comply at his discretion. Printed in 1958 edition of CFR; 1957 - so-called Asian flu pandemic; 1958.09 - Congress relieved Surgeon Generals board of duty to draft and promulgate biological product regulations, leaving HEW Secretary as sole author; 1958.09 - Congress FDCA Amendments re Food additives, Generally Recognized as Safe. Paved the way for food products (peanut oil) to enter vaccines without demonstration of safety, as an additional layer, since vaccines exempt from FDCA 505 new drug application provisions anyway; 1958-1961 - Thalidomide used, mostly in England, some in US. Birth defects and deaths; 1959 - J. Anthony Morris arrived at NIH-DBS, recruited by Joseph Smadel, NIH Associate Director since 1956 and director of Laboratory of Virology and Rickettsiology from 1963, Smadel died later that year (1963). See 1972.02.25 Wade report. Morris studied efficacy of influenza vaccines, using scientific misconduct methods (1939 Webster mouse studies); 1959 - Congress, Kefauver hearings on drug efficacy requirements under FDCA for new drugs (synthetic chemical drugs) but not applicable to vaccines; 1960.09 Hilleman SV40 in polio vaxxes. 1972.03.03 Wade report; 1961.07 - Bernice Eddy, SV40 in polio vaxxes; Ribicoff is HEW Secretary Jan. 21, 1961 to July 13, 1962; 1962 Start of Virus Leukemia program; Hilleman, Merck, SV40, see Horowitz 2024.12.17; 1962.06, Rachel Carson Silent Spring published; 1962.09.18 - Joseph Smadel memo instruction to PHS-NIH-DBS Morris to pass manufacturer protocols without testing. See Wade 1972.02.25; 1962.10.10 - Congress Kefauver-Harris amendments to FDCA 505 premarket efficacy demonstrations, not applicable to vaccines; 1962.10 - Congress Vaccination Assistance Act, polio, diphtheria, tetanus, whooping cough (pertussis); 1964.01.30 - EO 11140 delegate functions for PHS from President to HEW Secretary; 1966 - Reorg. Plan, Office of Surgeon General abolished. Functions transferred to Secretary HEW; 1968 so-called Hong Kong flu; 1969 - Nixon and Congress Chemical and Biological Warfare speech and transfer from DoD to HEW. See also 1971 Pine Bluff Arsenal repurposing; 1970 Heart Disease, Stroke and Kidney amendments - "vaccine" added to biological products for first time by Congress, not defined in scientific terms; 1971 FDA National Toxicological Research Center at Pine Bluff Arsenal (renaming of chem biological weapon program); 1971-1972 - J. Anthony Morris case, Ribicoff hearings, Morris report to Ribicoff Sept. 1971, Nicholas Wade reporting Feb. 1972; 1972.02 - Biologics transfer from NIH DBS to FDA BoB and announcement of effectiveness review panels using same scientific misconduct methods; 1972.02.25 concurrent re-delegation of authority; 1972.06.29 - Notice of transfer; 1972.08.09 transfer regulations to 21 CFR 273; 1973.11 - Transfer regulations to 21 CFR 600.

Jan. 9, 2025 - Note on role of in-home television in deception campaigns

As Conspiracy Sarah emphasizes, in her post Disney's Long History of Predictive Coding: A strategic partnership with the US government[20] (Jan. 8, 2025, Conspiracy Sarah), the introduction of television into the majority of American homes by the mid-1950s was a very significant element in the build-up of the military/public health/vaccination system for sickening and killing lots of people.

I think that the public polio campaign was timed to align with that tipping point in media culture, to have a way to project deceptive moving images with audio into homes, to quickly generate widespread public fear, unthinking trust in the pronouncements of men wearing lab coats, and compliance with their directives.

[20] https://conspiracysarah.substack.com/p/disneys-long-history-of-predictive

Jan. 10, 2025 - On the relationships between communications technology, illusory disease classification (diagnosis) and illusory disease outbreaks.

Reply to a reader comment at Conspiracy Sarah's recent post:

- Jan. 8, 2025 - Disney's Long History of Predictive Coding. A strategic partnership with the US government.[21] (Conspiracy Sarah)

Reader comment:

> Apparently, flu, as we know it (as a seasonal illness) was unknown until the advent of telegraph lines.

KW reply:

Another way to interpret these historical co-incidences is that new forms of communications technology, centralized data collection and distribution (such as scientific journals and public health reports), and centralization of diagnostic criteria (coordinated through scientific journals aimed at physicians) are launched and used to better project the illusion of outbreaks of specific diseases and the illusion of treatments and preventatives.

In learning about the legal history around quarantine and vaccines, I've been struck by these repeated co-incidences.

Ocean-going ships approximate, more than any form of land transportation, a kind of "test tube" in which experiments in causing illness could be conducted, because the populations of humans and animals are temporarily contained in space and time without interacting with other populations.

The trans-Atlantic telegraph made it possible for officers at a departure port to transmit information about the alleged health and disease of passengers and animals on ocean-going ships, while the ships were still at sea, to the anticipated port of entry. The laws then authorized or required ports to handle incoming passengers, livestock and cargo from allegedly disease-carrying ships in specific ways, such as medical examinations and quarantine.

Widespread newspaper publishing, with advertisement sections, especially after photography was introduced, made it possible to widely and quickly distribute manipulated visual and text information about disease diagnosis, outbreaks and disease suppression or treatment methods.

Radio, television, the internet and web-enabled cell phones made possible even more rapid and comprehensive national and global distribution of false visual, audio and written information.

* * *

[21] https://conspiracysarah.substack.com/p/disneys-long-history-of-predictive

Jan. 13, 2025 - On using proposed mRNA bans, and opposition thereto from vaccination proponents, to deepen public understanding of vaccine non-regulation history and amplify vaccine hostility. Plus views on 'wedge issues.'

<u>On using opposition to public efforts to block use of mRNA vaccines specifically, to help more people understand history of intentional heterogenicity, instability and toxicity of all vaccines generally.</u>

Any effort to ban use of so-called *mRNA*, *DNA* or *gene-based* vaccines will, I think, elicit opposition from proponents of *traditional* or pre-2020 vaccines, which are also denoted by many other terms such as *live attenuated*, *subunit*, *viral vector*, *acellular*, *inactivated*, *killed* and *recombinant* vaccines.

Campaigns to ban mRNA vaccines will be very, very useful for eliciting that opposition and so drawing the truth about all vaccines further into public understanding.

My view is that vaccines have all always been DNA/RNA platforms — developed, distributed and used under many different terms — going back to the very beginning of legalized, militarized, systematic mass poisoning under the medicalized cover of vaccination campaigns.

Military/WRAIR-PBF[22]/US-AMRIID/DARPA, HHS/PHS/NIH/FDA and drug companies change the terms, to hide the consistent underlying facts about biological materials taken from many different living creatures, including human embryos, mixed together with each other and with synthetic chemicals, and then inserted into a recipient living organism for which they are foreign materials and therefore toxic.

This topic, and the way that FDA sometimes pretends vaccines are subject to biological product law and sometimes pretends they are subject to "investigational drug" law and generally slides them in and out of several different product classifications, none of which require identification, standardization, purity or stability of contents, is also related to the mid-1990s introduction of the classification for "well-characterized biotechnology products" — a classification sometimes claimed to include vaccines and sometimes claimed to exclude vaccines.

In all cases, vaccines cannot be "well-characterized" because they are mixtures of unstable, dynamic, living and decomposing material that enters the recipient organism, damages the organism's cells, tissues and organs, and then decomposes further in the recipient organism.

All so-called "traditional" vaccines have always and still do contain a variety of unstable, biologically-active genetic material foreign to the recipients and therefore toxic, and they have all been unregulated, with no real standards for product identity (stable molecular structures and quantities for all ingredients), purity (non-contamination/non-adulteration), safety (non-toxicity), labeling or any other standard set by FDA or its preceding pseudo-regulatory agencies (primarily NIH Division of Biologics Standards from 1955 polio campaign through 1972 transfer to FDA Bureau of Biologics.)

[22] https://wrair.health.mil/Collaborate/Pilot-Bioproduction-Facility/

There is a form of drug non-regulation apart from the FDCA New Drug Application (NDA) and Investigational New Drug (IND) system, called the BLA or Biologics License Application, which is used for products that are classified as biological products, which includes all vaccines, and which is distinct from other drug classifications.

A form of this sequence or process has been in use since 1902 with slight changes in form over time:

- faked outbreak of communicable disease — faked by false testing, false diagnosis, false epidemiological data collection and distribution — illnesses that are actually caused primarily by pesticide application and prior vaccinations →
- false attribution of cause-of-disease to transmissible, stable pathogen (=false definition of *virus*) →
- fake R&D and investigations (jointly by military, PHS/HHS, drug companies, universities and NGOs such as National Foundation for Infantile Paralysis; BMGF, GAVI) allegedly to develop vaccines designed to prevent virus infection: so-called non-clinical trials, preclinical trials, in vitro studies, in vivo animal studies, field trials (human), clinical trials (human), investigational use (human) →
- BLA application forms submitted by manufacturer to FDA →
- fake product review by FDA →
- marketing approval by FDA (known as "licensing" although no license numbers are issued to correspond with any specific product; my current understanding is that license numbers are issued to manufacturing companies to provide indiscriminate, blanket authorization for all products they manufacture regardless of contents. *See* 2002 NIAID Jordan Report at Appendix D[23] and Aug. 23, 2021 FDA letter issuing BLA license no. 2229 to BioNTech Manufacturing GmbH) →
- manufacturing and labeling →
- marketing (mass media) and distribution →
- general use by physicians, uptake by public

Vaccines, as BLA products, fall under the Public Health Service Act, PHSA Section 351 (42 USC 262) which is distinct from the New Drug Application NDA and Investigational New Drug IND pathways that fall under the Food, Drug and Cosmetics Act, FDCA sections (mostly FDCA Section 505/21 USC 355).

For many, many decades, the BLA systems (previously known by other titles) and more recently the Emergency Use Authorization systems have been used to smuggle intentionally unregulated, intentionally toxic poisons into interstate commerce disguised as regulated medicinal products called both *traditional* vaccines and *mRNA/gene-based* vaccines.

*

[23] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2002-nih-niaid-jordan-report-accellerated-development-vaccines-20-year-anniversary-1982-hilleman-history-of-vaccines.pdf

Yet Another Tommy expanded his list of yes-no questions:

- Jan. 9, 2025 - More Opinions on Wedge Issues[24] (Yet Another Tommy)

My responses to the 24 questions:

1. Supports Trump - No, but prays for him.

2. Trump assassination attempt faked - Yes

3. Trump is a technocrat - Yes, and other things too.

4. mRNA is a bioweapon - Yes

5. All vaccines are bioweapons - Yes

6. Vaccines were always bioweapons - Yes

7. Covid was just poisoning - Yes

8. Covid was a military operation - Yes

9. Covid was dangerous - Yes. Deceit and poisoning are harmful.

10. Covid response was dangerous - Yes. Deceit and poisoning are harmful.

11. Covid was a pandemic - No

12. Covid was a bioweapon - Yes, and psychological deceit operation.

13. Viruses exist - Yes, if 'virus' defined as infinite variety of unstable/dynamic biologically-active substances produced by living organisms. No, if defined as stable, transmissible disease-causing agents.

14. Viruses cause disease - No. See response to 13, above and my other writing on the subject.

15. Terrain theory is correct - No position. Awaiting further development of hypotheses and evidence. My distrust of available definitions, scientific papers and concern about intentionally-misleading information are high.

16. Germ theory is correct - No position. Awaiting further development of hypotheses and evidence. My distrust of available definitions, scientific papers and concern about intentionally-misleading information are high.

17. G3P [Global Public Private Partnership[25]] is in charge - Yes

[24] https://tomg2021.substack.com/p/more-opinions-on-wedge-issues
[25] https://iaindavis.com/what-is-the-global-public-private-partnership/

18. G3P runs Putin too - Yes

19. Global warming caused by humans - No.

I don't think global warming is a real thing. Re: global warming and weather control theory, I don't think TPTB control the weather as much as I think they control public perception of weather, and management (long-planned exploitation) of mostly natural disasters that they can predict (broadly speaking) may — within margins of probability — hit each place on earth.

For example, I think they can start fires in dry areas, if the areas are dry, just as any arsonist can, but they probably have better equipment for starting more fires, faster, hotter and more selectively in more locations throughout a dry region simultaneously (i.e. Paradise, Lahaina, Palisades, directed-energy weapons etc.). And they can arrange the false attribution of the fires to drought, high winds, too much dried out vegetation, too much human population, global warming, etc.

I think they can arrange mass poisonings — vaccination campaigns and chemical sprays, chemical spills, chemical plant explosions (i.e. East Palestine, Atlanta...) —and they can arrange the false attribution of resulting biological effects (sickness) to illusory/false causes other than chemical poisonings (such as transmissible viruses).

They can arrange demolition of skyscrapers, bridges, planes, dams and levees.

They can send mercenaries into flood and fire ravaged areas after floods and fires happen and block people from mutual support and recovery and drive people off their land and seize land, homes and businesses.

I think they can and have identified (decades ago, long before any specific disaster strikes), what they will do in every inhabited place, during and after the disaster hits, to weaken and kill survivors, drive survivors away, snap up real property and prevent resettlement.

But I don't think they can conjure rainfall or hurricanes, or withhold rainfall that would otherwise happen (so as to conjure drought.) I think they want people to think they have those techniques. But I don't think they really have them. I think it's another example of projected illusions to deflect attention from traditional and DEW arson, demolition, chemical poisoning, looting and other forms of intentional destruction and exploitation of post-disaster chaos.

20. Supports Ukraine war - No

21. 5G is for depopulation - Undecided, leaning No.

I tend to think 5G, 4G, 3G and other (novel or renamed old) EMF sources are useful for 1) wasting human time and material resources (construction projects with no real benefit or improvement over existing tech); 2) frightening people/inducing sense of helplessness about potential sources of harm they cannot readily see or avoid; and 3) deflecting attention away from global theft (looting/hoarding of land and resources) and from biological and chemical poisoning (vaccination, drugs, low-altitude outdoor and indoor/interior-of-building sprays, derailments, explosions) as primary causes of sickness.

22. Chemtrails are for depopulation - Undecided, leaning No.

I tend to think high-altitude chemtrails are possibly spraying seawater in most cases and useful for 1) wasting human time and material resources (aviation planes, drones, fuels); 2) scaring people/inducing sense of helplessness about potential sources of harm they can readily see but cannot readily avoid; 3) making the act of looking up into the sky become psychologically distressing rather than joyful, reassuring, calming and/or reverent; and 4) deflecting attention from global theft (looting/hoarding of land and resources) and from biological and chemical poisoning (vaccination, drugs, low-altitude or surface outdoor and indoor/interior-of-building sprays, derailments, explosions) as primary causes of sickness.

23. Malthus was correct - No.

24. The Earth is overpopulated - No, and population and land/resource use/carrying-capacity data are just as false as all other centrally-controlled data.

*

Some discussion of "shedding" in the comment thread at Sage Hana's post

- Jan. 11, 2025 - Not a Movement, 2025 update. The Not a Movement is (still) not a movement.[26] (Sage Hana)

Agent Roger W.: This week in Not-A-Movement: vaccine shedding. I think that's false. Most people believe it's true…

Sage Hana: Vaccine shedding = Successful synthetic "virus." Threat matrix remains intact. I don't know about the Science on any of this. But I do know from an Op standpoint, it is useful.

KW: That utility-for-the-op is one of the main metrics I try to track too. A version of "cui bono?" The would-be world controllers are projecting illusions all over the place. Some things help them project the illusions, and some things make the illusions go out of focus a little bit or become more semi-permeable so that reality and the controllers themselves become temporarily visible behind the screen.

> I've tried to use that metric to slowly try to come to some conclusions about viruses, shedding, nanotech, cyborgs, global warming, weather control, and a few other things. And agree that vaccine "shedding" = successful synthetic "virus," which is useful to the op, and therefore a projected illusion, not real.

Sasha Latypova:

> Shedding exists, but it's not any synthetic virus. Unless "virus" is used in the original meaning as just "poison, toxin." People that get the large exposure of original poisoning, e.g. injections, can expel toxins into their environment, because their bodies are desperately trying to get rid of the poison, and those in close proximity can pick them up. However no

[26] https://sagehana.substack.com/p/not-a-movement-2025-update

second-hand "vaccination" or "gene mutation" or "nanotechnology transfer" happens that way. People may experience symptoms (happened to me and to my husband, with different symptoms on 2 separate occasions), but this is not what the fear mongering propaganda of shedding wants you to believe. It's yet another "Bill Gates releases mosquitoes that will vaccinate you!" National Enquirer type headline.

My views on nanotechnology

I find Sasha Latypova's analysis[27] persuasive: junk is not technology; micro is not nano; and damage is not control. Microscopic metal fragments (junk) are harmful to living organisms.

But injection of microscopic metal fragments into living organisms (or spraying of inhalable fragments) to cause damage is not technologically sophisticated or new, and doesn't result in mind control or control of the free will of the target.

I base that position on my review (over the last couple of years) of the promotional literature published for several decades by the US Department of Defense and other federal agencies in the US and other countries, alongside my study of how DoD and other government agencies deceive people through thousands of written publications including statutes, regulations, executive orders, contracts, treaties and scientific papers and protocols. The literature is intended to give the public impression of scientific rigor and technical feasibility where neither actually is present, and neither can be developed. Living organisms are not machines, and never will be.

Related

- Jan. 3, 2024 - On the continuing effort to fit a square peg (legalized manufacturing and use of biological weapons) into a round hole (FDA drug, device and biological product regulation)
- March 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present. Part 3 of series
- May 21, 2024 - There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products. Part 8 of series
- Jan. 8, 2025 - Germ theory, contagion theory, virology, antibodies and anaphylaxis: Northern Tracey's work.

* * *

[27] https://sashalatypova.substack.com/p/origins-of-the-nanotechnology-narrative

Jan. 16, 2025 - Pay-to-play and play-to-get-paid

Expanding on Jan. 13, 2025 - On using proposed mRNA bans, and opposition thereto from vaccination proponents, to deepen public understanding of vaccine non-regulation history and amplify vaccine hostility. (Katherine Watt)

> …My view is that vaccines have all always been DNA/RNA platforms — developed, distributed and used under many different terms — going back to the very beginning of legalized, militarized, systematic mass poisoning under the medicalized cover of vaccination campaigns.
>
> Military/WRAIR-PBF/US-AMRIID/DARPA, HHS/PHS/NIH/FDA and drug companies change the terms, to hide the consistent underlying facts about biological materials taken from many different living creatures, including human embryos, mixed together with each other and with synthetic chemicals, and then inserted into a recipient living organism for which they are foreign materials and therefore toxic…

Some contributions to an email discussion thread this week

...I think the actual process for vaccines, going back to the polio-labeled vaccines in 1954, is that military-public health DoD-WRAIR-PHS-NIH officers (Joseph Smadel and others) coordinated with Jonas Salk, John Enders and others to write fake production protocols based on the fake science of the Charles Armstrong, Leslie Webster and John Enders papers.

Those production protocols were distributed, with cell lines, tissue cultures and other starter materials, from US military laboratories (WRAIR Department of Biologics Research then, currently named Pilot Bioproduction Facility) to the selected six polio-labeled vaccine manufacturers (drug, pesticide and chemical companies) who were to supply product for the "field trials" organized by the National Foundation for Infantile Paralysis (now called March of Dimes.)

The manufacturers assembled and bottled unstable, unidentifiable junk, slapped labels on the bottles and shipped them to Salk and the field trial locations.

After the NFIP/Salk trials — data manipulated, subjects dropped from results, etc. — the same production protocols were provided to the manufacturers by federal military-public health officers, with instructions to resubmit those protocols back to Public Health Service, National Institute of Health, Division of Biologics Standards (DBS) regulators as part of packages meant to provide the illusion of manufacturing standards and controls to the public.

Then in December 1956, the fake production standards and fake manufacturing compliance controls for polio-labeled vaccines were put into the Code of Federal Regulations at 21 CFR 73.100 to 105.

The same illusion has been carried out for all subsequent vaccines, including Covid-labeled vaccines.

Federal agents instruct the drug, pesticide and chemical companies what to pretend to do, supply them with raw and finished materials, and instruct them how to pretend that they've complied with the pretend standards, by submitting fake documents such as nonclinical, preclinical and clinical trial records and applications for product approval and establishment licenses.

The drug companies do it; they play their parts.

Federal agents then pretend to receive and review the submitted data as if it's substantive and valid rather than performative and false, and pretend to ensure compliance by issuing marketing approvals and establishment licenses.

The new FDA Bureau of Biologics set up in 1972 was comprised of the people who had previously worked in NIH-DBS, and it was directed by Harry M. Meyer, the former second-in-command at DBS.

By 1972 when the transfer happened, DBS had driven out almost all of the microbiologists who understood or objected to the scam. They had quietly gone to academia or out of scientific profession entirely.

One exception was J. Anthony Morris, who held on until 1976 and was fired just after the rollout of the swine flu vaccines. (*See* Nicholas Wade 1972 series in *Science*.)

The only remaining FDA Bureau of Biologics employees were willing participants in the deception and poisoning project, didn't understand what they were doing, or, as the virtual-mailbox hypothesis[28] holds, there just weren't any real employees in BoB at all.

It was a dead-drop for false research records and application forms.

And still is.

The loopholes had already always been in place, going back to the 1902 virus-toxin law to make loopholes ahead of the 1906 food and drug law, and developed further in the 1944 PHSA law to maintain loopholes from the 1938 FDCA.

Since 1972, the loophole system complexity has increased, but not the basic structure.

...I think of it as a combined pay-to-play and play-to-get-paid system.

Through the consortia, interested companies and universities pay to get a shot at the government contracts.

Once they have the contracts, they have to play along with the pretense of scientific validity and regulatory review, in order to get paid.

[28] https://bailiwicknews.substack.com/p/on-fda-buildings-as-virtual-mailboxes?utm_source=publication-search

...For all vaccines (pre- and post-2020) I think there's no way (equipment or method) to identify all of the natural/biological components (proteins, enzymes, cell wall fragments, and on and on) and no way to know the original living source of those substances, but they probably include combinations of human, cow, mouse, rabbit, chicken, pig, monkey, plant (i.e. peanut, wheat), bacterial and fungal cells, tissues and organs.

This relates to the debunking of contagion theory and genetics theory; the reality of changes over time (instability, dynamism) of living organisms and the molecular products they produce; and the inability of USP-NF to develop any workable reference materials or processing equipment or draft any workable assays or testing methods for vaccines.

For example, researchers like Antonietta Gatti and Stefano Montinari were only able to report that samples of vaccines contained organic matter, but could not specify its identity, source or quantity. The only "contaminants" they could identify, measure and report on were inorganic compounds: salts and metals.

From 2017 Gatti-Montinari paper, New quality-control investigations on vaccines: micro- and nanocontamination (*International Journal of Vaccines & Vaccination*)

> "So, organic entities are visible and easy to distinguish from inorganic ones. The method cannot distinguish between proteins and organic adjuvants (e.g. squalene, glutamate, proteins, etc.) or viruses, bacteria, bacteria's DNA, endo-toxins and bacteria's waste, but their comparatively low atomic density allows us to identify these entities as organic matter."

Public legislative hearings — at which state or county legislators present blinded samples of any vaccines (pre- or post-2020) to vaccination supporters, and ask those witnesses to state whether they have the scientific knowledge, techniques or equipment to correctly and fully identify and quantify the inorganic *and organic* contents and then match the results for a blinded vial to the product name, indication (purpose, i.e. preventing transmission of a named disease) and manufacturer on the original (removed for blinding) label — would be an effective method to demonstrate the scientific, medical, legal, political and moral bankruptcy of vaccination.

There are no available scientific equipment and testing procedures that would enable anyone to identify the contents of blinded vials or match blinded vials to label claims, because vaccine product contents are not fully identifiable or characterizable and are not stable.

The best anyone can do is use primers or reference sequences to identify some short fragment sequences that existed at the moment of testing; speculate about the longer sequences they might have come from; speculate about what might still be in any other vials filled from the same lot and batch, but might not be there, because other vials had different starting mixtures and have undergone different decomposition processes; and speculate about which living creatures might have been the source of the fragments, without any guarantee of accuracy, because many short sequences are shared across species, kingdom, phyla, etc.

Scientists can collect products (cells, tissues and organs) produced by living biological organisms out of the organisms' bodies, culture them, mix them, put them in different nutrient mixes, coat them in temporary, partial stabilizers (i.e. lipids), bottle the mixtures, refrigerate or freeze them for temporary, partial stability and ship them.

Physicians, nurses and pharmacists can pull the bottles from refrigeration, return them to room temperature, inject them — untraceably, because of shared sequences and fragility — into subjects at body temperature, and allow the metabolic processes in the recipient organism to take up, act upon, decompose and excrete the complex molecules until the last remnants leave the body.

That's vaccination: injecting people and animals with toxic biological slurries.

Laws and regulations and guidance-for-industry documents are intentionally written to hide/cover up historic and ongoing, systematic criminal malfeasance in vaccine development, manufacturing, distribution, promotion and use.

They are staging instructions for laboratory acts in government, academic and corporate laboratories and dialog scripts (for written exchanges and for public oral statements) transmitted by theatrical performance directors to theatrical performers.

Stefan Lanka, Northern Tracey, Jamie Andrews, Sasha Latypova and others are demonstrating the invalidity of foundational scientific methods underlying contagion theory and genetic theory, because of the inherent time-dependent, not-controlled-by-humans changes in form for products of biological processes in living organisms.

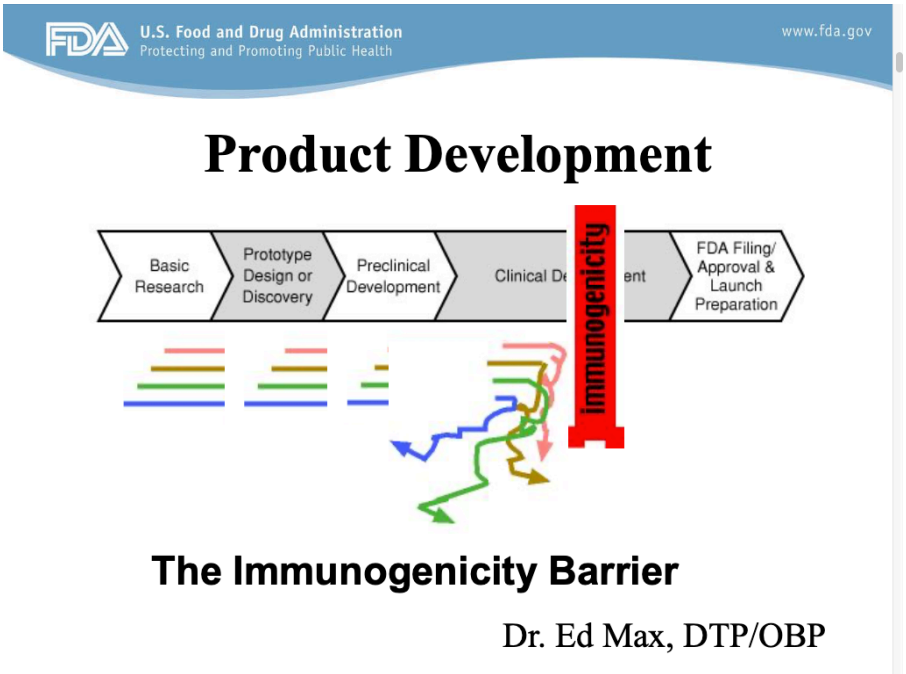
Cells and tissues can only be artificially sustained outside a living body temporarily with nutrient feeding, and their decay can only be temporarily suspended by encapsulation, refrigeration and freezing; when restored to room or body temperature, infinitely-variable transformation and decay processes continue.

The invalidity of those scientific methods was known to the military-public health scientist-actors, theatrical scientific-medical script publishers and lawyers at the time that they published scientific papers; wrote, exchanged and pretended to use vaccine production protocols; and wrote deceit-enabling laws and regulations.

There was evil intent — intent to deceive and intent to poison — from the start.

Immunogenicity is toxicity.

The intentional induction of a living organisms' capacity to identify, isolate and expel poison and the intentional insertion of poison into a living organism are two aspects of the same single, evil act: the act of vaccination.



2014 FDA slide deck, *The immunogenicity of therapeutic proteins- what you don't know can hurt YOU and the patient*, João A. Pedras-Vasconcelos, PhD CMC and Immunogenicity Reviewer, Division of Therapeutic Proteins OBP/CDER/FDA

Related

- Jan. 9, 2024 - Biologic Markers in Immunotoxicology.
- May 21, 2024 - There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products.
- May 25, 2024 - On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation. Part 9 of series.
- Sept. 12, 2024 - On vaccination as intentional induction of chronic and acute anaphylaxis. Sept. 6, 2024 discussion by Jane Ruby and Sasha Latypova, condensed transcript
- Dec. 24, 2024 - Pesticides and vaccines; microbiology and pathology nomenclature; scientific, medical and legal deceit and deceivers.
- Jan. 8, 2025 - Germ theory, contagion theory, virology, antibodies and anaphylaxis: Northern Tracey's work.

Some source documents

- 1939.07.01 - *A mouse test for measuring the immunizing potency of antirabies vaccine* (Leslie Webster, Rockefeller Institute)
- 1939.09.22 - *Experimental transmission of poliomyelitis to the eastern cotton rat Armstrong paper* (Charles Armstrong, Public Health Service)
- 1939.12.29 *Successful transfer Lansing strain poliomyelitis virus from cotton rat to white mouse* (Charles Armstrong, Public Health Service)
- 1949.01.28 - *Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissue* (John F. Enders, Thomas H. Weller and Frederick C. Robbins, *Science*, paywalled by AAAS)
- 1949.08.24 - *Cultivation of Poliomyelitis Virus in Cultures of Human Foreskin and Embryonic Tissues* (Thomas H. Weller, Frederick C. Robbins and John F. Enders, *Proceedings of Society for Experimental Biology and Medicine*, paywalled by SagePub)
- 1953.11 - *Public Health Aspects of the New Insecticides* (Morton Biskind, American Journal Digestive Diseases)
- 1954.06.01 - *Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles* (John F. Enders and Thomas C. Peebles, *Nature*, paywalled by SagePub)
- 1955.03 - *Effects Routine Immunization Children Triple Vaccine Diphtheria Tetanus Pertussis serological epidemiology* (Johannes Ipsen and Harry E. Bowen American Journal Public Health)
- 1955.04.29 Report to the Cabinet on Salk Vaccine
- 1955.08 *Technical Report on Poliomyelitis Vaccine*, field trials, campaign, timeline (Public Health Service, Public Health Reports)
- 1956.12.12 21 FR 9890 Notice 42 CFR 73 Biologics additional standards polio based on Enders papers
- 1972.02.25 - Division of Biologics Standards: In the Matter of J. Anthony Morris (Nicholas Wade, *Science*, paywalled by JSTOR)
- 1972.03.03 - Division of Biologics Standards: Scientific Management Questioned (Nicholas Wade, *Science*, paywalled by JSTOR)
- 1972.03.10 - DBS: Officials Confused over Powers (Nicholas Wade, *Science*, paywalled by JSTOR)
- 1972.03.17 - Division of Biologics Standards: The Boat That Never Rocked (Nicholas Wade, *Science*, paywalled by JSTOR)
- 1972.04.07 - DBS: Agency Contravenes Its Own Regulations (Nicholas Wade, *Science*, paywalled by JSTOR)
- 1972.06.30 - DBS Scientist to Head New [FDA] Vaccine Bureau (Nicholas Wade, *Science*, paywalled by JSTOR)

* * *

Jan. 18, 2025 - Vaccine non-regulation history, shortest form versions currently available.

I received a request this morning for a short-form summary of the history of US government non-regulation of vaccines.

My reply:

I don't have a short version of it yet.

Writing the series[29] to make the long version is part of the process of getting a good enough grasp on the material to be able to explain it in short form.

Best entry-level, overview posts so far are these three:

- March 21, 2024 - Vaccine and related biological product manufacturing as US government-licensed poison manufacturing. Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS. Part 5 of series.
- July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity.
- Oct. 11, 2024 - Learning curve.

Two key legal records confirming or corroborating that there are no standards for vaccines (for product identity, stability, purity, effectiveness, safety, potency or any other characteristic), are

One, 2011 *Bruesewitz v. Wyeth* (No. 09–152) SCOTUS decision[30]:

Scalia opinion at p. 13:

> "Design defects…do not merit a single mention in the [1986 National Childhood Vaccine Injury Act] or the FDA's regulations.
>
> Indeed, the FDA has never even spelled out in regulations the criteria it uses to decide whether a vaccine is safe and effective for its intended use."

Scalia doesn't mention it, but FDA has also never spelled out in regulations the criteria it uses to decide whether any vaccine's contents have the identity, quantity, stability or purity claimed by the manufacturer.

No such criteria exist, and no such criteria can ever be established, because of the inherent heterogeneity and instability of biological material.

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[29] Collected and published April 2025, *Legal history of non-regulation of biological products* https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/04/2025.04.02-subject-series-book-1-biological-product-non-regulation-no-identity-no-standards-no-compliance-no-enforcement.pdf

[30] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/06/2011.02.22-bruesewitz-v.-wyeth-scotus-vaccination-unavoidably-unsafe-product.pdf

Two, 2018 *ICAN v. HHS* stipulation. Quoting from the first Bailiwick post in the list of three above (March 21, 2024):

> …One of the justifications used to exempt manufacturers from liability was that the US government, through the Department of Health and Human Services, would monitor the childhood vaccine program, collect safety data, report the data to Congress to provide oversight, and take harmful vaccines off the market.
>
> Safety monitoring and reporting as called for in the 1986 law did not occur.
>
> In August 2017, the Informed Consent Action Network (ICAN) filed a FOIA request with HHS, requesting copies of the biennial reports that should have been prepared and submitted to House and Senate committees between 1987 and 2018.
>
> In June 2018, HHS responded to ICAN's request:
>
> > "The [Department]'s searches for records did not locate any records responsive to your request. The [HHS] Immediate Office of the Secretary (IOS) conducted a thorough search of its document tracking systems. The Department also conducted a comprehensive review of all relevant indexes of HHS Secretarial Correspondence maintained at Federal Records Centers that remain in the custody of HHS. These searches did not locate records responsive to your request, or indications that records responsive to your request and in the custody of HHS are located at Federal Records Centers."
>
> Informed Consent Action Network v. US-HHS, (1:18-cv-03215-JMF), resulted in a July 9, 2018 stipulation[31] signed by Attorney Robert F. Kennedy Jr.
>
> The stipulation quoted the June 2018 acknowledgement, by HHS, that HHS had no record of any safety monitoring activity or public, Congressional reporting of the childhood vaccination program, under the 1986 law, between 1986 and 2018.
>
> Later two reports were located, filed on May 4, 1988[32] and July 21, 1989[33] (partial, no appendices). The 1988 and 1989 reports addressed vaccine promotion, vaccine supply, vaccine research activity (see, for example, pp. 67-78 of 1988 report), and set-up of reporting and data analysis programs.
>
> Since 1989: nothing.
>
> HHS has never systematically collected or reported information from parents, pediatricians, toxicologists, manufacturers, or anyone else about harms caused by childhood vaccines administered in single doses, combined doses (i.e. measles-mumps-rubella), or cumulative doses (the childhood schedule), and HHS has never collected or

[31] https://www.icandecide.org/wp-content/uploads/2019/09/Stipulated-Order-copy.pdf
[32] https://www.documentcloud.org/documents/5835885-Report-1.html
[33] https://www.documentcloud.org/documents/5835886-Report-2.html

reported information about the harmful effects of biological components, chemical adjuvants, preservatives or any other ingredients...

The July 2018 ICAN-HHS stipulation supports the conclusion that none of those regulatory functions have been performed, no records of vaccine manufacturing regulation have been produced by FDA or regulated manufacturers, and no records have been collected, assessed or used by HHS…"

* * *

Jan. 20, 2025 - Note on Chris Crutchfield video

Podcaster-musician Chris Crutchfield has done a review-and-comment podcast about my January 2023 video presentation of legal kill-box systems. His video is called The Military-Medical Tiptoe and he posted it at Rumble around Jan. 12, 2025.

It's well done, and also entertaining, accompanying discussion of difficult material with lyrical piano interludes such as "They lie about everything" and "I'm just trying to help y'all make some sense of the world."

I don't agree with Crutchfield's interpretation of "Internet of Bodies" information. I think IoB tech is not feasible as such, but that government-military-academic reports projecting the illusion of IoB tech into human imaginations are effective ways to instill confusion and fear in readers and viewers.

My views of the legal and moral significance of events related to the "United States" corporate status and the legal and moral status of people who live here also differ somewhat from Crutchfield's, also related to the difference between substance and projected illusions, but I think his explanations are excellent.

Linking the video for readers who may be interested.[34]

* * *

[34] https://rumble.com/v68a6jm-67-live-the-military-medical-tiptoe.html

Jan. 20, 2025 - Note on Lasker awards

Comment on:

- Jan. 20, 2025 - UWash-n-Fold: Part 2 of the unsolved problem of protein folding.[35] (Sasha Latypova)

Digging around in the historical record, I've learned about the Lasker awards (currently four categories), founded in 1945 by advertising executive Albert Lasker and his wife, sterilization advocate Mary Lasker.

Most Nobel winners get a Lasker award a year or so before they get a Nobel.

Holds true for Alpha-Fold, which got a Lasker award in 2023.

Kariko and Weissman got a Lasker award in 2021.

Past recipients include Joseph Smadel, John Enders, Jonas Salk, Basil O'Connor, Anthony Fauci, Maurice Hilleman.

Lasker awards are a who's-who of medico-military killers and a good way to predict the next phase of the projected-illusion warfare.

* * *

[35] https://sashalatypova.substack.com/p/uwash-n-fold-a-science-fraud-laundering

Jan. 25, 2025 - Note on probits, probability units

New word I learned this week: probit.

As in probit curve, probit line, probit model.

Probit is a portmanteau of probability unit, coined by Chester Ittner Bliss in 1934.

Relates to immunity unit, antitoxin unit, international antitoxic unit, international unit, LD_{50}, ID_{50}, ED_{50}, Ct_{50}, LCt_{50}, $TCID_{50}$…

> "The idea of the probit function was published by Bliss in a 1934 article in *Science* on how to treat data such as the percentage of a pest killed by a pesticide. Bliss proposed transforming the percentage killed into a "probability unit" (or "probit")."

* * *

Jan. 27, 2025 - Probit, probability unit as related to public deception campaigns, vaccines and other biological and chemical weapons.

Working last week to track the development and use of *specific result*, *potency* and other key undefined and pseudo-defined terms from the 1902 Virus-Toxin law to the 1938 Food, Drug and Cosmetic Act, 1944 Public Health Service Act and beyond, I learned the word *probit*, and the terms *probit line*, *probit slope, probit function* and *probit model*.

The earliest terms applied by military-public health officers to give the false public impression that *specific results* or *potency* for viruses, serums, toxins and antitoxins can be observed, measured, defined and described, were *immunity unit* or *antitoxin unit*.

Both "units" were derived, by dilution and arbitrary assumptions, from the median minimum lethal dose of a toxic, heterogeneous, unstable mixture of foreign (xeno- or non-self) biological substances, when injected into a group of living test subjects such as guinea pigs, mice, rabbits and dogs.

Probit is a portmanteau of probability unit, coined by Chester Ittner Bliss in 1934.

Wikipedia[36]:

> "The idea of the probit function was published by Bliss in a 1934 article in *Science*[37] on how to treat data such as the percentage of a pest killed by a pesticide. Bliss proposed transforming the percentage killed into a "probability unit" (or "probit")."

The terms *probability unit* and *probit* are related to biological product nomenclature such as *immunity unit* (in use by 1905); *antitoxin unit* (by 1909); *international unit* (by 1931); and *international antitoxic unit* (by 1946).

Probability unit is also related to toxicology and biological and chemical warfare nomenclature:

- LD_{50} - median lethal dose, dose of a drug or microbe that will kill 50% of the subjects receiving it, expressed as mass of substance administered per unit mass of test subject, ie mg of substance per kg body mass);
- ID_{50} - median infective dose, dose that has a 50% probability of producing a specified response to infection, considered as symptoms or signs of disease or death;
- $TCID_{50}$ - tissue culture median infective dose; dilution of a virus required to infect 50% of a given cell culture.
- ED_{50} - median effective dose, dose of a drug or microbe that has a 50% probability of producing any precisely definable effect;

[36] https://en.wikipedia.org/wiki/Chester_Ittner_Bliss
[37] *The Method of Probits*, https://www.science.org/doi/10.1126/science.79.2037.38

- Ct_{50} - measure of intensity of exposure; function of concentration and time, not of dose that actually penetrates the body; concentration applies as much to pathogens as to chemical agents; if concentration (C) is expressed in mg-m^3 and time (t) is in minutes, the Ct is mg-min/m^3

- LCt_{50} (median lethal exposure intensity; function of concentration and time).

The related quantities LD_{50}/30 or LD_{50}/60 are used to refer to a dose that will be lethal to 50% of the dosed population within (respectively) 30 or 60 days.

One of the source documents is a 1970 report by World Health Organization consultant, titled *Health Aspects of Chemical and Biological Weapons*.[38]

At. p. 85:

> Specification of toxicity and infectivity
>
> The LD_{50} (lethal dose 50) of a drug or a microbe is the dose that will kill 50% of the subjects receiving it.
>
> It may also be defined as the dose that has a 50% probability of killing any particular individual. Correspondingly, and more generally, one can specify an ED_{50} (effective dose 50) as the dose that has a 50% probability of producing any precisely definable effect, for infective agents the term ID50 (infective dose 50) is used for the dose that has a 50% probability of producing a specified response to infection, considered in this report as symptoms or signs of disease or death.
>
> Neither the LD_{50} nor the ED_{50} gives sufficient information in itself to form a guide to the relation between dose and effect.
>
> The additional information needed is provided by the "slope of the probit line", which can always be calculated from the data required for the accurate determination of an ED_{50} (Finney, 1952, 1968).
>
> This figure is dimensionless, so that its meaning is independent of the units of dosage.

At p. 88

> Influence of local meteorological factors on the effectiveness of an attack with chemical weapons
>
> …It appears that the probit lines of very toxic agents have high slopes.
>
> It is legitimate therefore to take the critical distance as that at which the Ct corresponds to an LD_{50}. This Ct is referred to as the LCt_{50}.

[38] https://iris.who.int/bitstream/handle/10665/39444/24039.pdf

> The probability of death will amount almost to certainty for an agent of high probit slope (5-10) when the Ct is only a little larger than the LCt_{50}...

Vaccination — parenteral (outside the digestive tract) injection of mixtures of foreign biological material and synthetic chemicals — can be understood as maximizing exposure intensity or Ct: inserting the maximum concentration of poison into the living subject in the minimum amount of time.

See also, 2011 WHO manual for the establishment of national and other secondary standards for vaccines:[39]

> *Biologicals* are "substances which cannot be fully characterized by physico-chemical means alone, and which therefore require the use of some form of bioassay."
>
> *Biological tests (bioassay).* A biological test is a laboratory procedure for the estimation of the nature or potency of a material by means of the reaction that follows its application to some elements of a living system (examples include animals, tissues, cells, receptors and enzymes). The potency of the material being measured is often defined in International Units or, in some circumstances, may be defined in terms of International System of Units (SI), by comparison with the reaction of the system to a biological reference preparation.
>
> *International biological measurement standards* (commonly referred to as WHO International Standards, IS) are substances, classed as "biological" according to the criteria outlined above, which are provided to enable the results of biological assays or immunological assays to be expressed in the same way throughout the world. The value assignment by the World Health Organization is in terms of an International Unit (IU) or another suitable unit. The unitage is attributed to a first international standard in an arbitrary manner after an international collaborative study has been completed.

Related

- July 4, 2022 - Possibilities for proving intent. The work product of attorneys Susan E. Sherman, Wen W. Shen, Dawn Johnsen and the July 6, 2021 Department of Justice legal opinion.

* * *

[39] https://iris.who.int/bitstream/handle/10665/70669/WHO_IVB_11.03_eng.pdf?sequence=1

Jan. 29, 2025 - Labeling deceits and omissions and fake informed consent for vaccines and other legalized biological and chemical weapons.

Analysis of South Carolina's S.54: Medical Informed Consent Act

Notes

Labeling deceit and labeling omissions are about labeling biological products, including vaccines, with ill-defined words and arbitrary units of measure and units of potency to deceive users into holding false beliefs: that package contents are identifiable, measurable, stable, non-toxic and therapeutic.

Labeling deceit and omissions represent only a small fraction of the many layers of legalized deceit and omissions that have comprised biological product manufacturing, communicable disease control, and vaccination law at any given time since 1902 and up to the present moment.

Pulling on any thread of deceit, in any layer at any time, leads to other layers of deceit. It's not possible to fully describe any layer, in any single report. I encourage readers who want to better understand other layers of deceit surrounding any word, phrase, unit of measure, or unit of potency described below or in other Bailiwick reporting, to pull the threads.

Deepen vaccine hostility.

Help more people stop taking vaccines and stop vaccinating babies and children.

Pray the Rosary.

*

A Medical Informed Consent Act bill (S. 54)[40] was introduced in the South Carolina state Senate on Jan. 14, 2025, proposing amendments to South Carolina's current Emergency Health Powers law (Title 44, Chapter 4, enacted in 2002)[41] and related provisions in other sections of South Carolina state law.

I looked at the draft Medical Informed Consent Act, focusing on proposed changes to SC Code 44-4-520, *Vaccinations and Treatment*.

Based on my knowledge of how federal law addresses biological product and vaccine package labeling and informed consent to enable and hide intentional poisoning programs by disguising poisoning campaigns as regulated pharmaceutical product manufacturing, distribution and use, I think people who are knowledgeable about how to neutralize this state law proposal, neutralized it before introduction.

[40] https://www.scstatehouse.gov/sess126_2025-2026/bills/54.htm
[41] https://www.scstatehouse.gov/code/t44c004.php#44-4

It would still be good if it passed, if only because other amendments proposed by S.54 would require notification to product recipients that they and their survivors can't prosecute or sue anybody if they're injured or killed, by defining the term *Indemnified product*.

> *Indemnified product* means any product including, but not limited to, a covered countermeasure, for which the manufacturers and distributors are shielded from direct civil or criminal liability to consumers for personal injuries and damages resulting from the use of the product as determined by state or federal law.

That's notification by South Carolina lawmakers, to South Carolina people, that US-HHS, US-DoD, US-FDA, US-NIH, US-CDC, US-ASPR, US-BARDA, US-DARPA, (and all other federal government officers); Pfizer, BioNTech, Moderna, National Resilience, Rentschler (and all other vaccine manufacturers); and South Carolina pharmacists, nurses and doctors are all jointly licensed to maim and kill using all vaccines (which are all *indemnified products*) and countermeasures, under biological product laws that legalize manufacture of biological and chemical weapons, deceptive labeling of packages, and use of the products to torture, maim and murder recipients.

When people understand that FDA licenses, authorizations and approvals for manufacture and use of *indemnified products* are licenses to kill, those people stop taking vaccines and stop vaccinating babies and children.

Analysis

The current South Carolina law relating to Vaccinations and treatment (S.C. Code 44-4-520,[42] adopted in 2002), does not include a section defining *informed consent*.

S.C. Code 44-4-520 currently reads:

> Vaccinations and treatment.
>
> (A) During a state of public health emergency, DHEC may exercise the following emergency powers, in addition to its existing powers, over persons as necessary to address the public health emergency:
>
> (1) to vaccinate persons as protection against infectious disease and to prevent the spread of contagious or possibly contagious disease;
>
> (2) to treat persons exposed to or infected with disease; and
>
> (3) to prevent the spread of contagious or possibly contagious disease, DHEC may isolate or quarantine, pursuant to the applicable sections of this act, persons who are unable or unwilling for any reason (including, but not limited to, health, religion, or conscience) to undergo vaccination or treatment pursuant to this section.
>
> (B) Vaccinations or treatment, or both, must be provided only to those individuals who

[42] https://www.scstatehouse.gov/code/t44c004.php#44-4

agree to the vaccinations or treatment, or both.

(C)(1) Vaccination may be performed by any qualified person authorized by DHEC.

(2) To be administered pursuant to this section, a vaccine must not be such as is reasonably likely to lead to serious harm to the affected individual.

(D)(1) Treatment must be administered by any qualified person authorized to do so by DHEC.

(2) Treatment must not be such as is reasonably likely to lead to serious harm to the affected individual.

HISTORY: 2002 Act No. 339, Section 24, eff July 2, 2002.

With S.54[43], South Carolina lawmakers are proposing to add *informed consent* provisions to S.C. Code 44-4-520.

Section 44-4-520. Vaccinations and Treatment

(A) For purposes of this section, "informed consent" means a written document that is signed and dated by an individual; or, if the individual is a minor, by a parent or legal guardian; or, if the individual is incapacitated or without sufficient mental capacity, by a designated health care agent pursuant to a health care power of attorney, that at a minimum includes:

(1) an explanation of the vaccine or treatment that is written in language that is understandable to the average lay person;

(2) a description of the potential risks and benefits resulting from vaccine or treatment, along with a realistic description of the most likely outcome;

(3) a statement acknowledging risks associated with the vaccine or treatment if the vaccine or treatment is an *indemnified product* as defined in Section 44-1-55(A)(7) [another amendment proposed by S.54 but not yet in South Carolina state law]; and

(4) language that clearly indicates that the individual agrees to the administration of the vaccine or treatment, that the individual has had time to thoughtfully and voluntarily accept or decline the vaccine or treatment free from coercion.

[43] https://www.scstatehouse.gov/sess126_2025-2026/bills/54.htm

The proposed S.54 amendments would also add a new provision to Section 44-4-520 on "safety and efficacy" review and "adverse event monitoring."

> ...(F) The safety and efficacy of vaccines, tests, and treatments performed and administered as provided in this section must be reviewed and adverse events monitored by the department. References to evidence-based data determined to validate vaccines, tests, and treatments including, but not limited to, VAERS data must be prominently posted on the department's public website.

The proposed South Carolina state law language about informed consent for vaccination and treatment mirrors federal law for all biological products since 1902 and for EUA countermeasures since 2003.

Federal biological product and EUA laws are written to exempt manufacturers and regulators from having to label products with information about the specific identity and quantity (mass, volume, concentration) of biological material inside packages of biological products.

For biological products (all vaccines) and for EUA products, proper name, manufacturer name and address, and general descriptions are the only enforceable and enforced legal requirements.

South Carolina lawmakers will, if S.54 passes, embed this limited general information format, mirroring federal law in state law, by limiting the required information to "an explanation of the vaccine or treatment that is written in language that is understandable to the average lay person."

This is related to what Sasha Latypova and I have pointed out: it's not possible for anyone to give informed consent without having specific information about what, exactly, is in the individual package presented to a specific recipient at a specific time and place.

Biological product labeling laws are written to require general, but not specific information, because the specific contents of any given package of biological material at any given moment in time, cannot be specifically known, identified or fully characterized at all.

Scientific identification and measurement methods are capable of only partial characterization of biological organisms and living systems not because of limits to scientific knowledge or technology that may someday be overcome, but because of the inherent variety and instability of biological organisms themselves. Assessment methods destroy the samples to obtain the limited information that can be gleaned. Each aliquot differs from each other aliquot, even those drawn from the same batch. And each aliquot differs from itself at earlier or later moments in its existence.

It's also related to what Sasha Latypova and Mike Yeadon have both pointed out: there is no way to establish any "dose" by mass or volume of injected biological material, because all injected biological material interacts in a unique way and for an unpredictable, indeterminate amount of time with the biological processes of each specific recipient.

Living organisms are in a state of constant change. They're born and they grow. They take in nutrients, use energy, change form, excrete waste. They communicate and cooperate with other living organisms. They decay, fragment and die.

At any given moment all along the biological product propagation and manufacturing chain, all of those processes are underway in vaccine batches and bottles.

The biological events unfold at active, rapid speeds when the living organisms are at room temperature or body temperature within a laboratory processing container.

The events occur at slower rates when the living organisms are suspended, encapsulated, refrigerated or frozen.

The events resume — rapidly again — when the living organisms are defrosted, diluted, warmed, mixed and injected into another, larger living organism.

Since there's no way for any public health-military officer, manufacturer, regulator or vaccinator to know the specific identity of what's in any package at any given time, because biological products are unstable mixtures of living and non-living matter, and no way to predict how each specific living body will respond to the material after injection, there's no way for any of them to tell the recipient what the product is or what effect it will have.

Poisoners among US public health, military, scientific, medical, legal and financial officers have known these facts from the beginning of the modern vaccination era.

That's why they have written and executed laws to exclude identity information from product labels for all viruses, serums, toxins, antitoxins and vaccines since the virus-toxin law enacted by Congress in 1902 [see below, section titled Leapfrogging Mutual Exemptions] and also from all labels and "fact sheets" for EUA products since the emergency countermeasures law enacted by Congress in 2003.

Oct. 22, 2020 FDA VRBPAC meeting: Marion Gruber, Director, FDA Center for Biologics Evaluation and Research CBER Office of Vaccines Research and Review (OVRR), transcript[44] at p. 37:

> In order to issue an EUA, the FDA must determine, among other things, that the product may be effective and that the known and potential benefits of the investigational product outweigh its known and potential risks.
>
> Use of an investigational COVID-19 vaccine under an EUA is not subject to informed consent requirements.
>
> However, vaccine recipients need to be provided a fact sheet, and that describes the investigational nature of the product, the known and potential benefits and risks of the product, available alternatives, and there is the option to refuse vaccination.

[44] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2020.10.22-fda-vrbpac-meeting-transcript-cber-ovrr-gruber-fact-sheet-no-informed-consent.pdf

Gruber was correctly reporting on the legal requirements: regulators and manufacturers are legally-authorized to omit specific identity information from EUA product fact sheets, which are substitute or false informed consent documents containing only general information, descriptions, or explanations.

Congress enacted the omission provision in 2003 (PL 108-136[45], NDAA FY2004 at 117 Stat. 1686) and the provisions entered into the Food Drug and Cosmetic Act (US Code Title 21 at 21 USC 360bbb-3(e)

Congress enacted substitute or fake informed consent provisions to continue to hide labeling omissions; to continue to hide the non-existence of legal requirements, since 1902, that biological product manufacturers and regulators identify and publish (on labels and other printed material) the specific contents of vaccine and other biological product packages.

> 21 U.S. Code §360bbb–3(e)(1)(A)(ii), *Authorization for medical products for use in emergencies, Conditions of authorization, Unapproved product*
>
> (A) Required conditions
>
> With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
>
> > (ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
> >
> > > (I) that the Secretary has authorized the emergency use of the product;
> > >
> > > (II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
> > >
> > > (III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

[45] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2003.11.24-pl-108-136-ndaa-eua-adding-21-usc-360bbb-3-emergency-use-10-usc-2370a-note.pdf

Emergency Use Authorization letters for COVID-19 vaccines corroborate the legalized omission of specific identity information from product labels.

See, for example, Dec. 11, 2020 letter, Denise Hinton, FDA to Elisa Harkins, Pfizer, published at 86 FR 5204:

> "Product Description
>
> The Pfizer-BioNTech COVID-19 Vaccine is supplied as frozen suspension in multiple dose vials; each vial must be diluted with 1.8 mL of sterile 0.9% Sodium Chloride Injection, USP prior to use to form the vaccine. After dilution, each vial contains 5 doses of 0.3 mL per dose. The Pfizer-BioNTech COVID-19 Vaccine does not contain a preservative.
>
> Each 0.3 mL dose of the Pfizer-BioNTech COVID-19 Vaccine contains 30 mcg of a nucleoside-modified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2.
>
> Each dose of the Pfizer-BioNTech COVID-19 Vaccine also includes the following ingredients: lipids (0.43 mg (4-hydroxybutlyl)azanedyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 0.05 mg 2[(polyethylene glycol)-2000]-N,N-ditetradyecylacetamide, 0.09 mg 1,2-distearoyl-sn-glycero-3-phosphocholine, and 0.2 mg cholesterol), 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.35 mg sodium chloride, 0.07 mg dibasic sodium phosphate dihydrate and 6 mg sucrose. The diluent (0.9% Sodium Chloride Injection) contributes an additional 2.16 mg sodium chloride per dose.
>
> The dosing regimen is two doses of 0.3 mL each, 3 weeks apart."

The December 2020 Product Description by FDA and Pfizer-BioNTech uses the indefinite article "a nucleoside-modified messenger RNA..." and provides no information about how to validate the claimed mass and concentration of an indeterminate product (30 mcg per 0.3 mL dose) or convert from the claimed mass and concentration of the indeterminate biological product to predictable effects.

Again, this is because mass and concentration of unstable, dynamic mixtures of living and dying organisms and fragments of their cells cannot be validated — there are no scientific techniques, equipment or methods that don't fully destroy each sample — and because effects cannot be predicted accurately and specifically: effects vary immeasurably through the interaction of the injected material with itself before injection and with the recipient's own living body after injection.

FDA, Pfizer and vaccinators provide no information about the specific molecular structure of the claimed RNA molecules, because RNA molecules are not stable and, if present at all, are present in a variety of ever-changing forms in the package, interacting with, transforming and being transformed by all the other listed contents, which also may or may not be in the bottle at any given moment while the contents are active, growing, living and decaying.

The Dec. 2020 Fact Sheet[46] given to recipients includes a list of names of substances, including unspecified "mRNA."

> What are the ingredients in the Pfizer-BioNTech COVID-19 Vaccine?
>
> The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients:
>
> mRNA, lipids, ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

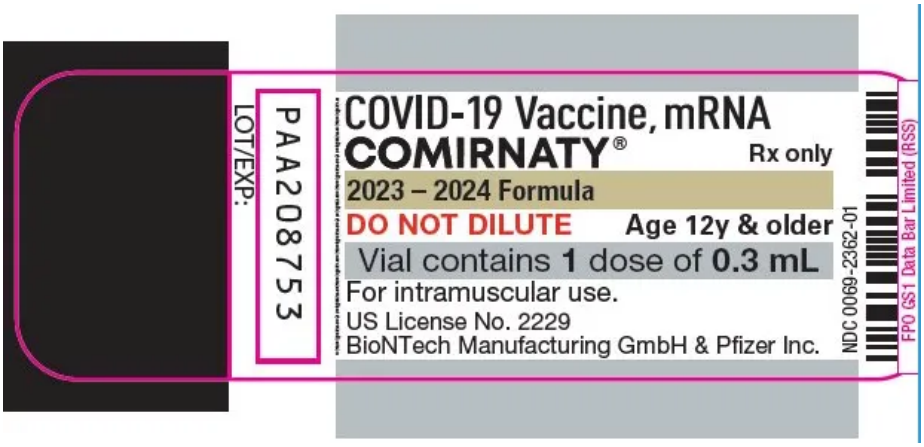
Publicly-available manufacturing contracts, such as the Pfizer Statement of Work produced during Brook Jackson's False Claims Act case, and publicly-available regulatory application documents redact all information that would further reveal the unstable, mixed, unspecified, unidentifiable nature of vaccine contents.

- 2020.07.21 DOD ATI Pfizer Technical Direction Letter Statement of Work OTA-W15QKN-16-9-1002[47]
- 2021.08.19 FDA CBER CMC BLA Review Memo - COMIRNATY[48]
- 2021.08.20 FDA Analytical Method Review Memo - COMIRNATY[49]
- 2021.08.21 FDA Chemistry Manufacturing Controls CMC Review Memo - COMIRNATY Voluntary Action Indicated[50]
- 2022.02.15 HHS FDA Form 483 Rentschler Biopharma, Laupheim, Germany Failure cGMP drug substance simulated fill process[51]

[46] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2020.12-fda-pfizer-eua-fact-sheet-pfizer.pdf
[47] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf
[48] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.08.19-fda-cber-cmc-bla-review-memo-comirnaty.pdf
[49] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.08.20-fda-analytical-method-review-memo-comirnaty.pdf
[50] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2021.08.21-fda-chemistry-manufacturing-controls-cmc-review-memo-comirnaty-voluntary-action-indicated.pdf
[51] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2022.02.15-hhs-fda-form-483-rentschler-biopharma-laupheim-germany-failure-cgmp-drug-substance-simulated-fill-process.pdf

Even after the fake FDA "approval" of the Pfizer-BioNTech Biologics License Application (BLA) in August 2021, for example, the Comirnaty label for the vial simply describes the contents as "one dose of 0.3 mL."

Screenshot from FDA Purple Book, Comirnaty entry[52], 2023-2024 Formula



Leapfrogging mutual exemptions

Tracking the two separate legal pathways for "biological products" and for "drugs" from the opening of the legal hole for biological products in 1902 through 1944.

1902 - BIOLOGICAL PRODUCTS - Viruses, serums, toxins, antitoxins and analogous products, including all vaccines - 1902 Virus, Serum and Toxin Act (PL 57-244)

Congress required package labels for viruses, serums, toxins, antitoxins and analogous products - to contain:

> "the proper name of the article contained therein,
>
> the name, address, and license number of the manufacturer, and
>
> the date beyond which the contents cannot be expected beyond reasonable doubt to yield their specific results."

Congress required no information about product identity, mass, volume or other physical or chemical qualities or quantities.

That was the opening of the legal hole through which unidentified, unidentifiable, mixtures of unstable, foreign biological substances would be legally labeled as medicines and legally injected into people to poison, sicken and kill them for the following 120+ years.

[52] https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=48c86164-de07-4041-b9dc-f2b5744714e5

1906 - DRUGS - 1906 Pure Food and Drug Act (PL 59-384)

Section 6 defined the term "drug" as "all medicines and preparations recognized in the United States Pharmacopeia-National Formulary [USP-NF] for internal or external use, and any substance or mixture of substances intended to be used for the cure, mitigation, or prevention of disease of either man or other animals."

Section 7 provided that, for drugs sold under USP-NF-recognized names, a drug would be deemed adulterated under either of two conditions:

- if it "differs from the standard of strength, quality, or purity, as determined by the test laid down" in the USP-NF "official at the time of investigation" with exemptions for drugs whose "standard of strength, quality or purity" was "plainly stated on the bottle, box, or other container" even if the standard differed from the standard determined by the USP-NF test, or

- if the product's "strength or purity fall below the professed standard or quality" stated on the package under which it was sold.

Section 8 defined misbranded as applying to all drugs "the package or label of which shall bear any statement...regarding such article, or the ingredients or substances contained therein which shall be false or misleading in any particular."

The 1906 Pure Food and Drug Act also deemed drugs misbranded if demonstrated to be "an imitation of or offered for sale under the name of another article;" in packages that had had original contents removed and substituted with other contents; or if the package label failed to list the "quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilide, or any derivative or preparation of any such substances."

Unpacking the resulting status of biological products under the Pure Food and Drug Act:

Biological products were not sold under names recognized by the USP-NF, and — as biological products subject only to the 1902 law — were not required to be labeled with any specific, identifying information about ingredients or substances.

Since there were no specific "statements about the article, ingredients or substances" on biological products at all, there were no statements that could be assessed or deemed "false or misleading."

Adulteration and misbranding provisions were therefore not applicable to biological products.

1938 - DRUGS - 1938 Federal Food, Drug and Cosmetic Act - (PL 75-717)

Congress in 1938 passed the Federal Food Drug and Cosmetic Act (FDCA), repealing and replacing the 1906 Pure Food and Drug Act, and carrying forward the comprehensive inapplicability of drug manufacturing, labeling and distribution regulations to biological product manufacturing, labeling and distribution activity, through Sec. 902(c):

> "Nothing contained in this Act shall be construed as in any way affecting, modifying, repealing, or superseding the provisions of the virus, serum, and toxin Act of July 1, 1902."

For drugs already in use, the FDCA maintained most of the 1906 rules for drugs.

The 1938 FDCA deemed a drug sold under a USP-recognized name to be adulterated if

> "…its strength differs from, or its quality or purity falls below, the standard set forth in such compendium" to be determined by "tests or methods of assay set forth in such compendium…" 1938 FDCA Section 501

For drugs already in use, 1938 FDCA required labels to contain:

> "...the name and place of business of the manufacturer, packer, or distributor; and
>
> ...an accurate statement of the quantity of the contents in terms of weight, measure, or numerical count...
>
> adequate directions for use...
>
> adequate warnings against use in those pathological conditions or by children where its use may be dangerous to health, or against unsafe dosage or methods or duration of administration or application…" 1938 FDCA Section 502

For drugs already in use, 1938 FDCA deemed a drug to be misbranded if its labeling was:

> "...false or misleading in any particular..." 1938 FDCA Section 502

The 1938 FDCA also provided for several exemptions and waivers to be promulgated by the Secretary of Agriculture at his discretion, including conditions under which any otherwise applicable requirement "is not necessary for the protection of the public health."

For new drugs — drugs not already in use by 1938, that manufacturers wanted to begin selling — the 1938 FDCA required applicants to provide the Secretary of Agriculture with

> "…reports of investigations...to show whether or not such drug is safe for use...
>
> a full list of articles used as components of such drug...
>
> a full statement of the composition of such drug...
>
> a full description of the methods used in, and the facilities and controls used for, the
>
> manufacture, processing and packaging of such drug...
>
> samples of such drug and of the articles used as component thereof as the Secretary may require and...
>
> specimens of the labeling proposed to be used for such drug." 1938 FDCA Section 505(b)

New drug applications would become effective, allowing introduction of the drug into interstate commerce, automatically on the sixtieth day after filing, unless the Secretary issued an order refusing to permit the application to become effective.

For new drug applications, the 1938 FDCA authorized the Secretary to issue an order refusing to permit the application to become effective, upon finding

> "that the submitted test results were inadequate to demonstrate safety, or
>
> that the submitted tests results demonstrated the drug to be unsafe, or
>
> that "the methods used in, and the facilities and controls used for, the manufacture,
>
> processing, and packing of such drug are inadequate to preserve its identity, strength, quality and purity." 1938 FDCA Section 505(d)

1944 - BIOLOGICAL PRODUCTS - 1944 Public Health Service Act (PL 78-410)

With the 1944 Public Health Service Act, Congress reinforced the separation of biological product regulation from drug regulation that had already been put in place in 1902 and 1906 and reinforced in 1938:

> PHSA 351(g): Nothing contained in this Act shall be construed as in any way affecting, modifying, repealing, or superseding the provisions of the Federal Food, Drug and Cosmetic Act.

Through the 1944 PHSA, Congress added to the list of biological products, which up until then included "virus, therapeutic serum, toxin, antitoxin or analogous product" the phrase "arsphenamine or its derivatives (or any other trivalent organic arsenic compound)." PHSA 351(a)

Through the 1944 PHSA, Congress left in place the very short list of required package markings, limited to:

> the proper name of the article contained therein; the name, address and license number of the manufacturer; and the date beyond which the contents cannot be expected beyond reasonable doubt to yield their specific results. (1944 PHSA Section 351(a)(2))

Through the 1944 PHSA, Congress left in place the legal hole through which poisons could be manufactured, labeled without specific identification or quantification of contents, distributed and used, disguised as standardized, regulated medicinal products.

At Section 351(d) Congress introduced the phrase "continued safety, purity, and potency" falsely described as "standards" biological product manufacturing processes must be "designed to insure" for licenses to be issued, even though no such standards had ever existed, and no manufacturing, testing or regulatory compliance procedures had ever been designed to insure them.

Such standards can never exist, and such manufacturing processes can never be designed or used, because biologically-active biological organisms cannot be stabilized, standardized, purified, or rendered safe to inject into another living creature, or rendered potent or effective for anything other than untraceable poisoning.

<u>Related</u>

- Sept. 19, 2022 - In Nov. 2020, Pfizer told FDA reviewers, led by Marion Gruber, that safety studies were neither needed nor conducted. In making that argument, Pfizer cited WHO guidance written in 2002 by a team led by Marion Gruber.
- Feb. 9, 2023 - On the significance of 21 USC 360bbb-3(k): "use" of EUA products "shall not constitute clinical investigation."

* * *

February 2025

Then He wept over Jerusalem (Flevit super illam). Enrique Simonet.

Feb. 5, 2025 - Notes about inversions of reality; obscuring of truth; and projected illusions.

Some notes I wrote in early November 2024 while working on Part 5 of series.

Perhaps useful for readers grappling with the shape and size of the lies told about communicable diseases and vaccination.

To deceive the public, the deceivers can't say nothing.

They must say plausible but untrue things.

They're engaged in an advertising campaign, to induce false public perception of unfulfilled needs for protection against dangerous threats, when no such threats or unfulfilled needs for protection exist in reality.

Methods include fabrication of data/evidence; projection of illusion; spell casting; mesmerization; deceit; deception; misclassification; misdiagnosis; misrepresentation; mischaracterization; misdirection; simulation; dissimulation; pretense; pretext.

To explain how the illusions are projected, instead of showing

1. What communicable disease threats (vectors) did exist
2. How microbiological causes identified
3. How preventatives, responses, protections were or were not developed
4. How preventatives, responses, were or were not produced/manufactured
5. How preventatives were or were not used
6. How preventatives were or were not deemed effective.

Deception-disclosers need to show

1. How illusion of communicable disease vectors/threats was projected
2. How illusion of microbiological causality was projected
3. How illusion of preventative treatment research and development was projected
4. How illusion of preventative treatment production/manufacturing was projected
5. How illusion of production/manufacturing standardization and regulation was projected.
6. How illusion of preventative treatment use was projected
7. How illusion of preventative treatment effectiveness was projected
8. How truth of treatment harm/toxicity was hidden
9. How truth of other factors (clean water, adequate nutrition and housing) benefits were hidden.

For law to be law, there must be:

1. A rule or standard, objectively measurable, observable
2. Notice to those expected to comply
3. Consequences for breaking the rule or not meeting the standard.
4. Agents authorized to investigate/witness/testify as to violation.
5. Agents authorized to impose consequences/penalties

To explain how the illusions were projected, instead of showing what scientific and legal standards did exist and how they were or were not

1. Written/promulgated/published
2. Followed, complied with (by scientists and manufacturers)
3. Applied/enforced (by regulators)

Deception-disclosers need to show:

1. What rules and standards (legal and scientific) did not exist
2. How the illusion of their existence was projected
3. How the illusion of applicability was projected
4. How the illusion of compliance was projected
5. How the illusion of enforcement was projected

Illusion projection is done by

1. Congress
2. agencies collecting and publishing data; standardization of non-standardizable classifications of disease causality, diagnosis and cause-of-death attribution; centralized registries.
3. scientific and medical publishers
4. agencies regulating manufacturing facilities
5. manufacturers

They work together to project

1. Illusion of rule/standards' existence (by substitution of rules and standards with no validity, applicability or enforcement mechanisms or agents)
2. Illusion of rule/standards' compliance (by self-reporting of protocols by manufacturers)
3. Illusion of rule/standards' enforcement (by substitution of non-substantive protocol review, inspection, testing, licensing, authorization, approval)

by means of projecting illusion of, with omission of substantive, objective standards for:

1. Identity, composition, ingredients, molecular structure, mass, weight
2. Purity, non-adulteration, non-contamination, sterility, using terms such as extraneous protein, adventitious agents, inactivation protocols.
3. Stability, "continued" ability to yield results, dating period start/end, expiration date
4. Safety, non-toxicity
5. Potency, efficacy (ideal conditions), effectiveness (actual conditions), specific results, using terms such as immunity units/international units, surrogate endpoints, correlates of protection, real world evidence, in vitro, in vivo, in silico (computer model), other illusory standards.
6. Branding, labeling, non-misbranding

Why do they have to use surrogate endpoints (serological epidemiology, antibodies, animal and human, also false) as proxy for therapeutic benefit)?

Because the clinical endpoints ("direct measure of how a patient feels, functions, or survives;" morbidity; mortality) would be:

1. Contracting, or not contracting, within an unpredictable period of time (or predicted incubation period, which can't be replicated by contagion studies) symptoms of a disease that
2. May or may not be caused by or accompanied by the presence of one or more allegedly causative agents (bacteria, pathogen, virus), whose presence may or may not be observed, and
3. If symptoms appear, probably will be mild and probably will resolve without treatment in a person with adequate clean water, fresh air, nutritious food, clothing, shelter and rest.

Human studies not feasible or ethical because:

1. Inserting sputum doesn't reliably cause disease (not feasible)
2. Even if it did, it would cause harm to the subject (not ethical)
3. Lack of symptoms may ensue even if infected, if disease or imbalance is handled by body without observable signs.

Feb. 8, 2025 - Exemptions for biologics (all vaccines) under PHSA 351, from FDCA 505 'new drug' provisions requiring substantial evidence of effectiveness.

Posting an email to a reader who is interested in untangling when and how some of the carve-outs exempting biological products — including all vaccines — from laws requiring 'substantial evidence' of effectiveness obtained through 'adequate and well-controlled' human studies for marketing and use of new drugs, came into being.

It's part of my ongoing work on Part 5 of series.

The text is rough, and I'm not providing links to most source documents, only because it takes time to assemble the links that I don't want to spend right now. Better formatting of the same information will probably be published in Part 5.

Related

- Sept. 27, 2024 - Antibodies and surrogate endpoints: more pieces of the scientific and regulatory fraud puzzle.
- Oct. 16, 2024 - Anaphylaxis, allergens, immunogenicity, vaccines. 1980 GAO report to Sen. Abraham Ribicoff, Sen. Edward Kennedy and others, about allergenic products and vaccines.

Email to reader:

Two other places to start (in addition to Tuskegee) are the 1937 Elixir tragedy (solvent used in antibiotic liquid caused 100+ deaths) and 1958/1959 thalidomide.

The Elixir incident is cited as a driver of the 1938 FDCA and the thalidomide incident is cited as a driver of the 1962 FDCA Kefauver-Harris amendments to FDCA 505 requiring non-biologic drug manufacturers to provide, in their marketing application materials, proof of safety and effectiveness of new non-biologic drugs.

Tuskegee is cited as the driver of the "informed consent" for human studies sections, which is related but more about the conduct of studies themselves, and less about product manufacturing and manufacturer submission of evidence in marketing application packages.

Because biologics and vaccine manufacturers have never had to collect or submit evidence from controlled human studies, rules about informed consent and conduct of human studies haven't ever applied to them….

In the original 1938 FDCA, the term *new drugs* is defined at FDCA 201 as

> "any drug the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety of drugs, as safe for use..."

In 1962, Congress added effectiveness terms so that new drug was defined as

> "any drug the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use..."

The 1962 amendments also added in "effective" language in several parts of FDCA 505.

> For example, FDCA 505(e) is about conditions under which a regulator can withdraw or suspend approval for a non-biological new drug. Without such suspension or withdrawal action, the application is deemed approved and the drug can be marketed.

Prior to 1962, the FDCA 505(e) section ended at 505(e)(2).

In 1962, a third condition under which approval could be suspended was added at 505(e)(3):

> "on the basis of new information...that there is a lack of substantial evidence that the drug will have the effect it purports or is represented to have...in the labeling..."

The 1962 amendments added a definition for *substantial evidence*, at FDCA 505(d):

> "the term substantial evidence means evidence consisting of adequate and well-controlled investigations, including clinical investigations, by experts qualified by scientific training and experience to evaluate the effectiveness of the drug involved, on the basis of which it could fairly and responsibly be concluded by such experts that the drug will have the effect it purports or is represented to have under the conditions of use prescribed, recommended, or suggested in the labeling or proposed labeling thereof."

To summarize, the finding of no substantial evidence of "effectiveness," as a basis for preventing new drugs from entering market or withdrawing new drugs from market, at least for drugs subject to FDCA (so not for PHSA biologics), was only added with the 1962 amendments, put in at 505(e)(3).

Setting aside, for now, the blanket or general legal exemptions that have existed from the beginning and still exist now for all PHSA 351 biologic products, from all provisions of FDCA 505 new drug rules, one specific carve-out the two-track system enabled, for PHSA biologic products, is that, because biologic product labels are not required to contain any information about the effect it is supposed to cause in the recipient, there is no statement of effect that could be assessed for whether the evidence that it will have such an effect is "adequate and well-controlled" or supports "fair and responsible conclusions" as to the validity of the claims.

Another legalized carveout for PHSA biologic products, appeared in implementing regulations (circa 1972) that said regulators could accept "partially controlled" "uncontrolled" and other implicitly insufficient, inadequate and not-well-controlled forms of evidence.

They also circumvented the FDCA effectiveness provisions usually by using some form of saying that human studies of biologicals, of the kind done for non-biologic drugs, are "not feasible" or "not ethical."

For example:

> "Where adequate and well-controlled studies are not feasible, and acceptable alternative scientific methods of demonstrating effectiveness are available, the latter will be sufficient." (37 FR 16679, Aug. 18, 1972)

Human safety and "efficacy" and effectiveness, could be derived, for "individual active components" of biological products, for "combinations of the individual active components" of biological products, and for "finished biological products" from:

- Controlled studies.
- Partially controlled or uncontrolled studies.
- Documented case reports.
- Pertinent marketing experiences that may influence a determination as to the safety of each individual active component.
- Pertinent marketing experiences that may influence a determination as to the safety of combinations of the individual active components.
- Pertinent marketing experiences that may influence a determination as to -the safety of the finished biological product.
- Pertinent marketing experiences that may influence a determination on the efficacy of each individual active component.
- Pertinent marketing experiences that may influence a determination as to the effectiveness of combinations of the individual active components.
- Pertinent marketing experiences that may influence a determination as to the effectiveness of the finished biological product.
- Pertinent medical and scientific literature.

There is useful discussion of the way that these terms created the gap for biologics to be used without controlled studies in the 1980 GAO report.

- 1980.06.06 - *Answers to Questions on Selected FDA Bureau of Biologics Regulation Activities* HRD 80-55, (GAO report for Senators Ribicoff and Kennedy[53]

It's tricky reading, but the meat is in the back and forth between GAO inspectors and HEW officials.

GAO noted that Congress had considered applying the evidence standard to biologics, but the provisions were repeatedly stripped out of bills in the early 1960s. GAO noted that FDA hadn't provided detailed criteria about what kind of studies meet the standard for "acceptable alternative scientific methods." GAO suggested Congress pass legislation requiring controlled studies. GAO suggested FDA label products to notify doctors and patients that no good evidence of effectiveness had been collected or existed. GAO suggested a lot of things.

[53] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1980.06.06-gao-answers-to-questions-on-selected-fda-bureau-of-biologics-regulation-activities-hrd-80-55-ribicoff-kennedy-pagination-corrected.pdf

HEW replied by saying, paraphrased:

> 1) the Congressional laws are already good enough, we don't need more laws, and
>
> 2) we [manufacturers and regulators] can't do controlled studies because biologics can't be standardized and we can't figure out which parts of biological materials are the "active components" or the ones having the effect, or if any effect is caused. And we can't figure out how to account for the wide variability in response in humans from person to person, and from time to time within the same person. We can't figure out dosing. We can't figure out clinical endpoints. We don't really know anything about biologics, what's in them, or what they do. But we think that partially-controlled, uncontrolled studies, with case reports, with post-marketing (aka "real world") reports and with "pertinent medical and scientific literature (aka Enders and other scientific misconduct papers) are good enough to keep making and using biologics.

* * *

Feb. 10, 2025 - International Criminal Court and International Court of Justice

Email from a reader

> I was wondering if you had any thoughts about the Trump EO regarding the International Criminal Court.
>
> Feb. 6, 2025 - Trump Executive Order 14203, Imposing Sanctions on the International Criminal Court.[54]
>
> ...there is a lot of bluster in the middle section regarding 'Israel.' What struck me is that it really is not about Israel because both the US and Israel ignore the ICC anyway, and the US is sufficiently powerful to do whatever it wants.
>
> Reading between the lines, I wonder if this could be about covid war crimes, particularly your work re: 1949 [Fourth] Geneva Convention, Relative to the Protection of Civilian Persons in Time of War[55], [including Common] Article 3 [defining and prohibiting murder, mutilation, cruel treatment and torture, codified in US domestic law at 18 USC 2441…].

My reply:

I looked it over, and two thoughts came to mind.

One is that there's a New Zealand group with Maori members that filed a complaint to ICC about Covid issues, attaching American Domestic Bioterrorism Program[56] information and an affidavit by Francis A. Boyle, as to Covid vaccines as bioweapons. (Boyle reportedly died on Jan. 30, 2025.)

The New Zealand petitioners apparently filed a Complaint of Genocide at the International Criminal Court in November 2024, and filed a notice to the New Zealand Attorney General on Feb. 5, 2025.

[54] https://www.whitehouse.gov/presidential-actions/2025/02/imposing-sanctions-on-the-international-criminal-court/
[55] https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.33_GC-IV-EN.pdf
[56] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

When asked by organizers if I would do an affidavit or endorsement for the New Zealand ICC complaint, I declined to do that [see email below], but confirmed that all of the information I've compiled is publicly available and can be used by anyone to support their cases.

- 2024.11.03 NZ ICC Genocide Complaint DRAFT, acknowledged by ICC Prosecutor per 2024.11.12 email from NZ organizer[57]
- 2024.11.18 NZ ICC Complaint, FINAL, as amended and filed[58]
- 2025.02.05 Notice to NZ Attorney General Judith Collins, that NZ ICC Genocide Complaint FILED 2024.11[59]
- 2025.02.05 Notice to NZ AG Attachment 1, 2024.05.27 Affidavit Francis Boyle re biological weapons[60]
- 2025.02.05 Notice to NZ AG, Attachment 2, 2024.05.06 Notice of Liability to Ghebreyesus from World Council for Health[61]
- 2025.02.05 Notice to NZ AG, Attachment 3, 2023.01 K. Watt Legal Memo Statutes ADBP[62]

Quoting from the Feb. 5, 2025 document:

> ...I write to formally notify you; Judith Collins, doing business as New Zealand Attorney-General, with recipients to bear witness, that a Complaint of Genocide has been filed with the International Criminal Court in response to evidence of biological weapons been used on the New Zealand population, under fraudulent declarations of a natural occurring virus...
>
> Pursuant to New Zealand's obligations under the Rome Statute of the ICC, the Genocide Convention (1948), and customary international law, particularly under Article 6 of the Genocide Convention, to prevent and punish genocide, and Article 3 of the convention that states complicity in genocide is also punishable, and Article 25 of the Rome Statute of the International Criminal Court, states that aiding and abetting or otherwise assisting in crimes against humanity would be punishable, we request that under New Zealand's obligations to International Law, you use your authority to refer this matter to the International Court of Justice for determination of state responsibility, and that the ICJ consider the need to support or establish an ad hoc tribunal...

[57] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2024.11.03-nz-icc-genocide-complaint-draft-acknowledged-by-icc-prosecutor-per-2024.11.12-email-from-nz-organizer.pdf
[58] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2024.11.18-nz-icc-complaint-as-filed.pdf
[59] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2025.02.05-notice-to-nz-attorney-general-judith-collins-that-nz-icc-genocide-complaint-filed-2024.11.pdf
[60] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2025.02.05-notice-to-nz-ag-attachment-1-2024.05.27-affidavit-francis-boyle-re-biological-weapons.pdf
[61] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2025.02.05-notice-to-nz-ag-attachment-2-2024.05.06-notice-of-liability-to-ghebreyesus-from-world-council-for-health.pdf
[62] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2025.02.05-notice-to-nz-ag-attachment-3-2023.01-k.-watt-legal-memo-statutes-adbp-attached-to-2025.02.05-nz-icc-case.pdf

> That it is evidenced, individuals and NGO'S have fraudulently used emergency declarations to enable military action against the global population for reasons of financial and political gain and resource protectionism,
>
> That the mandated experimental gene therapy C19 drugs have been declared a biological weapon by expert affidavit...

My other thought is that there's another international court, called the International Court of Justice, to which US *is* a signatory.

It was set up in the late 1940s, and several members of Congress understood at the time that it was a problem for sovereignty. They added something called the Morse Resolution, or Connally Amendment, reserving to the US government, the authority to determine which matters would be exclusively within domestic jurisdiction.

As of 2016, legal architects of the US PREP Act system (Lawrence Gostin etc.) argued that the International Court of Justice could be a venue for prosecuting countries that violated terms of the WHO International Health Regulations.

The International Court of Justice would therefore be another mechanism to enforce compliance, at the nation-state level, with US-led, worldwide public-health-military ("pandemic preparedness and response") genocide programs.

- 1946.08.02 International Court of Justice Senate ratification Morse Resolution Connally Amendment[63]
- 2016 paper Gostin Katz IHR WHO governing framework global health security International Court of Justice[64]

[63] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/1946.08.02-international-court-of-justice-senate-ratification-morse-resolution-connally-amendment.pdf
[64] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2016-paper-gostin-katz-ihr-who-governing-framework-global-health-security-milbank-international-court-of-justice.pdf

July 22, 2024 email from KW to New Zealand ICC campaign organizers:

In general, all of my work is public, and can be used by readers...ICC complaints [have…] been tried at least once already, by a UK lawyer named Hannah Rose, filed Dec. 6, 2021.[65] ICC acknowledged her complaint, and there has been no further action, to my knowledge.

ICC does not have jurisdiction or enforcement authority over the US government military/public health officials who are conducting the worldwide mass murder, which has been legalized by US domestic law, domestic law in other countries, and international treaties and contracts.

The crimes that have been committed happened upstream and long before the Covid vaccines, and were crimes of treason committed by lawmakers, executives, civil administrators and judges in passing, signing, executing and judicially ratifying the illegal laws that have legalized mass murder by vaccine.

Further, my work doesn't support and isn't supported by the work of Francis Boyle, Aaron Siri (testimony to Congressional committee, June 26, 2024) and Thomas Massie (House report, June 24, 2024).

Boyle argues that Covid 19 injections violate the Biological Weapons Antiterrorism Act of 1989.

I argue that intentionally lethal injections are legalized as falling under BWA exemptions for allegedly "prophylactic, protective or bona fide research" products and "select agents."

"Select agents and toxins" is the misleading term used by HHS and the Public Health Service/US military, to designate vaccine components, which are intentionally harmful biological products, and legalize their production and use on human and animal targets.

I have not read Siri's testimony in detail, nor have I read Massie's 600+ page report in detail, because both reports provide false information in the first few paragraphs. Siri and Massie argue that there is an enforceable regulatory framework governing design, production and use of vaccines and EUA products and that the clinical trials for Covid vaccines were "robust."

I argue that there is no such enforceable regulatory framework and that the so-called "clinical trials" were non-valid and were performative only. There is only a pretense or sham regulatory process, including fraudulent oversight of fraudulent clinical trials.

The only purpose of the multi-layer fraud is to deceive the public into believing the lies that a regulatory framework exists and has been applied to Covid vaccines, and any/all other vaccines.

There is no substantive relationship between FDA acts and decisions, and the safety and efficacy of products bearing "vaccine" labels.

* * *

[65] https://hannahroselaw.wordpress.com/icc-complaint-uk/

Feb. 13, 2025 - Notes on public education and litigation strategies based on characterization of Covid-19 vaccines as biological weapons, legal or illegal.

Questions received by email, paraphrased:

> Does it matter whether vaccines are characterized, to the public or in litigation, as legal or illegal biological weapons? Can any bioweapon be fairly promoted by a government officer as a safe and effective means of combating a (pretend) pandemic?

KW responses:

I think it's important to understand the difference between legalized biological weapons, which includes all vaccines, and illegal biological weapons, under the terms of (and exemptions from) the main US domestic law criminalizing use of biological weapons (18 USC 175) and laws related to that one, including the *Enhanced control of dangerous biological agents and toxins* law or Biological Select Agents and Toxins/BSAT law (42 USC 262a).

The general public trying to understand what's been revealed through Covid events, and courts handling cases, also need to assess the legitimacy of public officials, in the US and abroad, relying on the *de facto* HHS-PHS-FDA classification of Covid-19 vaccines as legal biological weapons, in making their public policy decisions to promote and use the products on the populations of their countries.

This point — whether Covid vaccines are legal biological weapons or illegal biological weapons — is a point on which my conclusions differ from the late Dr. Francis A. Boyle's conclusions and several other individuals' conclusions and public education and case strategies.

The issues relate to the inherent (unavoidable, intrinsic) toxicity, heterogeneity and instability of all biological material introduced into a living organism for whom the introduced biological material is foreign or non-self, and the intentionality of the legalized poisoning program known as vaccination campaigns, dating back to the early 20th century.

In other words, all vaccines are biological weapons, and they have all been legal biological weapons for as long as vaccination campaigns have been conducted...

There are no objective (able to be verified with valid tests, measurements, assays etc.), applicable, or enforceable scientific or legal standards or definitions for the words or products (more properly understood as dynamic processes) *virus* and *vaccine* or for the descriptor words *safe* and *effective*.

There are no objective legal or scientific standards for the words, objects or events *communicable disease, communicable disease pathogen*, *epidemic* or *pandemic*.
As a result, any biological material can be classified as a *communicable disease pathogen*, *virus* or *vaccine*, and any biological material can be described as *pathogenic*, *toxic, safe* or *effective*, without violation of any laws about labeling, dosing, contamination, adulteration, or misbranding.

If a substance induces an immune response, it can accurately be described as *toxic*, *pathogenic* and *effective,* because the expected or anticipated effect of introducing foreign biological matter into a living organism is a process carried out by the body to respond to, dismantle, eliminate or excrete foreign matter: to detoxify.

That's the effect that has been induced by any poisoning act, whether the exposure has been dilute or concentrated in time and space; whether the effect is mild, moderate or severe; and whether the effect occurs at the subvisible, microscopic level, at the observable, symptomatic level (rash, coughing, fever, dizziness, paralysis, vomiting, diarrhea, organ failure) or at both subvisible and observable levels.

Biological products are exempt from evidentiary standards or criteria applied to other, non-biological drugs under drug manufacturing regulation systems.

The decisions about how to classify biological material are arbitrary, and political (i.e., the classifications are used to advance the goal of inducing public compliance with public policies).

Vaccination proponents, and proponents of *communicable disease* as caused by *pathogenic viruses* use probability-of-harm units derived from population-wide studies (for example, the amount of a product or series of product administration events that result in death to 50% of the test animals to whom the product or series is administered within a short time range), rather than mass, weight, volume, concentration or other objectively measurable physical units.

And they use *surrogate endpoints* such as *antibody titres* (another false measure) in animals (another layer of removal from human studies) as evidence of therapeutic benefit for humans, rather than objective clinical endpoints such as direct measures of how an individual human patient feels, functions or survives.

Because poisons and the proposed remedies or shields are the same basic substances — non-self biological materials that induce detoxification effects — the indicators for harm and benefit are the same, non-specific, probability-based units of measure.

The trick or crime is mostly in how the poisoners get the targeted victims to perceive the substances and confuse cause and effect relationships.

They get people to perceive a hypothetical substance, (an allegedly circulating, allegedly transmissible virus, observable only through the proxy of manipulated test kits) as a threat.

And they get people to perceive the alleged remedy, vaccines, which are actually threats, as a benefit, shield or treatment.

The Covid-19 pandemic, and all "vaccine-preventable disease" outbreak classifications were and are pretend, fabricated from manipulated diagnoses and disease classifications.

The products (vaccines) put forward as preventatives or remedies were and are not safe and not effective, from the point of view of common understanding of what safe and effective mean, which again, is not defined by objective scientific or legal criteria in biological product and communicable disease control law.

But the public presentation of the fake pandemic as real and as dangerous was legal, and the public presentation of vaccines/biological weapons as safe and effective was also legal, because there are no objective legal or scientific definitions or standards for those words, products and events.

Good targets for public education and litigation strategies are, in my view, the legal instruments and the lawmakers who legalize public policies executed through the holes made by intentional omission (from biological product and communicable disease control law) of legal provisions establishing objective, enforceable scientific and legal standards of evidence.

Some supporting evidence from US law, about the arbitrary dual legal classification of biological material/processes/bottled products as simultaneously biological weapons and licensed biological products: SARS-CoV-2 is listed as a biological select agent or toxin subject to transportation and use restrictions, having been so classified by US-HHS as of November 2021, under the statute 42 USC 262a, which provides exemptions from 18 USC 175 (the biological weapons criminal law), through the implementing regulation for 42 USC 262a, which is 42 CFR 73.3. (86 FR 64075, Nov. 17, 2021)

And it simultaneously is the biological material, the S-protein of which the mRNA vaccine product allegedly codes, for which US-FDA has provided a simulation of drug manufacturing regulation (relied upon by countries around the world through Mutual Recognition Agreements) in the form of legal EUA "authorizations" under 21 USC 360bbb (86 FR 5200, Dec. 11, 2020) and legal BLA license "approvals" under 42 USC 262 (BLA Approval, Aug. 23, 2021[66]), such that it can be legally introduced into interstate commerce and used on targets.

Related

- June 28, 2022 - “There are treaties that prevent the usage of chemical and biological weapons to maim and kill.” Unless the weapons are reclassified as public health measures, and human beings are reclassified as public health threats.
- April 10, 2023 - Design of a Weapon: Targeting the Human Microbiome "Biodefense in the Age of Synthetic Biology"[67] (Sasha Latypova)
- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.
- April 24, 2023 - At-home gain-of-function kits. Biodefense is indistinguishable from biowarfare; the so-called biodefense industry is, in truth, the biochemical munitions industry.
- Sept. 14, 2024 - Scientifically unsupported and insupportable Presidential designation of quarantinable communicable diseases; habeas corpus petitions. “…*Reader:* What was unclear for me before was: what makes a "communicable disease" a "quarantinable communicable disease"? And I learned the answer, which is the disease's [arbitrary, without scientific or legal evidentiary standards or criteria] inclusion on the list of diseases in presidential executive orders...."
- Sept. 24, 2024 - Biological select agents and toxins.

[66] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/02/2021.08.23-fda-bla-license-2229-for-biontech-germany-establishment-approval-letter-for-comirnaty-malarkey-and-gruber-to-patel-11-p-.pdf
[67] https://sashalatypova.substack.com/p/design-of-a-weapon-modifying-the

Feb. 18, 2025 - Note on chickenpox.

Response to a reader asking about how to explain his personal observations of symptomatic chickenpox-classified rashes in children in his own generation, his childrens' generation, and his grandchildren.

I think chickenpox has been renamed as shingles and probably other skin disorders: itchy rash versions of body's attempt to eliminate introduced toxins, but not caused by a stable toxin that can be or has been isolated and shown to be the unique cause of the rash response.

The promoters of vaccines just give names to hypothetical stable, transmissible molecules -- like varicella virus, variola virus -- that do not have stable identity in the material world.

Beyond that, I can't help with a better explanation for your observations.

I know that the people who promote vaccination are lying, and I know some of the ways in which they get their lies to stick in people's minds and blind people to the fact that the lies are lies.

But knowing that what they're saying is false, does not provide a full accounting for what's true.

What's true about disease, disease classifications/diagnostic criteria and the body's many ways of healing from assaults, and how many different forms assaults can take, is not fully understood at this time in history.

This time in history may, God-willing, be the end of a 200+ -year subjection of human minds to intentionally false and misleading information and suppression of all information that might have exposed the falsehoods as falsehoods sooner.

If so, it will also be the beginning of a new period of scientific discovery, re-starting at where Ignaz Semmelweis (findings of cadaveric contamination and its connections to childbed mortality), Antoine Bechamp, Gunther Enderlein, and a few others were working in the 18th, 19th and early 20th centuries.

* * *

Feb. 28, 2025 - 1944-1972: Law and public policy imbued with scientific misconduct to better induce irrational fear of disease and irrational trust in vaccination.

Part 5 of series on US federal biological product and quarantine law, 1798 to 1972. Series compiled into PDF book form, April 2025.[68]

By Lydia Hazel and Katherine Watt

Outline

I. Introduction

II. Historical Context; Overview of Four Layers of Scientific-Legal Misconduct

III. Scientific, Medical and Mathematical Misconduct

IV. Infusion of Scientific and Medical Misconduct into Legal Misconduct

A. 1944 Public Health Service Act

B. Quarantinable communicable disease designation by executive order

C. 1944 PHSA, textual analysis

D. 1947 - First post-PHSA regulations published

i. Original structure of biological product regulations, 1902-1944

ii. How biological product regulation changed after Congress passed the 1944 PHSA

E. 1945 - 1959 - DDT pesticide campaigns; DTP combination vaccines; polio vaccination campaign

F. 1955-1972 - NIH-DBS regulatory simulation acts and omissions; J. Anthony Morris

G. October 1962 - Vaccination Assistance Act and Drug Amendments Act

V. Discussion

VI. Summary

VII. Connections to US military chemical and biological warfare programs, and corroborating reports published after 1972

[68] *Legal history of non-regulation of biological products* - https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/04/2025.04.02-subject-series-book-1-biological-product-non-regulation-no-identity-no-standards-no-compliance-no-enforcement.pdf

I. Introduction

So far in our pilgrimage to understand how perverted legal instruments (statutes, regulations, executive orders, treaties, trade agreements and contracts) have made possible the legalized, ongoing, vaccine- and pesticide-driven mass poisoning of the world's people, we have presented timelines of laws enacted between 1798 and 19431 and between 1972 and the present.2

Our goal is to give readers a scaffolding on which to attach more knowledge. The volume of available information, and the complexity and moving target character of the deception programs make it difficult to do anything more than provide a scaffold.

We are confident that our basic conclusions are supported by the evidence from the wording of legal instruments themselves, and from the written record surrounding the application of the laws, including government and academic reports, published scientific and medical literature, litigation records (stipulations and judicial decisions), and historical accounts written by researchers whose work was not funded by governments, private institutions or universities.

Our conclusions:

Regulation or licensing of biological product and vaccine manufacturing in the United States, by the Food and Drug Administration and its precursors, establishes and applies alternative, surrogate, proxy, indirect, uncontrolled, correlative, probability-based standards to manufacturing methods and product quality assurance methods.

Because the standards are correlative, and therefore not standards at all, the procedures presented to the public as regulation have instead been a simulation of regulation, a suggestion-to-the-mind of observers, without substance or materiality.

Regulatory simulation of biological product manufacturing has been going on continuously since the initial construction of the legal frameworks for biological products in 1902 with Congressional passage of the Virus-Toxin law, through the present.

The basic reason for the simulation is that the simulators have want the public to believe — contrary to the truth — that vaccines are a class of products that can be stabilized and standardized and, in stable, standardized, identifiable and identified forms, can be demonstrated to have stable properties or attributes such as purity, therapeutic effectiveness and strength.

These properties are denoted using many different terms within legal instruments. Some of the other terms are sterility, safety, efficacy, specific results, potency, dosage, contaminated, adulterated, adventitious agents, bioburden, extraneous proteins

Because the contents of vaccine bottles are propagated by living organisms, vaccines are processes, and not products. And because they are non-self organic matter, injected into the blood of a recipient organism, they can also be understood as injectable pesticides. They offer a much more concentrated, effective delivery mechanism than aerial and surface spraying.

As living organisms or dynamic processes encased in steel or glass, vaccines cannot be fully identified, defined, characterized, stabilized or standardized, and thus cannot be demonstrated to have stable properties or attributes such as purity, effectiveness and strength.

Regulation and standardization in a substantive, material form is practically and theoretically impossible.

Over the past eight decades, those who use vaccines to poison babies, children and adults under the guise of therapeutic benevolence have made changes to the wording of biological product and communicable disease control law. In most cases, these wording changes have been driven by an interest in obscuring or delaying emergence of evidence from advancements in analytical techniques and equipment, which would expose the intentional harmfulness of vaccination to public view, and to compensate for growth in public scientific literacy.

Why have legislators, financial officers, military officers, public health officers, scientists, vaccine manufacturers, doctors and lawyers wanted people to believe the lies that a non-standardizable process is a standardized product and that harmful products are beneficial products?

We believe the evidence supports the conclusion that these government officials and professionals seek to induce false trust by suggesting feasible and rigorous quality control oversight where none occurs, and to ensure product safety and therapeutic benefit, where neither are possible, to induce compliance with vaccination campaigns.

They want people to take vaccines voluntarily, repeatedly and without resistance, and to vaccinate their children, so that more people will get sick, be sicker, and die earlier, without the poisoning crimes being traceable to the killers, and within a legal system incapable of stopping, prosecuting and punishing the criminal acts.

We believe the evidence supports the conclusion that biological product regulation is a web of interwoven simulations, and that the evidence demonstrates how and by whom these simulations are performed.

Some of the performers -- vaccinating doctors, nurses and pharmacists who have trusted the information provided to them during training and the teachers who provided that information -- have believed they are performing good acts with true therapeutic, disease-prevention effects. They believed error to be truth, but they believed it sincerely and with good will, out of ignorance and not malice.

For some of the performers who know the truth about epidemiology, pathology, virology and vaccines, the motivation is greed and the goal is money: patient visits, drug sales, campaign contributions, bribes, getting people on the public dole as disabled, and then off the public dole as dead.

For others who know the truth, and who organize the work of doctors, nurses, pharmacists, manufacturers, legislators, judges and civil administrators, it's about dominance, control, and exploitation.

It's war, disguised.

It's about destruction of life and productive capacity.

It's about orchestration of scarcity.

It's about keeping people sick, weak, disordered, indebted, confused, depressed, anxious, dependent, infertile, and incapable of producing and distributing goods and services to support themselves, their families and their neighbors.

Abbreviations -

- BoB - Bureau of Biologics
- CFR - Code of Federal Regulation
- DBS - Division of Biologics Standards
- EO - Executive Order
- FDA - Food and Drug Administration
- FDCA - Food Drug and Cosmetic Act of 1938
- FR - Federal Register
- FSA - Federal Security Agency
- HEW - Department of Health, Education and Welfare
- LBC - NIH Laboratory of Biologics Control
- LVR - NIH Laboratory of Virology and Rickettsiology
- NSDM - National Security Decision Memorandum
- NIH - National Institutes of Health
- PHS - Public Health Service
- PHSA - Public Health Service Act of 1944

II. Historical Context; Overview of Four Layers of Scientific-Legal Misconduct

Part 5 is the final installment in the series, to fill in the information for the immediate post-World War II period from 1944 to 1972, which encompasses:

- Congressional enactment of the Public Health Service Act of 1944, including Section 351, *Biological products* and Section 361, *Control of communicable diseases*;
- aerial (by planes) and surface spraying of human, animal, insect and plant populations using organophosphate and other organic pesticides and herbicides (organic: carbon-based, derived from living organisms or synthesized to mimic products of living organisms);
- centralized funding of scientific and medical research;
- centralized control of scientific and medical publishing;
- centralized production and distribution of merged news, drama, and advertising content, through radio, film, television, magazines and newspapers: text, black-and-white and color photographs, audio soundtracks and moving pictures (video);
- electrification and development of refrigerated storage and transportation systems for food and drugs;
- US-licensed *Japanese encephalitis* vaccine, 1945;
- first US-licensed combination vaccine (*diphtheria*, *tetanus* and *pertussis, DTP*), 1948;
- *polio epidemic* promotional advertising campaign: centralized diagnostic criteria (for individual cases) and morbidity and mortality classification data reporting and data distribution (population-scale or epidemiological) for a collection of symptoms of systemic poisoning known as *poliomyelitis, infantile paralysis*, *flaccid paralysis, polioencephalitis* and other terms, which symptom constellations appeared in medical practice and scientific and medical literature coincident with the development of industrialized manufacture and use of organic pesticides in the mid-1800s;
- *polio* vaccines: "field trials" (1952-1954) followed by nationwide mass vaccination campaigns starting in 1955;
- *Asian influenza epidemic* promotional advertising campaign, 1957;
- US-licensed *measles* vaccine, 1963;
- US-licensed *mumps* vaccine, 1967;
- US-licensed *rubella* vaccine, 1969;
- *Hong Kong influenza epidemic* promotional advertising campaign, 1968; and
- *swine influenza epidemic* promotional advertising campaign and mass vaccination campaign, 1976, including first comprehensive liability indemnification scheme for vaccine manufacturers by Congressional statute.

Layers of deception

Broken down into broad categories, there are four layers to the legal deception program that made a legal hole through which injectable organic pesticides (vaccines) have been propagated at industrial scale, bottled, refrigerated, transported through interstate commerce, and used on people and animals since 1902.

Layer 1

Mutual general exclusions exist between the 1938 Food Drug and Cosmetics Act (descendant of the 1906 Pure Food and Drug Act), and the 1944 Public Health Service Act (descendant of the 1902 Virus-Toxin law, as follow:

1938 FDCA, Section 902(c): "Nothing contained in this Act shall be construed as in any way affecting, modifying, repealing, or superseding the provisions of the virus, serum, and toxin Act of July 1, 1902"; and

1944 PHSA, Section 351(g): "Nothing contained in this Act shall be construed as in any way affecting, modifying, repealing, or superseding the provisions of the Federal Food, Drug and Cosmetic Act."

Layer 2

Congress enacted, by statute, different lists of terms or phrases for product standards, laying out which properties or attributes of production facilities, processing methods, packaging and products were subject to enforcement under the FDCA, for non-biological products, and under the PHSA, for biological products.

1938 FDCA, Section 505(d) authorized the Secretary of Agriculture (later Federal Security Agency Administrator, later Health, Education and Welfare Secretary) to issue orders refusing to permit new non-biological drugs to enter interstate commerce on several grounds.

The manufacturing-related grounds to deny permission for distribution were:

> "upon finding...that the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of such drug are inadequate to preserve its identity, strength, quality and purity."

1944 PHSA, Section 351(d) authorized the Federal Security Agency Administrator (formerly Treasury Secretary, later HEW Secretary) to issue "licenses for the maintenance of establishments" to "propagate or manufacture" any biological product designated as a "virus, therapeutic serum, toxin, antitoxin or analogous product, or arsphenamine or its derivatives (or any other trivalent organic arsenic compound)."

The manufacturing-related standards for issuing licenses were:

> "upon a showing that the establishment and the products for which a license is desired meet standards designed to insure the continued safety, purity, and potency of such products..."

The most important word in the FDCA section is identity, and that's the most crucial omission from the PHSA section.

Biological products are not legally required to be identifiable or identified.

Without an identified, identifiable, stable product, it is not practically or theoretically possible to insure qualities, properties, characteristics or attributes of propagation materials and methods, or to insure attributes that could inhere in a product itself, such as safety, purity or potency, in initial or in continued form.

Layer 3

Administrative agency regulations implemented Congressional intent to maintain two separate government oversight or product endorsement pathways (permits, authorizations, approvals, licenses) for two distinct categories of products: FDCA-governed non-biological products and PHSA-governed biological products, more properly understood as bottled biological processes.

Post-1944 agency regulations exempted all new biological products from regulation as "new drugs" under the 1938 FDCA. This enabled their legal introduction and delivery through interstate commerce without proof that manufacturing methods preserved "identity, strength, quality and purity."

The categorical exemption of biologics (vaccines) from FDCA 505 new drug application provisions entered into the Code of Federal Regulations (CFR) renumbered from 21 CFR 2.109 in the 1947 printing of the CFR to 21 CFR 1.109 for the 1949 printing of the CFR, as follows:

> "21 CFR 1.109. New drugs, exemption from section 505 of the [FDCA] act. A new drug shall not be deemed to be subject to section 505 of the [FDCA] act if it is a drug which is licensed under the Public Health Service Act of July 1, 1944 [...], or under the animal virus-serum-toxin law of March 4, 1913..."

By 1956, the provision was numbered 21 CFR 1.109a. (21 FR 9890). By 1963, the provision was numbered 21 CFR 130.2 (28 FR 6377). By 1974, the provision was numbered 21 CFR 310.4 (39 FR 11680), where it stands today.

A related series of regulations also exempted all "drugs intended solely for investigational use" from section 505(a) of the FDCA act (which prohibited introduction or delivery into interstate commerce of new drugs that had not filed new drug applications under FDCA 505.

The phrase "Caution: New Drug - Limited by Federal (or United States) law to investigational use" appeared on labels of polio vaccine used during field trials between 1952 and 1955, indicating that campaign organizers sought a double-layer of shielding from FDCA 505 new drug application standards.

The "investigational use" exemption is not covered in detail in this report, but it runs from 21 CFR 2.114 (1947) through 21 CFR 1.114 (1949), 21 CFR 130.3 (1963) to 21 CFR 312.1 (1974).

A version of these exemptions, authorizing interstate delivery of "investigational new drugs," now stands at 21 CFR 312.2.

Layer 4

To give the appearance of substance to vaccine manufacturing regulation, Federal Security Agency administrators (later HEW secretaries) drafted and published simulations of specific "standards" and enforcement mechanisms for biological product establishments licensed under the PHSA, for processing, storage, packaging, labeling and distribution methods or procedures, and for product characteristics.

These regulations for licensing of biological product establishments mimicked the substantive, material standards applied to non-biological drugs under the FDCA, enforced by the Food and Drug Administration in cooperation with the US-Pharmacopeia-National Formulary, but were not substantive, applicable, applied, enforceable, or enforced.

This is the most complex layer to understand and describe, it is the subject of the rest of this report, and it has the highest concentration of terms, definitions, exclusions, waivers, exemptions, suspensions and omissions. Words and phrases are often undefined, ill-defined or only defined in relative or contingent terms. Words and phrases used at one time are replaced with different words and phrases a few years later.

When reading through our broad descriptions of how the regulatory simulation system developed and has been used, please keep in mind the difference between performative simulation -- the projection of fictional but highly realistic illusions of scientific, medical, legal and publishing integrity -- and real, observable acts and omissions.

III. Scientific, Medical and Mathematical Misconduct

We've chosen to begin this timeline of misconduct in 1913, noting that 20th century deceptions and omissions of material facts were built atop foundations laid in the 18th and 19th centuries by Edward Jenner, Robert Koch, Paul Ehrlich, Emil von Behring, Louis Pasteur, Rudolph Virchow, Ernst Heinrich Weber and Gustav Fechner.

We hope our work laying out the history of legal misconduct founded upon scientific misconduct, supports the work of authors documenting the history of scientific misconduct and suppression of dissenters' work, and also supports a new period of scientific discovery based on the observations and research materials and methods of Ignaz Semmelweis (1818-1865); Antoine Bechamp (1816 to 1908) and Gunther Enderlein (1872 to 1968).

Supporting documents are listed below report.

1913 - Anaphylaxis, Charles Richet

In 1913, Charles Richet published a book called *Anaphylaxis*, describing research investigating induction of anaphylaxis -- systemic detoxification or allergic responses -- by parenteral (outside the digestive system) injection of complex non-self biological materials such as bacteria, plant and animal proteins and lipids, into living mammalian animals.

Richet received a Nobel Prize for his work, also in 1913.

Organisms whose cells and tissues Richet extracted, injected and observed anaphylactic responses, ranging from mild itching to convulsions and death, included Man-o'-War jellyfish, mice, guinea pigs, rabbits and dogs, which extracts also contained any bacteria or other microscopic organisms living in or on the above listed creatures.

Richet demonstrated that injecting blood taken from an animal that had been rendered sensitive during a first round of injections of non-self biological material, into a healthy, untreated animal, would cause the healthy, untreated animal to also experience anaphylactic reactions. He called this process of inducing anaphylaxis in an untreated animal, through injection of the blood of a previously anaphylactized animal, passive anaphylaxis.

Animals injected with materials that induced such responses were described as "anaphylactized" and the material in the blood was described as "anaphylactogen."

> "An anaphylactic state is produced by taking the blood of an anaphylactized animal and injecting it into a normal animal subject. The anaphylactogen poison is therefore a chemical substance contained in the blood."

Richet observed that white mice and some breeds of rats did not experience anaphylaxis.

Other researchers in the same field, cited by Richet included: Milton J. Rosenau and John F. Anderson of the US-PHS Hygienic Laboratory, Clemens von Pirquet, Charles Mantoux, Bela Schick, Emil von Behring and Maurice Arthus.

At the individual level, the harm caused by anaphylaxis has been called serum sickness, allergy and hypersensitivity syndrome.

It manifests as rashes, itching, and sneezing at the mild end of the spectrum, through chronic autoimmune disorders, organ failure and death at the severe end.

19th and early 20th century studies of anaphylaxis and serum sickness were developed further through subdisciplines of biology including pathology, virology, immunology, toxicology and immunotoxicology. Researchers studied how living organisms respond across time intervals, to exposure, invasion or overload of foreign biological organisms, including both the organic (carbon-based) particles which living organisms produce naturally, and those which humans began producing at industrial scale through synthetic chemistry techniques.

The anaphylaxis studies by Rosenau, Richet and their colleagues also formed the basis for government-directed vaccination and immunization policies and programs, as components of disease diagnosis and disease classification systems (epidemiology) and communicable, transmissible or infectious disease control.

1934 - Probability units or probits, Charles Ittner Bliss

Immunity unit and *antitoxin unit* were the earliest terms applied by scientists and physicians to give the impression that specific results or potency for viruses, serums, toxins and antitoxins could be observed, measured, defined, described and predicted for recipients of a packaged product. Milton J. Rosenau, director of the US-PHS Hygienic Laboratory from 1899 to 1909, for example, used the term immunity unit in a 1905 Hygienic Laboratory Bulletin: *The immunity unit for standardizing diphtheria antitoxin*.

These "units" were derived by dilution and arbitrary assumptions, from the median minimum lethal dose of toxic, heterogeneous, unstable mixtures of foreign biological substances, when injected into a group of living test subjects such as guinea pigs, mice, rabbits and dogs, suggesting a prediction as to the probability of harm to members of a population or group considered in the aggregate or collective.

In 1934, Charles Ittner Bliss, trained in biology but with an interest in statistics, introduced another probability-derived term to describe the functional capacity (strength, potency, effectiveness, toxicity) of a material substance to cause organ damage, organ failure and death, when dispersed or administered to living creatures within time and space using different methods of dispersal or administration.

Bliss published a report — 'The method of probits' (Science, 1934) — on how to mathematically convert data such as the percentage of a pest killed by a pesticide into a "probability unit" or "probit."

Probit joined biological product potency nomenclature such as *immunity unit* (in use by 1905); *antitoxin unit* (by 1909); *international unit* (by 1931); and *international antitoxic unit* (by 1946).

Probability-based pseudo-measurement units are measures of probability that a substance will have a defined effect on a predictable proportion of a population of living creatures in the aggregate.

They can be re-formatted to suggest the probability that an exposure or dose will have a defined effect on an individual, but there is no way to predict the specific effect of a specific dose on a specific living cell, insect, animal or person at a specific time and place, because the infinite complexity and variety of the starting condition and dynamic biological processes comprising the specific cell, insect, animal or person and their relationships to other organisms and experimental conditions cannot be known.

Other probability-derived measurement terms include median lethal dose or LD_{50}: dose of a substance that will kill 50% of the subjects receiving it, expressed as mass of substance administered per unit mass of test subject); median infective dose or ID_{50}: dose that has a 50% probability of producing a specified response to infection, considered as symptoms or signs of disease or death; tissue culture median infective dose or $TCID_{50}$: dilution of a [presumed-present, stable, isolatable] virus required to infect 50% of a given cell culture; and Ct_{50}: measure of intensity of exposure as a function of concentration and time.

Other probability units are derived from formulas based on the proportion of particles in a sample capable of causing a presumed effect and the probability that any one such particle will have that capacity or function, such as infectious unit (IFU), plaque forming unit (PFU), colony forming unit (CFU) and transduction or transducing unit (TU).

Probability units are proxy measures from observing a population of living cells, insects, animals or people during and after exposing them to poisons, counting the ones that have observable symptoms of detoxification processes (also called disease or infection) as well as the dead ones, and then expressing those numbers as a proportion of the starting population.

All of these units depend, for their own validity, on the validity of the method that proponents (of the measurement unit) claim or presume has established the real presence of a named toxic particle or organism (i.e., sarin nerve gas, or a specific virus such as rabiesvirus or poliovirus) and on a real causal relationship between the presence of the named particle and observed effects.

To the extent the cited scientific methods do not, in truth, establish a real causal relationship between the presence of named particles and observed effects such as cell death in a dish or paralysis or death in a living animal, the units used to measure the amount of matter and the potency, or capacity of the matter to induce predictable effects, are false units of measure.

1939-1954 studies in inducing tissue damage, brain and spinal cord damage, and death in rats, white mice, monkeys and dogs through serial passage of bacteria, mouse, rat, horse, cow, dog, monkey and human tissue mixtures by injection.

In July 1939, the *Journal of Experimental Medicine* published a paper by Rockefeller Institute investigator Leslie T. Webster titled 'A mouse test for measuring the immunizing potency of antirabies vaccines.'

Webster assumed that a material substance he called "rabiesvirus" passaged through dogs was the active component, within an aliquot of brain tissue and "horse serum," that caused rabies disease symptoms. He purported to demonstrate the "immunizing potency" of antirabies vaccine by

injecting serial dilutions into inbred W-Swiss white mice (not subject to anaphylaxis, per research by Richet and others), followed by observation of the proportion of dead mice in each test group and measurement of "neutralizing antibodies in the serum" as a surrogate endpoint or proxy.

1939 - Inducing brain and spinal cord damage, paralysis and death in rats and white mice through serial passage of brain and tissue culture mixtures by injection.

In September and December 1939, Charles Armstrong published two papers in the US Public Health Service journal *Public Health Reports*.

In the September 1939 paper, 'The experimental transmission of poliomyelitis to the Eastern cotton rat,' Armstrong described receiving a sample of brain and spinal cord tissue taken from an 18-year-old boy who had died with cause of death attributed to polio in August 1937. Armstrong stated: "a strain of virus was recovered from the material which has now been through 15 monkey passages and which clinically, and pathologically as reported by Surgeon R. D. Lillie, is apparently a strain of poliomyelitis."

Armstrong assumed that poliovirus was a stable, transmissible particle of matter, assumed that it was present in the boy who had died, assumed it had transmitted person-to-person to infect the boy, and assumed that it had caused the boys' death.

He then claimed to demonstrate that it was solely and specifically the presumed poliovirus particles within mixtures of human, monkey, and rat brain and spinal cord tissue and bacteria, which he injected into fresh cell and tissue cultures, that caused the cell death observed in the plates (cytopathic effect or cytopathogenic effect.

And he claimed to demonstrate that it was solely and specifically the presumed poliovirus material within the mixtures, which he injected into healthy rats and monkeys intranasally (up the nose), and, by injection, subcutaneously (under the skin), intramuscularly, and intracerebrally (into the brain), that caused tremors, paralysis and death observed in the animals.

In the December 1939 paper, 'Successful transfer of the Lansing strain of poliomyelitis virus from the cotton rat to the white mouse,' Armstrong described additional passages and inoculations, resulting in organ damage, tremors, paralysis and death in healthy white Swiss mice. (*See* Richet's work, above, on inbred Swiss mouse lack of susceptibility to anaphylaxis).

Armstrong also described "neutralization" tests involving rats injected with mixtures of "virus" strains and "poliomyelitis antisera" derived from blood drawn from monkeys that had recovered from "virus"-induced paralysis attacks. Almost all of the rats subjected to the virus-antisera injections died.

Jamie Andrews summarized Armstrong's work in 2021:

> "No purified/isolated “virus” is ever presented in either paper nor is pathogenicity proven."

In January 1949, John F. Enders, Thomas H. Weller and Frederick C. Robbins published a paper in *Science*, 'Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissues.'

Enders subsequently published at least two more papers on similar work on poliomyelitis virus and measles virus: 'Cultivation of Poliomyelitis Virus in Cultures of Human Foreskin and Embryonic Tissues' (August 1949), *Proceedings of the Society for Experimental Biology and Medicine*) and 'Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles (June 1954, *Proceedings of the Society for Experimental Biology and Medicine*).

Enders and his colleagues used the same basic materials and methods as Armstrong, and the mathematical probability methods for quantification used by Rosenau and Bliss.

They injecting slurries of cells and tissues of bacteria, mice, rats, monkeys, and human beings into cell and tissue cultures, and into healthy mice, rats and monkeys; observed organ failure, tremors, paralysis and death of the animals; extracted tissues from the diseased and dead animals; and repeated the cycle.

The novelty they introduced, which they then reported in the scientific literature, was laboratory methods for using tissues and cells taken from the arm muscles, leg muscles, intestines, skin and brains of human embryos and the foreskins of male human children as components of the biological slurries and cell and tissue cultures.

Enders received the Lasker Prize and Nobel Prize in 1954 for his work.

In 2002, Merck vaccine developer Maurice Hilleman would describe Enders' January 1949 paper as marking the "beginning of the modern era of vaccines" as a "breakthrough technology for cell culture propagation of viruses."

Discussion

The 1939 papers by Webster and Armstrong, and the Enders papers published between 1949 and 1954, set the frame for the next 85 years of scientific, medical and legal misconduct and deception of the public to believe false premises.

In cell biology, observed cell stress, fragmentation and death is known as the cytopathic effect or cytopathogenic effect.

Some of the terms used in scientific literature to denote cells undergoing stress and death processes, and fragments of such cells, include viruses, antibodies, spores, toxins, antitoxins, endotoxins, exotoxins, enzymes, proteins, exosomes, endosomes, lipids, peptides, polypeptides, nucleic acids, amino acids, alkaloids, rickettsia, antigens, toxigens, pathogens, immunogens, viroids, virions, prions, cytokines, phages, phagocytes, lymphocytes, macrophages and bacteriophages.

Dying and dead cells and cell fragments, detected by microscopic observation, suggest that a living organism was enduring an invasion or attack at the time the samples were drawn and observed.

Virologists, immunologists and toxicologists measure the cytopathic or cytopathogenic effect using probability-based units of measure.

And they attribute mechanistic meaning to the observed existence of dead cells and cell fragments: that the host organism was losing to the foreign invaders or overload of commensal organisms (infection, disease, death) or that the organism was overcoming the challenge (healing or becoming tolerant or immune).

This is the basis for "antibody titres" as a surrogate marker, biomarker, proxy, or probability-based measure of current infection status, capacity to transmit or spread infection, and capacity to respond more quickly, with fewer symptoms, to future destabilizing processes.

Stefan Lanka, Jamie Andrews, Sasha Latypova, the late Tracey Northern and others are demonstrating the invalidity of foundational scientific methods underlying contagion theory and genetic theory, because of the inherent time-dependent, uncontrollable changes in form for products of biological processes in living organisms.

We believe that the same materials and methods (emulsified bacterial and animal cells and tissues injected into brains and blood of other animals, followed by observation of organ failure and death) are used as evidence to support many different claims in scientific disciplines other than pathology, epidemiology, virology and vaccine manufacturing, which claims themselves require conduct of separate investigations to isolate each variable and demonstrate causal relationships.

The materials and methods used by Bliss, Armstrong, Enders and their colleagues and followers, are used to support the following premises, none of which are true:

- that a stable, unique, identifiable, isolatable particle of matter (*virus*) exists outside of a living organism and is present in a specific place and time in any cell culture undergoing cell death and in any organism undergoing disease, healing/recovery of equilibrium or death;
- that the same particle specifically and uniquely causes the observed disease and death;
- that the same particle undergoes reproduction or propagation (cell division and growth) in a cell or tissue culture or in a living organism;
- that the same particle can be inserted, in isolated or purified form, into a new organism without being inextricably bound up with the other complex molecules, nutrients and organisms in the living culture media; or
- that an organism, into which the particle of matter has been inserted, that does not exhibit cell death, organ failure, or death, has been protected from these events by the prior insertion of a modified form of the same particle (*vaccination*), and that this is evidenced by the detectable presence of another stable, unique, identifiable particle of matter (*antibody*).

In other words, the cycle of forcible extraction of biological matter, for forcible insertion into another organism for whom it is foreign, is interpreted — in the corrupted, disintegrated, perverse scientific disciplines of pathology, epidemiology, virology and biology and in the corrupted, disintegrated medical practice of vaccination — as simultaneously evidence of disease and as correlate of protection against disease.

IV. Infusion of Scientific and Medical Misconduct into Legal Misconduct

Supporting documents listed below report.

A. 1944 - Public Health Service Act

In July 1944, Congress enacted the Public Health Service Act of 1944. It was a companion act to the Public Health Service Act of 1943, which had set forth a new organizational structure for the US Public Health Service.

The 1944 PHSA consolidated and revised federal laws governing Public Health Service administration; research programs, including selection of projects eligible for federal funding and publication of reports; federal-state cooperation programs, including funding tied to preparation of state public health plans and submission of state "vital statistics" records; operation of public hospitals; care of lepers; care of narcotics addicts; regulation of biological products; designation (by executive order) of communicable diseases and operation of communicable disease control programs (quarantine and inspection); cancer research programs; and receipt of gifts.

This series is focused on just two of those subjects: regulation of biological products (PHSA 351-352) and control of communicable diseases (PHSA 361-366).

B. Quarantinable communicable disease designation by executive order

The 1944 PHSA section on communicable disease control carried forward and revised authorities that Congress had previously granted the President and the PHS Surgeon General under the headings "Prevention of Epidemics" and "Quarantine Service."

This sequence of laws set up a system under which Presidents designate communicable diseases by executive order.

Any collection of non-specific symptoms of illness exhibited by human beings can be classified as a "communicable disease" without any supporting evidence or evidentiary review process that a specific material substance caused the symptoms; can be transmitted from person to person, or that those exhibiting symptoms will not, in most cases, recover without complications after brief illness.

Communicable disease control law connects to biological product laws by way of

1) false classification of diseases as organism-caused and communicable;

2) false classification of organism-caused communicable diseases as causes of morbidity and mortality entered into centralized statistical registries (epidemiological surveillance); and

3) the bottling and labeling of vaccines -- toxic, heterogenous, unstable mixtures of allegedly transmissible, allegedly disease-causing organisms -- as preventatives for what are now often described under the non-specific heading "vaccine-preventable diseases."

On March 26, 1946, President Harry S. Truman issued the first presidential executive order under Section 361 of the 1944 Public Health Service Act, "specifying communicable diseases for the purpose of regulations providing for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission or spread of communicable diseases."

The list of "communicable diseases" was:

> Anthrax, Chancroid, Cholera, Dengue, Diphtheria, Favus, Gonorrhea, Granuloma Inguinale, Infectious Encephalitis, Leprosy, Lymphogranuloma Venereum, Meningococcus Meningitis, Plague, Poliomyelitis, Psittacosis, Ringworm of the Scalp, Scarlet Fever, Smallpox, Streptococcic Sore Throat, Syphilis, Trachoma, Tuberculosis, Typhoid Fever, Typhus, Yellow Fever.

Many of the "specified" diseases, were not, in fact, communicable or transmissible diseases.

Three of these terms — encephalitis, meningitis and poliomyelitis — were terms developed by centralized medical and scientific data collection and publishing institutions in the early to mid-20th century to denote symptoms of inflammation and breakdown of brain and spinal cord tissue, primarily caused by poisoning carried out through spraying of chemical herbicides, insecticides and rodenticides (pesticides, biocides) and through vaccines bearing labels alleging their contents were derived from organisms that allegedly caused diseases denoted as smallpox, diphtheria, tetanus, pertussis and influenza.

The symptom constellations had previously been described in medical and scientific literature under names including Heine-Medin disease, Strumpell's disease II, infantile paralysis, flaccid paralysis, polioencephalitis, encephalitis lethargica, and Theiler's encephalomyelitis.

C. 1944 PHSA, textual analysis

Congress enacted three apparent changes to biological product regulation through the 1944 PHSA, specifically at section 351(d):

PHSA 351(d). Licenses for the maintenance of establishments for the propagation or manufacture and preparation of products described in sub-section (a) of this section may be issued only upon a showing that the establishment and the products for which a license is desired meet standards, designed to insure the continued safety, purity, and potency of such products, prescribed in regulations made jointly by the Surgeon General, the Surgeon General of the Army, and the Surgeon General of the Navy, and approved by the Administrator, and licenses for new products may be issued only upon a showing that they meet such standards.

There is a lot packed into that paragraph.

Congress added what looked like a condition that biological product makers show compliance with product standards, in order to obtain licenses for specific products, not just for the general activity of propagating products.

And Congress added a list of attributes apparently (but not substantively) applicable to products, compliance with which was an apparent (but not substantive) condition for product license issuance.

Prior to the 1944 Congress, manufacturers were required to submit applications only for "licenses for the maintenance of establishments." There was no mention of licenses for individual products. The Treasury Secretary (later Federal Security Agency Administrator) issued each establishment a license number, and that number was the number that appeared on labels of all products the company bottled, labeled and distributed.

This is still the case today: there are no license numbers issued for specific products. The license number printed on each vaccine bottle label, since 1902, has been the license number assigned to the manufacturing company when it first applied for an establishment license. The license number also stays with the company over time, as the company is bought, sold and renamed. Pfizer, for example, holds US License No. 0001, the number originally assigned to Parke, Davis & Co., which became Warner-Lambert in 1970, and was bought by Pfizer in 2000.

The wording of 351(d) is what makes it possible for regulators and manufacturers to suggest to the public that a license number corresponds to a specific, identifiable product, not to the establishment in which it was bottled, but not be required to "insure" any specific attributes of any product produced by the company.

"The establishment and the products" are a single legal unit.

Both the establishment and all of its products receive the same (single) license, not several (plural) licenses corresponding to products in the plural.

As such, the "standards" described in the paragraph also apply to the establishment and its products existing together, not to individual products distinct from their manufacturer.

In practice, this boils down to the main principle of biological product regulation, which is that if inspectors find the rooms in a factory to be well-lit, with proper ventilation and plumbing, with available hot water and working equipment, with written records purporting to document the propagation history and proper storage and handling of cell and tissue cultures and other materials, and written records documenting the processing methods purportedly used to make the finished products, then the "continued safety, purity and potency" of the package contents has been "insured."

There are no physical standards applicable to the products as things in themselves.

By 1924, an alert reporter had already identified this as a giant problem. Norman Hapgood, testifying at a Congressional committee, described the system succinctly:

> "The law regulating the sale of these serums and toxins for human beings makes but one requirement, and that is that this stuff, whether dirt or dung, or whatever it is, shall be put up in a laboratory which is hygienically conducted. An inspector can go in and say that the methods are clean, and on that basis alone they are regulated…"

In 1944, Congress added the text of section 351(d) but did not change the way that licensing and inspection procedures serve as a legal hole through which anything — "dirt, dung, or whatever it is" — may be bottled and distributed and used with the appearance, but not the substance, of having been subjected to regulatory enforcement.

Prior to 1944, the list of biological products apparently (but not substantively) regulated by the Public Health Service included "virus, therapeutic serum, toxin, antitoxin or analogous product."

In the 1944 PHSA, Congress added the phrase "arsphenamine or its derivatives (or any other trivalent organic arsenic compound)."

Congress did not add the term "vaccine" to the list of biological products in 1944; Congress added the term in 1970, but did not require the HEW Secretary to define the term vaccine in regulations, and as of 2025, the term is still not defined in regulations.

In 1944, Congress also left untouched the very short list of required package markings (label requirements), limited to: "the proper name of the article contained therein; the name, address and license number of the manufacturer, and the date beyond which the contents cannot be expected beyond reasonable doubt to yield their specific results."

D. 1947 - First post-PHSA regulations published

i. Original structure of biological product regulations, 1902-1944

For the first four decades of the biological product regulatory simulation scheme (1903-1944), when most vaccines were propagated and used at the city or state level, there were five broad sections of agency regulations ostensibly implementing the licensing scheme Congress enacted through the 1902 Virus-Toxin law.

These basic provisions were written to suggest to the public that quality control system equivalent to the 1906 Pure Food and Drug Act and USP-NF production recipes and quality control tests for finished products for plant-derived and synthetic chemical drugs, was in place and operational.

The five broad sections addressed

1. licenses and definitions;

2. procedures for inspection of establishment premises, equipment and methods;

3. standards for establishments (lighting, ventilation, plumbing, ventilation, storage), equipment and animal care;

4. standards for labeling; and

5. procedures for examination of products.

From 1903 to 1944 the license sections of biological product regulations contained no product definitions with objective, observable, measurable physical or chemical characteristics, and no

defined scientific methods for identifying products, and no references to any non-governmental organization (like the USP-NF) as sources for production recipes or quality control testing methods.

The 1903 regulations contained no definitions for products at all.

In 1909, the Treasury Secretary and Surgeon Generals' board adopted a list of about 15 products defined as biological products simply by being listed by name, including "anti-diphtheric serum or diphtheria antitoxin, antitetanic serum or tetanus antitoxin...bacterial vaccines...and vaccine virus."

The 1919 regulations set forth an early version of the circular, non-material, non-measurable, indirect or intent-based definitions still in use today.

As of 1919, a virus was defined as

> "a product containing the minute living cause of an infectious disease."

As of 1919, a toxin was defined as

> "a product containing a soluble substance poisonous to laboratory animals or to man in doses of one milliliter or less of the product, and having the property, following the injection of nonfatal doses into an animal, of producing therein another soluble substance which specifically neutralizes the poisonous substance and which is demonstrable in the serum of the animal thus immunized."

As of 1919, an analogous product was defined as

> "(a) prepared from a virus, including microorganisms actually or potentially virulent, or (b) prepared from some constituent of the blood, or (c) intended for specific immunization or therapy..."

Those definitions have remained in basically the same relative and contingent (non-objective) form ever since; current definitions are listed under 21 CFR 600.3(h).

From 1903 to 1944, licenses were issued for establishments, "to engage in the manufacture, barter and sale" of viruses, serums and toxins. There were no objective rules or licensing procedures addressing products as pre-existing or as new.

From 1903 to 1944, biological product regulations set forth procedures for inspection of facilities, equipment and methods. The regulations listed things site inspectors could look at, and authorized inspectors to obtain samples of finished products to send to the Hygienic Laboratory for examination but did not require inspectors to obtain samples or the Hygienic Laboratory to test them or publish test methods or results, and did not authorize on-site inspectors to directly assess manufacturing methods or the quality of finished products. The subjects of inspection were limited to "location, construction or administration of establishments which would tend to endanger the potency or purity of the products."

These limited inspector duties and authorities were set forth in 1903 and entirely eliminated in 2019. In eliminating inspector duties and authorities in 2019, FDA gave as the reason: "to remove outdated requirements, accommodate new [risk-based] approaches, and provide flexibility without diminishing public health protections." (83 FR 3631, Jan. 26, 2018)

From 1903 to 1944, biological product regulations set forth standards for facilities. These covered subjects such as construction of bleeding rooms and stables for vaccine animals "to permit thorough hosing down;" stables to be "well lighted and well ventilated;" "hot water supplies to bleeding rooms and stables; "sterilization and subsequent handling of containers;" "efficient screening" of laboratories during "fly season;" and animal care and record-keeping.

From 1903 to 1944, biological product regulations set forth standards for contents of product labels. Labels were required to contain the name of the manufacturer; address of the manufacturer; license number (assigned to the establishment, not to any specific product prepared within the establishment); proper name of product; minimum potency of product if any; "No U.S. standard of potency" if no potency standard established; lot number; and date of manufacture or issue with period of potency, or expiration date.

Labels were not required to contain any information about the identity of any substances, quantity, mass, volume, concentration, purity, sterility, or predicted effects. The absence of these information items on labels rendered it impossible for any product to be deemed adulterated, contaminated or misbranded through any assessment method analogous to the requirements of the FDCA for non-biological drugs and rendered it impossible for any recipient to obtain information necessary to provide informed consent to treatment.

From 1903 to 1944, biological product regulations set forth procedures for examination of products by PHS NIH laboratory staff, but (as stated above), it was optional for an inspector to collect samples and forward them to the PHS laboratory. If NIH officers tested the samples at all, they tested the samples using unpublished, unvalidated test methods, comparing unstable mixtures of biological material bottled at the commercial facility to unstable mixtures of biological material bottled at NIH laboratories.

From 1903 to 1944, the only product qualities addressed in the regulations were purity and potency, and these were not mentioned or defined in the 1902 Congressional act.

PHS required no specific methods to be used to demonstrate purity. For some products, makers were expected to demonstrate potency similar to reference products provided by Public Health Service officers. The reference products, if they existed at all, were subject to the same intrinsic heterogeneity and instability of the commercially-prepared products, and potency standards were expressed in probability-based, non-objective "immunity units." Further, testing responsibility was assigned to the commercial manufacturer, with options for on-site inspectors representing PHS to collect samples and submit them to the PHS Hygienic Laboratory for testing, but no requirement that the PHS Hygienic Lab test the products or publicly report the results. For other products, makers were simply directed to print on the label: "No U.S. standard of potency."

ii. How biological product regulation changed after Congress passed the 1944 PHSA

As the Federal Security Agency Administrator and three-member Surgeon Generals' board began to implement the provisions of the 1944 Public Health Service Act into regulations published in the Federal Register, they provided more detailed descriptions of licensing, labeling and inspection rules and procedures, and general standards for establishments.

They published the first post-PHSA version of the regulations in 1947.

The same broad section headings were carried forward, into the post-1944 period, including:

1. definitions;
2. licensing procedure;
3. establishment inspection;
4. establishment standards (ventilation, record-keeping, etc.);
5. standards for product labels; and
6. general standards for products.

These basic provisions were still unintelligible, inapplicable and unenforceable, while continuing to falsely present to the public a quality control system for biological products equivalent to the 1938 FDCA 505 and USP-NF system for non-biological drugs.

For the first time in 1947, biological product regulations included definitions for the standards, qualities or attributes -- "continued safety, purity and potency" -- that Congress had introduced in the 1944 PHSA when requiring, for license issuance, compliance with regulations "designed to insure" those standards.

The 1947 regulations also incorporated, for the first time, a suggestion of new product license forms and procedures, but without substance; provisions setting forth general standards for safety, purity and potency; and a section called "Additional Standards" setting forth additional standards for specific products, starting with Trivalent Organic Arsenicals, to be tested for stability, solubility, arsenic content, moisture and relative non-toxicity.

Definitions

The 1947 regulations defined *dating period* as "the period beyond which the product cannot be expected beyond reasonable doubt to yield its specific results."

Expiration date was defined as "the date of termination of the dating period."

Standards was defined as "specifications and procedures applicable to an establishment or to the production, content, testing, labeling, or release of products prepared therein."

For the adjectives, however, instead of simply defining the words, they were defined with specificity-evading phrases: "the word...," "as applied," "is interpreted to apply" and "is interpreted to mean."

Quoting from the definitions section of the 1947 regulations:

> "The word "continued" as applied to the safety, purity and potency of products, is interpreted to apply to the dating period.
>
> The word "safety" is interpreted to apply to the relative freedom from harmful effect to the recipient when a product is prudently administered taking into consideration the character of the product in relation to the condition of the patient at the time.
>
> The word "purity" is interpreted to mean the degree of freedom from extraneous matter, whether harmful to the recipient, deleterious to the product or otherwise, in the finished product.
>
> The word "potency" is interpreted to mean the specific ability or capacity of the product, as indicated by appropriate laboratory tests or by adequately controlled clinical data obtained through the administration of the product in the manner intended, to effect a given result."

Given the intrinsic, insurmountable living nature of biological products, the actual meaning of these terms is very different from what the above suggests, as follows.

"Continued" actually means "decaying" and "unstable." Therefore a product's assigned "dating period," "expiration date," and "the period beyond which [it] cannot be expected beyond reasonable doubt to yield its specific results" are completely arbitrary. The specific outcomes will vary immeasurably from person to person, contingent upon the original composition of biological material and non-biological additives, the degree of transformation and decay that has occurred during the bottling, refrigeration and thawing of the bottled mixture, and the biology of each recipient.

"Safety" actually means "toxicity" or "specific results" such that the product causes harm by eliciting a rejection response to a purported "nonfatal dose" of foreign organic matter in the recipient organism.

"Purity" means "heterogeneity," as an indicator of how many different living organisms and organic particles of matter produced by organisms may be found in any given container. It is related to identity, sterility, adulteration, contamination and labeling

"Potency," means the degree, strength or intensity of toxicity or toxic specific result.

When Congress, through the PHSA of 1944, directed the Public Health Service to promulgate "standards, designed to insure the continued safety, purity, and potency of such products," it directed the Public Health Service to publish simulations of standards that would insure that unstable, decaying, toxic mixtures of biological material could be legally bottled, distributed and used.

Product license

The 1947 biological product regulations, at 42 CFR 73.5, introduced a simulation of a product-specific licensing procedure, complying with and also masking the unitary nature of each single license number encompassing each numbered establishments and all of the products distributed from its premises, without identifying, defining, or assessing any products in themselves.

Unlike the preceding provision (42 CFR 73.4), which carried forward the "Form of license" text laying out how Establishment License numbers would be issued, to whom and by whom, the "product license" provision did not provide a form for the license, an author, or a recipient.

The "product license" was not required to contain any more substantive information about product identity, ingredients or therapeutic effects than the "establishment license" alone.

42 CFR 73.5 simply stated,

> "Each product license shall designate: (a) The manufacturer; (b) the establishment; (c) the license number of the establishment; (d) the proper name of the product, with additional specifications, if any, which may be approved or required for additional labeling purposes."

We have never located any document in the historical record purporting to be a "product license." In available lists of "US-licensed vaccines," such as the list provided in Appendix D of the 2002 NIH-NIAID Jordan Report, all vaccines produced by any one drug company hold the same license number. For example, Merck vaccines bearing measles, mumps, rubella, hepatitis, and pneumococcal names are all designated by License No. 0002-001.

Standards for Products: General

The 1947 biological product regulations, at sections 42 CFR 73.70 to 73.79, introduced the early form of what would later become known as "lot release."

These provisions suggested enforcement mechanisms to insure relative (not objective) qualities for products that mimicked the standards under the FDCA that authorized removal of drugs from interstate commerce if "the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of such drug are inadequate to preserve its identity, strength, quality and purity." Recall: these qualities of non-biological drugs were defined by the USP-NF compendia (now known as Critical Quality Attributes or CQAs), and USP-NF was responsible for designating quality control testing materials and methods.

The lot release system set up for biological products was riddled with get-around clauses.

Examples include:

"[n]o lot of any licensed product shall be released by the manufacturer prior to the completion of tests for conformity with the standards applicable to such product" in a context in which there are no applicable standards;

"[t]ests for potency shall be made on each lot only after completion of those processes of manufacture which may affect the potency of the final product" in a context in which none of the processes of manufacture can be defined with specificity, and potency is an unmeasurable, infinitely variable factor of the interaction of the biological organisms in the starting materials with each other and with the animal or human recipient; and

"[t]he contents of a final container of each filling of each lot shall be tested for identity, if such a test is available, and for safety either after the labels have been affixed to the final container or affixed, both outside and inside, to the multiple container storage receptacle just prior to its sealing for storage purposes, except that exceptions to this procedure may be authorized by the Institute to apply when the volume of the final container is very large and when more than one lot is processed each day," in a context in which there are no available identity tests, and in a context in which general safety tests (added in 1960 at 42 CFR 73.72, eliminated in 2015, 80 FR 37971) are comprised of injecting "maximum volume tolerated" into two mice and two guinea pigs, and assessing whether or not they sicken or die in the next seven days, and "variations of this test, either in the volume injected or in the species of test animal used" are authorized.

Lot release testing was to be conducted by manufacturers themselves, with an option, but no requirement, for manufacturers to send samples to NIH for testing.

"Tests for safety, purity and potency applicable to the product shall be completed for each lot of any licensed product prior to its release by the manufacturer, and samples of any lot of any licensed product may at any time be required to be sent to the Institute for examination," again, in a context in which there are no valid, applicable tests for safety, purity or potency.

"Standard units or samples for comparison made available by the Institute shall be applied in testing for potency all forms of diphtheria antitoxin, tetanus antitoxin... and other products *for which such units are available*," in a context in which reference products are not held by NIH for products, and if they are held, their potency is expressed in probability-based, non-objective "immunity units."

Labeling

The 1947 biological product regulations, at sections 42 CFR 73.50 to 73.55, expanded upon the earlier forms of non-identifying label contents.

As reported above, container labels between 1902 and 1944 were required to provide label readers with the proper name of the product; name, address and license number of manufacturer; lot number and expiration date.

As of 1947, the outside carton was required to contain:

> (a) the preservative used and its concentration;
>
> (b) the volume of the contents, if a liquid, or the weight, if a solid, and the potency or dosage if more than one strength is dispensed;
>
> (c) the recommended storage temperature;

(d) the words "Shake Well," or equivalent, when indicated by the character of the product,

(e) the dose and route of administration recommended or reference to such directions in an enclosed circular;

(f) the source of the product when a factor in safe administration; and

(g) minimum potency of product expressed in terms of official standard of potency or, if potency is a factor and no standard of potency has been prescribed, the words "No U. S. standard of potency,"

all in a context in which there is no stable potency, strength or dose, because the biological material is unstable and mixed, and effects vary immeasurably and unpredictably over time and across recipients, in which the source of the product is an unidentifiable collection of many biological organisms.

Additional Standards

The 1947 biological product regulations, at sections 42 CFR 73.90 to 73.96, added the first "Additional Standards" section, purported to require that Trivalent Organic Arsenicals be tested, by manufacturers and regulators, for "stability, solubility, arsenic content, moisture and relative non-toxicity."

In 1956, additional standards for poliomyelitis vaccine were added, and in 1957, additional standards for adenovirus vaccine were added.

The additional standards were inapplicable and ineffective from the day they appeared in the regulations, because they were based on the fictional scientific methods laid out by Leslie Webster (1939), Charles Armstrong (1939), and Enders et al (1949-1954), by way of Jonas Salk, Joseph Smadel and William Workman (more information below).

Mixtures of bacterial, animal and human cells and tissues were to be cultured in nutrient media (chicken embryos; cow, pig, horse serums; salts, sugars, amino acids), fixed with formalin or other toxic preservatives, and injected into mouse and monkey brains and muscles. Mouse and monkey blood was to be tested for non-specific antibodies, which would be reported as specific to alleged disease-causing agents. Mice and monkeys were to be killed and necropsied. Brain tissue was to be tested for cytopathic effect/lesions. The sick and dead proportions of mouse and monkey groups were to be counted. And "equivalent methods" and "alternative demonstrations" would be permitted as needed.

The conduct of even these pretenses of NIH testing was suspended by internal policy by 1962 (Smadel memo) and the "Additional Standards" sections were eliminated in their entirety in 1996. (61 FR 40153)

E. 1945-1959 - DDT pesticide campaigns; DTP combination vaccines; polio vaccination campaign

In October 1945, the US government authorized general use of aerial and surface spraying of DDT and other organic pesticides, allegedly to eradicate mosquito and fly populations allegedly carrying diseases such as typhus and polio. DDT had been authorized for use on US Army soldiers since 1943.

In 1948, the DTP combination vaccine (diphtheria, tetanus and pertussis) entered into use.

Between 1945 and 1953, US production and use of DDT increased, and reported polio cases increased.

In March 1955, Johannes Ipsen and Harry E. Bowen published a paper titled 'Effects of Routine Immunization of Children with Triple Vaccine (Diphtheria-Tetanus- Pertussis)' in *American Journal of Public Health*.

Ipsen and Bowen worked with the Massachusetts Department of Public Health Biologic Laboratories and Harvard School of Public Health. In the paper, they described the application of scientific and mathematical methods (the Bliss-Webster-Armstrong-Enders methods) of vaccine development, immunity units, and potency testing through blood antibody titers, to a statewide population, using the term "serologic epidemiology."

These simulations of scientific integrity had already been used for decades in mouse, rat, dog and monkey populations in government and commercial drug manufacturing laboratories, and on small human communities such as island populations (1905-1920, Philippines, smallpox products), soldiers at military bases (bacterial meningitis and other products, 1918, Fort Riley, Kansas), and schoolchildren (diphtheria products, 1921, New York City).

In 1955, Ipsen and Bowen interpreted the results of serologic epidemiology studies conducted in a state-sized pool of human subjects: adult and child populations in Massachusetts injected with the products since 1949. They mentioned the "current poliomyelitis vaccine trials," referring to the nationwide vaccination of 1st through 3rd-graders by the National Foundation for Infantile Paralysis using vaccines developed by Jonas Salk and manufactured by commercial drug manufacturers.

> "Evaluation of the effect of an immunizing agent occurs by way of a number of test stages each with a particular purpose and all contributing to the total evaluation: (1) animal tests, (2) tests on human volunteers, (3) the field assay and (4) use in public health.
>
> The first two are usually conducted solely by the laboratory that produces the prophylactic. Antigenicity in animals is evaluated by the measurement of antibody and protection against the disease produced in animals. Tests on human volunteers (perhaps starting with enthusiastic staff members) elucidate antibody response in man and evaluate the harmful side effects of the agent.

> The field trial is a novelty created by modern statistical thought. It is the effort of a team of specialists, involving a circumscribed population. The measurement of effect is the incidence of naturally occurring disease in two matched groups, vaccinated and non-vaccinated.
>
> The fourth stage, general use in public health, lacks the criteria for strict scientific inference and yet it is the final and severest test for the product.
>
> Diphtheria and tetanus toxoids came into general use without field trials; first, because the concept had not yet been formed, and second, because antitoxin measurements and Schick tests were considered unique measurements of immunity to infection..."

With the 1949-1955 DTP campaign, American public health officers further developed the performative system: manipulating and reporting data to promote vaccination by bolstering the plausibility of fictional narratives about disease causality and disease agent transmissibility; the existence of "reservoirs of disease" and agents in human, animal and bacterial hosts, including asymptomatic carriers; testing and diagnostic criteria based on non-specific antibodies classified as disease-specific; antibody titer dilutions and arbitrary delineations to interpret results as indicators of infection or indicators of natural or artificial immunity; and classification of biological responses to pesticide exposure and vaccine injury as natural infection.

As polio diagnoses rose, Jonas Salk and the National Foundation for Infantile Paralysis began laboratory production and animal testing of polio vaccines in 1952.

In early 1953, Congress and President Dwight Eisenhower abolished the Federal Security Agency and transferred the functions of the FSA Administrator to the Secretary of the new Department of Health, Education and Welfare (HEW). Eisenhower appointed Oveta Culp Hobby as FSA Administrator in January 1953, and then appointed Hobby as the first HEW Secretary effective April 11, 1953.

In December 1953, Joseph Smadel (Army Medical Services Graduate School) and William G. Workman (chief of PHS Laboratory of Biologics Control) prepared "provisional standards" for manufacture of polio vaccine, derived from Jonas Salk’s laboratory methods, which were derived from Enders' methods, derived from Armstrong's, derived from Bliss's "probability unit" quantification of toxic exposure and Webster's false mouse antibody basis for demonstrating immunizing potency.

Those production protocols were distributed, with cell lines, tissue cultures and other starter materials, from government and university laboratories to six selected drug, pesticide and chemical companies including Parke Davis, Eli Lilly, Cutter, Wyeth, Pitman-Moore, and Sharp and Dohme, to make and supply product for the field trials organized by the National Foundation for Infantile Paralysis (now called March of Dimes) and Salk.

The manufacturers assembled and bottled the materials, labeled the contents as "Poliomyelitis Vaccine," and shipped them to Salk and the field trial locations.

On April 12, 1955, Thomas Francis Jr. of the University of Michigan announced that the Salk-NFIP field trials had been successful, starting his Ann Arbor press conference by stating: "The vaccine works. It is safe, effective, and potent."

The same day, HEW Secretary Oveta Culp Hobby licensed the six companies to manufacture millions of doses and distribute the doses through interstate commerce, while US-PHS NIH Laboratory of Biologics Control (LBC) officials provided updated production protocols to the manufacturers.

The updated protocols, still based on the Bliss-Webster-Armstrong-Enders-Salk scientific and mathematical methods for demonstrating disease causality, virus isolation, virus propagation and vaccine potency, would form the basis for production method and potency reports submitted back to LBC to reinforce the illusion of manufacturing standards and quality assurance for the general public.

In late April and May 1955, public health officials claimed to detect harmful lots of vaccine produced by Cutter Laboratories in California, attributing polio diagnoses among children and adults to "infectious virus" in the Cutter vaccines. The investigators had available to them the same unvalidated scientific methods for diagnosing disease and classifying cases by cause, to facilitate statistical fraud, pin vaccine harms on one manufacturer, and generate momentum for the construction of a more elaborate, more centrally-controlled false-front federal quality control and product testing system. Cutter recalled doses remaining on shelves, took a financial hit, but quickly recovered the lost income, expanded its facilities and moved on.

In June 1955, the NIH National Microbiological Institute Laboratory of Biologics Control was elevated to become the Division of Biologics Standards, firmly positioning DBS as a federal quality control institution analogous to the USP-NF for non-biological drugs, to provide government endorsement of vaccine products and control of national vaccine supply chains.

In August 1955, Congress passed the Polio Vaccination Act (PL 84-377) providing federal funding for state vaccination campaigns targeting children and pregnant women: "any individual who has not attained the age of twenty years and any expectant mother."

In August, the US Public Health Service published an account of PHS polio epidemic surveillance and polio vaccine development programs in PHS *Public Health Reports*.

In February 1956, Congress passed an act to extend the duration of the Polio Vaccination Act, through June 30, 1957. (PL 84-411) In September 1958, Congress relieved the Army and Navy Surgeon Generals of their duties to serve on the three-member Surgeon Generals' board assigned, through the 1902 Virus-Toxin law to draft and promulgate biological product regulations. The move left regulation drafting authority with the PHS Surgeon General alone and approval authority with the HEW Secretary. (PL 85-881)

By the 1958 print edition of the Code of Federal Regulations, HEW Secretary Marion B. Folsom had added to biological product regulations "additional standards" at 21 CFR 73.100 to 105, based on the Webster-Armstrong-Enders-Salk methods, for Poliomyelitis Vaccine (21 FR 9890, Dec. 12, 1956) and Adenovirus Vaccine (22 FR 7560, Sept. 24, 1957).

F. 1955-1972 NIH-DBS regulatory simulation acts and omissions; J. Anthony Morris

Roderick Murray earned a medical degree from Harvard Medical School in 1941. He served for five years as an infectious disease control specialist in an Army medical laboratory in the South Pacific. Murray joined NIH in 1947 as a commissioned PHS officer in the Laboratory of Biologics Control (LBC). He then served as Director of the NIH Division of Biologics Standards (DBS) after the LBC was elevated to division status in June 1955 until the biological product regulation program transferred to the FDA and was renamed Bureau of Biologics in 1972.

Harry M. Meyer earned a degree from the University of Arkansas School of Medicine and took a research position with the Army Medical Corps. He was recruited in 1959 to direct the NIH-DBS Laboratory of Virology and Rickettsiology, and served as the first director of the FDA Bureau of Biologics when the biological product regulation program transferred in 1972.

When Meyer took over the FDA Bureau of Biologics in 1972, Murray was appointed as special assistant to the director of the National Institute of Allergy and Infectious Diseases and then retired in 1973.

Joseph Smadel earned a medical degree from the Washington University School of Medicine in St. Louis in 1931 and in 1933 was a part of the team that claimed to recognize an outbreak of St. Louis encephalitis virus. Smadel then worked in virology at the Rockefeller Institute under Homer Swift and Thomas M. Rivers.

In 1940, he joined the U.S. Naval Reserve, and in August 1942, joined the U.S. Army Medical Department Professional Service School (MDPSS), known by 1953 as the Walter Reed Army Institute of Research (WRAIR). Smadel served as Chief Virologist with the First Medical General Laboratory in the European Theater, assigned to control typhus outbreaks in the Mediterranean in May 1943, and then became director of the WRAIR Department of Virus and Rickettsial Diseases. In 1956, Smadel transferred from WRAIR to serve as NIH Associate Director. In 1962, he received the Lasker Clinical Medical Research Award, and in 1963 became Chief of the NIH-DBS Laboratory of Virology and Rickettsiology, dying later that year.

In 1959, J. Anthony Morris was recruited to NIH by Smadel to conduct vaccine research and serve as the "influenza control officer" under Smadel, DBS Director Roderick Murray and HEW Secretary Abraham Ribicoff. Ribicoff served as HEW Secretary from 1961 to 1962, was later elected to the Senate and oversaw Congressional handling of Morris's 1971 employment complaints.

In 1971, Morris filed an employment grievance against NIH leaders. Reporting on the grievance proceedings in 1972, Nicholas Wade wrote that Morris alleged "that he had been harassed and pressured to leave the DBS because of his doubts about the potency and efficacy of commercial influenza vaccine." Morris transferred to the FDA Bureau of Biologics when it was established in 1972, and was fired in 1976. His firing was attributed, by the officials who fired him, to insubordination.

Morris's complaints led to NIH internal investigations, a GAO investigation commissioned by Senator Ribicoff, and a series of reports in *Science* magazine written by Nicholas Wade.

Morris's duties as influenza control officer included receipt of manufacturer reports about the production and potency of vaccines, and testing of submitted product samples against NIH reference products to confirm or refute manufacturer claims as to potency as part of the lot release process.

Manufacturer claims were based on the "additional standards" protocols inserted into federal biological product regulations by NIH officers, first published in the Federal Register in December 1956. The NIH-DBS protocols were based on Smadel's protocols developed between 1952 and 1955 during the Salk/NFIP polio vaccine field trials and mass vaccination campaigns. Smadel's protocols were based on the scientific and mathematical papers published by Bliss in 1934, Webster and Armstrong in 1939, and Enders in 1949 and 1954.

During the 1971-1972 investigations, as reported by Wade, Morris testified that after taking over duties of influenza control in 1960, he had frequently opposed the release of subpotent vaccines but was overruled by his supervisor, Joseph Smadel. For a time, Morris refused to sign the documents to authorize lot release, and Smadel signed them instead.

Morris testified that, on Sept. 18, 1962, Smadel drafted an internal memo ordering Morris to pass vaccines on the basis of the manufacturers' tests alone. The memo stated:

> "The manufacturer will provide full data on the potency assay of his lots which are submitted for release. Furthermore, release by the DBS will be on the basis of data submitted by the manufacturer and not on the basis of results obtained in this institution."

Morris testified that, three days later, Smadel gave Morris a written order instructing Morris not to test specific vaccine lots that were going to be released, and ordering Morris to destroy the test animals (about 2,000 mice) that had been vaccinated with two lots of the influenza vaccine.

Morris testified that he continued to protest the release of subpotent vaccines.

Roderick Murray testified that the internal Smadel policy ordering regulators to sign lot release documents based solely on manufacturer claims about potency continued in force after Smadel's death in 1963.

Wade reported:

> "Under the terms of Smadel's directive...Morris's job...was simply to check that the vaccine lots were potent according to test results provided by the manufacturers."

G. October 1962 - Vaccination Assistance Act and Drug Amendments Act

In October 1962, Congress passed two relevant acts.

One was the "Vaccination Assistance Act" (PL 87-868), which provided $36 million to the Surgeon General to make grants to states, targeting all children under the age of 5 for "intensive vaccination programs" using vaccines that manufacturers and federal public health officers claimed offered protection against polio, diphtheria, whooping cough (pertussis) and tetanus.

The other was the "Drug Amendments of 1962" (PL 87-781), also called the Kefauver-Harris Act, after its sponsors, Senator Estes Kefauver and Representative Oren Harris.

Passage was ostensibly driven by the thalidomide scandal: thousands of miscarriages and birth defects among women who took thalidomide during pregnancy, mostly in the UK, Spain, Australia, New Zealand, Germany and Canada.

The Drug Amendments act amended FDCA 505, pertaining to premarket efficacy and safety demonstrations for new drugs that manufacturers sought to deliver through interstate commerce.

To repeat: its provisions were not applicable to vaccines because of the blanket exemptions between PHSA-governed biological products and FDCA-governed non-biological drug products and other exemptions for "investigational drugs" subject to the PHSA.

In the original 1938 FDCA, the term *new drugs* was defined as

> "any drug the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety of drugs, as safe for use..." (1938 FDCA 201)

In 1962, Congress added effectiveness terms so that new drug was defined as

> "any drug the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use..."

The 1962 amendments also added in "effective" language in several parts of FDCA 505 addressing conditions under which a regulator could withdraw or suspend approval for a non-biological new drug. Without such suspension or withdrawal action, the application is deemed approved and the drug can be marketed.

In 1962, through the Drug Amendments act, Congress added a third condition under which approval could be suspended: "on the basis of new information...that there is a lack of substantial evidence that the drug will have the effect it purports or is represented to have...in the labeling..." (FDCA 505(e)(3))

The 1962 amendments defined *substantial evidence* as

> "consisting of adequate and well-controlled investigations, including clinical investigations, by experts qualified by scientific training and experience to evaluate the effectiveness of the drug involved, on the basis of which it could fairly and responsibly be concluded by such experts that the drug will have the effect it purports or is represented to have under the conditions of use prescribed, recommended, or suggested in the labeling or proposed labeling thereof."

Prior to 1962, even if a manufacturer presented no substantial evidence of effectiveness for a new drug, the FDA could not, on that basis, prevent the new drug from entering interstate commerce.

To repeat: the provisions of the 1962 Drug Amendments Act were not applicable to vaccines because of the blanket exemptions between PHSA-governed biological products and FDCA-governed non-biological drug products and other exemptions for "investigational drugs" subject to the PHSA.

*

By the 1967 print edition of the CFR, HEW secretaries had added "additional standards" for live, oral polio vaccine and live and inactivated measles vaccines. "Additional standards" were later added for live mumps vaccine (1969); pertussis vaccine (1969); diphtheria toxin for Schick test (1969); live rubella vaccine (1970); typhoid vaccine (1970); tuberculin (1970); smallpox vaccine (1972); and combination vaccines.

All of them were based on the Bliss-Webster-Armstrong-Enders-Salk-Smadel protocols: unworkable and invalid simulations of standards for production and quality control testing of bottled heterogeneous, dynamic biological processes, falsely presented as purified, stabilized, immune-stimulating preventatives for diseases that are not caused by transmissible infectious agents.

All of them were removed from the regulations in 1996, [61 FR 40153, Aug. 1, 1996] replaced by non-binding Guidance for Industry documents prepared by the FDA, and manufacturer-generated reports about Chemistry, Manufacturing and Controls, potency testing, and cGMP compliance submitted with Biologics License Application packages.

In November 1969, Congress and President Nixon passed the Defense Authorization Act, funding and setting up a reporting system for "research, development, test and evaluation and procurement of all lethal and nonlethal chemical and biological agents."

A week later, on Nov. 25, 1969, Nixon gave a speech announcing US renunciation of first use of lethal chemical weapons, incapacitating chemicals, and lethal biological agents and weapons together with a plan to "confine its biological research to defensive measures such as immunization and safety measures.

The same day Henry Kissinger, Chair, Joint Chiefs of Staff, issued National Security Decision Memorandum 35, exempting from the renunciation of chemical weapons "the use of riot control agents or herbicides," and exempting from the renunciation of bacteriological weapons, "research

into those offensive aspects of bacteriological/biological agents necessary to determine what defensive measures are required."

On Feb. 20, 1970, Kissinger issued NSDM 44, renouncing "the production for operational purposes, stockpiling and use in retaliation of toxins produced either by bacteriological or biological processes or by chemical synthesis," with the provision: "The United States military program for toxins will be confined to research and development for defensive purposes only."

In 1970, Congress and President Nixon passed an act to establish a Commission on Population Growth (PL 91-213) and the Heart Disease, Cancer, Stroke, and Kidney Disease Amendments to the 1944 Public Health Service Act (PL 91-515) adding the word 'vaccine' to the list of regulated biological products but not defining the term.

In 1971, US Army biological weapon production and testing facilities at Pine Bluff Arsenal, Arkansas, were transferred to the FDA and renamed the National Center for Toxicological Research.

By Federal Register notice published Feb. 25, 1972, Assistant HEW Secretary for Health and Scientific Affairs Merlin K. DuVal, "concurrently re-delegated" the non-regulation of biological products from the NIH Division of Biologics Standards to the FDA Bureau of Biologics and published a memorandum of understanding signed by NIH Director Robert Q. Marston and FDA Commissioner Charles Edward. (38 FR 4004) The HEW Secretary at the time was Elliot Richardson, former Secretary of Defense, Attorney General, Secretary of Commerce and Undersecretary of State.

By Federal Register notice published June 29, 1972, Acting Deputy Assistant Secretary for Management (HEW) Wayne M. Wilson transferred the Division of Biologics Standards from the National Institutes of Health to the Food and Drug Administration and renamed it the Bureau of Biologics. (38 FR 12865)

V. DISCUSSION

Public confidence in, and use of, vaccines and biological products is promoted through a shell game in which there is no actual pea (regulatory functions or enforceable product standards) under any of the shells, and the names of the fake-regulatory divisions are changed as the divisions move across government departments along with their fake-regulatory or regulatory-simulation functions.

In Section IV we described in more detail how imaginary or fictional peas are presented as real peas, and how the shells are moved around to maintain the illusion that fictional peas are real.

As readers begin to absorb the information presented so far, and interpret the history of vaccination campaigns and federal vaccine regulation acts and omissions, in light of the fundamental infirmity of biological product regulation, there are two mechanisms we want to highlight.

Labeling acts and omissions are important because they occur at the point at which manufacturer claims about a product, regulator endorsement of those claims, and consumer knowledge meet.

Lot release acts and omissions, under "Additional Standards" provisions, are important because they occur at the point at which product manufacturer claims and regulator assessments and endorsements meet.

The basic principle of product manufacturing regulation is that if starting materials and equipment, human workers, processing methods and quality control testing of finished products are sound, then finished products will also be sound, and those who buy and use the finished products can trust that the products will work properly.

The drug manufacturing quality control system set up for non-biological drugs, in 1906, under the Pure Food and Drug Act, is now operated under systems referred to as current Good Manufacturing Practice rules (cGMP) drafted by national and international regulatory bodies; Chemistry, Manufacturing and Controls (CMC) reports submitted by drug makers to regulators; and Critical Quality Attributes (CQAs) established by the US Pharmacopeia-National Formulary and similar organizations in other countries.

Again, the basic premise is that if a product maker starts with high quality raw materials and uses a sound method for refining and shaping the materials into finished products, then the finished products will also be of good quality, and that if the makers and regulators have developed valid tests to check whether the finished product contains what it's supposed to contain, doesn't have flaws or impurities, and does what it was designed to do, and those tests are properly conducted, then the finished products will be of good quality and fit for human use.

This system works well for making good quality inanimate objects such as doorknobs, automobiles and planes.

This system also works well for synthetic chemical drugs and drugs extracted from plants, especially drugs consumed through the digestive tract and lungs. The identity and purity of the starting materials of for synthetic chemical drugs and plant extracts are known and stable. The process steps are knowable, controllable, and predictably reproducible. It is possible to make tests

to check the identity and purity of the finished product, and it's possible to measure the metabolism of the drug as it passes through a living creature, by measuring distinct, stable chemical metabolites isolated from samples of saliva, exhaled breath, urine, feces and blood.

But for biological products propagated by higher biological organisms — bacteria, mammals and human beings which only exist in living, communal, relational, dynamic and teleological forms — the identity and purity of starting materials (living cells, tissues and organisms) is not known and is not stable.

Process steps for biological product production include propagation of living organisms in nutrient media, followed by steps purported to "inactivate" or "kill" the organisms while retaining active biological function, followed by refrigeration to slow the biological processes still underway, followed by thawing to speed up the biological processes, followed by injection of the material into a living body to interact with ongoing biological processes inside the animal or human.

The precise character of these steps is not known, controllable or reproducible.

There exist no valid tests to assess or ensure the quality of finished products, or measure effects through identifiable metabolites, for the same reason there exist no pure, stable starting materials and no sound processing methods: higher biological organisms don't exist in isolation but in community, and they don't exist in stable and determinate form but in living, indeterminate, dynamic and teleological form.

The men and women who wanted people to trust biological products and vaccines, as if vaccines had been made and regulated like doorknobs, bicycles and non-biological drugs, needed to set up what looked like a standardized manufacturing and a quality control system, without actually being substantive. They needed something that looked like the USP-NF drug recipes and quality control system.

The "as-if" system they developed works through a handful of ways.

Regulations include the word "standards." But because starting materials don't have stable identity or purity and the methods don't yield the products manufacturers and regulators claim they do, biological products have no predictable, measurable effects. And because there exist no physical measurement methods but only probability-based pretend "units" there can be no standards.

They're imaginary standards, or fictions.

Regulations then include words and phrases to render the fake standards inapplicable to products, and other words or phrases to waive the applicability of the fake standards.

For example, by the 1958 printing of the Code of Federal Regulations, NIH Division of Biologics Standards had added a section called "Additional Standards: Poliomyelitis Vaccine." Subsections addressed methods of production, cultivation of virus, filtration, virus titer methods, inactivation methods, tests for safety, potency tests involving inoculation and subsequent blood tests of monkeys, interpretation of the titer test results, extraneous protein tests, as well as dosing, labeling, dating, and samples and reports to be sent to DBS.

The last section, "equivalent methods," stated that

> "modification of any particular manufacturing method or process or the conditions under which it is conducted as set forth in the additional standards...shall be permitted whenever the manufacturer presents evidence to demonstrate that such modification will provide equal or greater assurances of the safety, purity and potency of the vaccine as the assurances provided by such standards, and the Surgeon General so finds and makes such finding a matter of official record."

The "equivalent methods" were to be permitted in a context in which the baseline methods for assurance of "safety, purity and potency" were, themselves, insubstantial and false.

The regulations authorized the substitution of new methods of performing the illusion of precise product manufacturing and testing, for the original methods of performing the illusion of precise manufacturing and testing.

Between 1947 and 1996, biological product regulations included "Additional Standards" sections for trivalent organic arsenicals, and for vaccines purported to prevent polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, typhoid, smallpox and several other named, allegedly communicable and allegedly vaccine-preventable diseases.

Then in 1996, FDA removed the "Additional Standards" sections from the biological product regulations entirely, for both bacterial products (21 CFR 620 at the time) and for viral vaccines (21 CFR 630 at the time). (61 FR 40153, Aug. 1, 1996) In their place, the FDA substituted dozens of its own Guidance for Industry documents for drug manufacturers containing explicitly "non-binding recommendations," and the Chemistry, Manufacturing and Controls (CMC) sections of Biologics License Application forms submitted by manufacturers to FDA, thus authorizing manufacturers to set their own product standards and set forth the quality control tests they (the drug companies) claimed they (the drug companies) would use to assess final products for compliance with the product standards they'd set for themselves.

What reasons did FDA give for the removal of "additional standards?"

> “Regulations in this part are more appropriately specified in the product license. As currently written, these regulations can be too restrictive for certain products because they specify particular methodologies or standards when alternatives may be available that provide the same level of assurance of safety, purity and potency. Allowing the product standards to be specified in the product license will give manufacturers the flexibility to improve their products and make appropriate changes to their methods of manufacture. Therefore, these regulations may be unduly restrictive and are duplicative and unnecessary.” (60 FR 53480, Oct. 13, 1995)

As of 2025, regulations authorizing drug makers to make post-approval changes to manufacturing and quality control methods are located at 21 CFR 601.12.

VI. SUMMARY

The research disciplines of virology and communicable disease epidemiology and the medical practice of vaccination are fictions. Viruses, presented as unique, stable, transmissible organisms, are fictional. Potency expressed as probability of inducing observable symptoms in exposed, living organisms is fictional. Reference standard products, presented as suspensions containing unique, stable, transmissible organisms, in whole or in part, as viable, inactivated or killed, are fictional. Antibody titres as measures of infection status and immunity status are fictional.

For the first four decades of the biological product regulation scheme (1902-1944), most vaccines were prepared and used at the city or state level.

By the end of World War II, cell and tissue culture methods; electrification and refrigerated storage and transportation systems; synthetic chemical manufacturing methods; aerial and surface chemical dispersion methods; mass-market magazine, film and television media; and data centralization had been developed, mostly by American and German military and public health officers, far enough to make possible national and international communicable-disease outbreak simulations and vaccination campaigns.

Starting in 1947, fictional American product quality and quality control standards for biological product manufacturing were published in the Code of Federal Regulations and reflected in license applications submitted by manufacturers to federal regulators and in letters of approval and lot-release documents issued by federal regulators to manufacturers.

Public Health Service and NIH officials in the early years, and FDA officials since 1972, have played the role of performance directors: leading the cast and crew; supervising costumes, props, advertising and promotional events; rewriting scripts and stage directions (changing terms and definitions, adding, revising and deleting provisions), and shielding backstage areas from public view.

VII. Connections to US military chemical and biological warfare programs, and corroborating reports published after 1972

Although not addressed in this series, records of American chemical and biological weapons research and development programs, especially since the putative end of World War II, are also relevant.

Diseases classified as communicable by executive declaration have, historically and at present, been characterized as national security, public health and biological threats, whereby vaccine development, manufacturing and deployment become "biodefense" programs conducted by and within federal public health agencies, and by and within federal military institutions. Individuals have moved between, and sometimes served simultaneously in military and public health offices.

Biodefense programs have been directed and conducted by individuals such as George W. Merck, Henry L. Stimson, Ira Baldwin, Sidney Gottlieb, Paul Vories McNutt, Allen Dulles, Abram S. Benenson, Robert McNamara, Abraham Ribicoff, Elliot Richardson, William D. Tiggert, Frank Olson and Joseph Smadel.

Institutions involved include the Walter Reed Army Institute of Research, Department of Biologics Research (now called Pilot Bioproduction Facility); National Defense Research Committee; Office of Scientific Research and Development; War Bureau of Consultants; War Research Service (embedded in the Federal Security Agency); Chemical Warfare Service; U.S. Army Biological Warfare Laboratories at Camp (later Fort) Detrick (Maryland), including Special Operations Division (SOD), founded in 1949 to conduct research on covert ways to use chemical weapons; US Army Chemical Corps; Army Medical Department; Army Medical Unit; US Army Medical Research Institute of Infectious Diseases (US-AMRIID); US Army Medical Research and Development Command Unit (US-AMRDU); Pine Bluff (Arkansas) Arsenal; National Center for Toxicological Research at Pine Bluff Arsenal; Vigo, (Indiana) Ordnance Plant; Dugway (Utah) Proving Ground; Plum Island (New York) Animal Disease Center; National Bio and Agro-Defense Facility (Manhattan, Kansas).

Some corroborating reports published after 1972:

- 1980, *Answers to Questions on Selected FDA Bureau of Biologics' Regulation Activities* (US General Accounting Office/GAO, Comptroller General
- 1985 to present, FDA Points to Consider and Guidance for Industry documents, which are non-binding suggestions to manufacturers regarding materials and methods substituted for inapplicable, unenforced non-standards of 21 CFR 620 and 630 and their precursors ("additional standards" for bacterial products and viral vaccines were removed by Federal Register Notice, Revocation of Certain Regulations, Biological Products, 60 FR 53480; 61 FR 40153, effective Aug. 12, 1996)
- 2002, Jordan Report 20th Anniversary Accelerated Development of Vaccine 1982 to 2002 (NIH-NIAID, named for William S. Jordan)
- 2008, The dangerous impurities of vaccines, from the 2008 book *Fear of the Invisible* by Janine Roberts, wherein she writes — "...It was thus a shock to discover from this top-level scientific workshop that the viruses in our current vaccines are not in a sterile fluid as I had presumed, but in a soup of unknown bits and pieces, a veritable witches' brew of DNA fragments, added chemicals, proteins and, even possibly prions and oncogenes, all of which would easily pass through the filters used, to be injected into our children. Our vaccines, I thus learnt, are not filtered clean but are suspensions from the manufacturers' "incubation tanks" in which the viruses are produced from "substrates" of mashed bird embryo, minced monkey kidneys or cloned human cells. These suspensions are filtered before use but only to remove particles larger than viruses. The point of the vaccine is that it contains viruses, thus these must not be filtered out. This means there remains in the vaccine everything of the same size or smaller, including what the manufacturers call "degradation products"— parts of decayed viruses or cells. I also learnt that the only official checks made for contaminants in vaccines are for a few known pathogens, thus ignoring a vast host of unknown, unstudied, small particles and chemicals. These eminent doctors reported at these vaccine safety meetings that it is simply impossible to remove these from our common vaccines — and this would of course also apply to vaccines for pets, farm animals and birds..."
- 2011, *WHO manual for the establishment of national and other secondary standards for vaccines*, wherein it is written --"*Biologicals* are substances which cannot be fully characterized by physico-chemical means alone, and which therefore require the use of some form of bioassay...a laboratory procedure for the estimation of the nature or potency of a material by means of the reaction that follows its application to some elements of a living system (examples include animals, tissues, cells, receptors and enzymes). The potency of the material being measured is often defined in International Units or, in some circumstances, may be defined in terms of International System of Units (SI), by comparison with the reaction of the system to a biological reference preparation..."
- 2011, US Supreme Court decision: *Bruesewitz v. Wyeth*, 562 U.S. 223 , wherein it is written — "...the FDA has never even spelled out in regulations the criteria it uses to decide whether a vaccine is safe and effective for its intended use..."
- 2016, Early Developments in the Regulation of Biologics (*Food and Drug Law Journal*, Terry S. Coleman

- 2017, New quality-control investigations on vaccines: micro- and nanocontamination, *International Journal of Vaccines and Vaccination*, Antonietta Gatti and Stefano Montanari
- 2018, *Informed Consent Action Network (ICAN) v. US-HHS*, stipulation, USDC, Southern District New York, 18-cv-03215, wherein it is written "The [Department]'s searches for records did not locate any records responsive to your request" for records of safety monitoring for the national childhood vaccination program, under the 1986 NCVIA law, between 1986 and 2018.

Supporting Documents for Section III - Scientific, Mathematical, Medical Misconduct

- 1913 - *Anaphylaxis* (Charles Richet)
- January 1934 - The method of probits, (*Science*, Charles Ittner Bliss)
- July 1939 - A mouse test for measuring the immunizing potency of antirabies vaccines (*Rockefeller Institute*, Leslie T. Webster)
- September 1939 - The experimental transmission of poliomyelitis to the Eastern cotton rat (US-PHS Public Health Report, Charles Armstrong)
- December 1939 - Successful transfer of the Lansing strain of poliomyelitis virus from the cotton rat to the white mouse (US-PHS Public Health Reports, Charles Armstrong)
- 1970 - Health Aspects of Chemical and Biological Weapons (World Health Organization)
- January 1949 - Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissue (*Science*, John F. Enders, Thomas H. Weller and Frederick C. Robbins, paywalled by AAAS)
- August 1949 - Cultivation of Poliomyelitis Virus in Cultures of Human Foreskin and Embryonic Tissues (*Proceedings of Society for Experimental Biology and Medicine,* Thomas H. Weller, Frederick C. Robbins and John F. Enders, paywalled by SagePub)
- Nov. 1953 - Public Health Aspects of the New Insecticides, *American Journal of Digestive Diseases*, Morton Biskind. References include DDT Poisoning and X Disease in Cattle, *J. Am. Vet. Med. Assoc.* (Biskind, 1949) and DDT Poisoning and the Elusive "Virus X," *American Journal of Digestive Diseases* (Biskind, 1949)
- 1954.06.01 – Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles (*Nature*, John F. Enders and Thomas C. Peebles, paywalled by SagePub)
- March 1955 - Effects of Routine Immunization of Children and Triple Vaccine (Diphtheria-Tetanus-Pertussis), *American Journal of Public Health*, Johannes Ipsen and Harry E. Bowen
- Aug. 1955 - Technical Report on Poliomyelitis Vaccine (US-PHS *Public Health Reports*)
- 1957 - The Poisoned Needle (Eleanor McBean)
- June 2015 - Dismantling the Virus Theory (Stefan Lanka)
- Jan. 2020 - The Misconception Called Virus Part 1 (Stefan Lanka)
- Feb. 2020 - The Virus Misconception Part 2 (Stefan Lanka)
- March 2020 - The Virus Misconception Part 3 (Stefan Lanka)
- April 2020 - Initiators of Corona Crisis: Virologists Who Claim the Existence of Disease-Causing Viruses are Committing Scientific Fraud and Must Be Prosecuted (Stefan Lanka)
- Nov. 2020 - The Misinterpretation of Antibodies (Tracey Northern translation of July 2020 German report)
- May 2021 - The Germ Theory, an Idiots Guide; PDF (Tracey Northern)

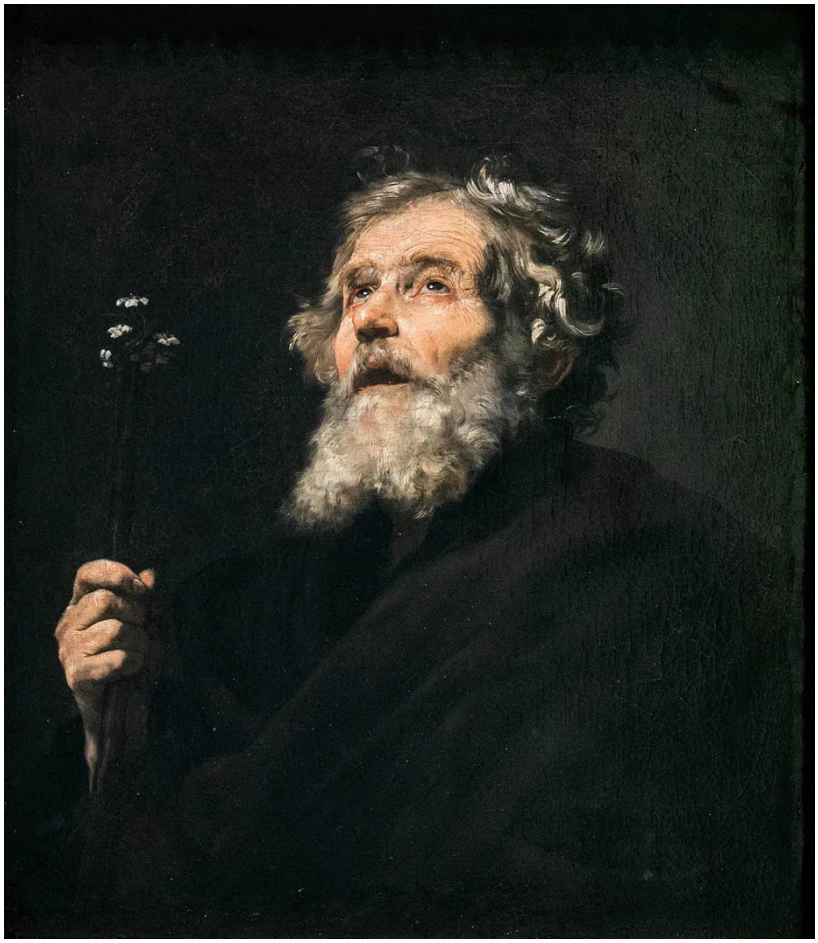
- May 2021 - Contagion, Fact Checked; PDF (Tracey Northern)
- May 2021 - Going Viral, A Recipe for Disaster; PDF (Tracey Northern)
- June 2021 - The Amino Age and The New abNormal Doctors; PDF (Tracey Northern)
- Oct. 2021 - The Lansing Strain of Polio Jamie Andrews ViroLIEgy; PDF (Jamie Andrews)
- Sept. 2024 - The second shot, or what do vaccinators and sewer rats have in common? Reviewing Charles Richet's work on anaphylaxis, awarded the Nobel Prize in 1913. (Sasha Latypova)
- Sept. 2024 - On vaccination as intentional induction of chronic and acute anaphylaxis. (Katherine Watt, condensed transcript of Latypova-Ruby discussion).
- Sept. 2024 - Vaccine-induced food allergies: turning [even organic and healthy] food into poison (Sasha Latypova)
- Sept. 2024 - Antibodies and surrogate endpoints: more pieces of the scientific and regulatory fraud puzzle. Translation of July 12, 2020 German report: Misinterpretation of Antibodies, republished November 2020 by Northern Tracey. (Katherine Watt)
- Oct. 2024 - Anaphylaxis, Alpha-gal, Pasteur, Richet, Voltaire... and the Queen of England. (Sasha Latypova)
- Nov. 2024 - The Spanish Flu Hoax & The Rosenau Contagion Study (Jamie Andrews)
- Nov. 2024 - Methods of deceit underlying pathology, virology and genetics Jamie Andrews of the Virology Control Studies Project, interviewed by Sasha Latypova, condensed transcript; PDF (Katherine Watt)
- Jan. 2025 - Probit, probability unit as related to public deception campaigns, vaccines and other biological and chemical weapons. (Katherine Watt)
- Feb. 2025 - The Polio Hoax (Aldhissla)
- Feb. 2025 - Rabies Recipes: How sane doctors were defeated by the insane scientists 140 years ago. (Sasha Latypova)

<u>Supporting Documents for Section IV - Legal Misconduct</u>

- July 1944 - Public Health Service Act of 1944 (PL 78-410)
- Smallpox Vaccination in the Philippines 1905-1920
- Dec. 2020 - The Spanish Flu, a blueprint for 2020; Fort Riley, KS (Tracey Northern)
- July 2022 - Toxicology vs Virology: The Rockefeller Institute and the Criminal Polio Fraud (William Engdahl)
- Aug. 2018 - Human Experimentation in Public Schools: How Schools Served as Sites of Vaccine Trials in the 20th Century (Will D. Schupmann)
- March 1946 - Executive Order 9708 (Harry S. Truman)
- 1947 version, federal Biologic Products regulations (Code of Federal Regulation)
- 1949 version, federal Biologic Product regulations (Code of Federal Regulations)
- Oct. 1998 - A calculated risk: the Salk polio vaccine field trials of 1954 (Marcia Meldrum)
- Aug. 1955 - Polio Vaccination Assistance Act - PL 84-377
- Aug. 1955 - Technical Report on Poliomyelitis Vaccine (US-PHS *Public Health Reports*)
- Feb. 1956 - Act to extend the Polio Vaccination Assistance Act - PL 84-411
- 1958 version Biologic Products regulations (Code of Federal Regulations)
- 1960 version Biologic Products regulations
- Oct. 1962 - Kefauver-Harris Drug Amendments of 1962 (PL 87-781)
- Oct. 1962 - Vaccination Assistance Act (PL 87-868)

- 1967 version Biological Products regulations
- 1968 version Biological Products regulations
- 1969 version Biological Products regulations
- Nov. 1969 - US Policy on Chemical Warfare and Bacteriological/Biological Research Programs (National Security Decision Memorandum 35, Henry Kissinger)
- Feb. 1970 - US Policy on Toxins (National Security Decision Memorandum 44, Henry Kissinger)
- 1970 version Biological Products regulations
- 1971 version Biological Products regulations
- 1972 version Biological Products regulations
- Feb. 25, 1972 - Division of Biologics Standards: In the Matter of J. Anthony Morris (Nicholas Wade, *Science*, paywalled by JSTOR)
- March 3, 1972 - Division of Biologics Standards: Scientific Management Questioned (Nicholas Wade, *Science*, paywalled by JSTOR)
- March 10, 1972 - DBS: Officials Confused over Powers (Nicholas Wade, *Science*, paywalled by JSTOR)
- March 17, 1972 - Division of Biologics Standards: The Boat That Never Rocked (Nicholas Wade, *Science*, paywalled by JSTOR)
- March 28, 1972 - GAO report: Problems Involving the Effectiveness of Vaccines
- April 7, 1972 - DBS: Agency Contravenes Its Own Regulations (Nicholas Wade, *Science*, paywalled by JSTOR)
- June 30, 1972 - DBS Scientist to Head New [FDA] Vaccine Bureau (Nicholas Wade, *Science*, paywalled by JSTOR)
- Feb. 25, 1972 - 1972.02.25 37 FR 4004 HEW Notice redelegation biologics NIH 42 CFR 73 adding FDA concurrent redelegation
- June 29, 1972 - 1972.06.29 37 FR 12865 HEW Notice transfer NIH-DBS to FDA and upgrade to Bureau biologic regulation effective 1972.07.01
- July 13, 1972 - 1972.07.13 37 FR 13724 HEW FDA Statement of Organization, Functions, Delegation, Bureau of Biologics
- Aug. 9, 1972 - 1972.08.09 37 FR 15993 HEW Notice transfer regulation biologic from NIH 42 CFR 73 (later select agent toxin program) to FDA as 21 CFR 273 (later 21 CFR 600-680)

March 2025



St. Joseph. Jusepe de Ribera

March 4, 2025 - On state bills to deny state and local jurisdiction to World Health Organization and United Nations.

Email from reader

> Subject line: Keep the WHO out of Georgia - HB 570[69] …I am wondering if it's possible to know whether a bill is what they are saying it is without knowing legalese…I am sure there are several other states trying to pass similar bills…Before I pass this on to family and friends, I want to make sure it's not embedded with other codes that actually imprison us even more. Could you give me your opinion?

My reply

Thank you for sending this email. I can say a few things about it. Very briefly, I think these bills are symbolic gestures, but not aimed at substantive reform.

The problem is that all of the things the WHO and UN want, as far as control, are exercised by means of public health emergency laws in each state. WHO and UN don't need to have direct jurisdiction over a state or local government, so long as the state and local governments have themselves enacted state and local laws that require their agents (state and local health officials) to implement specific quarantine and treatment policies and programs in the event that a state or local executive (i.e. a governor or a state health department secretary) declares a public health emergency and triggers the deployment of all the public health emergency powers and legal immunities.

The enemy, so to speak, is much closer to home than in the UN or WHO. I've written a handful of posts on these issues, most of them linked at the bottom of these two, which are overviews of where I think bills like Georgia HB570 go off-target.

- April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.
- Sept. 20, 2024 - Federal and state poison-legalizing laws and quarantine laws matter more than the UN, WHO and the IHR.

The approach I think is better targeted, is to try to get state legislatures to repeal the public health emergency laws they themselves (the state legislatures) put in place. There was a first round of state adoption of these laws around 1976, after the Three-Mile Island incident, and then another round starting roughly in 2001, after 9/11. (It's also useful to try to get Congress to repeal the federal public health emergency laws).

- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws. PDF version.[70]

[69] https://www.legis.ga.gov/legislation/70653
[70] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf

In the last two years or so, I've participated in a handful of orientation meetings for people who thought they might be interested in working at this level in several states, but have not seen much follow-up.

So, to the extent that you are interested in trying to build public understanding, I think you can use HB570 as a conversation starter, and you can say that it may be a good symbolic move, but that those kinds of bills are also a bit misleading, because they suggest that the enemy is outside the US government (which passed and uses the federal enabling laws) and the state and local governments (which passed and use the state and local enabling laws), when in fact, the enemy and his enabling laws are embedded inside the US and state governments…

*

April 17, 2024 - Globalist misleaders focus public attention on WHO International Health Regulations to distract people from understanding and repealing federal and state public health emergency law.

A few weeks ago, I got an email asking for my views on international and US domestic law, as related to state bills attempting to protect state citizens from forced communicable disease surveillance, reporting, quarantine (apprehension and detention), and treatment, including vaccinations.

The email writer referred, as an example, to Louisiana Senate Bill 133,[71] "to disallow the exercise of jurisdiction by certain international organizations" including the World Health Organization, and similar proposed bills.[72]

I think it's a good idea for state lawmakers to draft, introduce and vote for bills that help each state lawmaker go on public record as denying that officials representing the United Nations, World Health Organization, and other supranational entities have legal jurisdiction over American citizens living in American states.

However, such laws are not enough to protect Americans from officials representing American state governments, and the US federal government, exercising domestic legal jurisdiction, under American federal and state law, to surveil, report, apprehend, detain and poison Americans under 'public health emergency' pretexts.

Louisiana citizens, for example, are currently subject to communicable disease surveillance, reporting, quarantine, and treatment, including vaccination, within their own state and country, under federal communicable disease control law (42 USC 264, 42 CFR 70, 42 CFR 71, and related statutes, regulations and executive orders[73]) and under Louisiana state communicable disease control law and policy, enforceable by Louisiana public health and law enforcement officers.

[71] https://legiscan.com/LA/text/SB133/2024
[72] https://standforhealthfreedom.com/state-sovereignty-v-the-who/
[73] https://bailiwicknews.substack.com/p/on-the-historical-development-and

See, for example: 29 LRS 764A(2)(e) and A(4)(c)[74] and related laws and communicable disease control program guidelines.[75]

Louisiana citizens are also currently subject to surveillance, reporting, quarantine and vaccination under existing law if they choose to travel abroad, under the federal laws as implemented by other countries' governments to execute the terms of the WHO International Health Regulations treaty.

In my view, fights around the WHO pandemic treaty and WHO IHR amendments are distraction maneuvers to occupy the time and energy of people who might otherwise work on repealing or nullifying federal and state public health emergency and communicable disease control law.

Seven federal public health emergency, communicable disease control, biological product licensing and vaccination laws that should be repealed by Congress, and nullified by state legislatures:

1. Quarantine and Inspection, 42 USC §264 to 272 (in effect since 1944)
2. Chemical and Biological Warfare Program, 50 USC §1511 to 1528 (since 1969)
3. Licensing of Biological Products, 42 USC §262 to 263 (since 1944)
4. Public health emergencies, 42 USC § 247d to 247d-12 (since 1983)
5. National Vaccine Program and National Vaccine Injury Compensation Program, 42 USC §300aa-1 to 300aa-34 (since 1986)
6. Expanded access to unapproved therapies and diagnostics program, 21 USC §360bbb to 360bbb-8d (since 1997)
7. National All-Hazards Preparedness for Public Health Emergencies, 42 USC §300hh-1 to 300hh-37 (since 2002)

Tools Congress members and state lawmakers can use to repeal and nullify the federal laws, and the state versions of same:

- Ending National Suicide Act[76]; Notes[77]
- Repeal state public health emergency, emergency management, communicable disease control laws[78]; Notes[79]

* * *

[74] https://www.legis.la.gov/legis/Law.aspx?p=y&d=207680
[75] https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/sanitarycode.pdf
[76] https://bailiwicknewsarchives.files.wordpress.com/2023/12/ending-national-suicide-act-without-links-formatted.pdf
[77] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[78] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf
[79] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency

Sept. 20, 2024 - Federal and state poison-legalizing laws and quarantine laws matter more than the UN, WHO and the IHR. Congress and state legislatures have the political authority to repeal poison-legalizing laws and quarantine laws. Lawmakers choose not to acknowledge their authority and choose not to use it.

Reader questions received a few days ago, about efforts to get Congress to withdraw US from United Nations.

I've addressed this in several posts, linked below.

Whether the US government in 1945 validly ratified and signed the UN charter as a treaty, and whether or not Congress repeals one or more of the presumed ratification acts, my view is that the UN and UN-WHO directors (and their non-public handlers) have always been interested in creating redundancy by using international agreements — whether validly ratified or not — as the political basis for obtaining compliance from national lawmakers, and state-level lawmakers within each nation, to install enforceable versions of the terms of the international agreements.

The one-world atheist technocratic bankers' government has no visible law enforcement mechanisms, although they do use the US military through its personnel, weapons and bases all around the world; the Bank for International Settlements and national central banks, through their control of financial transactions and currencies; and the World Trade Organization, through its control of commercial contracts. Those three banker-controlled supranational entities (with a handful of others) enforce the terms of specific commercial contracts such as the Pfizer vaccine supply contracts with national governments around the world.

In other words, it doesn't matter what the UN, WHO or IHR texts say in themselves. They have already been used to generate military and economic momentum (see previous paragraph) and also political momentum for getting Congress and all 50 US states (and other countries' governments) to adopt federal and state laws that are enforceable, including all of the 'public health emergency' preparedness and response laws.

This is the main point on which my work differs from the social, political and economic organizing work of those who refuse to discuss the federal and state laws already on the books.

Their silence on the existing federal and state laws is the basis on which I assess their work as non-credible.

They want to keep public attention on largely irrelevant, unenforceable international legal instruments, to keep it away from extremely relevant, enforceable, deceit-, mutilation- and murder-legalizing federal and state kill box statutes, fake-regulations, and case law.

Related

- Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults.
- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'
- Jan. 22, 2024 - On the omission of the July 28, 1945 Senate ratification vote, from a draft Congressional repeal bill purporting to withdraw the US from the United Nations.
- April 2, 2024 - Help state and federal lawmakers understand the legal predicaments created and maintained by international and domestic public health emergency law.
- April 5, 2024 - Congressional acts passed between 1990 and 2022, implementing the World Health Organization, International Health Regulations (2005)
- April 19, 2024 - Current Congress members have legal authority and moral agency to stop vaccine-mediated mutilation and killing programs worldwide. That's why so many people work so hard to make it difficult for Congress members to understand the authority they hold in their hands, and to use it.
- May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.
- June 13, 2024 - Parsing "Yay, we did it!" informational misdirection campaigns.

* * *

March 7, 2025 - Why I read the Summa Simplified

Response to some reader questions about why I read aloud from the Summa Simplified book[80]:

> As a non-Catholic, how does this all pertain to me? Why should I look at it? Why is this writing of St. Thomas so important? As with much of the canon, it is simply too long to wade into hoping to be able to eventually figure out whether it holds anything for me. A distillation or summary would be helpful, if you have a link.

As with all of what I publish at Bailiwick, no reader is obligated to read it, look at it or listen to it. I offer it for anyone for whom it is of interest.

Catholic teaching pertains to you because you have a soul, the eternal salvation of which is of interest to me, and should be of interest to you.

The things I'm reading aren't St. Thomas himself. The Summa Simplified[81] is an abridged or condensed version, written in English by two priests and published in 1952, of the full Summa Theologica written in Latin by St. Thomas Aquinas between 1265 and 1274.

The reason I'm reading that out loud, and not something else, is because I came across it in the collection of my late father's Catholic books when I was struggling last November with the magnitude of the deception I was reading about in the biological product law.

When I began reading the English translation of St. Thomas's main work, I found opportunities for intellectual rest because it's words about what is true, and thus the opposite of, or balm for, the reams of painful false words (better known as lies) that I've been immersed in for most of the last four years.

It may not be as useful or as comforting for others, as it has been for me. But to the extent I'm asking Bailiwick readers to also immerse themselves in a lot of very painful, very false, very deliberately misleading information as I write about the vaccination deception campaign, I wanted to also offer one possible resting place for readers to also rest.

Readers of course can find comfort and rest in many other things that they read and do.

As far as even more brief summaries of the Summa Theologica, the Wikipedia entry[82] offers a very brief overview.

I've heard good things about Peter Kreeft's Summa of the Summa[83]. I bought a copy a few years ago, but have not been able to do more than look at a few specific chapters so far.

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[80] https://bailiwicknews.substack.com/p/read-aloud-the-summa-simplified-pages
[81] https://tanbooks.com/products/books/my-way-of-life/?srsltid=AfmBOor9uL1utAJd-ou26mzH0XJdfv0MVyW1pLJTNfpZU8fde30jziHP
[82] https://en.wikipedia.org/wiki/Summa_Theologica
[83] https://archive.org/details/peter-kreeft-summa-of-the-summa

I also have a copy of the full English translation of the Summa, but again, have only been able to use it for looking up specific topics that I wanted to know how St. Thomas treated.

St. Thomas's work is important for my work overall, because of his importance in the history of the Catholic faith, and his explanations of Catholic doctrine. My work is done against that all-encompassing backdrop, because the deception campaign surrounding vaccination is one part of the ancient war of Satan against Christ and against mankind as God's creation.

For more information about St. Thomas's importance for Catholic moral teaching and formation of conscience, I found the papal encyclical Studorium Ducum[84] very helpful.

* * *

[84] https://www.papalencyclicals.net/pius11/p11studi.htm

March 15, 2025 - Congressional elimination of judicial review and preemption of state law to enable interstate trafficking in intentionally harmful 'covered countermeasures.'

42 USC 247d-6d(b)(7) and 42 USC 247d-6d(b)(8)

Response I gave to a reader who sent me a link to Ray Flores' recent piece: Legal Opinion - PREP Allows for Two Different Causes of Action.[85]

I think Flores' interpretations of the text of 42 USC 247d-6d and suggested legal strategies are incorrect, false and misleading in several different ways. My views are based on my reading of the federal PREP Act law and my reading of federal and state court decisions in cases interpreting and applying the PREP Act to covered countermeasure products and to acts of manufacture and use or non-use of such products as committed by manufacturers and health care workers.

For the time being, I'm limiting my comments to pointing again to 42 USC 247d-6d(b)(7) and (b)(8), which preempt all access to state and federal courts for review and overturning of HHS Secretary actions, and preempt all access to state law for review and overturning of any HHS Secretary action pertaining to a covered countermeasure.

> 42 USC 247d-6d(b)(7) - Judicial review. No court of the United States, or of any State, shall have subject matter jurisdiction to review, whether by mandamus or otherwise, any action by the [HHS] Secretary under this subsection.
>
> 42 USC 247d-6d(b)(8) - Preemption of State law. During the effective period of a declaration under subsection (b) [unilateral, unreviewable HHS determination that a disease constitutes a 'public health emergency' combined with declaration recommending manufacture, testing, development, distribution, administration, or use of 'covered countermeasures'], or at any time with respect to conduct undertaken in accordance with such declaration, no State or political subdivision of a State may establish, enforce, or continue in effect with respect to a covered countermeasure any provision of law or legal requirement that—
>
> > (A) is different from, or is in conflict with, any requirement applicable under this section; and
> >
> > (B) relates to the design, development, clinical testing or investigation, formulation, manufacture, distribution, sale, donation, purchase, marketing, promotion, packaging, labeling, licensing, use, any other aspect of safety or efficacy, or the prescribing, dispensing, or administration by qualified persons of the covered countermeasure, or to any matter included in a requirement applicable to the covered countermeasure under this section or any other provision of this chapter, or under the Federal Food, Drug, and Cosmetic Act...

[85] https://rayfloreslaw.substack.com/p/legal-opinion-prep-allows-for-two

Under these conditions, which have been in place without interruption since January 2020 for Covid-19 countermeasures and remain in place (current amendment extends these conditions through Dec. 31, 2029[86]), the only inquiries any state or federal court will make, upon receiving a civil or criminal case involving a *covered countermeasure* and manufacture or use of it by a *covered person* or *qualified person* or *program planner*, all classified as such by unilateral HHS Secretary action without any requirement for evidence or any opportunity for evidentiary review or overturning, are whether the item is or is not classified as a covered countermeasure; whether the person did or did not make or use the product; and whether the person is or is not classified as a covered person, qualified person or program planner, or reasonably believed him or herself to be a covered person or qualified person or program planner.

If the product is classified as a covered countermeasure and was made or used by a covered person, qualified person or program planner, then the inquiry stops there and the case is dismissed, because the state or federal court has no jurisdiction, because Congress stripped jurisdiction by statute.

There is no further evidentiary review as to the product's development, production and use, the harmfulness of its contents, or the knowledge, intent or culpability of the covered person or qualified person who made or used it.

It's just a legally-authorized kill product, used by a legally-authorized killer.

If it's not a covered countermeasure, then the case might proceed to further discovery or evidentiary review.

Under HHS Secretary PREP Act actions, all Covid products are covered countermeasures, and all the people who make and use them are qualified persons or covered persons.

The PREP Act and related laws are written to make a legal box in which legalized mutilation and killing can take place, by precluding all possibility of authentic, rigorous, adversarial, public evidentiary review in scientific and judicial venues, because the scientific and legal evidence supporting covered countermeasures, vaccines and vaccination programs cannot withstand any scrutiny at all without collapsing.

Upon scrutiny, the products are instantly exposed as intentionally harmful, their development and promotion instantly exposed as intentionally fraudulent, and the laws enabling their manufacture, trafficking and use are instantly exposed as immoral, treasonous and void from the beginning.

For as long as Congress, US Presidents, HHS secretaries, drug manufacturers, drug regulators, judges, lawyers, physicians, pharmacists and nurses can forestall evidentiary review, they can and will continue legally lying to legally induce homicidal and suicidal behavior, including acts of vaccine administration, and acts of submission to vaccination.

[86] https://www.govinfo.gov/content/pkg/FR-2024-12-11/pdf/2024-29108.pdf

Related

- March 24, 2022 - Project Bioshield Act of 2004 and PREP Act of 2005. Legal immunity for Pfizer, Moderna, hospitals, nursing homes, pharmacies, clinics, nurses, doctors, pharmacists.
- April 7, 2022 - Re: "judicially-unreviewable."
- April 8, 2022 - Note to Attorney Aaron Siri re: US statutes nullifying US Constitution. - "…A commenter…asked about "willful malfeasance" as a way for plaintiffs to get around the liability protections for the products (vaxxes) and the people involved in developing, manufacturing, distributing and administering them. I wrote back: "My understanding is that the people who wrote the statutes — probably pharma lobbyists and WHO technocrats on behalf of financial elites — wrote them carefully to split apart the people who knew how deadly the shots are (the corporate executives, attorneys and researchers) from the people who would actually administer them (the nurses, pharmacists and doctors). So they wrote in two prongs plaintiffs must prove for defendants to be culpable: "willful misconduct" (knowingly engaging in bad behavior like clinical trial fraud or adding toxic ingredients to vials) and "proximate" to injury and death (being near in time and space to the victim). The corporate executives and researchers knew but weren't proximate, because they didn't personally inject victims. The nurses and pharmacists were proximate to the injuries (delivered the injections) but didn't know about the clinical trial fraud and adulterated contents of the vials…"
- Dec. 6, 2023 - More on the workings of the war machine running on public health emergency determinations, PREP Act license-to-kill declarations, and EUA countermeasures.

* * *

March 17, 2025 - Erwin Chemerinsky letter to Senate, Dec. 20, 2005, on unconstitutional PREP Act.

Erwin Chemerinsky[87] submitted a letter, dated Dec. 20, 2005, to Senator Patrick Leahy, which was entered into the Congressional Record dated Dec. 21, 2005.

- 2005.12.21 Congressional Record PREP Act discussion S14233 to 14240[88]
- 2005.12.21 Congressional Record PREP Act discussion S14241 to 14254 Chemerinsky[89]
- 2005.12.21 PREP Act Senate Roll Call[90]
- 2005.12.30 Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act - PL 109-148, 119 Stat. 2818. Synopsis from Bailiwick American Domestic Bioterrorism Program timeline: "…Division C at last 14 pages: Public Readiness and Emergency Preparedness (PREP) Act. Amended Public Health Service Act. Established power of Secretary of Health and Human Services, during self-declared public health emergency under Section 319, to unilaterally issue declarations recommending "manufacture, testing, development, distribution, administration, or use of one or more covered countermeasures." Codified at 42 USC 247d-6d(b). Added more detail on liability shields for pandemic and epidemic products and security countermeasures. Set pre-suit hurdle requiring HHS to first bring claims against defendants, and bar private claims until after HHS claims resolved…Set liability standard at willful misconduct, "establishing a standard…more stringent than negligence in any form or recklessness," requiring proof defendant 1) intentionally engaged in misconduct 2) proximate to victim's injury or death. Established just-following-orders defense for vaccinators and others in the chain of distribution…"

Sen. Leahy voted later the same day (Dec. 21, 2005) with 92 other senators to commit treason and pass the military funding and hurricane recovery bill to which the PREP Act had been attached.

[87] https://en.wikipedia.org/wiki/Erwin_Chemerinsky
[88] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/2005.12.21-congressional-record-prep-act-discussion-s14233-to-14240.pdf
[89] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/2005.12.21-congressional-record-prep-act-discussion-s14241-to-14254-chemerinsky.pdf
[90] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/2005.12.21-prep-act-senate-roll-call.pdf

Leahy introduced Chemerinsky's letter.

> Mr. LEAHY. Late Sunday night [Dec. 18, 2005] , Republican leadership slipped language [PREP Act] into a lengthy appropriations conference report that will immunize drug companies against reckless misconduct and will impede our ability to protect our citizens from the threatened avian flu pandemic. This provision is a gift to the drug manufacturers and will likely have a devastating effect on our ability to protect our constituents.
>
> Under the guise of a threatened pandemic, this legislation goes far beyond the scope of vaccine preparedness and includes language that is far more sweeping than any language previously passed by the House or the Senate. Instead of focusing on protecting American families from avian flu or ensuring that victims of any untested vaccine will be compensated for their injuries, the provision simply shields drug companies from any culpability for injuries caused by its actions. The scope of this immunity is so expansive that once the Secretary of Health and Human Services has declared a public health emergency even for a future threat, drug companies would not be held accountable for any injuries or deaths caused by the drugs they manufacture, including drugs that are not specifically used in a pandemic context. This is disgraceful and will deter Americans from taking vaccines and drugs if we ever experience a health crisis.
>
> The only exception to the broad immunity given to drug companies in this proposal is the possibility that a victim could prove that the company acted with ''willful misconduct.'' Knowingly committing health violations would not even suffice to state a claim. Knowing violations as well as gross negligence would be immunized from accountability. Even if the drug company acted with the intent to harm people, it would nevertheless be immune from criminal conduct unless the Attorney General or Secretary of Health and Human Services initiates an enforcement action against a drug company that is still pending at the time a personal claim is filed. That is unbelievable.
>
> I question whether such a role for the Secretary of HHS is even constitutional. Since when do we in Congress allow a political appointee of the administration to determine when, and if, someone injured by willful misconduct can be compensated for their injuries?
>
> Professor Erwin Chemerinsky sent a letter yesterday that outlines his concerns regarding the constitutionality of the provision and I ask that his letter be made part of the [Congressional] Record.

Chemerinsky's letter, recorded at S. 14247[91]:

> I understand that the Congress is considering legislation that has been denominated as the ''Public Readiness and Emergency Preparedness Act.'' This legislation would give the Secretary of Health and Human Services extraordinary authority to designate a threat or potential threat to health as constituting a public health emergency and authorizing the design, development, and implementation of countermeasures, while providing total immunity for liability to all those involved in its development and administration.
>
> In addition to according unfettered discretion to the Secretary to grant complete immunity from liability, the bill also deprives all courts of jurisdiction to review those decisions. Sec. [(b)(7).] I write to alert the Congress to the serious constitutional issues that the legislation raises.
>
> First, the bill is of questionable constitutionality because of its broad, unfettered delegation of legislative power by Congress to the executive branch of government. Under the nondelegation doctrine, Congress may provide another branch of government with authority over a subject matter, but ''cannot delegate any part of its legislative power except under the limitation of a prescribed standard.'' *United States v. Chicago, M., St. P. & P.R. Co.,* 282 U.S. 311, 324 (1931).
>
> Recently, the Supreme Court endorsed Chief Justice Taft's description of the doctrine: ''the Constitution permits only those delegations where Congress 'shall lay down by legislative act an intelligible principle to which the person or body authorized to [act] is directed to conform.''' *Clinton v. City of New York,* 524 U.S. 417, 484 (1998)(emphasis in original), quoting *J.W. Hampton, Jr., & Co. v. United States,* 276 U.S. 394, 409 (1928).
>
> The breadth of authority granted the Secretary without workable guidelines from Congress appears to be the type of ''delegation running riot'' that grants the Secretary a ''roving commission to inquire into evils and upon discovery correct them'' of the type condemned by Justice Cardozo in *A.L.A. Schechter Poultry Corp. v. United States,* 295 U.S. 495, 553 (1935)(Cardozo, J., concurring).
>
> Second, the bill raises important federalism issues because it sets up an odd form of federal preemption of state law. All relevant state laws are preempted. Sec. [(b)(8)]. However, for the extremely narrow instance of willful (knowing) misconduct by someone in the stream of commerce for a countermeasure, the bill establishes that the substantive law is the law of the state where the injury occurred, unless preempted. Sec. (e)(2).
>
> The sponsors appear to be trying to have it both ways, which may not be constitutionally possible. The bill anticipates what is called express preemption, because the scope of any permissible lawsuits is changed from a state-based to a federally based cause of action. See *Beneficial Nat'l Bank v. Anderson,* 539 U.S. 1, 8 (2003).

[91] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/2005.12.21-congressional-record-prep-act-discussion-s14241-to-14254-chemerinsky.pdf

Usually, that type of ''unusually 'powerful''' preemptive statute provides a remedy for any plaintiff's claim to the exclusion of state remedies. *Id*. at 7 (citation omitted). Here, rather than displace state law in such instances, the bill adopts the different individual laws of the various states, but amends them to include a willful misconduct standard that can only be invoked if the Secretary or Attorney General initiates an enforcement action against those involved in the countermeasure and that action is either pending at the time a claim is filed or concluded with some form of punishment ordered.

Such a provision raises two important constitutional concerns. One problem is that this hybrid form of preemption looks less like an attempt to create a federal cause of action than an direct attempt by Congress to amend state law in violation of *Erie Railroad Co*. v. *Tompkins*, 304 U.S. 64 (1938) and basic principles of federalism. Although Congress may preempt state law under the Supremacy Clause by creating a different and separate federal rule, see *Crosby* v. *Nat'l Foreign Trade Counc*., 530 U.S. 363, 372 (2000), it may not directly alter, amend, or negate the content of state law as state law. That power, the Erie Court declared, ''reserved by the Constitution to the several States.'' 304 U.S. at 80.

It becomes clear that the bill attempts to amend state law, rather than preempt it with a federal alternative, when one realizes that States will retain the power to enact new applicable laws or amend existing ones with a federal overlay that such an action may only be commenced in light of a federal enforcement action and can only succeed when willful misconduct exists. The type of back and forth authority between the federal and state governments authorized by the bill fails to constitute a form of constitutionally authorized preemption.

The other problem with this provision is that the unfettered and unreviewable discretion accorded the Secretary or Attorney General to prosecute an enforcement action as a prerequisite for any action for willful misconduct violates the constitutional guarantee of access to justice, secured under both the First Amendment's Petition Clause and the Fifth Amendment's Due Process Clause. See *Christopher* v. *Harbury*, 536 U.S. 403, 415 n.12 (2002).

In fact, the Court has repeatedly recognized that ''the right of access to the courts is an aspect of the First Amendment right to petition the Government for redress of grievances.'' *Bill Johnson's Restaurants* v. *NLRB*, 461 U.S. 731, 741 (1983), citing *California Motor Transport Co*. v. *Trucking Unlimited*, 404 U.S. 508, 510 (1972).

First Amendment rights, the Supreme Court has said in a long line of precedent, cannot be dependent on the ''unbridled discretion'' of government officials or agencies. See, e.g., *City of Lakewood* v. *Plain Dealer Pub. Co*., 486 U.S. 750, 757 (1988). At the same time, the Due Process Clause guarantees a claimant an opportunity to be heard ''at a meaningful time and in a meaningful manner.'' *Armstrong* v. *Manzo*, 380 U.S. 545, 552 (1965).

The obstacles placed before a claimant, including the insuperable one of inaction by the Secretary or Attorney General, raise significant due process issues. The Supreme Court has recognized that official inaction cannot prevent a claimant from being able to go forth with

a legitimate lawsuit. See *Logan* v. *Zimmerman Brush Co*., 455 U.S. 422 (1982). The proposed bill seems to reverse that constitutional imperative.

Third, the complete preclusion of judicial review raises serious constitutional issues. The Act, through Sec. 319F–3(b)(7), expressly abolishes judicial review of the Secretary's actions, ordaining that ''[n]o court of the United States, or of any State, shall have subject matter jurisdiction,'' i.e., the power, ''to review . . . any action of the Secretary regarding'' the declaration of emergencies, as well as the determination of which diseases or threats to health are covered, which individual citizens are protected, which geographic areas are covered, when an emergency begins, how long it lasts, which state laws shall be preempted, and when or if he shall report to Congress .

The United States Supreme Court has repeatedly stressed that the preclusion of all judicial review raises ''serious questions'' concerning separation of powers and due process of law. See, e.g., *Johnson* v. *Robison*, 415 U.S. 361 (1974); see also, *Oestereich* v. *Selective Service System Local Board No. 14*, 393 U.S. 233 (1968); *McNary* v. *Haitian Refugee Center, Inc*., 498 U.S. 479 (1991); *Reno* v. *Catholic Social Services*, 509 U.S. 43 (1993).

Judicial review of government actions has long regarded as ''an important part of our constitutional tradition'' and an indispensable feature of that system, *Lehnhausen* v. *Lake Shore Auto Parts Co*., 410 U.S. 356, 365 (1973).

The serious constitutional issues raised by this legislation deserve a full airing and counsels against any rush to judgment by the Congress. Whatever the merits of the bill's purposes, they may only be accomplished by consideration that assures its constitutionality.

* * *

March 17, 2025 - Senators Kennedy, Biden, Clinton, Byrd, denouncing PREP Act on Dec. 21, 2005, and then committing treason by voting for it the same day.

Senator Edward Kennedy:

> …Over these last several months in the Senate we have addressed the issue of a potential epidemic, the pandemic flu. There have been two areas of leadership. One has been in our [Health, Education, Labor and Pensions] HELP Committee under the chairmanship of Senator Enzi and Senator Burr, where we have tried to work out a whole approach to deal with the area of epidemics and bioterrorist attacks, and another with the leadership of Senator Harkin, who had asked that we commit some $8 billion to be able to purchase vaccines and also antiviral drugs for influenza.
>
> I attended the NIH announcement by the President of the United States when he actually requested $7.1 billion to prepare for a flu pandemic. Those funds were going to be used for public health, first of all, to be able to detect flu outbreaks overseas; secondly, to be able to detect them here at home; then to be able to build containment capacities, what we call ''surge'' capacity; and, also to have a generously funded vaccine program, and also an antiviral program.
>
> That is really where we were before the Defense appropriations bill.
>
> A number of us on the HELP Committee had a series of negotiations to try to make a bipartisan recommendation to the Senate. We did so on pensions, on higher education, on work-force, and on Head Start. We were able to do so in a number of different areas. And we were moving ahead toward making a recommendation in issues related to the purchase of vaccines and antivirals. There are two important issues to consider with the purchase of pandemic influenza vaccine and antivirals. One is the danger to an individual that is going to take those vaccines or antivirals; and the other is the risk those dangers raise for the companies that produce them. One is the compensation issue, and the other is the liability issue.
>
> We have dealt with these issues on several occasions. We dealt with them with respect to the swine flu. We dealt with these issues with smallpox. We dealt with these issues for childhood vaccines.
>
> One thing we know from experience is, if you do not have an adequate compensation program, no matter how much money you put in for the purchase of vaccines or of antivirals, the program is not going to work. There has to be an assurance that, if first responders and others are going to go out there and take their chance with these new vaccines or other drugs, that if they become grievously ill or sick or even die there will be some compensation for them and for their families for lost wages and medical costs and the like. And there has to be the assurance to the first responders and others that those vaccines are not going to be produced negligently. Otherwise, they will not take the risk of using the vaccines or drugs. That is the framework.

We have to ask ourselves, for the liability and compensation provisions that have been put in the Defense appropriations bill, how do they line up with what has been successful in the past, with bipartisan efforts? These provisions fail in every respect of the word.

First, there is a compensation program that is not funded. It is not funded. It will depend upon future appropriations. If you want to buy a pig in a poke, buy that particular provision. All you have to do is ask my friend from Utah, Senator Hatch, how we have funded the compensation program for the downwinders. Over a long period of time, we did not have the required payments for them, when we know, as a direct result of governmental action, we adversely affected tens, even hundreds, of thousands of downwinders in the State of Utah and in the West more broadly. We have not measured up to our responsibilities to them, and the compensation program before us now is no more adequate. And as a consequence, this compensation program is not going to work.

Not only that, what have we done with regard to the manufacturers? What kind of immunity have we given to them? It's really extraordinarily broad, effectively complete. What they call the ''bad actor'' provision describes the circumstances in which the immunity from liability fails. And it's really very narrow, because a company's actions have to meet a very narrow definition of willful misconduct.

Page 12 of this 40-page liability section says in order to have any kind of liability, you have to have willful misconduct. This is an act or omission that is taken intentionally to achieve a wrongful purpose; knowingly without legal or factual justification; and in disregard of a known or obvious risk that is so great as to make it highly probable that the harm will outweigh the benefit.

As if that isn't clear, and narrow, enough, on the same page, underneath this language, is a rule of construction. This rule says that this language establishes a standard for liability more stringent than a standard of negligence in any form or recklessness. So companies are not deterred from acting recklessly, or with gross negligence.

Now that is pretty narrow, but apparently it isn't narrow enough. Right here on page 12, it says that the Secretary of Health and Human Services, in consultation with the Attorney General, must issue regulations that further restrict the scope of actions or omissions that may qualify as willful misconduct.

So ''willful misconduct,'' which should just mean intentional, isn't good enough.

Well, at least we have solved that, right, to make it as narrow as possible? Wrong. Go down to the standard of evidence. The bill changes the standard of evidence in the various trials, to ''clear and convincing evidence.'' That is at the bottom of page 13.

The bill defines a very narrow standard of willful misconduct, and it sets a very high standard of evidence. Shouldn't that be enough? Wrong. You don't have a case against a company under these provisions unless the FDA begins an enforcement case against that company. So if FDA goes ahead and begins the case, you have a chance, right? Wrong

again. FDA has to bring it and conclude it successfully before you have any right to proceed with your case.

A person might think, I am not very satisfied with how this liability provision has worked, maybe I will appeal to the courts of this country, right? Wrong. There is absolutely no, no, no, no judicial review when the Secretary of Health and Human Services grants a company immunity by issuing a declaration. No judicial review of that. And there is no judicial review of FDA's decision not to bring an enforcement action. So it is whatever the administration says, whatever the Secretary says, whatever the head of the FDA says, with changed and gimmick rules. This is a sham. There is no possibility of liability here.

Now, we would say, OK, this is bad, but this liability protection is limited to just a few products, right, products that few of us will ever have to use? It actually applies to products—vaccines, drugs, diagnostic tests—for epidemics. We rarely have to worry about epidemics, right? Well, who defines ''epidemics''? It is rather interesting who defines epidemics. Senator Domenici says diabetes is an epidemic. Senator Frist himself says meth abuse is an epidemic. Bill Frist himself said obesity is an epidemic. Senator Bond says arthritis is an epidemic.

This week in Newsweek Magazine, the Secretary of Health and Human Services, who is going to enforce this provision, says this: "We're seeing an epidemic of chronic diseases. Obesity is just one example."

So how many diseases are going to be considered epidemics? A lot, perhaps, but at least we say that is all right, because it is just going to apply to drugs for that particular epidemic disease, right? Wrong again. This provides the same kind of liability protections for any of the drugs or anything else that deals with the side effects of the products for that epidemic disease.

My goodness. Generally around here we measure who the winners are and who the losers are. And we have seen over the last year and a half how the drug companies come out on top, time and time and time and time again. But never, never, never, ever, ever like they have with this sweetheart deal that was stuck into this conference report after the assurances had been given to the conferees that there were no provisions in it with regard to liability.

The Medicare drug law made it illegal for the Government to negotiate prescription drug discounts for seniors. They do it in the VA system, and drug prices for the VA are lower. But we weren't able to permit the government to negotiate drug prices for seniors. The Republican Congress blocked legislation to allow importation of safe and less expensive drugs.

And now we find in this biodefense and pandemic flu provision liability shields for companies that make dangerous drugs, with no compensation for injured patients.

That is a scandal. It has no business being in this bill. The Judiciary Committee requested an opportunity to examine it. It was rejected. We have had no hearings on this particular provision. It is the wrong thing to include in this legislation.

Let me share what one of our colleagues has said about childhood obesity:

The responsibility for this growing epidemic rests with us—the American consumer. We need to get serious about fighting fat.

Let me cite you the language of the provision, the broad definition on page 31 of what gets liability protections under this bill. It says: ''Qualified pandemic or epidemic product'' means any drug, biological product, any device to diagnose, mitigate, prevent, treat, or cure a pandemic or epidemic or limit harm from the pandemic or epidemic. And the term includes not only those products, but any other product, any other product that is produced to deal with the side effects of those products.

This is a scandal. It is a giveaway. It is outrageous. It is rare, if ever, that we give this kind of privileged status to any industry in the country, and give this kind of authority and power solely to one branch of the Government. There is no second guessing. There is no judicial review. There is no further involvement of the Congress. That is basically and fundamentally wrong and we are asking and committing $3.7 billion to go down this road. It is outrageous and it is wrong.

I am sure that as soon as the Secretary of Health and Human Services issues what is called a declaration for a pandemic or epidemic to give immunity from liability to vaccines or other products, there is going to be a charge to the courts. The constitutionality of this provision is going to go into the Federal district courts and the circuit courts of appeal.

Included in the [Congressional] Record is legal authority that I believe shows that this provision, the way it is drafted, is absolutely unconstitutional because of the indefiniteness of the criteria under which the executive branch makes decisions and because there is the real possibility and likelihood of serious in- jury to individuals without any right to go to court or for judicial review of declarations.

This provision is going to be challenged along the way. We want to tell those in the bio industry—and they are healthy in my State and I have worked with them—if you want to work with us to get an effective compensation program, as we did in the past with smallpox or childhood vaccines, if you want to get an effective provision to deal with liability, one that is responsible and that responsible drug manufacturers will welcome, then we are more than willing to welcome you and to work with you.

But I think we can be certain that this provision will not be effective, and it is misleading the American people to say we are making a downpayment in the development of vaccines for the reasons I have mentioned this evening.

Slipping a provision into a major spending bill late at night at the end of Congressional session is a trick to shield from public debate a provision that is so wrongheaded that it would never stand public scrutiny.

The Republican congressional leadership has snuck yet another special favor to drug companies into the defense appropriations bill.

It is an outrageous provision that has nothing to do with protecting our troops, and it should be dropped from the bill.

This provision allows drug companies to flagrantly disregard basic safety measures in making a broad range of drugs or vaccines, while giving patients who are injured by shoddy products only an empty promise of compensation.

It is cynical to claim that this is what is needed to deal with avian flu.

Drug industry advocates will say that this debate is about trial lawyers, and we have heard phrases like ''jack- pot justice'' and ''runaway juries,'' and tales of endless lawsuits against the firms that make the vaccines. But that couldn't be further from the truth: Senator Dodd and I offered a plan that included important legal protections for drug companies that make experimental flu vaccines and other drugs needed to respond to a pandemic or a bioterrorism attack as well as a compensation program modeled after the Vaccine Injury Compensation Program that already works well for childhood vaccines.

Our proposal follows the successful examples of the past. For swine flu, for the smallpox vaccine and for childhood vaccines, the Government has set up a way to compensate the injured. Whenever Congress has provided an alternative to liability in the past, there has always been an assured means for patients to receive compensation.

The current proposal violates that past practice.

It twists and turns the law to stack the deck against patients, and abrogates basic principles of judicial review. It is no wonder the provision's authors hid it from public debate and didn't let the Senate Judiciary Committee even look at the proposal before it was jammed into the massive conference report.

If they had allowed our Judiciary Committee to examine this proposal, we would have quickly seen its constitutional flaws. I received a detailed analysis of this provision from Professor Erwin Chemerinsky, who is the Alston and Bird Professor of Law and Political Science at the Duke University School of Law.

According to his analysis, the provision gives the Secretary of HHS ''unfettered discretion . . . to grant complete immunity from liability'' while also ''depriving all courts of jurisdiction to review those decisions…''

Senator Joseph Biden:

> Mr. BIDEN. …I rise to express my surprise and deep-seated opposition to the so-called Public Readiness and Emergency Preparedness Act, which is included in the Defense Department Appropriations bill.
>
> This provision would give the Secretary of Health and Human Services authority to provide almost total immunity from liability to the makers of almost any drug, and to those who administer it.
>
> While the measure's proponents portray it as a simple tool to make sure we have sufficient vaccine available in the case of an avian flu pandemic, the actual language of the provision is far broader than that, and it therefore poses a danger to all Americans.
>
> The actual provision permits immunity for the makers of virtually any drug or medical treatment. All the secretary need do is declare that it is a ''countermeasure'' used to fight an epidemic. One solitary person gets to decide what is a countermeasure and what is an epidemic. There is nothing to prevent the declaration of immunity for, say, Tylenol. There is nothing to prevent a declaration that, say, arthritis is an epidemic.
>
> What's more, this is no typical grant of immunity. No, the breadth of this provision is staggering. A drug maker can be grossly negligent in making or distributing a drug, and still escape liability. It can even make that drug with wanton recklessness and escape scott-free after harming thousands of people.
>
> In fact, under this provision, the only way a victim could still recover compensation from a drug maker for a dangerous drug or vaccine would be to prove ''willful misconduct,'' and then only by ''clear and convincing evidence.'' What this means is that, for a victim to be able to be compensated by the company that harmed him, he must prove that they committed a crime...
>
> Is this the sort of justice system that Americans desire?
>
> The answer to this question seems clear from the way this provision was inserted in the larger bill. No hearings were held on this language; no Committee vote was taken; no bill passed the House or the Senate. Not even the House and Senate conferees had a chance to give input on this provision. Indeed, I'm told it was inserted in the dead of night, after conferees had al- ready signed the conference report!
>
> Perhaps the folks who secretly inserted this provision in the dead of night knew that it was overly broad, as I've discussed; perhaps they knew that it was constitutionally suspect, as has been noted by at least one prominent law professor; or perhaps they just knew that, if this provision ever saw the light of day, the American people would not stand for such secrecy and injustice.
>
> This should not be how we conduct the business of the American people, and we will all suffer if this provision is permitted to go forward.

Senator Hillary Clinton:

> I would like to take this opportunity to object to insertion of a provision in the Department of Defense appropriations bill that would provide sweeping immunity protections to pharmaceutical manufacturers. I know that this provision is being billed as a simple liability protection to help those who would manufacture avian flu vaccine, but it is nothing of the sort. I support limited liability protections for manufacturers to help cover their risks in developing products that our Nation will need in case of emergency. However, this provision would grant immunity to all claims of loss, including death and disability, for a broad range of products, including any drug that the Secretary designated as one that would limit the harm caused by a pandemic—a definition so broad as to encompass nearly any drug.
>
> This immunity is not subject to judicial review. It preempts any State laws that provide different liability protections or that may provide stronger consumer safety protections for pharmaceutical products. In fact, the only exception to this immunity is for actions of ''willful misconduct,'' which is so narrowly defined that it would only apply to cases where a company intentionally set out ''to achieve a wrongful purpose . . . in disregard of a known or obvious risk that is so great as to make it highly probable that the harm will outweigh the benefit.''
>
> The provision requires the Secretary and the Attorney General to narrow the scope of willful misconduct even further and states that for any FDA-approved product, willful misconduct will not apply unless the Government is already taking action against the manufacturer for such misconduct.
>
> If the Government is providing complete immunity to manufacturers, how are those who may be injured to seek compensation in case of injury? This provision sets up a ''Covered Countermeasure Process Fund,'' but fails to provide any money for this fund. We all recognize that in a public health emergency, we may need to seek whatever protections we can find to prevent widespread death and disease—but those who are asked to take these products are told that if they are injured, their only recourse is to seek compensation from a fund which currently has no money to award.
>
> I am also gravely concerned by the fact that this provision was included in the appropriations bill without following the process for passing legislation used by this Chamber. This authorizing — authorizing, not appropriating — language was never considered, let alone agreed to by the Senate. It was never agreed to by the HELP or Judiciary Committees, which have jurisdiction over this matter. It is a mockery of the legislative process. I believe that the American people are ill-served by Congress when controversial and potentially harmful provisions can simply be inserted without undergoing the open deliberations and debate that are fundamental to the democratic process and are designed to protect our citizens from special interests and back-room dealings. This provision should be stripped from the bill.

Senator Robert Byrd:

> …I continue to have serious concerns about the avian flu-related liability provisions that were slipped into the conference report without debate. These liability provisions did not appear in either the House- or the Senate-passed bill. These provisions were not in the materials presented to the conference committee during its deliberations. It was not until the dead of night on this past Sunday, after signatures had already been collected on the conference re- port, that the Republican majority slipped these provisions into the bill before the Senate today. What an insult to the legislative process.
>
> It makes sense for Congress to take steps to encourage companies to develop and manufacture lifesaving flu vaccines. Manufacturers and health professionals acting in good faith to protect the public health, by developing and distributing critical vaccines, should not be unfairly penalized for their efforts to protect the American people from the horrors of a pandemic disease.
>
> However, our country has a moral obligation to look out for those who may become seriously ill as a result of these vaccines. We are talking about the lives of real American people. There ought to be compensation available to those persons who may suffer adverse effects from these kinds of vaccines.
>
> But the liability amendment slipped into the bill does not contain any meaningful provisions establishing a fair compensation system to protect vaccine recipients. Americans who pull up their sleeves to receive an emergency flu vaccine must be provided with some assurance that they would not face economic catastrophe should they be harmed.

* * *

March 19, 2025 - On the absence of legal and scientific standards of evidence for public health emergency and emergency countermeasure determinations and declarations by HHS Secretary.

Jessica Hockett responding to *Erwin Chemerinsky letter to Senate, Dec. 20, 2005, on unconstitutional PREP Act*

> I find the timing of this and connection to hurricane (Katrina) recovery incredibly interesting and not-insignificant. There are numerous connections between Katrina (2005) and the initial COVID event (2020).
>
> Needless to say, Hurricanes "hit."
>
> Viruses do not.

KW: To some extent hurricanes "hit." But also, apparently natural disasters are also manipulated to make them more disastrous. For example, by demolishing levees. Orchestrated, unilaterally-declared "Public health emergencies" of all sorts — hurricanes, pandemics, others — are facilitated by the same sets of laws. And each event is used to drive the Congressional passage of the next legal instruments to concentrate power and wealth even more.

JH: Yes, I agree 100%. TPTB 'need' these disasters and emergencies for many evil reasons and they are, indeed, orchestrated and coordinated - including between countries.

Tangent - I know you are very busy, but I am curious about how you would characterize the "15 Days to Slow the Spread" decree from a legal standpoint. I hold certain views about it as an instrument of propaganda but, as I said here,[92] "The legality of such a decree—how it falls within the bounds of executive power—and the federal government's ability to declare a threat without demonstrating its existence before taking emergency action have never been fully explained."

KW: Very briefly, my understanding is that the legality is based in the absence of any legal requirement to demonstrate, with material evidence, the existence of anything.

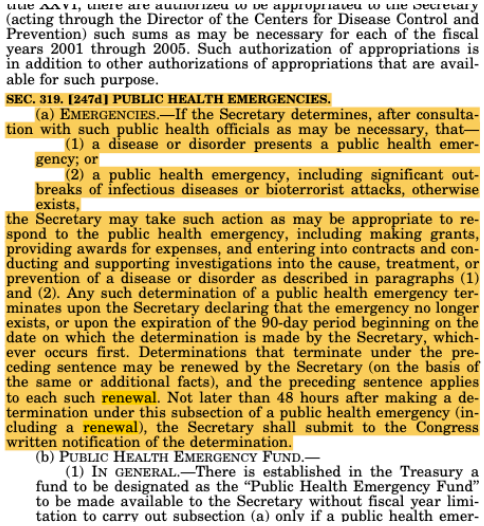
The wording of the PHE laws is such that simple statements, by the HHS Secretary, that a threat "exists," or might exist in future, made without any testable factual claims, are legally sufficient. There is no evidence required. It's just emergency-by-unilateral-declarations and determinations. And that's also why the laws are specifically written to preclude evidentiary testing by courts or Congress, and to make it so that the only way that a threat can stop existing, is if the HHS secretary says it doesn't exist anymore.

There's no legal requirement to produce any evidence to support the declaration that something exists, so there's no evidentiary standard that an HHS secretary can be challenged for not having met. HHS secretary could say that unicorns exist, and pose a threat, and that would be enough.

[92] https://www.woodhouse76.com/p/16-march-2020-15-days-to-slow-the

It's very difficult to convey that the non-presence of provisions in the laws and the presence of provisions blocking judicial review and Congressional oversight, are more important than the provisions that are in the laws.

It's a shell game con or illusion in which there's nothing under the cups at all, and no requirement that there be anything under the cups, and no opportunity for anyone to lift up the cups and see that there's nothing under them.



title XXVI, there are authorized to be appropriated to the Secretary (acting through the Director of the Centers for Disease Control and Prevention) such sums as may be necessary for each of the fiscal years 2001 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for such purpose.

SEC. 319. [247d] PUBLIC HEALTH EMERGENCIES.

(a) EMERGENCIES.—If the Secretary determines, after consultation with such public health officials as may be necessary, that—

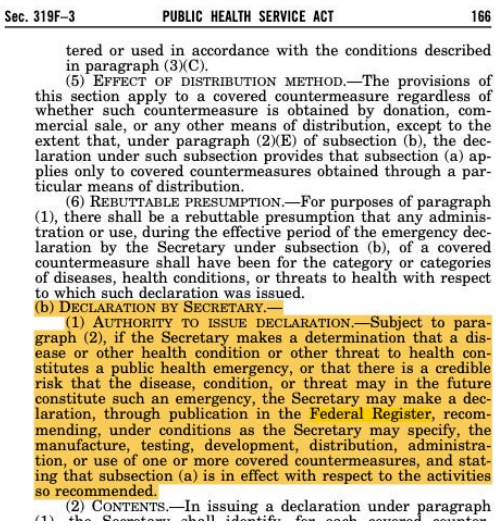
(1) a disease or disorder presents a public health emergency; or

(2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,

the Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for expenses, and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder as described in paragraphs (1) and (2). Any such determination of a public health emergency terminates upon the Secretary declaring that the emergency no longer exists, or upon the expiration of the 90-day period beginning on the date on which the determination is made by the Secretary, whichever occurs first. Determinations that terminate under the preceding sentence may be renewed by the Secretary (on the basis of the same or additional facts), and the preceding sentence applies to each such renewal. Not later than 48 hours after making a determination under this subsection of a public health emergency (including a renewal), the Secretary shall submit to the Congress written notification of the determination.

(b) PUBLIC HEALTH EMERGENCY FUND.—

(1) IN GENERAL.—There is established in the Treasury a fund to be designated as the "Public Health Emergency Fund" to be made available to the Secretary without fiscal year limitation to carry out subsection (a) only if a public health emer-



Sec. 319F–3 PUBLIC HEALTH SERVICE ACT 166

tered or used in accordance with the conditions described in paragraph (3)(C).

(5) EFFECT OF DISTRIBUTION METHOD.—The provisions of this section apply to a covered countermeasure regardless of whether such countermeasure is obtained by donation, commercial sale, or any other means of distribution, except to the extent that, under paragraph (2)(E) of subsection (b), the declaration under such subsection provides that subsection (a) applies only to covered countermeasures obtained through a particular means of distribution.

(6) REBUTTABLE PRESUMPTION.—For purposes of paragraph (1), there shall be a rebuttable presumption that any administration or use, during the effective period of the emergency declaration by the Secretary under subsection (b), of a covered countermeasure shall have been for the category or categories of diseases, health conditions, or threats to health with respect to which such declaration was issued.

(b) DECLARATION BY SECRETARY.—

(1) AUTHORITY TO ISSUE DECLARATION.—Subject to paragraph (2), if the Secretary makes a determination that a disease or other health condition or other threat to health constitutes a public health emergency, or that there is a credible risk that the disease, condition, or threat may in the future constitute such an emergency, the Secretary may make a declaration, through publication in the Federal Register, recommending, under conditions as the Secretary may specify, the manufacture, testing, development, distribution, administration, or use of one or more covered countermeasures, and stating that subsection (a) is in effect with respect to the activities so recommended.

(2) CONTENTS.—In issuing a declaration under paragraph (1), the Secretary shall identify, for each covered counter-

Related

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March 19, 2025 - History of Public Health Laws as a Method of Control - Interview with Mike Dakkak (Transcript)

Video at Rumble[93]

Mike Dakkak: ...We were just talking before we hit the record button here. You and your work are kind of a person and work after my own heart because I am constantly searching for context. I think it's a very, very important part of explaining the situation that we find ourselves in writ large. You have just written a five-part series on the history of public health laws in the country[94] and it's so thought-provoking, so congratulations my friend. That's really, really good. Tell us about what the impetus was for writing it. What led you down this path?

Katherine Watt: A couple different things. I think, even before heading down this path, when I was still mostly focused on emergency use authorization pathways and the Covid vaccines specifically, I realized, because of the way the legal research was going, that the stuff I was finding covered more kinds of vaccines and more kinds of biological products than just the ones that had come out since 2020.

Then the specific impetus was, I think, in December of 2023, I found a Federal Register notice that had basically shut down inspections by FDA officials of biological product factories effective May of 2019. The way that that regulation was done was something called a direct final rule, or, they tried to do it as a direct final rule. So as soon as I started trying to understand what that was, I realized more things about how the pre-2020 biological product regulation system was just as nonsense as the post-2020.

MD: This is what intrigues me about this. Because we love to ask as a nation, and I put myself squarely in this category, Well, geez, how did we get here? How did we get to this place where someone like Fauci can come out and tell us that we can't see our loved ones or you can't go to funerals or you can't celebrate thanksgiving any longer?" And then when we have discussions like this, we call that getting into the weeds. But getting into the weeds is how we got here. I think it's important to connect those dots because you know who cares about the weeds? Communists. People who are trying to overthrow the country. Those are the people in the weeds. So we better get ourselves in the weeds, because we may not care about the weeds, but boy, our enemies do, don't they?

KW: They certainly do. Yes. Yeah.

MD: So again, the work kind of speaks for itself. You mentioned vaccines and viruses. I was taken with this. How about the fact that there is no legal definition anywhere on the books for a vaccine or a virus? And you kind of had to come up with your own, which I thought was stellar, by the way.

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[93] https://rumble.com/v6qsnti-in-the-news-with-mike-dakkak.html

[94] *Legal history of non-regulation of biological products* (Katherine Watt and Lydia Hazel) https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/04/2025.04.02-subject-series-book-1-biological-product-non-regulation-no-identity-no-standards-no-compliance-no-enforcement.pdf

KW: Yeah, those were working definitions at the beginning. I would probably modify them a little bit. And I should say, too, the series was co-written with a woman named Lydia Hazel. She also was very interested in the topics. And so if she had not been co-writing it with me, I could not have done it at all because it was so difficult to spend so much time with such disgusting laws.

There is a definition of vaccine that's in the tax code. And it's a non-specific definition. It just says a vaccine is a product that is intended to prevent one or more diseases. It's based on the intent of the person that's using it. It has no corresponding material reality or characteristics that you can assess in any way. And virus also has the same kind of circular, self-referential definitions, but nothing that you can pin down.

MD: Isn't that kind of a blaring oversight? That's something that dominates so much of our lives these days. There's no, we can't, as a society, have not agreed to a specific definition for --. You know what that reminds me of? That reminds me of years and years ago when the United Nations slowly started changing the definition of the word pandemic. And now it just basically means whatever they decide it is. I kind of feel like a similar phenomenon is happening there. I kind of feel like these terms are left um deliberately ambiguous and those are things that are exploited by people who are bad actors.

KW: I would just say they're deliberately ambiguous from the beginning. It's not an oversight. It's intentional. They're written that way because the people who are going to use the words and going to use the documents written with the words are engaging in the projection of an illusion and they need the words to be flexible enough that they can project any illusion that's useful to them at any given time. And they can change the definitions to make the illusion more realistic as people start to figure out different pieces of it. So it's not an oversight. It's intentional and that's why I think it's, I would anticipate or speculate or whatever, that it's never going to change. They're never going to put a specific definition of vaccine into the law, and they're never going to put a specific definition of virus because they can't. Those things are not specific material objects.

MD: I think that is so smart, and I think that you just hit upon a really, really important point From the beginning. I mean, they have this design from the very beginning. I imagine as you were going, because there's a lot of material that you had to cover. I'm not surprised at all. You and I have been talking for months about this appearance. And now that I see the finished product, I'm not surprised at all that it took you this long. This was really, really rigorous. Was this information readily available? How far did you have to dig to get all this stuff?

KW: It's all public information, but it is not easy to find. Lydia did the earliest work going through the National Archives websites and the Library of Congress websites to track down the, she started early on looking at the funding bills. When did Congress give money for different types of things? Because early on she was -- and I think a lot of people are -- like, follow the money is the way to track things down. I think that's true to a certain extent. But it's also follow the definitions, follow the changing definitions, follow the people who are assigned the pretend task of pretend regulating, because that also moved across different departments and different agencies. We learned a lot about what is available online through the Library of Congress websites. Then as time goes on, it gets a little bit easier because the closer you get to now, the more things are digitized and digitized in searchable formats and stuff like that. But then at that point it gets more difficult because there's such a volume of information.

MD: You know, I tell myself every day I'm not going to be shocked by what I find or what I hear. And every day, somehow, by this time of the day, I manage to be shocked by what I find and what I hear. I imagine that that must have been kind of true for you almost on a daily basis going through a project like this.

KW: Yes. And especially at the beginning, like I said, December 2023, when it first hit me that they had shut down the inspection process and that even when the inspection process had been in place, it was also fake then. And so they were, they were deregulating a thing that was a pretense of regulation. So there were all these layers and layers and layers. And the most difficult part is the emotional processing of how much hatred the people who put the whole thing together have for the people that were their targets. But that's the thing I have the most trouble with. That's the thing that makes it hard to look at the stuff, makes it hard to think about the stuff, makes it hard to write about the stuff. Because their hatred is so all-encompassing and it comes through so clearly in everything that they did and are still doing. So, yeah.

MD: I think that's spot on. I heard the phrase recently, someone on the show called it generational evil. Because this has been going on for decades, centuries, as you lay out. And it's really hard to believe. I like to tell myself that I've gotten rid of my normalcy bias and I don't ask the question, well, they couldn't be doing that. No, they can. But still, you come across something like this and you're like, my gosh, how could it? Do you know how difficult it is? I mean, I can't sustain a lie for more than three days. These people have been doing it for 300 years. I struggle to explain it. I really do.

KW: Yeah. And I think that's a protective mechanism in some way, too. You can't function as a human being without some level of trust, but I have the same thing where it's like I think that I've got my head around it, and then I lose it again because it's so upsetting.

MD: I want to talk about, there's a couple of quotes that I really got my wheels turning here. And again, the whole thing, the whole series is really thought provoking, but you write right here in part one, you say, "the scientific disciplines of microbiology, bacteriology, virology, immunology, and epidemiology developed in a mutually reinforcing way with the development of communicable disease, quarantine, and biological product law." And then you go on to write, "lawmakers have relied on authoritatively delivered but false claims made by scientists and statisticians to build public support for and compliance with federal public health programs and products from the roots in the late 1700s and early 1800s through modern global pandemic preparedness and response programs, COVID-19 and the current avian influenza fraud."

I think that's important because it's important to point out that right from the very beginning, as you mentioned a moment ago, these folks understood the power that viruses and vaccines and pandemics have to control a society.

I think it clicked right from the very beginning. Is that where your research led you to as well?

KW: Yes, and with a number of other pieces, but the third most significant one that struck me as I worked on it was their understanding of media. Their understanding of how to use telegraph in the mid 1800s because they could get allegations of disease outbreaks across the Atlantic before the ships arrived at the ports in the United States or the ports in Europe so that the quarantine officers

on either end could be prepared to not let the people and the goods off of the ships based only on what somebody at the other end had said with the telegraph. And then that moved on into mass market newspapers, mass market magazines, then it moved into radio, then it moved into film, and then it moved into television.

And that's why I think the 1955 polio campaign was the first simultaneous nationwide fraud of, there is this, what they call the communicable pathogen of polio, there is this treatment or preventative that they called the polio vaccine, and they could project that simultaneously into the majority of American homes through television, which they had not had in the majority of homes until the mid-1950s.

And then I connect that now to the reason why they could do what they did internationally to the fact that they have the Internet now and they can project the same images, the same backdrops, the same actors, the same scripts, the same lines, the same props, everything into the smartphone that's in everybody's pocket all around the world. So I would say it's the three things, the science fraud, the mass media projection ability and the laws.

Then there's others I put that in the series too, but the media one was the one that really clicked somewhere in the process of this.

MD: Well, I think that's a very interesting point. I don't know if any of this is possible without the media, without mass media.

KW: It's not, because prior to the 1950s, the most they could do was citywide and statewide, or like in a small country, because they had to get the people in the community to believe that there was an outbreak and to be able to see that with their own eyes and people getting sick and whatever.

It wasn't until World War II and then as film and television and the film strips that they could put in at the beginning of films, like the news, blah, blah, blah. That made it possible to make it a national campaign instead of just a state or a city public health department.

MD: Let's talk a little bit about the role that propaganda plays, because this quote kind of jumped off the screen and hit me square between the eyes. You quote Dr. Richard Day, who in 1969 says, "everything has two purposes. One is the ostensible purpose, which will make it acceptable to people. And second is the real purpose, which would further the goals of establishing the new system and having it." Is that as evil as it sounds?

KW: Yes. I don't talk about Richard Day's stuff as much as Sage Hana, the Substack person, but I have read the transcripts of those video, or I guess they were audio recordings of, I think he was a pediatrician. He was at a pediatrician's conference in Pittsburgh, and [Richard Day[the person who was giving the presentation basically told the pediatricians there [including Lawrence Dunegan], like, we've got everything in place. We're going to be able to control people's perceptions of what's happening. We're going to be able to control all of these different elements of their lives and how they live their lives. And there's nothing anyone can do about it because we've got all the pieces in place. And a key piece of that is giving them a reason they will believe that is not the real reason why we're doing what we're doing, but is good enough or plausible

enough that they will go along with the policies and the programs that we're going to do, which are actually being done for a real reason, which is totally separate from that ostensible reason.

The real reason being, well, killing and making people sick and getting people into this surveillance grid and all of that.

MD: That's an excellent point. What do you think, after all this research, what do you think the goal is? I've had people, I mean, I think we all kind of went through stages in the beginning of Covid where it was kind of like, oh, you know, the big pharma companies, they want to make a lot of money and that's why we're in Covid. Okay, I don't doubt that pharma companies have nefarious motives and that they do want to make a lot of money. But could Pfizer force 120 countries all over the world to shut down? I don't think so. I think there were other more powerful players at work here. And then so that leads you to the next question is, what are they really after? If it's not about money, is it literally just killing us? Is it control? What is it? What do you think it is?

KW: There are a lot of different pieces of it. I think it's mostly about control. It's mostly about making people sick enough that they can't get on with their lives because they're disabled. Some of it is about budgetary things like long term. I think Catherine Austin Fitts talks about this sometimes, that they need to get people to die earlier so that the pensions and things like that are not on their liability sheets anymore. When I think about it at the sort of broadest level, I think about -- have you heard about the Iron Mountain Report? You've probably talked about that with other people.

MD: No, I have not.

KW: It's another thing from, I think the late 60s. And they talk about, it's basically alternatives to war that will eat up enough of a society's surplus that the centralized control of goods and services is still possible because you don't have enough of a surplus that -- if people are not at war, then all of the energies of the productive labor and the resources of the country can go to meeting the needs of the people who live in the country.

And war is a good way, I think they call it a flywheel, for the centralized controllers to eat up a ton of that by putting it into like making bombs, making planes, like maybe something after World War II that would not be as obvious, but would still eat up all of that surplus.

MD: 'Cause heaven forbid those energies go towards the common good. We can't have that.

KW: Right. And so I think what they came up with and probably had planned a long time before, because I think this stuff is really just an extension of the kinetic part of World War II. What they came up with was make people sick so they can't work as effectively, make people scared, make them mistrusting, make them emotionally damaged, neurologically damaged, so that they're not as productive. A lot of the country's resources end up getting eaten up into healthcare expenses, which we've seen is what has happened.

So there is not the surplus for what you said, for just meeting basic human needs in basic dignity of food and good shelter and good education and stuff like that. I think that's what is underneath that, at least the form that this particular phase of their war against people takes.

MD: Do you know that all during Covid, I don't think I've spoken about this a whole lot, but all during Covid, something that played on my mind was, "You know what we really need here? We need a," forgive the phrase, I don't mean it the way that it's going to come out, but "a ministry of truth" right? Not for nefarious reasons. We need someone to tell us because we don't know. We no longer know who's telling the truth and who isn't. And we need some kind of body in society to tell us, okay, this person is credible. This person is not credible.

Because otherwise we're just kind of, if you notice, it's like a betting line, right? The point of a betting line is to get half of all people taking the under and half of the other people taking the over. This is kind of one of, this is the game that they play. They put something out there that really kind of splits society asunder right down the line, right, so half people half of the people support it and half of the people are against it. How do we figure out? How do we break out of this, I guess, is my is my question. How do we make sense? How do we know who to believe and who not to believe?

Because you write, there's a couple of questions that you pose to the reader. And you say, for example, "If the government is not defining problems or measuring results truthfully, what are the actual true goals the government is using laws and programs to advance?" That's an excellent question. My gosh. And then you also ask, "What observational and analytical measures can the governed public use to distinguish true, real goals from false, ostensible goals?"

These are the questions. Those are the two questions that we are faced with as a society.

KW: Right. I think the... I think that's really hard. I have to remind myself, so I'll remind other people, I have to remind myself that the level of shock that has been put onto people's cognitive function in the last five years is enormous.

I get frustrated with myself. I'm like, "Why have you not assimilated all this? Why are you not just totally cool now with looking at everything you thought you believed until 2020 and thinking, well, that's probably a lie about everything."

MD: It's no easy thing.

KW: It's not easy at all. So I think you keep digging. You keep thinking. You keep watching. And I think also you watch what the results are. Like you can tell, a lot of things about what someone's

real goals are by what they say they want to do and what they actually do and what you can see happens after they do the things they said they were doing.

So that's kind of how I look at, looking around, they did actually make everybody stay home. They did actually make our kids do stupid online school. They did actually get people to be suspicious of everyone else. They made us stand six feet apart. And the result now really is that it's very hard to come back again and say, "Okay, sure. I'll be friends with you, even though you were wearing a mask everywhere you went and I wasn't, and you were yelling at me" and whatever. All of that stuff really happened and we really have been very badly damaged by it.

MD: I don't think in many ways we've made it back as a society.

KW: No, I don't think so. I know in my personal life, I haven't made it back. I'm still much more of like a cramped, suspicious, kind of. I do things with friends that I would have done before, but I'm super cautious not to talk about anything. And just, I know that we have not recovered. And they don't want us to recover. They want to keep doing the same things to keep us continually off balance, continually suspicious of each other, continually unable to focus on who's pulling the strings, what the strings are, and where they're headed.

MD: The disorientation is the goal in many ways. What maddened you the most during this research, do you think? It's probably going to be hard to pin one thing down, but maybe a couple.

KW: I was really intrigued to start understanding a little bit more about the Antoine Béchamp versus Louis Pasteur stuff. I don't know if you followed that at all because that's probably the most maddening thing is how much like good stuff had to be suppressed so, so hard and how good they were at suppressing it.

Like a woman named Eleanor McBean in the mid 1950s figured out most of the stuff that--. The only piece that I think she did not have was the legal piece. She didn't understand that it was intentional. She totally thought it was just about the American Medical Association and the doctors in cahoots with the drug companies. And they were the ones who were pushing vaccines because they wanted more sick people so that more sick people go to the doctor and they would eat, take more medicine. And she had almost all of it figured out. She published a book. She published another book with someone else in 1977, right after the swine flu stuff.

But her stuff was successfully suppressed. And a lot of what she had done was collect up all the doctor testimonies she could find of doctors who had figured it all out in the early 1900s and the late 1800s.

And so the thing that made me most mad was how many times the same cycle goes around and how good the people who are running the illusion are, at making that stuff hard to find and hard for people to believe and hard for people to share and process.

MD: Do you think, do you think any of that's changed? Do you think it's going to change this time around? I feel like, and obviously I wasn't around in the early 1900s, but I feel like we have maybe our best shot at bringing it all down right now.

KW: Well, we have to take it. Whatever the shot is, it's, now is the one that we get to be involved in. So we just have to keep trying. But yeah, to see how good they are at suppressing it is maddening.

MD: Because in a way, right, these tools, we just spoke about the mass media and how it's integral to something like this. Well, we have access to that now. We still don't control the major networks. But again, not a lot of people are watching them. Not as many people are watching those as they were 20, 30, 40, 50 years ago. So I think that kind of gives us at least a fighting chance.

KW: It does. It's a dual-use technology.

MD: Yes it is.

KW: for them they need to keep it because they need to keep projecting the same illusions and the new illusions into everybody's smartphone but they so they can't like completely shut it down so that's why what they try to do is like narrow the reach of the people who are using the thing to try to get accurate information out and to try to get people more confident to say, "I'm never taking another vaccine in my life. I'm never going to advocate that anyone else take a vaccine. I'm never going to vaccinate another kid that I have. I'm never going to tell anybody who, other people who have kids."

They need to keep the technology for the media for their own purposes. And that does give us a tiny little opening.

MD: I think it's sweet, sweet justice that we can use some of these tools right against them and kind of, you know, turn the laser beam right back on them. I think that would be delicious...

* * *

March 22, 2025 - Illusion that 'something is spreading' as one foundational pillar for the lie that vaccines are medical products intended for prevention of disease infection and transmission.

Sharing a useful cautionary essay by Jessica Hockett and Jonathan Engler.

- March 21, 2025 - On dividing a resistance, the existence of viruses, 'the COVID response', & spreading-non-deadly threats. Preventing pandemic re-runs[95] (Jessica Hockett and Jonathan Engler) - **"…***The virus/origins of the virus don't matter*, some say, *what matters is the RESPONSE*. This position may appear well-meaning, yet it is flawed. It absolutely matters whether a novel coronavirus was "spreading," because this was the terminology used to scare the populace, shut down schools and places of worship, hurt industries, and justify deployment of a dedicated shot. For both of us, the biggest lie told by governing authorities wasn't *there is a virus* or *there is a novel virus*. It was *something is spreading…"*

This morning (in a different email thread) I had an opportunity to summarize my views on the "roots" of what happened under SARS-CoV-2/Covid pretenses and will continue to happen under any other pretense presented by HHS Secretaries and their colleagues in the whole-of-government system.

On the legal and military side, the roots lie in the 1902 virus-toxin law and the 1944 PHSA.

On the science and medicine side, the roots lie in the falsification of bench science, medical diagnosis and statistical data starting with Louis Pasteur, Robert Koch, Paul Ehrlich and Rudolph Virchow, to enable the projection of illusions of communicable diseases as threats, which enable the projection of undefined and indefinable viruses, toxins, serums and vaccines as prophylactics and treatments for the illusory communicable diseases, and enable the projection of legal and military preparedness and responses as justifiable.

Mike Yeadon comment[96] on Hockett-Engler essay:

> I don't know of anyone who has looked at a lot of evidence used to underwrite claims for a new virus, which they called "SARS-Cov-2" says "viruses don't exist".
>
> The scientific method is NOT able to yield evidence of non-existence of anything.
>
> A more precise and more correct statement, which the scientific method can yield information on the basis of which to express an opinion, is "There is no scientific evidence for the existence of viruses".
>
> That's the position I've reached. Initially, it seemed an absurd notion, because of the horrifying implications (which include organised fraud over several decades on "viruses" themselves as well as meaning many diseases were misattributed, that contagion must also

[95] https://www.woodhouse76.com/p/on-dividing-a-resistance-the-existence
[96] https://www.woodhouse76.com/p/on-dividing-a-resistance-the-existence/comment/102335597

be fraudulent and have alternative explanations & finally that all vaccines with the possible exception of those against bacterial toxins, such as Tetanus, are also wholly fraudulent.

It's not necessary to be a scientist in order to understand the evidence that led me to my current opinion.

The claim for their existence rests upon several techniques which could be termed "pillars".

These are routinely used & have become widely accepted as "the kind of information that's needed to validate the existence of a new virus".

Pillars include "isolation" in which oddly enough, no separation whatsoever is involved. On the contrary, isolation in virology involves adding a sample purporting to contain the claimed pathogen to cells in culture and watching these calls die, described as a "cytopathic effect" (CPE).

What you're never told is that the cells have had their culture conditions altered in several ways, such as starvation of essential nutrients and addition of drugs, claimed to be required to prevent bacterial infection of the culture, which however are directly toxic to the starving cells. We know this because control experiments are never conducted, in which all steps except adding the claimed virus are done. The results of such control experiments are simply missing from every paper, or its stated they were done yet nothing happened to the cells, so it MUST be die to the new virus!

The scientific method has been breached since 1956 in the fake discipline called Virology. The key journals must be controlled by those in on the fraud, because everyone I know who had ever been a peer reviewer would decline to consider the manuscript on the basis of failings of the most serious kind.

There are a handful of other pillars, such as claimed visual identification using a special kind of microscopy, called "Electron Microscopy" (EM).

The objects, if they existed, are claimed to be so tiny that they remain invisible to the human eye, even magnified to the optical limits inherent in "Light Microscopy", the kind you might have peered down at college. The most important thing to know about the results of EM, which are images assembled by computers from beams of electrons fired at the prepared sample, which has been distorted beyond recognition by being coated with platinum, gold or other materials, are simply declared as "a virus" by the investigator.

There is no evidence linking the objects visualised by EM and a disease, or a genetic sequence or anything at all. Some call this "the point and declare" school of virology. Because nobody has ever really "isolated a virus", using techniques that pass muster using the scientific method, there is simply no basis to claim that anything seen on an EM images is a particular thing.

Genomic methods make up at least two other "pillars", and in here we find PCR, a method for amplifying the amount of a gene sequence (the method originally invented by Kary Mullis). It is not valid to use this method to then declare that a sample "contains virus X".

It's circular logic. Recognise we cannot know what the genetic sequence of a novel thing is. Yet "probes" are designed in order to amplify particular sequences on the grounds that "the new virus is thought to be related to a previous family of viruses called "virus A", "virus B" and "virus C". Since neither A, nor B, nor C have ever been isolated, I hope you can immediately see the circularity of this.

The PCR method in any case picks out only 2 or 3 tiny pieces of the claimed "full length genetic sequence" of the purported virus. Further sequencing is done on all the other pieces sitting, it is claimed, between the pieces that were claimed to have been identified by the PCR method.

What you end up with are hundreds of thousands or short pieces which could have derived from anything including the animal or human from which the original sample was taken, or from bacteria or fungi present in that sample.

It's impossible to assemble this molecular jigsaw & what is now introduced is computer trickery called Next Generation Sequencing, which assembles all the huge number of short pieces in every conceivable manner by means of common ends to the short pieces, a technique of assembling "Contigs" (potentially overlapping or contiguous endings).

The permutations & combinations that this software can yield are nonsensical unless you constrain the "full length sequence" in some ways.

As soon as you apply limiters (such as conditions, requirements and exclusions) you're not discovering anything, you're MAKING it up.

Contagion or transmission is another "pillar". Clinical symptomatic transmission has never been demonstrated for any claimed "viral illness". Not one.

I could go on but here's the key point:

Anyone familiar with the absolute minimal requirements of the discipline of the scientific method for examining the physical world soon realises that EVERY single one of the evidential "pillars" is not only invalid nonsense but it's knowing fakery.

The person doing it knows key controls are missing.

The reviewer knows that none of the lodged genetic sequences have valid connections to anything in the real world & the journal editors must be in on this long lived, systematic fraud.

I will have missed some "pillars" but I hope you've at least understood my realisation that these are not of stone but pretend supports of papier mache, assembled to create an illusory world.

I don't want anyone to "believe me." Science doesn't care about my or your beliefs. You can however verify any or all of what I've said here.

I recommend anyone who understands the scientific method well enough to review the evidence for themselves.

I put it to you that, having done so, you realise that the answers to many other questions become completely obvious: all claims made by the authorities about viruses, illnesses claimed to be caused by them, their transmission, their treatment and all vaccines are definitely, unambiguously, deliberately lies.

Related

- March 19, 2024 - On the absence of legal and scientific standards of evidence for public health emergency and emergency countermeasure determinations and declarations by HHS Secretary.

March 25, 2025 - Writing intentions.[97]

[October 2025 Note - Some of these goals were accomplished and some were not.]

Lydia Hazel and I wrote a series of reports about American biological product and quarantine law. We published the first installment in August 2024 and the fifth and last installment on February 28, 2025. We're currently assembling collections of reports into printable format.

The first volume contains the 1798-1972 series, some posts about scientific and mathematical frauds (virus 'isolation,' antibodies, probability units) and posts from a series about FDA-directed biological product non-regulation acts and omissions that occurred after 1972.

We plan to also collect posts published between 2022 and 2025, organized by legal subject matter, including federal PREP Act and EUA countermeasure law (42 USC 247d; 21 USC 360bbb); federal quarantine and communicable disease control law (42 USC 264, 42 CFR 70, 42 CFR 71); US state public health emergency law (i.e. Model State Emergency Health Powers Act); Other Transaction Authority law (10 USC 2371b, renumbered to 10 USC 4022); biological agents, biological select agents and toxins (BSAT), chemical and biological weapon law (42 USC 262a, 18 USC 175, 18 USC 229, 22 USC 6701-6771, 50 USC 1511-1528, 42 CFR 73); "informed consent" and “option to accept or refuse” law; and international law: product sale/supply contracts, European Union regulations, trade agreements (Mutual Recognition Agreements) and treaties.

I hope to make some tutorial-type videos about these subjects, and have been outlining those and preparing slide decks. I hope to continue contributing information, when asked to contribute, to those who are pursuing court challenges (in the US and abroad) to some of the laws and abusive government acts and omissions legalized by the laws, and I hope to contribute information to those who are pushing for state and federal legislative responses such as nullification and repeal. I also hope to draft and submit a formal petition under 5 USC 553(e) seeking immediate termination, by the US Health and Human Services Secretary, of all active PREP Act declarations.

<u>Court cases</u>

I've been praying and thinking about subjects to focus on next, and God-willing, I’ll be able to devote attention to writing about American court cases interpreting some of the statutes, regulations and government acts and omissions I've been studying for the last several years.

Such court decisions are part of the body of law that set up and now maintains the legal and law enforcement conditions for government-sponsored poisoning by means of vaccines and medical countermeasures that's been happening on a nationwide and worldwide scale since the polio campaigns in the 1950s and the childhood immunization schedules established in the early 1960s.

[97] Between March and September 2025, I assembled and published four subject-matter books and a reference collection, made one tutorial video, and supported litigation by documenting development of relevant US federal law and international legal instruments (published Sept. 10, 2025 titled St. Benedict Memo).

I've described some court cases in my past work, usually as sections of reports that were more focused on statutes, regulations, executive orders, contracts, treaties, trade agreements, and observable government acts and omissions committed under the terms of those legal instruments.

I hope to now devote time to more thorough reporting on court cases in stand-alone posts: one case per post.

Catholic Christianity and the Mystical Body of Christ as agents in human history

In Fall 2023 I read a collection of essays — Christianity ad European Culture — written by Catholic historian Christopher Dawson, about the historical liveliness of the Catholic Christian religion and other Christian denominations in human cultures and civilizations, especially Western Civilization. I had hoped, at that time, to write more about Dawson's work.

Instead, as I found more evidence of systematic, structural corruption in biological product law, I prioritized studying and writing about that history, partly because I think knowledge of the long history of government-run poisoning programs supports personal and family resistance to current government-run poisoning campaigns, and partly because I think the subset of corrupt biological product law provides a useful example or lens that makes it easier to see and understand other forms of systematic, structural corruption of government, law, science and medicine.

I'm hoping to now devote more time to writing about Dawson's work, the work of St. Augustine (*City of God*) and St. Thomas Aquinas, and the work of some 19th and 20th century writers who addressed similar and related topics, such as Pope Leo XIII, Pope Pius X, Cardinal Pie, Fr. Heinrich Pesch, Fr. Denis Fahey, Archbishop Fulton J. Sheen and Archbishop Marcel Lefebvre.

For readers interested in reading Dawson's work, Christianity and European Culture: Selections from the Work of Christopher Dawson (edited by Gerald J. Russello) is available in hard copy from Catholic University of America Press[98] and at Anna's Archive in PDF form.[99]

Recently I've re-read three essays from the book: The Modern Dilemma (1932), The Secularization of Western Culture (1943) and The Christian View of History (1951).

[98] https://www.cuapress.org/9780813209142/christianity-and-european-culture/
[99] https://annas-archive.org/md5/74d376e1d0986ab3202c980e065b4ef1

Dec. 2023 - Reflections on Christian history and Christian hope. (Katherine Watt)

…Dawson's work provides a sweeping view of Christianity's role in the development of European culture, including a cyclical analysis.

Dawson writes, in *The Six Ages of the Church* (1960):

> In spite of the unity and continuity of the Christian tradition, each of the successive ages of the Church's history possesses its own distinctive character, and in each of them we can study a different facet of Christian life and culture.
>
> I reckon that there are six of these ages, each lasting for three or four centuries and each following a somewhat similar course. Each of them begin, and end, in crisis; and all of them, except perhaps the first, pass through three phases of growth and decay.
>
> First there is a period of intense spiritual activity when the Church is faced with a new historical situation and begins a new apostolate.
>
> Secondly there is a period of achievement when the Church seems to have conquered the world and is able to create a new Christian culture and new forms of life and art and thought.
>
> Thirdly there is a period of retreat when the Church is attacked by new enemies from within or without, and the achievements of the second phase are lost or depreciated…" (*Christianity and European Culture*, 1998, at p. 34)…

* * *

March 26, 2025 - Microzymas, Semmelweis, Bechamp, Pasteur, Lister

The work of Antoine Bechamp has crossed my field of vision mostly through the work of Tracey Northern.[100] Last week, Bechamp's name appeared in a chapter of Fr. Denis Fahey's 1953 book, *The Church and Farming*, at pp. 98-101.

> Chemical Fertilizers and Microzymas
>
> An important point stressed by Lord Geddes in the English House of Lords, in February, 1944, must be mentioned here. In the course of a very interesting debate on the soil in relation to the health of man, animal and plant, Lord Geddes said:
>
> "There is no doubt whatever that you can produce from the fields a great quantity of food by the use of chemical fertilizers. You can boost production, and that is what I think has blinded a great many people to the real problem. The food that we eat and the foodstuffs which we absorb into our body fluids, and through them into our body tissues, are divided sharply into two parts, possibly more, but certainly sharply into two parts — the part which is required as fuel to provide the energy for movement...and the part which is required to repair and replace and recreate our actual bodies themselves.
>
> The German school — Virchow, Schwann, Liebig — laid the emphasis upon the cell out of which in their millions our bodies are created and they regarded food for the cell as all that was required....
>
> Obliterated and eclipsed by the German school...there was a French school, of which Professor Bechamp was the leader, working at Montpelier in the fifties of the last century. This school had quite a different idea about the structure of the body and the vitality and vigor of the body, and I think that it was a great pity...that a great deal of the work of Professor Bechamp was entirely ignored and overlooked.
>
> One of the great contributions he made, a contribution with which I have been familiar now for over thirty years, to the whole idea of life, was that the cell was not the unit of life, but that there was a much smaller, more minute unit of life which he called in his later reports to the Academy of Science the microzymas, but which in his earlier reports he had always referred to as the 'little bodies.'...
>
> These little living bodies, which exist in organic matter even long after it has been dead as an organism, have the power quite definitely of organizing life, because they are themselves alive...
>
> These little living bodies are not present in the artificial chemical manures, and it may be that the German school, which we in this country largely followed in biology for many years, overlooked something of great importance, and it may be that it is necessary for our human bodies, if they are to maintain their full vitality, to be receiving in their food a continuous supply of these little living bodies.

[100] https://northerntracey213875959.wordpress.com/

We all get a certain number of these every day, but it may well be — and this is the point that is really at issue between the schools of thought — that, because these little living bodies are not present in sufficient quantities in a man's or woman's food, he or she begins to lose the physical capacity for vitality. And that is the point at issue. There is a real divergence of opinion between two schools which have existed for a long time, one of which has become dominant and out of whose practice and beliefs the whole of the chemical fertilizer industry has arisen. This school has been able to show results of the most remarkable kind in boosting production in the plant's growth and those portions of the food which are required as fuels.

I do not know how many of your Lordships are accustomed to handle a microscope, but if you are and you can get in a dark field of illumination a drop of your own blood you can see them. They shine like stars. In the course of this week I have seen a great many drops of blood under the microscope, and the difference between people fed in different ways and in different states of health is really quite extraordinary. That is where this controversy really leads...

It leads straight to one point, and one point only. Is the supply of these little living bodies in the food essential to continued vitality of human beings or is it not?...

A great many things have happened recently to shake the predominance of the German school. It no longer carries the full conviction which it did when I was a student forty-five years ago...I trust that nothing I have said will be taken as meaning that this thing is true; but there is undoubtedly the possibility, many think the extreme probability, that the presence of these little living bodies — microzymas, as Professor Bechamp called them — in the food is essential to vitality in health. The cannot come into the food grown on the fields unless there are a great many little living bodies of that sort in the soil, because they come from the soil. They cannot apparently get into the soil unless they come from living matter before...That, as I see it is the problem."

As Professor Bechamp's life work is comparatively unknown, it may be useful to quote here a few sentences from a philosophical treatise by Pere de Bonniot, S.J., of which the second edition appeared in 1879. It is entitled *Les Malheurs de la Philosophie* [*The Misfortunes of Philosophy*], and consists of a series of studies of contemporary positivity and materialism. In the course of these studies, the learned Jesuit utilizes the conclusions of Professor Bechamp against certain materialists, and speaks of his work as follows:

"Mr. Bechamp concludes: 'The role of the microzymas is immense: They are at the beginning and the end of every living being!' A word is missing.. He should have said: 'The microzymas are at the beginning, the middle, and the end of all organic life.' Those microscopic beings, the smallest known, seem in very truth to be one of the foundations of the animal world. By their discoveries in this department, the work of the illustrious professor and his learned assistants deserves to take rank amongst the outstanding achievements of this century."

Ignaz Semmelweis and cadaveric contamination

A couple of months ago I noticed some things about Ignaz Semmelweis[101] and his work.

Semmelweis noticed differences in morbidity and mortality (childbed fever or puerperal sepsis) between women in childbirth attended by physicians who had come directly from autopsy work on dead bodies, and women attended by midwives who did not conduct autopsies, which suggested that the harmful agents were in the blood and tissues of the dead bodies undergoing putrefaction and transferred on the hands of the physicians, not floating around in the air generally.

Louis Pasteur and Joseph Lister later twisted Semmelweis' work to make it seem to support the "germ theory" of airborne, air-transmissible pathogens as causative agents of disease, by suppressing the link to cadavers, autopsies, and the carrying of blood and tissue on physicians' hands directly to women giving birth.

Prompted by a footnote to the passage published in Fr. Fahey's 1953 book (above), I downloaded *Bechamp or Pasteur*[102], a book published in 1923 by Ethel Douglas Hume, and *The Blood and Its Third Anatomical Element*,[103] a book by Antoine Bechamp published in French in 1908 and translated/published in English in 1912 by Montague Levenson. (Alternate version[104])

Today I had a look at the table of contents for the Hume book and noticed "The Origin of Preventative Medicine" chapter at p. 189, which includes a mention of Semmelweis.

> It was at the commencement of the year 1873 that Pasteur was elected by a majority of one vote to a place among the Free Associates of the Academy of Medicine. His ambition had indeed spurred him to open "a new era in medical physiology and pathology," but it would seem to have been unfortunate for the world that instead of putting forward the fuller teaching of Bechamp, he fell back upon the cruder ideas now popularly known as the germ-theory of disease.
>
> It is astonishing to find that he even used his powerful influence with the Academy of Science to anathematize the very name of "microzyma," so much so that M. Fremy, the friend of Bechamp, declared that he dared not utter the word before that august assemblage.
>
> As a name was, however, required for air-borne micro-organisms, Pasteur accepted the nomenclature "microbe" suggested by the surgeon, Sedillot, a former Director of the Army Medical School at Strasbourg.
>
> The criticism might be passed that this term is an etymological solecism. The Greeks used the word Macrobiorus to denote races of long-lived people, and now a name, concocted

[101] https://en.wikipedia.org/wiki/Ignaz_Semmelweis
[102] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/1923-book-hume-bechamp-or-pasteur.pdf
[103] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/1908-bechamp-book-the-blood-and-its-third-anatomical-element-antoine-bechamp-montague-levenson.pdf
[104] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/1908-bechamp-book-blood-third-anatomical-component-whale.to-version.pdf

from Greek words for short-lived, was conferred upon micro-organisms, whose parent-stem, the microzyma, Bechamp had described as "physiologically imperishable."

Man, who so seldom lasts a century, might better be called a microbe, and the microzyma a macrobe!

It was not till 1878 that Sedillot put forward his suggestion; but before this, Pasteur had been busy nominating micro-organisms as direct agents of varying troubles, and in 1874 he was gratified by an appreciative letter from Lister.

The latter wrote that the Pasteurian germ-theory of putrefaction had furnished him "with the principle upon which alone the antiseptic system can be carried out."

However, let us turn to that verdict of time, which, according to Pasteur's own dictum, must pronounce judgment on a scientist. Before the last Royal Commission on Vivisection, which sat from 1906 to 1908, Sir Henry Morris, President of the Royal College of Surgeons, wishing to make out the best case that was possible for Pasteur, had, all the same, to acknowledge:—"In consequence of further researches and experience some modification of the technique first introduced by Lord Lister occurred, and the evolution of the aseptic method resulted."

Dr. Wilson points out 3 in his Reservation Memorandum of the Royal Commission, that "the basis of aseptic surgery, which in essence is clean surgery, was laid, as stated in the Report and in reply to a question by Sir William Collins, by Semmelweiss before 1850, who attributed the blood-poisoning which devastated his lying-in wards in a Viennese hospital to putrid infection and strongly urged cleanliness as a means of preventing it."

Dr. Wilson shows how Lord Lister brought about the application of this advice as to cleanliness considerably before his ideas were moulded by Pasteur. This latter influence, this Pasteurian "Theory that the *causa causans* of septicism in wounds rested on micro-organisms in the air was an altogether mistaken theory."

It was on this "mistaken theory," this "principle," provided for him by Pasteur, that Lord Lister based his use of the carbolic spray, of which, before the Medical Congress in Berlin, in 1891, he made the honest recantation: — "I feel ashamed that I should ever have recommended it for the purpose of destroying the microbes in the air."

Thus pronounces the verdict of time against the theories of Pasteur; while, as regards the teaching of Bechamp, what do we find?

Dr. Wilson continues: — "The real source of all the mischief was the unclean or putrefying matter which might be conveyed by hands, dressings, or other means, to freshly made wounds."

Such contamination is exactly explained by the microzymian doctrine, which teaches that this putrefying matter with its morbid microzymas might affect the normal condition of the inherent microzymas of the body, with which it comes into contact. Thus the verdict of time corroborates Bechamp.

> Pasteur declared danger to arise from atmospheric microbes. He talked of "invaded patients," and triumphantly chalked upon a blackboard the chain-like organism that he called the germ of puerperal fever.
>
> Bechamp maintained that in free air even morbid microzymas and bacteria soon lose their morbidity, and that inherent organisms are the starting points of septic and other troubles.
>
> What was Lord Lister's final judgment after having abandoned the method into which he was misled by Pasteur?
>
> We give it in his own words as quoted by Dr. George Wilson: "The floating particles of the air may be disregarded in our surgical work, and if so, we may dispense with anti-septic washing and irrigation, provided always that we can trust ourselves and our assistants to avoid the introduction into the wound of septic defilement from other than atmospheric sources.

Disease causality through blood- and tissue-borne organisms transferred from decomposing humans and animals into breaks in the skin of recipients — not through airborne "germs" — supports and is supported by observed induction of anaphylaxis, disease and death by forcible introduction/injection of biological matter (collected from animal wounds, and/or propagated from bacteria and other organisms) into the bloodstream of humans and animals, as published by Charles Richet, Milton J. Rosenau of the US-Public Health Service and others in the 1890s and 1900s, and now being described by Sasha Latypova in her written work and video interviews.

- Sept. 9, 2024 - Anaphylaxis by vaccines - discussion with Dr. Jane Ruby[105] (Sasha Latypova)

Microzymas theory of health and disease also supports and finds support in the work of Sabine Hazan on gut microbiota.

- March 24, 2023 - Conversation with Dr. Sabine Hazan[106] (Sasha Latypova) - "…Once you start thinking in terms of microbiome, the virus-no-virus debate turns into a false binary, as it should. That's because, as typical of these angry debates, they are not based on asking the right questions. Health as absence of illness, and presence of vitality, stability and longevity can be attributed to a vibrant, resilient microbiome which is to your body as good soil is to a well tended garden…"

* * *

[105] https://sashalatypova.substack.com/p/anaphylaxis-by-vaccines-discussion
[106] https://sashalatypova.substack.com/p/conversation-with-dr-sabine-hazan

March 31, 2025 - 'Poisoning by direct injections into the blood stream of proteins, metals, chemicals, aborted fetal cells, animal cells and other components...'

1925 letter to the National Tuberculosis Association, by Nell Foster Rogers, reprinted in *Vaccination Condemned by All Competent Doctors*,[107] (1981) by Eleanor McBean.

> Mrs. Nell Foster Rogers — researcher and writer — is one who took a step in the direction of speaking out against this racket. The following is her (1925) letter to the "Tuberculosis Association" which had sent her one of their fund-raising form letters pressuring her for donations:
>
> To the National Tuberculosis Association, "Why I shall buy no tuberculosis Christmas seals:"
>
> I have your advertising letter of Dec. 1925, in which you tell a tragic story of a mother dying of tuberculosis in a tar paper shack.
>
> For the past two years I have been investigating tragedies similar to the one you mention, and I find that tuberculosis, syphilis, cancer, and other terrible and incurable diseases are spread by the medical profession with their vaccines, drugs and other filth, which the medical doctors inject directly into the living blood stream of the people.
>
> "Tuberculosis is not contagious. No disease is contagious. Contagion is a witch story used by medical doctors to scare people into becoming patients. A new book, *Bechamp or Pasteur*[108] [1923, Edith Douglas Hume], which is shaking the medical profession to its foundations, shows that the renowned bacteriologist, Antoine Bechamp proved, by a long and detailed series of scientific experiments, that every living cell contains a vital principle, which upon the cell's death, from lack of nutrition or from accident, devours or disintegrates its own decaying cell body, and then assumes a spore form which some call a germ. Germs follow and are produced by cellular break down. They are the result, and never the cause of disease.
>
> This book, *Bechamp or Pasteur,* by E. Douglas Hume, tells of Louis Pasteur's plagiarism and corruption of the scientific discoveries of Dr. Bechamp, then from his stolen vantage point of power and authority, Pasteur proceeded to ridicule his great rival, Dr. Bechamp. Pasteur introduced the 'calamitous prostitution of science to commercialism.' But the truth crushed to earth, is risen again.
>
> The world is becoming suspicious of the fact that the more energetic and officious the doctors become, the more disease there is — that as your Tuberculosis Association 'continues alive' and continues to build an organization of deluded laymen around a nucleus of disease-mongering doctors, it is met, as you admit, 'with constantly increasing

[107] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/1981-mcbean-vaccination-condemned-by-all-competent-doctors-book-1.pdf
[108] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/03/1923-book-hume-bechamp-or-pasteur.pdf

demands on its resources.' And the world is preparing to unlearn all the medical 'knowledge' it has acquired during the past 50 years.

Your story of the tubercular mother tells more than you intended. It tells that she was over worked and undernourished. She had six little children, and frequent childbearing had sapped her vitality. She lived in a tar paper shack which means that her husband was a poorly paid wage-slave. This mother was starved and exhausted, and in all probability was vaccinated, a chief cause of tuberculosis. Depletion of her vital forces, and vaccine-poisoning would have made her tubercular if there were not a germ nor doctor on earth.

But what do you propose to do toward making it possible for people to live normal and healthful lives? Nothing.

You propose only to add to this mother's agony by filling her body with drugs and her mind with the superstition of contagion, so that she will be afraid to touch her children.

The great tragedy of your story is not that the mother of six children lies dying of tuberculosis, but that her story will be used as bait to lure more money into the coffers of an organization of medical men who are spreading TB with both hands and a hypodermic needle.

You want the public to pay while you treat (or mistreat) those poor victims of your greed and bigotry, but the best thing you can do for them is to keep your hands off.

The, so called, 'science (?) of medicine' is inflicting incurable diseases upon the whole race, with this heartless commercialism, of which medically dominated tuberculosis societies are but one phase.

It must and shall be stopped.

Sincerely, (signed) Nell Foster Rogers, B.S."

Norman Hapgood, editor of Hearst's International Magazine, testifying at the Rathbone hearings in Congress, 1924.[109]

"…The law regulating the sale of these serums and toxins for human beings makes but one requirement, and that is that this stuff, whether dirt or dung**,** or whatever it is, shall be put up in a laboratory which is hygienically conducted.

An inspector can go in and say that the methods are clean, and on that basis alone they are regulated…"

[109] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1924.02.21-to-2024.05.06-rathbone-hearings-regulation-viruses-serums-toxins-236-p.pdf

Tracey Northern, *Contagion, fact checked. There are only three diseases: toxemia, malnutrition and injury (physical or mental)*[110] (2021)

> …TOXEMIA is poisoning of any kind, it can be from pollution in the air and the water, even your food. It is drugs and especially vaccines. Poisoning is usually the main culprit being explained away with germ theory by claiming it's a contagious disease. A scapegoat for big industries.
>
> MALNUTRITION. which does not mean starvation. Mal is french for bad or wrong. So eating the wrong diet basically. Being severely depleted in certain nutrients and remember all drugs (and poisons) deplete the body of nutrients as they get used up to deal with toxins…
>
> INJURY. Physical or mental. Physical injury can be obvious, a cut or stab or a broken bone even bruises. It can also be hidden as in internal injuries which could be caused by number 1 again (Toxemia), say, by swallowing a corrosive chemical or drugs like chemo and antibiotics which kill and injure our cells. Mental injury can also cause dis-ease, stress and shock being obvious and well documented. Ever heard a story of someone dying of a broken heart? and the old voodoo trick doctors use by telling someone they only have weeks to live? If you believe what doctors say you will comply and die when you've been told to. I wonder how many post mortems would reveal this if it was done properly and independently? ALL drugs have what they call 'side-effects'. These are also a kind of internal injury caused by poisoning which also depletes nutrients so a triple whammy…

Sasha Latypova, *MAHA bravely fights Big Soda. If you are asking when is MAHA going to slay Big Vaccines - shut up! You are not a 5D chess team player*[111] (2025)

> **"…**The absolute risk of poisoning by direct injections into the blood stream of proteins, metals, chemicals, aborted fetal cells, animal cells and other components of "safe vaccines", will be ALWAYS far greater than the risk of consuming/being exposed to some agent externally.
>
> The ingestion/exposure routes are "surface" (the digestive tract is technically an outer surface of the body which is folded over it). Our surface has numerous protections and clearance mechanisms against assault by dangerous materials.
>
> However, once those materials are inside the blood compartment - all bets are off. In a Titanic analogy, avoiding the damage caused by Big Vaccines and prioritizing Big Anything But Vaccines is the classic rearrangement of the deck chairs while ignoring the giant gaping hole that is rapidly sinking the entire ship…"

* * *

[110] https://northerntracey213875959.wordpress.com/2021/05/14/contagion-fact-checked/
[111] https://sashalatypova.substack.com/p/maha-bravely-fights-big-soda-yes

April 2025

The Last Supper. Juan de Juanes.

April 1, 2025 - Foreign biological matter introduced into the blood through natural wounds and artificial wounds.

Marc Girardot posed a question[112] about Sasha Latypova's views.

Sasha wrote, in her *MAHA bravely fights Big Soda* post:

> …The absolute risk of poisoning by direct injections into the blood stream of proteins, metals, chemicals, aborted fetal cells, animal cells and other components of "safe vaccines", will be ALWAYS far greater than the risk of consuming/being exposed to some agent externally.
>
> The ingestion/exposure routes are "surface" (the digestive tract is technically an outer surface of the body which is folded over it). Our surface has numerous protections and clearance mechanisms against assault by dangerous materials.
>
> However, once those materials are inside the blood compartment - all bets are off. In a Titanic analogy, avoiding the damage caused by Big Vaccines and prioritizing Big Anything But Vaccines is the classic rearrangement of the deck chairs while ignoring the giant gaping hole that is rapidly sinking the entire ship…

Girardot commented:

> Is Sasha adopting the Bolus Theory[113]?

My reply:[114]

I can't speak for Sasha.

I didn't know what bolus theory was until I did a search on it just now.

I don't think the introduction of biological agents and toxic chemicals into the bloodstream through vaccination is accidental or inadvertent.

I think it's intentional and that those who promote vaccination have understood that it serves as a vehicle for many mechanisms of injury, for a very long time.

I think Sasha's summary paragraph is an expression of her understanding of Charles Richet's and Milton Rosenau's anaphylaxis work, which is related to Ignaz Semmelweis' blood poisoning work and is also related to the earliest observations by humans of blood poisoning by snake, insect and other animal bites, and by humans using poison-tipped knives and arrows to kill each other and to hunt animals.

[112] https://substack.com/@thebolustheory/note/c-105010414
[113] https://covidmythbuster.substack.com/p/the-needles-secret
[114] https://substack.com/profile/8540123-katherine-watt/note/c-105061519

Semmelweis observed that introduction of foreign biological material into natural wounds — breaks in the skin during childbirth — through the delivery system or vector of the hands of physicians coming directly from dissection of human and animal corpses to attending women giving birth, resulted in childbed fever and higher maternal and infant mortality in Vienna hospitals in the 1840s, when compared to maternal and infant mortality among women attended by midwives who were not engaged in dissection of human and animal corpses.

Richet and Rosenau's work (late 1800s, early 1900s) was about introducing foreign biological matter through artificial wounds made by the delivery systems of glass points and needle-tipped syringes, observing the harms caused to dogs, mice and other animals, and also developing the psychological delivery system or vector (building on the work of Edward Jenner, Robert Koch, Paul Ehrlich, Louis Pasteur and their peers) of lying to people to persuade them that poisoning their own blood and the blood of infants and children ('vaccination') would strengthen their bodily health.

* * *

April 1, 2025 - On the difference between vaccination and exposure to lethal nerve agents such as sarin gas.

Sasha Latypova's synopsis from *MAHA bravely fights Big Soda* post:

> The absolute risk of poisoning by direct injections into the blood stream of proteins, metals, chemicals, aborted fetal cells, animal cells and other components of "safe vaccines", will be ALWAYS far greater than the risk of consuming/being exposed to some agent externally.

Reader comment:

> Is this supposed to be a profound statement?
>
> There's an equally absolute risk of poisoning if you're directly and externally exposed to nerve agents such as Sarin gas. There's a far greater risk that the Sarin gas will immediately kill you.

My reply:

To the extent there are still people in the world who believe vaccination is a medical treatment intended to prevent disease and death, yes, pointing out that vaccination is a poisoning act intended to cause disease and death is a profound statement.

You are correct that exposure to sarin gas, at sufficient concentration, for sufficient duration, in a sufficiently enclosed space, will immediately kill targets.

But no one in government, science, medicine or media promotes intentional exposure to sarin gas in an enclosed chamber as a medical procedure intended for the benefit of the person being gassed to death or as a civic duty.

Thousands of people in government, science, medicine and media promote vaccination as a medical procedure intended for the benefit of the person being poisoned by injection and as a civic duty. They are all lying.

Update: Reader clarified that he is examining Latypova's statement as a "stand alone statement" and as such, finds it to be "inaccurate" without "the qualifiers and modifiers" I included in my response. Reader added: "sarin gas is but one of the countless substances that can be administered externally that falsifies Latypova's stand alone statement. Normal gas used for cooking is another substance that could be included, and I could spend all day listing others."

Fair enough. I don't think Sasha's statement should be read as a "stand alone statement" because it's an excerpt from a longer piece and a contribution to a public discussion about vaccines, vaccination, and the MAHA campaign's deflection of public understanding away from vaccination as a primary and intentional cause of disease and death in the 20th and 21st centuries, by instead attributing disease burdens to commonly-encountered ingested and inhaled substances like soda and other things Sasha has described as components of an "Anything-But-Vaccine" strategy.[115]

I can see how my excerpt of the statement led to the reader's interpretation of it as a standalone statement and therefore imprecise, and thus led to his correct observation that it is also possible to quickly kill subjects by exposing them to ingested or inhaled poisons such as sarin gas.

Related

- Jan. 27, 2025 - Probit, probability unit as related to public deception campaigns, vaccines and other biological and chemical weapons - "...Vaccination — parenteral (outside the digestive tract) injection of mixtures of foreign biological material and synthetic chemicals — can be understood as maximizing exposure intensity or Ct: inserting the maximum concentration of poison into the living subject in the minimum amount of time…."

* * *

[115] https://sashalatypova.substack.com/p/the-abv-strategy-anything-but-vaccines?utm_source=publication-search

April 4, 2025 - Repealing PREP Act and terminating HHS Secretary determinations and declarations issued under PREP Act are two different things.

Kennedy can terminate the HHS Secretary determinations and declarations, and advise Congress to repeal PREP Act. Congress can repeal PREP Act.

Responding to some questions posted under Sasha Latypova's post *Meltdown at the FDA while 23 States, 2 Governors +DC Sue HHS/Sec Kennedy. In the meantime, the PREP Act declaration for covid pandemic remains in place*[116] about the difference between repealing the PREP Act and terminating PREP Act determinations and declarations issued by HHS Secretaries through the Federal Register.

HHS Secretary Robert F. Kennedy Jr. cannot repeal the PREP Act.

Congress can repeal it. Kennedy can advise Congress to repeal it.

Without any Congressional action at all, Kennedy has the authority to withdraw, through Federal Register notices, the determinations and declarations that previous HHS secretaries issued through Federal Register notices, using the authority Congress transferred to the HHS Secretary through the PREP Act.

There have now been 12 amendments to the original Covid PREP Act determinations and declarations, most recent issued in Dec. 2024 by previous HHS Secretary Xavier Becerra, extending the declaration through Dec. 31, 2029.[117]

Every day that passes without Kennedy issuing a Federal Register notice terminating the determinations and declarations, Kennedy co-signs and ratifies license-to-deceive and license-to-kill schemes initiated by Alex Azar and extended by Becerra.

Even if Kennedy did issue a notice terminating the Covid emergency determination and the Covid countermeasures declaration, I don't think it would make anyone civilly or criminally liable for the acts and omissions committed between Feb. 4, 2020 and the effective date of the termination, when the PREP Act determinations and declarations were in effect.

Terminating the PREP Act determinations and declarations could expose perpetrators who make and use the poison products after the date of termination, to potential civil liability and criminal prosecution, although they would still have many other grounds for dismissal and defenses under 1950 Defense Production Act, 1986 NCVIA and the foundational FDA biological product non-regulation system that dates back to 1902.

Rather than expose themselves to those risks, the makers and users of the poison products might stop making and using them, and many more people might better understand the license-to-deceive and license-to-kill schemes, and might stop taking vaccines and stop vaccinating babies and children.

[116] https://sashalatypova.substack.com/p/meltdown-at-the-fda-and-25-states
[117] https://www.govinfo.gov/content/pkg/FR-2024-12-11/pdf/2024-29108.pdf

April 7, 2025 - No one can be found in legal violation of a rule they were never required to comply with, nor can anyone be found to have failed to meet an evidentiary standard they were never required to meet.

Two questions from Jessica Hockett:

> Theoretically, what would happen if COVID-19 or this description thereof [from the original "Notice of declaration under the PREP Act for medical countermeasures against COVID-19" issued by HHS Secretary Alex Azar, by Federal Register notice published March 17, 2020, retroactive to Feb. 4, 2020, 85 FR 15198] were shown to be false, fraudulent, or misleading?
>
> > "COVID-19 is an acute respiratory disease caused by the SARS-CoV-2 betacoronavirus or a virus mutating therefrom. This virus is similar to other betacoronaviruses, such as Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Although the complete clinical picture regarding SARS-CoV-2 or a virus mutating therefrom is not fully understood, the virus has been known to cause severe respiratory illness and death in a subset of those people infected with such virus(es)."
>
> Also, am I right that Azar was able to activate on Jan. 31, 2020 because person to person transmission was determined to have occurred in the US, vis a vis, the Chicago couple?

My reply:

Nothing would happen, for three main reasons.

First, there is no legal requirement that HHS Secretary produce any physical evidence at all in support of declarations. No one can be found in violation of or out of compliance with a requirement that they were never required to comply with at all, because it was never a requirement.

Second, there is no legal requirement that any physical evidence (which need not be presented or adduced at all, see No. 1 above) meet any legal standard of evidence or standard of proof (such as "beyond a reasonable doubt" or "clear and convincing.") No one can be found to have failed to meet an evidentiary standard which they were never required to meet.

Third, there is no venue (geographic region) or forum (court or tribunal) or legislature (Congress or state legislature) or federal or state prosecutor (US-Attorney General or state attorney general or district attorney) with legal authority to review the evidence (which need not be adduced at all, see No. 1 above) or to assess whether it meets or fails to meet any evidentiary standard (which is not required, see No. 2 above).

That's why the laws are written the way they are: to make sure that no evidence need be produced to back up foundationless and unfoundable claims that a threat to public health exists or may exist in future; and to make sure that no evidentiary review can be conducted, so that the deception programs are legally unstoppable.

In response to the second question, No.

Azar was able to activate because the PREP Act gave him unilateral, unreviewable authority to determine and declare the existence of foundationless public health threats without any legal requirement that he produce physical evidence, and without any legal requirements that any alleged physical evidence he produced (to render the projected illusion more persuasive), be subjected 1) in any fact-finding forum or venue, to 2) any adversarial, fact-finding process, or to 3) any obligation to meet any standard of proof.

The PREP Act was written to block or preempt the authority of fact-finders (courts and legislatures); to block fact-finding processes (criminal prosecution, civil litigation, investigative/oversight hearings); and to preclude legal obligations to present valid evidence and meet standards of proof.

*

Going a little more deeply into the wording of the PREP Act and the wording of the PREP Act declarations issued by HHS Secretaries under the authority Congress unconstitutionally transferred to the executive branch through the PREP Act, readers will find that the only "factors to be considered" by an HHS Secretary are listed at 42 USC 247d-6d(b)(6).

> 42 USC 247d-6d(b)(6) Factors to be considered
>
> In deciding whether and under what circumstances or conditions to issue a declaration under paragraph (1) with respect to a covered countermeasure, the Secretary shall consider the desirability of encouraging the design, development, clinical testing or investigation, manufacture, labeling, distribution, formulation, packaging, marketing, promotion, sale, purchase, donation, dispensing, prescribing, administration, licensing, and use of such countermeasure.

"Desirability" is a non-physical characteristic, and not subject to any standard of evidence or fact-finding process.

"Desirability of encouraging" also begs the questions: desirability *for whom*, of encouraging the manufacture and use of countermeasures *intended to induce which effects*?

Congress did not define or identify, in the PREP Act, the people for whom countermeasures should be deemed (by the HHS Secretary by unilateral decree) desirable, nor did Congress define the physical effects, the induction of which (by means of countermeasures) should be deemed desirable for those unidentified people.

In the PREP Act declarations and amendments issued since 2020, HHS Secretaries have simply stated at Section I: “I have determined that the spread of SARS-CoV–2 or a virus mutating therefrom and the resulting disease COVID–19 constitutes a public health emergency” or a “credible risk of a future public health emergency” and at Section II: “I have considered the desirability of encouraging the design, development, clinical testing, or investigation, manufacture, labeling, distribution, formulation, packaging, marketing, promotion, sale, purchase, donation, dispensing, prescribing, administration, licensing, and use of the Covered Countermeasures.”

With the hindsight gained over the last five years, it’s now possible to clearly see that the only factors to be considered by the HHS Secretary in issuing determinations and declarations, are the desirability for the HHS Secretary himself, for Congress, for central bankers and for depopulationists, of encouraging development, manufacture, labeling, distribution, promotion, dispensing, administration and use of countermeasures intended to induce heart failure, cancer, miscarriage and other disorders that cause sickness, infertility and premature death of recipients.

* * *

April 17, 2025 - Authorization 'to control ingress and egress to and from a disaster area, the movement of persons within the area and the occupancy of premises therein'

Also cross-post of Sasha Latypova comment summarizing how and why vaccines are not drugs, and how and why they are not regulated.

Question from Jessica Hockett:

> Can you confirm that the word "lockdown" does not appear in any part of the U.S. communicable disease code or any other formal/legal document applicable to control of communicable diseases?
>
> Also, am I correct in saying there is no explicit provision which allows federal or local officials to declare an emergency and tell everyone to "stay home, save lives" because some seen or unseen disease is 'spreading' or "out there".

My reply:

As far as I know, the word "lockdown" does not appear in federal or state laws. I may not have found it yet in federal laws, or the act (of locking people down) may be there as a different word or phrase, such as "detention" in the home or in facilities (hospitals, nursing homes, prisons) under quarantine and isolation laws and regulations.

I haven't looked at all state laws, but I anticipate that they each have something similar to orders of detention at home or in facilities. In Pennsylvania state law, the phrase is "control the ingress and egress to and from a disaster area, the movement of persons within the area and the occupancy of premises therein."

I think all of the actions that state and federal officers took and will take during future declared emergencies under the phrase "stay home, save lives" fall under these general, open-ended provisions in federal and state laws.

For example:

> "the [HHS] Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for expenses, and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder" [42 USC 247d(a)].

This provision is combined with HHS Secretary's Congressionally-authorized, unilateral authority to determine or declare — also general, open-ended, no evidence required — that there "is a public health emergency or significant potential for a public health emergency" [21 USC 360bbb-3(b)(1)(C)]; that "an agent…can cause serious or life threatening disease or condition;" [21 USC 360bbb-3(c)(1)]; "that a disease or other health condition or other threat to health constitutes a public health emergency, or that there is a credible risk that the disease, condition, or threat may in the future constitute such an emergency," [42 USC 247d-6d(b)(1)]; that designated actors (program planners and qualified persons as defined in the law, which includes everyone in the countermeasure supply and use chain) "shall not have engaged in 'willful misconduct' as a matter

of law where such program planner or qualified person acted consistent with applicable directions, guidelines, or recommendations by the Secretary" [42 USC 247d-6d(c)(4)] and on and on.

The HHS Secretary's credibility assessments of the threats are the only legally relevant credibility assessments that can occur, because of the blocking of judicial review, Congressional review, and state laws under 42 USC 247d-6d(b)(7), (b)(8) and (b)(9).

Combined, all those general, open-ended, no-evidence-required, no-evidentiary-standards, no-evidentiary-review-process, all-inclusive provisions provide legal authority for any and all actions that the Secretary performs, recommends, or otherwise causes to occur lower down the chain of command in the federal government, and in the state, local and tribal authorities — called "authorities having jurisdiction" — to whom the authorities and liability immunities are delegated or extended or applied.

State laws have similar provisions, placing the general, open-ended, no-evidence-required authority to respond in the hands of the state governors and health officials.

For example, in Pennsylvania, the governor's "Order…for Individuals to Stay at Home[118]" and related orders were issued under provisions of 1955 Disease Prevention and Control Law, 1978 Emergency Management Services (EMS) Code, and related emergency powers laws addressing disaster response, on the model of Three Mile Island nuclear contamination incidents and geographically-designated disaster areas, but applying it in terms of presumptive, asymptomatic contamination of all Pennsylvania residents with an invisible, allegedly-transmissible virus, and limiting the movement of the contaminated physical space: living human beings.

The Pennsylvania governor's order dated March 23, 2020 stated that he had "proclaimed the existence of a disaster emergency" pursuant to 35 Pa. C.S. § 7301(c) (part of the law adopted in 1978), and included in the clauses,

> "in addition to general powers, during a disaster emergency I am authorized specifically to control ingress and egress to and from a disaster area and the movement of persons within it and the occupancy of premises therein." 35 Pa. C.S. § 7301(f).

The Pennsylvania health secretary's order, also dated March 23, 2020, cited implementing regulation "28 Pa. Code §§ 27.60- 27.68 (relating to disease control measures; isolation; quarantine; movement of persons subject to isolation or quarantine; and release from isolation and quarantine)."

[118] https://www.mbm-law.net/wp-content/uploads/03_23_20-Stay-at-Home-Order-and-SOH-Stay-at-Home-Order.pdf

Sasha Latypova comment summarizing how and why vaccines are not drugs, and how and why they are not regulated, posted[119] on a recent Robert Malone post.

> Robert Malone demonstrates utter incompetence in pharmaceutical regulations, in addition to his previously known pro-vaccine stance.
>
> Vaccines are absolutely, positively, NOT DRUGS. They are not regulated like drugs. In fact, they are subject to a totally separate set of pseudo-"laws" and pretend regulations which stem from 1902 Virus Toxin act, pre-dating the FDCA by decades. When FDCA was introduced, vaccines were explicitly carved out. Subsequent regulation updates "leapfrogged" vaccines, invariably excluding them from new regulations applicable to drugs.
>
> Vaccines, unlike drugs DO NOT HAVE CHEMICAL IDENTITY. They do not have chemical names. They cannot be characterized as drugs. They are concoctions, preparations of putrid matter, blood, literal shit, aborted fetal cells, every in-process chemical (which are impossible to fully remove), toxic metals as adjuvants, detergents, ethanol, thousands of different proteins, etc.
>
> Most pharmacokinetic/pharmacodynamic/safety pharmacology studies which are routine for drug characterization for safety are either physically not possible to do for vaccines, or are waived as "unnecessary because we say so" for vaccines…
>
> Risk/benefit considerations apply to drugs because being sick puts someone at some risk, which then can be compared to the drug risks. A person without the illness vaccines are claimed to "prevent" (they prevent nothing) has NO HEALTH RISK, therefore we are comparing zero risk to risk of death/lifelong disability in case of vaccination every single time!
>
> Every single time the true analysis says: IT IS STUPID to consider the injection that can kill you!
>
> Finally, it is impossible to make safe vaccines. The law of nature — anaphylaxis effect demonstrated by Charles Richet in 1913 (Nobel Prize) — precludes safe vaccination. Injections of protein-containing substances into blood stream is ALWAYS dangerous…

* * *

[119] https://substack.com/@sashalatypova/note/c-109532586

April 18, 2025 - Note[120] on "gain of function research"

I disagree with those who believe "gain of function research" is a threat to health. (Subject came up in a recent email thread).

The reason the fictional gain-of-function narrative is kept in public circulation is that it provides the core justification for biodefense preparedness and response racketeering and money-laundering systems: funneling money and time into theoretical threat-agents that lack real-world stability, viability and scalability, and funneling money and time into "countermeasures" or "prophylactics" — especially injectable vaccines — that are intentionally harmful to living creatures through a variety of physical mechanisms — sometimes instantaneously, sometimes after a time delay.

Sasha has written extensively about this (an excellent recent example of her work[121]), and her views of the scientific elements of the gain-of-function deception are supported by the legal elements of the deception:

- the fact that no physical evidence is legally required to be presented in support of claims made about threats;
- the fact that no standards of evidence are applicable (to assess whether a claimed threat meets an evidentiary threshold); and
- the fact that there is no finder-of-fact or evidentiary review procedure or venue (court or legislative body) to conduct assessments as to whether claimed threats meet evidentiary standards or burdens of proof, of which there are none.

It all comes back to the unilateral, unfounded, unreviewable claims of the US-HHS Secretary and (for PHEIC) the WHO director-general.

* * *

[120] https://substack.com/@bailiwicknews/note/c-109961810
[121] *How to fake pandemics, the maestro edition: Ralph Baric. Gain-of-function viruses are dead on arrival.* https://sashalatypova.substack.com/p/how-to-fake-pandemics-the-maestro

April 22, 2025 - Overview of biological product non-regulation history, video presentation (Transcript)

Video available on Rumble.[122]

Slide Deck - Biological product non-regulation, outline, overview[123] (PDF)

Transcript:

Hello, this is Katherine Watt. I'm recording a tutorial video on April 21st, 2025. I'm doing it with the camera off because I get very distracted when it's on. This series that I'm doing, I'm hoping will have a number of different presentations. This is the first one, which has outlines and overviews.

The general topic is trying to lay out in spoken form, some of the information that is provided in the long, written form reports that Lydia Hazel and I wrote together between August 2024 and February 2025 about non-regulation of biological products in the United States by the Food and Drug Administration and its precursor agencies, mostly the National Institutes of Health.

The title of this particular slide deck, which has 17 slides, I think, is "Biodefense and Pandemic Preparedness and Response," which is, "Government, media, and drug companies working together to instill a false sense of insecurity, ruin human lives, and centralize political control."

The first thing I want to talk about is why is it useful to even understand this legal history. I do know that it's really long and boring in a lot of ways to go back.

We started it from about 1798. It really picked up complexity in 1902 with the congressional passage of the Virus Toxin law, which is also known as the Biologics Control Act. Then it picked up another level of complexity and intensity with the 1944 Public Health Service Act.

So it is long, the history, and a lot of it is boring. And it's very confusing on purpose. So why is it useful to even try to understand? The reason why I think it's important to try to understand is that the people who are doing what I see as mass murder worldwide using vaccines, which is governments working together with drug companies and using vaccines as a delivery system to make people sick, to make people infertile, to cause abortions, to cause people to die earlier than they would otherwise die. They started projecting illusions about disease, communicable disease, and about vaccination many, many decades ago.

One of their goals with the Covid-19 events from 2020 is to take the false information that they had pushed into people's minds a long, long time ago and root it more deeply, so that people would have a more deep, more reinforced fear of communicable disease and a more reinforced false trust in testing and vaccination, testing for communicable disease infection, which is false, false testing, and a false trust in vaccination as a response or a preventative medical process.

[122] https://rumble.com/v6sfg93-overview-of-biological-product-non-regulation-history.html?e9s=src_v1_upp
[123] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/04/2025.04.21-biological-product-non-regulation-outline-overview.pdf

Because they want it to be embedded more deeply in people's minds, anything that can be done to block or thwart their goals, involves helping people to look back on that history that goes back to 1798, goes back very specifically to 1902 for the regulatory, congressional component, and see and understand how the false fear and false trust system was pushed into targets in the past, so that people can consciously reject it now and reject it in the future.

Just putting that another way, if you thought before and still think that vaccination made sense in the past, it's harder to see and it's harder to avoid falling into the current and future deception campaigns.

But if you understand that vaccination never made sense, if you can break down the illusion that's been projected into your mind, then it's easier to see and avoid falling into the current and future deception campaigns.

I also know that this is really hard. This is really hard for me personally, because I was vaccinated by pediatricians in the 1970s. I took vaccines as an adult. I vaccinated or allowed pediatricians and pediatric nurses to vaccinate my kids.

I can see the injuries now in retrospect among my kids, among other people's kids that I know, families that I know. So to look back and realize that I was deceived into hurting my own kids, and my mother and father were deceived into hurting me and my siblings, and that that tragedy has been amplified by millions and millions of people in the United States and all around the world, is very, very hard to think about.

I think it's still important to think about it because breaking through that and admitting or recognizing that I was deceived, other people were deceived, my parents were deceived, other people's parents were deceived, is part of the process of not being deceived anymore and helping to make sure that other people now who can still make the choices not to take vaccines themselves if they're adults and not to vaccinate babies and children if they're parents, anything that we can do that can be done to help people now not fall for the same illusions that were pushed on those of us who had to make the decisions in prior years is a good thing to do.

I know there were lots of people who figured out many pieces of this long ago and didn't vaccinate their children or didn't take vaccines themselves. And that's great. Their knowledge was suppressed and their ability to get other people to understand what they were seeing was suppressed. So anything that can be done now to break through that suppression process is also a useful thing to do.

That's why Lydia and I have worked for a long time to get the legal history figured out and written down and published. And that's why I think it's worth the time for other people to read the stuff that we've written, read the stuff that other people have written, and understand how these illusions are being pushed into your mind and made more firm, reinforced there over time.

Now we're going to move on to the third slide, which is an outline of what's in this slide deck presentation. It starts with a few key points.

Then there's a little bit of discussion about the general way of looking at it as legal magic tricks or illusions projected into people's minds. There's a little bit about the American Domestic Bioterrorism Program, which is what I worked on mostly between 2020 and I'm still occasionally adding bits and pieces to it.

Then a little bit about the series that Lydia Hazel and I wrote covering the period from 1798 to 1972. Then I'm going to emphasize that I focus on the role of the US Department of Health and Human Services, which includes the National Institutes of Health, the National Institute of Allergies and Infectious Diseases, the Food and Drug Administration, the Centers for Disease Control, the Administration for Strategic Preparedness and Response and BARDA, which is the Biomedical Advanced Research and Development Authority. I'll talk a little bit about why I focus on those actors, those organizations, government offices, and what they do.

There are several different ways to break down the information. You can break it down chronologically. You can break it down by the types of legal instruments that are used. You can break it down by the different sections in biological product non-regulations, which I call non-regulations because they don't actually regulate anything, even though they are called regulations when they're presented in legal documents.

You can also break it down by listing the American federal laws that it would be good if Congress repealed.

I also suggest that people try as much as possible to focus on omissions, things that are missing in terms, in definitions, in things like standards and criteria by which you can measure something or assess something, omissions in procedures and methods, and omissions in legal duties and obligations.

I'll talk about that a little bit more later. Then it wraps up with a slide about how I understand agency functions now, which is different from how I understood them before 2020, before I understood this biological product, non-regulation, vaccination, intentional sickening, project that's been going on since the early 1900s.

The key points I want to emphasize are: do as much as you can to avoid sources of poisoning, sources of spiritual poisoning, sources of cognitive poisoning, psychological, emotional and physical. It's important to understand that there are people who do actually want to demoralize you and sicken you and render you infertile and kill people. And they are doing that to centralize their own political control and wealth, as a sort of natural temporal reason why they're doing it, and also there are supernatural reasons why they're doing it.

They're doing it because they want to block the development of each human person as a member of Christ. I don't talk about that in detail in this slide deck, but I do think it's important to understand there are natural and supernatural elements of what's happening.

The second specific key point is to stop consuming the projected illusions that are being projected through media and through public PR press releases and statements by government officers and statements by corporate executives. Those illusions include things like the idea that viruses are something stable, something threatening, something that can cause a specific disease.

The illusions also include the illusion that diagnostic tests are evidence of infection with a specific disease. And ways to do this, to stop consuming these illusions, is to shut off the information drips. Don't listen to public health agencies. Don't listen to mainstream media. Don't watch internet panic videos. Get off of social media. Throw out smartphones.

Because all of those are vehicles or delivery systems by which this poisonous information in support of physical poisoning is getting into your mind. Stop consuming the projected illusion that vaccines are something that will protect health. Stop consuming the illusion that they are something that's a substance specific to one disease vector. Stop taking vaccines. Stop vaccinating babies and children. If you're a vaccinator, don't do it anymore. Don't sign up for digital ID or digital currency. Those are or will soon be connected to these kinds of medical, pseudo-medical, actual poisoning products. And understand, like I said in the first, why is it important to understand this stuff?

The US government and the World Health Organization do have goals and their goals include promoting irrational fear of disease, promoting irrational fear of population, meaning births of babies. They want you to be afraid that there's too many people. There are not too many people. They want you to be afraid of death, death from these diseases.

They also want you to irrationally trust in vaccines and in the people who promote them. And so the counter-goal, which is what I'm working on with writing and with presentations like this, is to demonstrate so that more people can understand the non-credibility of the U.S. government, World Health Organization position, understand the non-credibility of vaccination, understand the non-credibility of vaccine proponents.

All of these different public health disease control and biodefense offices and agencies, they need to be shut down, and vaccination programs need to be shut down. And from a supernatural goal or perspective, my goal is to promote rational trust in God's Providence, in the bodily and spiritual integrity that He has made us with, trust in marriage, trust in having babies and raising children and trust in sound money.

I will eventually, I hope, be writing more about those things. I'm trying to make a shift from the biological product writing to writing more about Catholic teaching about law and the relationship between the Catholic Church and governments. I'm not quite there yet, but I am working towards writing about that more.

If you want more information on how scientists from about the 1850s until now and still are projecting these false illusions about viruses, I recommend the work of Stefan Lanka, Jamie Andrews, and Mike Yeadon. I will put links to Stefan Lanka's papers under this video.

If you want more information on mechanisms of fraud in disease epidemiology, I recommend the work of Jessica Hockett and Jonathan Engler.

If you want more information on mechanisms through which injected foreign biological material and toxic chemicals, which is basically what vaccines are, cause harm, I recommend the work of Sasha Latypova on anaphylaxis.

If you want more information on avoiding digital commerce prisons, I recommend the work by Catherine Austin Fitts and the people that she works with through her company Solari.

Moving on to slide five, when I started working on understanding the laws around vaccines and public health emergencies, which is what I write about at my Substack called Bailiwick News, I described the project as "structural analysis of really big lies."

I still look at it that way, that there are legal magic tricks being played on people.

There is an audience and there are performers and the performers are causing shared optical illusions or hallucinations among the audience. I think about it sometimes in terms of what Penn and Teller used to do, maybe still do. They are a comedy and magician duo who their shtick is, basically, they do magic tricks and then they explain how they did the magic trick.

One example of that, I put the link up here to a YouTube video.[124] I remember seeing this video sometime in the 90s, probably. And it involves a semi truck that Penn is driving and Teller is lying on the ground and the tires go right over Teller, but he jumps up and is totally fine afterwards. And they invite the audience to guess, like, "What did we do? How did we make this trick work?"

Then they show you. This video is about two minutes long. The second half of it is Penn with the camera going around to the other side of the semi-truck showing that there are very, very heavy counterweights over there, pulling all of the weight of the truck over to the passenger side, so away from where Teller is lying down the ground. And one of the tires, the ones that go right over Teller's body, have been replaced with foam. So there's no weight on those tires anyway, and they're made of a squishy material so that it looks like he's getting compressed under them, but he's not.

The legal tricks are tricks in the same way. They're projected illusions, and it's possible to understand how it's done. It's done with deceptive words, it's done with ambiguities, it's done with omissions, as I mentioned.

The legal tricks go hand in hand with tricks in scientific method and scientific publishing that have been going on also since the 1850s, if not before. It's important to understand that science side in broad form. Like I said previously, I recommend Stefan Lanka2, Jamie Andrews, and Mike Yeadon. There are other people working on this, to try to unpack what was done and how the deception was carried out. Those are just three that I have found their written work and their oral presentations of their work to be more clear than some others. So that's why I recommend them.

Between 2020 and now, like I said, I'm still working sometimes on this aspect of things. It's the main subject of the main work product I had produced, before the series that I wrote with Lydia Hazel, called the American Domestic Bioterrorism Program.

[124] https://www.youtube.com/watch?v=39JHf0wozJs

That project was to try to understand the whole-of-government treasonous conspiracy that is public health emergency law centered on the PREP Act, which was passed in December of 2005, and the PREP Act declarations and amendments that have been issued since 2020 and are in effect through 2029 at this time.

The PREP Act can be repealed by Congress, and James Roguski and Sasha Latypova are working on a campaign to get Congress to repeal the PREP Act.

The PREP Act declarations can be terminated by the HHS secretary, which is currently Robert F. Kennedy Jr. That would not require any action by Congress. Kennedy could just do that as a Federal Register notice saying "That's it, the PREP Act declarations are terminated" and they would be terminated effective whatever date he set.

Those laws, and there are many of them, the PREP Act is just one, amount to a license to deceive, a license to mutilate people, and a license to kill people under emergency conditions using toxic products that are presented as medical products but are actually just poisons.

The emergency is declared by the HHS Secretary. He does not have to present any evidence in support of making that declaration. There are no standards of evidence he has to meet. There is no judicial oversight or legislative oversight or state oversight of those declarations. There is no forum for adversarial evidence presentation or evidence testing or evidence review.

And the reason why none of those things are in the laws, those are all things that are omitted from the laws, is because if evidence were required or there were any way for people to challenge presented evidence, the evidence would not hold up because of all the material that people are starting to understand about the fraud of viruses as causes of disease, and as transmissible causes of disease.

So again, to understand that better, I recommend Stefan Lanka's work, Jamie Andrew's work, and Mike Yeadon's work.

But the point for the legal connection is, there's no evidence required in these laws, because there can't be evidence that would meet any standards. The evidence is all garbage, essentially.

As I was researching what I had been studying about the emergency conditions, I also came across information which led me to the conclusion that there was prior to Covid and prior to the PREP Act, a more all-encompassing whole-of-government treasonous conspiracy related to communicable disease control and poisoning programs that operated under routine conditions and still does operate under routine conditions.

That set of programs is the childhood vaccine schedules and adult vaccine schedules.

Lydia and I wrote a series of five reports covering how that system was built between 1798 and 1972. And the reason we use 1972 as a sort of turning point is because that is the year the biological product non-regulation system was moved from the National Institutes of Health to the Food and Drug Administration.

It made very little difference to what was actually happening because all of it was and still is fraud. It just put it under a different institutional department. It went from NIH to FDA.

The pieces of the routine biological product non-regulation system include the 1902 virus toxin law and the 1944 Public Health Service Act, which took the 1902 law and expanded it a little bit and formalized it more, combined with the NIH/FDA performance that is not substantive, but looks like it's substantive, around licensing of vaccine manufacturing establishments.

What those things and the related laws that go into them equal is a license to deceive people and mutilate and kill people under routine conditions.

There doesn't have to be an emergency declaration. The companies can put anything that the FDA or other government agencies want to have in vaccine containers into the vaccine containers.

They can be used by pediatricians and pharmacists.

There is no amount of adulteration or contamination or toxicity that will stop that program under the laws because there are no actual standards for what goes in the containers and what it does.

I suggest focusing on the role of the Department of Health and Human Services and its sub-agencies that are most involved in this program because they are, I believe, at the core of the 120-year fraud of biological product non-regulation.

I do agree with Sasha Latypova and Debbie Lerman that the U.S. Department of Defense is, and its sub-agencies and national security agencies and the Public Health Emergency Medical Countermeasures Enterprise are, full partners.

I do think it's a whole-of-government, and it's described that way by DOD representatives in their presentations. It's described that way by health officers.

But I focus on the FDA because all of the roads specific to vaccines and fake tests and the other countermeasures lead to the U.S. Food and Drug Administration's Center for Biologics Evaluation and Research, Office of Vaccine Research and Review, from all the other countries' regulators, specific to vaccines and to tests, but the CBER Office of Vaccine Research and Review is specific to vaccines, through legal instruments called Mutual Recognition Agreements, or MRAs.

These are part of a project for what they call "international harmonization," which is coordinated by the World Health Organization and trade organizations to essentially make the FDA the single regulator for the whole world by way of trade agreements that are used by regulators in other countries to defer to the FDA decisions.

Because I see FDA as a single centralized world regulator, to the extent that the FDA can be demonstrated as a non-credible organization, and reliance on FDA announcements, reliance on the CDC decisions of the Advisory Committee on Immunization Practices, and all other US federal public health disease control biodefense officers, to the extent that people stop seeing those as credible sources of information, that helps shut down vaccination programs in the United States and all the way around the world.

Again, this is in direct opposition to the goal that the US government and the World Health Organization have, which is to promote irrational fear of disease and promote irrational trust in vaccines.

As I've been working with this material for the last few years, and the more time that I spend with it, I've realized that there's several different ways you can break down the information. Since people process information differently, it's helpful to provide different ways of fitting the pieces together.

You can look at it chronologically. That's how the American Domestic Bioterrorism Program timeline is written. It's also how the series about the 1798 to 1972 biological product law is written.

You can look at it in terms of legal instruments, which includes international things like treaties and trade agreements, federal laws, federal regulations, state laws in the United States, like Pennsylvania and Illinois state laws, all 50 states have laws on these issue, and from the point of view of commercial contracts.

You can look at it through the lens of the different sections of biologics regulations.

You can look at it from the point of view of congressional acts that were passed at specific dates by specific voting members of Congress.

You can look at it by subject areas such as biological product manufacturing; communicable disease control and quarantine; emergency powers; biological agents.

And you can look at it through the lens of the terms and the phrases and the definitions in the regulations that are used to denote living, dynamic, unstable biological organisms and their fluctuating active subparts.

So any one of those, and hopefully as the series of videos continues, I will be able to approach it from more than one of these directions in the hope that different people will find different approaches more useful for them. For the first few videos, I'm probably going to stick with chronological explanations, probably focused on Congress, the Public Health Service, the NIH, and the FDA.

Very, very broadly speaking, that can be broken down into a period of time from 1902 to 1944 when establishment licenses were used and the non-regulations were published by the Public Health Service and later it was called the NIH.

Then there was a period of time, roughly speaking, from 1944 to about 1999, when the establishment license application and product license application systems, which were both fake anyway, prior to 1944, and the NIH-FDA non-regulations, including things like fake "additional standards" and a fake lot-release system, those were pretend in place between 1944 and about 1999.

Then they were eliminated entirely. In about 1999, the new system, also fake, came into play. That is called the Biologics License Application process, which includes CMC packages, which is chemistry, manufacturing, and controls. The BLA replaced the ELA and PLA that had been in place before.

What they replaced them with is Guidance for Industry going out from FDA to the companies and Letters of Approval going out from FDA to the companies. The thing that came into FDA from the companies was called the Biologics License Application with the CMC package. All of it fake. All of it not founded on actual evidence or data or sound scientific methods or sound production methods or quality control methods, just different names for these fake activities.

Then from 2004, roughly, to now, companies could use the BLA process and the EUA, emergency use authorization process. And both of those are still the same kind of thing. The company receives Guidance for Industry documents from the FDA, which the FDA publishes through the Federal Register and through information distributed to companies and to universities and to non-governmental organizations. Then the company puts together the application package based on the fake methods that are listed in the Guidance for Industry documents and sends that package to the FDA and then the FDA issues Letters of Approval saying, "Sure, go ahead."

I have the idea of using an empty box as a visual aid. The box is empty. You can think of it as empty or you can think of it as full of words that have no substance because there are lots and lots of words in the regulations and in the Guidance for Industry documents. And in the letters. But they don't have a substantive meaning because the science is all garbage. So the box is sort of just passed back and forth in front of the audience's eyes, the audience being the public, by the company representatives at the drug companies and the FDA officials in the US government to suggest that there is some kind of regulation going on and that there are some kind of standards going on or in place, some kind of quality control methods that work, when none of that is true.

The thing that has changed over the last 120 years is the speed at which the deception cycle happens. From the 1950s to the 2000s, roughly speaking, it would take years. Same fake thing, but it would take a while. They would move the box across your field of vision over a period of years.

Then in 2020, it happened in a period of months, from when they announced the fake threat in the beginning of 2020 to when they announced the fake protective vaccine in December of 2020.

Now as we're moving into 2025, they talk about that, they are claiming the process can unfold over weeks or days.

The other main change that's happened over that time period is the expansion of access to target populations. In the early 1900s, most of the people targeted for vaccination and for communicable disease fear campaigns were soldiers in the US military and other militaries. The populations of schoolchildren at the city and state level, like regional or local, it would be run by a health department. The health department would make its own products or contract with the drug companies to make the products. Then they would go through in schools generally and inject children.

The other main target population during the early decades was islanders, US territory island populations. They would, they would go there because it was a contained population, and sicken and kill lots of people there.

In the 1950s, the target population increased. That was done through the polio fear campaign so that they could have faster access to all babies and children and expectant mothers across the whole country. Not just in one city, not just in one state.

They started with polio. They also made combination products of diphtheria, tetanus, and pertussis. That was DTP. Then they added in the 1960s the measles, mumps, and rubella, and they kept adding from there, and they enforced those by state-level school attendance policies, mostly.

In the 1970s, again, they're trying to get more people into the system, more people thinking that there are threats that threaten them, more people thinking that vaccines are a protective product. The 1970s, especially with the swine flu fear campaign of 1976, they were getting more access to adults, especially elderly and what they call immunocompromised.

This includes things like pneumococcal, which you hear radio advertisements for, [and] annual flu shots. In the 2020s, which is where we are now, through the Covid events, they are working to get more routine access to more adults and children through things like the coronavirus initial series, and then saying there are variants, and then saying that people need to get boosters.

So I don't see the Covid events as a break with what came before. I see them as a development of what came before. This slide is just to emphasize that they're faster at getting the deception cycle to pass in front of people's eyes, and they've got more people in their target population for the promotion of irrational fear and the promotion of irrational trust.

This slide is making a few points about how the word virus has been described in scientific literature. I learned this first piece from reading Stefan Lanka's series that he published between January and April 2020, which again, I will put the links below this video.

In the 1940s to the 1950s, there was a transition from viruses described in scientific literature as submicroscopic stable disease-causing organisms or proteins or enzymes to being a package or a strand of stable disease-causing genetic material or DNA. That happened mostly as a result of the Watson and Crick papers about DNA structure.

Both of those descriptions of what a virus is are false. The Lanka series, I believe, is titled "The Misinterpretation of Virus" [Misconception Called Virus] because he is not, as far as I understand, saying that viruses do not exist. He's saying viruses are not what they have been presented to the public as being. They are not stable. They are not disease-causing. They are not transmissible.

Then in the 1960s, like I said in the previous slide, they started the routine childhood vaccine schedules with a specific congressional act in October of 1962 to get the schedule started with the DTP and the polio predicated on false virus and vaccine scientific premises and methods.

They got people to believe the false story that diseases were being caused by viruses that were transmissible. Then they got people to believe the false medical principle that a vaccine would prevent infection.

The 1980s to the 1990s was the development of liability indemnification schemes. They actually did that, I think, for the first time in 1976 with the Swine Flu Act. They broadened it out to all of the childhood vaccines in 1986.

And at the same time, on the science side, the analytical methods for things like fragment sequencing of genetic material were coming into wider use that were capable of demonstrating that it's false to define a virus as a stable disease-causing piece of matter and it's false to describe a vaccine as a stable, disease-specific, disease-preventive substance.

That is the reason I think that the further deregulation happened, in the mid-1990s until the present, of the previous non-regulation scheme, which was non-regulation throughout, all the way from 1902 to now.

But they changed the form of it a little bit because if those analytical methods had been left to be used, whenever they were used, they very quickly demonstrated that these things claimed to cause disease don't cause disease. They're not stable. They're not transmissible.

And the things claimed to prevent disease, are also not what is claimed about them. They're mixtures of biological matter. They're mixtures of toxic chemicals. They're mixtures of nutrient solutions. They're always contaminated. They're always adulterated because they are mixtures of living material and other toxic substances, and they're always toxic because they're always foreign to the biological organism that's receiving them.

Again, for more information on that side of things, I already said, Stefan Lanka, Jamie Andrews, Sasha Latypova has done a lot of work on this, and Mike Yeadon, and other people. But those are the ones that I lean on the most for my own understanding.

I'm going to go through these last few slides fairly quickly. because I will probably come back around and expand on them in future installments of the presentation videos.

As I said, you can break down the information by types of legal instruments. That includes international treaties, such as the World Health Organization International Health Regulations. That includes international trade agreements, like Mutual Recognition Agreements.

It includes international supply and purchase contracts. For example, the sales contract through which the EU and Brazil and many, many other countries purchased vaccine, contracts, from Pfizer.

You can look at US federal supply and purchase contracts. For example, the contracts that are involved in Brooke Jackson's whistleblower case between Pfizer, ATI, and the Department of Defense.

You can look at federal and state statutes. Those are laws passed by Congress and by state legislatures.

You can look at federal and state executive orders, which are issued by presidents and governors.

You can look at federal executive agency determinations and declarations, things like PREP Act declarations.

You can look at federal inter-agency memoranda of understanding [MOUs]. That's one of the ways that the different agencies coordinate into a whole-of-government system.

You can look at federal regulations. Those are the laws enacted by executive agencies through the Federal Register. That's where the most intensive level of detail and definition illusions is done.

You can look at federal non-binding Points to Consider and Guidance for Industry documents. As I mentioned, those are written by the FDA, probably written by the drug companies too, but then they're published by the FDA as if they are things that the drug companies should comply with to comply with the regulations, but it's all part of the performance. It's all non-substantive.

You can look at federal biologics license applications, which are the BLA, and emergency use authorization requests, which are the EUA, and the FDA Letters of Approval that go back out.

You can look at federal and state court decisions.

There are six basic sections of the biologics regulations and looking at these subjects through those sections can be helpful. They include definitions, licensing procedures, establishment inspections, establishment standards for things like ventilation and plumbing and record keeping.

They also include the standards for product labels and general standards for products, which later was, to that they later added "additional standards" and then they removed the "additional standards" again. That's related to the process called lot release, which I will also talk about more in future videos.

This is a list of federal laws it would be good for Congress to repeal. They should repeal the basic law that's about regulation of biological products. That's 42 U.S.C. 262 and the ones just after it. They should repeal the quarantine and inspection communicable disease control laws. They should repeal the law authorizing the chemical and biological warfare program research and use on human targets. They should repeal the entire public health emergencies law which includes vaccination tracking and distribution, it includes the liability immunity for vaccine manufacturers and users, that's the PREP Act stuff. It was originally enacted in 1983, then they repealed the first one and replaced it in 2000 and then they added the PREP Act sections to it in 2005.

Congress should repeal the entire vaccine program, all the liability immunity for vaccine manufacturers and users under non-emergency conditions. They should repeal the EUA medical countermeasures section of the Food Drug and Cosmetic Act, which is the main drug regulation law. They should repeal the National All-Hazards Preparedness for Public Health Emergencies, this is again related to the public health emergencies complex of laws, repeal the national biodefense strategy, repeal the Chemical Weapons Convention Implementation law.

The reason for that is that that Chemical Weapons Convention Implementation Act is a place through which they made loopholes allowing use of toxic chemicals and biological agents because they classify them as being for prophylactic or protective or research purposes. The law itself is the loophole for the use of the products that people think the law is there to prohibit.

They should, Congress should also repeal International Pandemic Preparedness laws, which have been put under the population planning and health programs section of the US Code. They should repeal the National Preparedness System and Global Catastrophic Risk Management system.

The reason for repealing all of these things is because they are just cover, they're cover for running programs to irrationally frighten people about things that are not actually threats and they're cover for getting people to irrationally trust in vaccines and other medical countermeasures, PCR tests, the whole complex of things.

Because people are afraid of the threat that is not a real threat. So they comply with the remedies that are not real remedies, but are actually just poisons.

Just to repeat, as we go through this slide deck and the future ones, focus on omissions, focus on circularity and non-specificity in terms of omissions and definitions, no standards, no criteria, no procedures or methods that have any scientific foundation, and omissions of duties and legal obligations.

I have just a couple examples in here about how they did define virus. In the law between 1919 and 1961, a virus was defined as "a product containing the minute living cause of an infectious disease." They didn't have to provide any evidence that a virus as a stable object could be identified, could be isolated, could be shown to cause anything. They just said it. And that was that, because there was no requirement for any evidence.

In 1961, they changed the definition under the regulations to "a virus is interpreted to be," which is a phrase that I still, I've seen it a couple places. It's not really a definition. It just says it's "interpreted to be." It doesn't say who interprets it to be that or in what context. Setting that aside, "a virus is interpreted to be a product containing a minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa."

So basically, this definition says "a virus is a virus and a bacteria and these other things." That's a circular, nonspecific definition, and it does not require any evidence.

There is no physical definition of the word vaccine in biologics law. The word vaccine was added to the statute for the first time in 1970. And the word vaccine has been defined so far in the tax code only, since 1987, as "any substance designed to be administered to human being for the prevention of one or more diseases." Again, no evidence is required to support that assertion.

There are omitted or absent identity standards and testing methods and duties.

There are omitted or absent safety standards and testing methods and duties.

There are omitted and absent efficacy standards and testing methods and duties.

When you look at labels, there is a great deal of information that is not required to be put on labels and therefore is not provided on labels, such that a label doesn't actually give you much information at all about what is in the container.

Then a little bit about omitted and absent lot-release testing methods and duties.

This is the last slide. This is how I understand each agency now, which is not how I understood them before 2020. Congress enacts the laws to enable and fund federally directed communicable disease surveillance, vaccination and countermeasure deception, mutilation and murder programs. That's their job under this system.

The US president signs the legislation and also signs executive orders to direct execution of the programs.

The HHS Secretary signs and publishes regulations, notices, determinations and declarations to carry out the programs and also to delegate authority to lower down entities like other federal public health officers, also delegate legal immunity to them and delegate the authority and the legal immunities to drug companies, to state and local governments, to hospitals, nursing homes, nurses, pharmacists, everybody that's involved in the whole supply chain and use chain.

The Department of Defense Secretary, and delegates in the DOD, coordinates the manufacturing and distribution of the biological agents and toxic chemicals, things like tests and vaccines and drugs and "delivery systems." The delivery system includes things like promotional campaigns and mechanical delivery systems like syringes to use in the programs.

The Administration for Strategic Preparedness and Response coordinates projecting the illusion of biological threats and coordinates the multi-agency response programs.

The CDC coordinates collection and publication of false disease surveillance data to protect the illusion of the threats, and also directs the Strategic National Stockpile, which is basically a weapons depot of test kits, vaccines and drugs.

The FDA coordinates projection of the illusion that products are standardized and that regulatory compliance is enforced.

The NIH coordinates the illusion that the federal government is looking for causes and treatments for organ damages and diseases that are either exacerbated or directly caused by vaccination — things like cancer, heart failure, autoimmune disorders, infertility, neurological disorders, many more — and also coordinates suppressing research on vaccination as the primary cause of those things or the primary exacerbating factor.

I want to say I'm not saying that every program that the NIH runs and every institution that gets NIH funding is involved directly in this illusion. As with many other features of this, it's helpful to the people who are carrying it out if some of the activity that people can see is actually authentic so that the fraud pieces are kind of hidden under or behind that cover story. This also plays out, I think, on the FDA side. I do not know for sure because I have not looked and I don't have time to look. I think that much of the FDA drug regulation and device regulation may be authentic because the products that are being regulated can be standardized and can be purified. And within that, they hide this biological products subsection so that it enjoys the shield of credibility provided by the other activities of the FDA. And I think the same thing goes on at the NIH.

Then the last two agencies or entities on this slide are the NIH National Institute for Allergies and Infectious Diseases. I think that is the division that coordinates the illusion that it's investigating

allergies and infectious diseases as cover for research to increase the toxicity of vaccines, so that vaccines over time are more effective at exacerbating vulnerability to disease and causing disease directly.

And the media, which copies and further projects all of these illusions to the public through written audio and visual means like the internet, newspapers, magazines, television, and films.

Related

Katherine Watt and Lydia Hazel

- Book 1 – Biological product non-regulation - 1798-1972 series; some posts about scientific and mathematical frauds (virus 'isolation,' antibodies, probability units); and posts from a series about FDA-directed biological product non-regulation acts and omissions since 1972.

Stefan Lanka

- 2015.06 Dismantling the Virus Theory[125]
- 2020.01 The Misconception Called Virus Part 1[126]
- 2020.02 The Virus Misconception Part 2[127]
- 2020.03 The Virus Misconception Part 3[128]
- 2020.04 Initiators of Corona Crisis Virologists Who Claim the Existence of Disease-Causing Viruses are Committing Scientific Fraud and Must Be Prosecuted[129]

Tracey Northern

- 2021.05.07 Germ Theory An Idiots Guide[130]
- 2021.05.14 Contagion Fact Checked[131]
- 2021.05.25 Going Viral A Recipe for Disaster[132]
- 2021.06.30 Amino Age and New abNormal Doctors[133]

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Jamie Andrews

- The Virology Controls Studies Project[134]
- Conversation with Jamie Andrews, the Virology Controls Studies Project[135] (Video interview by Sasha Latypova)

Mike Yeadon

- Dr. Mike Yeadon[136]; Silver Bullet video[137]
- Fraud Prevention Hotline[138] (collections of Mike Yeadon's Telegram posts)

Sasha Latypova

- The second shot, or what do vaccinators and sewer rats have in common? Reviewing Charles Richet's work on anaphylaxis, awarded the Nobel Prize in 1913.[139]
- Anaphylaxis, Alpha-gal, Pasteur, Richet, Voltaire, and the Queen of England.[140]

Jessica Hockett

- Wood House 76[141]

Jonathan Engler

- Jonathan's Substack[142]

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[134] https://controlstudies.substack.com/
[135] https://sashalatypova.substack.com/p/conversation-with-jamie-andrews-the?utm_source=publication-search
[136] https://drmikeyeadon.substack.com/
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April 24, 2025 - PREP Act, An act of treason video discussion, Stephanie Weidle, Sasha Latypova, Katherine Watt. (Transcript)

Link to video on Rumble[143]

Stephanie Weidle:

Welcome back to this week's episode of The Feds. I am Stephanie Weidle...Today, we have two very distinguished guests, Sasha Latypova and Katherine Watt. Katherine Watt is a reporter, paralegal, wife, and mother. Her primary work product is a timeline documenting acts of treason committed by federal legislators, executives, civil administrators, and judges called the American Domestic Bioterrorism Program and can be found at her popular substack, Bailiwick News.

Sasha Latypova is an independent writer and researcher. She spent 25 years of her professional career in healthcare technology, medical device, and pharmaceutical R&D industries. Sasha has retired from pharma and currently writes a popular independent substack publication called Due Diligence and Art. Thank you both, Katherine and Sasha, for joining me today. It is such a pleasure to have you...Let's start with you, Sasha. Would you briefly describe your background and when and how you started questioning the given narratives that we were being told by the government and pharmaceutical industries?

Sasha Latypova: Right. Well, I'm originally from the Soviet Union, from Ukraine at the time, was a republic in the Soviet Union. I came to the U.S. to study for my master's degree. Then I got a job and stayed and got married and had children and so forth.

I worked for about 25 years total in pharmaceutical medical device technologies and drug development. I ran several companies doing contract research work for pharmaceutical clients doing clinical trials and interacting with FDA, with EMA, with Japan regulators, submitting data, approving drugs. So I've learned a lot about the industry.

I retired before 2020 because we sold our companies. I didn't need to work. Then in 2020, I became extremely concerned with what's going on. And I started my independent research and started publishing. I had no social media presence. And I started publishing. I was banned everywhere.

I was putting videos on BitChute with like 200, 400 subscribers type of a deal. And from then on, but I continued. Now I am writing on Substack and continuing my independent analysis. I met Katherine on Substack and we started collaborating. We're basically now publishing two independent publications, talking about these issues and, trying to get something, something stopped here.

SW: Let me ask, Sasha, when did you start drawing a connection between the totalitarianism that we are seeing happening within the United States and where you came from, the totalitarianism there?

[143] https://rumble.com/v6secjx-83.-the-prep-act-an-act-of-treason-sasha-latypova-and-katherine-watt-the-fe.html?e9s=src_v1_ucp

SL: Yes. So initially, I didn't make that connection. I just thought something wrong was going on with what I knew, which is the pharmaceutical R&D and healthcare industry. And there were some actions of the public health agencies that I previously trusted, that just were incomprehensible to me and why were they doing this, knowing what they know, which I knew what they knew. And it took me a while to figure out what actually is going on.

Meeting Katherine on Substack was instrumental because she's doing the legal research. And once understanding what laws got invoked for what purpose and what the net effect was, then this picture started evolving in my head.

I clearly became, that this is a march toward some sort of global totalitarian, you can call it communist, you can call it fascist. Actually, fascist is probably more apt definition because it's a merger of corporations and the state for purposes of establishing the totalitarian regime and then profiting off of it. So that's basically what we are in right now.

Also I see it ongoing. Like, you know, Trump administration, unfortunately, all of their moves right now are actually toward that goal versus undoing that.

SW: Could you just unpack what you're seeing in the current administration, how it's not stopping this move towards what you're saying is fascism?

SL: Right. So I actually just had this discussion with my husband this morning. Now, I think the main theme, very briefly, is because what is going on right now, Trump is doing both affecting the government, so slashing the government drastically, which, in principle, I support. I support very limited government, actually as little government as possible.

That would be a positive idea in my head. But then he's also simultaneously crashing the private sector by tariffs. And this is going globally. So what happens is we're going to, this is, in my opinion, this is a precursor to the Great Depression. And exactly, we didn't have federal government before the Great Depression and then FDR, Great New Deal. That's your way of establishing more government. More and more and more and more government eventually resolves in a totalitarian regime. So this is another iteration of this, crash everything, drive total poverty on both sides.

Because if you are laying off a lot of government workers, if you have healthy private sector, the private sector can absorb them and you have no problem. Now you have net good effect. You have smaller government, bigger thriving private sector, more competition and more wealth created. But no, we have government workers getting laid off. They have nowhere to go because private sector is now freezing employment immediately. That's the first move everyone does. They freeze investment, freeze hiring until you figure out what's going on. So now we have on both sides, we have huge attack and people have nowhere to go other than to poverty. And that's what they want.

Then they want Great Depression. And then they want to bring in, "Oh, now we're going to save everyone. By universal basic income, we're just going to help. We're going to make a great new deal. It's going to be a new world order where you're going to own nothing and be happy." That's what they told you, right? That's what I see right now.

SW: We start off at a very heavy note. Okay, Katherine, give us your background. Your background is in the legal arena, correct? Yes.

Katherine Watt: Yes. I went to Penn State. I got a degree in 1996 in philosophy with a minor in natural sciences and then I worked as a reporter. Then I got a paralegal certificate, not from Penn State, from a community college and then I worked for lawyers, doing constitutional law, family law, environmental law.

The most relevant piece of that is that I got involved in 2005 with an organization called the Community Environmental Legal Defense Fund, which worked on environmental issues and had put together an organizing framework around challenging the preemption doctrine, which is a doctrine in law that higher levels like the federal to the state or the state to the local can come in and block or supersede or otherwise throw out the lower level of law to impose their higher level of law. I had worked on that kind of stuff between 2005 and the end of 2019 and the fact that I had done that, is why I could recognize, when I did eventually recognize what was happening, as another example of that preemption system.

SW: Absolutely. And we're going to be talking about the PREP Act today, which makes your previous work very relevant. Before we get to that, let me ask, given your background in the legal community, why do you think so few lawyers were willing to represent individuals and organizations like Feds for Freedom who are trying to fight the COVID mandates and actually ask that their constitutional rights be respected?

KW: So I wondered about that for a really long time, especially after I had read the PREP Act, which I read in, I think, March of 2022. I have the copy that I printed out and I have my margin notes with all kinds of exclamation points and like, "What the hell is going on?"

Anyone who read that or has read it, takes probably about 15 minutes, and has any understanding of law and especially any understanding of preemption doctrine, could see immediately that that was a huge problem because what it had basically done is use a statute to overthrow the Constitution and claim that the organization doing that was a constitutionally-legitimate organization, namely Congress and the president.

So I wondered between 2022, as I kept working on it, I kept writing about it. In April of 2022, I sent the information, because a reader suggested that I send it, I sent it to Aaron Siri. I got no response from him. I got a cursory response from Elizabeth Brehm, who is one of his colleagues and then I didn't hear anything else.

By the middle of 2023, I came to the conclusion that they weren't talking about it either because they were totally in support of the overthrow and they just want to get their piece of the financial, whatever money is to be made in the process of continuing to fool people into thinking that the Constitution is still operative, they wanted to get their piece.

Or they were so terrified by the implications of what it was and thought that there was nothing beneficial to be done, so they didn't even try. They didn't speak up. They didn't file cases. They just thought, "close your eyes, put your head in the sand, keep your mouth shut, because this is too big," and not to talk about it. So those are my two guesses at this point about why the legal profession as like a, to whatever extent you can think of it as a monolithic thing, most of the ones who are most prominent do not talk about this. And I think that's why.

SL: In addition to that, most high-profile law firms or pretty much any large corporate law firm or even midsize and so forth, they're all conflicted. They all work for the federal government. And most of them work for the Department of Defense, too. And they will not take these cases because Department of Defense is behind this operation. And also, besides being conflicted, even the individual practitioners, well, for the small individual practitioners, money, access to money and funding these cases is the first thing that comes to mind to prevent them from taking them because they see it and they're like, there's no way I can raise so much money. This takes hundreds of thousands of dollars and some of the cases might take millions of dollars to prosecute. So they just look at it and it's like, "no way." Large ones that have resources are conflicted. And finally, everyone is incentivized to ignore PREP Act on both sides.

I just published an article this morning about 25 states or 23 states, two governors suing HHS and Kennedy for clawbacks of the COVID pandemic funds. And that lawsuit with 25 states, legal eagles, mentions PREP Act not once, not once.

So they're incentivized to ignore it, even though it would have strengthened their case to say, because they're claiming that these pandemic dollars...are not pandemic and not emergency dollars anymore. They were meant to be after pandemic because pandemic is over. So they were meant as permanent public health funding from federal government now, right? So we can't claw them back. And while the PREP Act remains extended, like the declaration remains in place, meaning it's not over. So it would have strengths in their case to say, "hey, we're still in their emergency. You should pay us." But they're not. They're ignoring it. And so will HHS. So that's my prediction. HHS will also ignore it because it's inconvenient to point to it because that will unravel the whole scam.

SW: OK, so let's go back just a little bit and we're going to continue talking about the PREP Act. So the PREP Act is the Public Readiness and Emergency Preparedness Act. It was enacted in 2005 under George W. Bush that gave liability protections to pharmaceutical industries and health care providers during public health emergencies.

It kind of seems like a good idea, kind of, but maybe not. What is particularly of interest in our discussion today is ... the ability this act gives to rapidly produce and distribute medical countermeasures with no liability and with no need to provide informed consent. And this was the justification that was given, that the military gave to their EUA, emergency use authorized vaccine campaign. This is what was pointed to when federal employees pushed back against the COVID measures. So how does this usurp the U.S. Constitution and state constitutions?

KW: There are three sections of it that are where the core of the treason sits. The overall section is 42 USC 247d-6d. And the three sections are (b)(7), (b)(8) and (b)(9).

(b)(7) is the one that precludes all judicial review of an HHS secretary declaration or determination. They have a couple different names for a couple different types of things that they do. One is the determination that an emergency exists, which they can do without any evidence. There's no requirement for any evidence. There's no standard of evidence. They just say that that exists. And that is taken as a presumption that if they say it exists, then it does. Then there's declarations which are built on that determination, and the declarations pertain to the products. And that's them saying that "given I, the HHS Secretary, have said this threat exists, I am also declaring," also unilaterally, also without any evidence, "that I recommend the manufacture, testing, development, distribution, administration, and use of covered countermeasures." So it covers the products and it covers the event that is the pretext for the products. There can be no judicial review of either of those things under this (b)(7) section.

Then there's the (b)(8) section, which is the preemption of state law. And that says to all of the states, "Nothing you have in your laws or your constitutions or any other legal instrument in your state can be different or can impose different standards or can do different review type things for the things that the HHS secretary has said about the threat existing and about the products."

And then the third piece is (b)(9) which is a report to Congress. And it basically says the HHS secretary should report to Congress within 30 days why he has done this. But it doesn't say anything about, again, evidence. He doesn't have to produce any evidence. And Congress has no authority explicitly, they don't explain or provide or have any provision for them to overrule or override or review what the HHS secretary has said exists, which may not exist at all. And in this case, it did not. And they have no ability to override what he says about the recommendation for these countermeasures to be produced and used.

SW: What was going on in 2005 that made the states not rise up against this act?

KW: They were traumatized into compliance by 9-11 and the so-called anthrax attacks of 2001. And those also were orchestrated, but they were used as the pretext to put into place these laws and many other laws that had been written long before the events actually happened. Yeah. Because they had been building up. That's how they do it.

They do piece by piece by piece, adding on more and more layers. So I think that's what the states were told, starting in 2001: "now there is this huge bioterrorism threat. You must prepare your states for it, and you must submit your states to federal jurisdiction and authority in the event that these things happen."

SL: And they were plainly just paid off. As I said, this money, the spigot of money that comes from the federal government, the federal government said, you know, we're going to put this law and then you're going to get all this funding for all these preparedness measures and so forth. And actually, you know,

Katherine found that Senators Joe Biden, Hillary Clinton, Edward Kennedy and Byrd, were objecting, objecting very correctly on very good grounds to the passage of this 2005 act. And so those quotes, she published those quotes and I have used them in presentations. They're terrific. And then, yes. To these people. What happened to them? And then they voted yes. After saying it's unconstitutional, it violates like five amendments of the Constitution. Those same people turned around and voted yes. So that's treason. And that's how you know the deep state is alive and well. Sorry, go ahead, Katherine.

KW: Part of that is that the Republicans slipped it into an appropriations bill on December 18th of 2005, which I think was a Sunday, Sunday night. So the other senators found out about it that night or later the next day. They were pretty quick about getting a legal opinion from [Erwin] Chemerinsky, who's a legal scholar that's, I think he's now at Berkeley. And they entered that information, their objections, based on his very good constitutional analysis. He wrote his letter to them December 20th. December 21st, they had the only, as far as I know, debate or discussion of this provision at all because it had only been added three days before. So that's when Kennedy and Clinton and...other Democrats did their speeches on December 21st. Then they had a [cloture] vote. And then they had the vote on the overall appropriations bill to which this had been attached, and they all voted for it.

SW: Wow. So what was this act used for between 2005 and COVID?

KW: Mostly, I would say the 2009 H1N1 program. But they did not use all of the features of it. And the main thing they didn't use was the sort of shock-and-awe national campaign to get everyone to take it with employer mandates and the other kinds of pressure tactics. They made the same bad products from the same bad companies but they were more gentle about saying, "we think it's a good idea." And a lot of people did take it, and a lot of people didn't, and they didn't really push that a whole lot harder.

SL: Yeah, so, up until 2020, it's correct. So it's never been used as a national strategy or national application of this thing nationally. So it's important. So they were using it essentially as mostly as a kind of like a money laundering mechanism. So they would order these poisonous concoctions and things from their crony companies. The government is the sole buyer. It goes into the stockpile. They used it on service members. They used it on military, the anthrax, all that. They used it, but they never applied it nationally. I think those were kind of like practice runs and get everyone accustomed for 20 years that, well, "we're just buying things for national stockpile. Maybe sometime we'll need it." And then, yeah, it was the whole shock in combination with the Stafford Act declaration done in all 50 states, which has never been done before. And all this enormous campaign and then forcing everyone, all the civilian population, and then also lying.

The feature in this law is that you can lie about countermeasures. Countermeasures, they're not regulated, no consumer protections apply to them, and you can lie about them. Misbranding is legal under this law. Lying about the fact that these are fully approved medications, that they're safe and effective, all of this is legal.

That has never been used for good reason, because it would have been caught and terminated, right? They wanted to use it, but only when it mattered, which is now.

SW: And how do they say the line, "we can lie about it?" How is that phrased in the PREP Act?

SL: It says specifically that regardless of anything that happens, these products, EUA countermeasures, "shall not be considered adulterated," meaning anything goes, they're not regulated, can contain any ingredients. Or misbranded, which means lying is okay. They're not regulated for honesty in marketing or honesty in claims and safety claims, efficacy claims. None of it is applicable. It's okay to lie about them.

KW: And the other piece of that is that they don't, it's things that are missing from the law. There is no provision that requires anything to be pure or demonstrated pure or unadulterated or demonstrated unadulterated or accurately labeled and demonstrably accurately labeled. So they don't have those provisions, which means you can't be found in violation of a provision that doesn't exist. And also what Sasha said.

SW: And do you have records of the money given to the states under the PREP Act?

SL: Yes, I have some examples of, they were intergovernmental contracts. There is a huge amount of those. Original appropriation was like two trillion, but I think it was more like four trillion spent on this. And I have, mostly I focused on contracts for countermeasures of which there are hundreds, like 400 or so that have been FOIA'ed [Freedom of Information Act]. That's not all. It's just a sampling. I mostly was focusing on that. But there were also intergovernmental agreements and contracts going to essentially not just the state, the states, and then directly to the municipalities, directly to the school districts, directly to large employers. So all of that exists. I haven't like reviewed all of it. I have some samples of them.

KW: Also through things like the CARES Act. And it related those early congressional acts to funnel funds quickly to like small businesses and school districts and states. That's where the money.

SW: What was that money to be used as?

SL: Well, they were saying it's a relief. It's emergency relief funding. So, of course, everybody loves it, free money. But it also came with provisions such as you have to sign off, for these municipal ones that I've seen, you have to sign off on...to follow all HHS and CDC guidelines now and in the future. So you're like blank signing away that you're going to, otherwise you'll have to return this money, right? So it's a mafia tactic, right? So they're giving you money now and now you have to sign off and you're going to agree with everything that they're asking you to do and we'll do it.

SW: Yes. So up through January, I was homeschooling my children. I have put them into a private Christian school. It's amazing, this school. The school did not follow any of the COVID measures. They refused to shut down. They refused to mask the kids. They refused the money that they were offered to mask the kids. And I was stunned at the measures that the state would take or the district would take to try to bribe the schools into masking their children. It's disgusting.

SL: Yes. It's like this everywhere. We were talking to a friend of ours, another Substacker. She was running, she had children who were in the homeschooling co-op. It was like 25 kids, right? So 25 kids, like it's a tiny, tiny thing. They were offered bribes. They were, it was very aggressive. They were going direct to the final frontier, 25 kids over here. We have to get them, this, it was that important.

SW: Was this done to any, now I know that there's separation between church and state, but was there any of the bribery to churches?

SL: Of course, yes, because there is no separation of church and state. Most of the churches are 503(c) corporations. So they're not separate from the government. They're part of the government. The church, to be completely separate, and because of this corporate status, now the government has all kinds of controls over the church. And that's why most of the churches shut down. Only the ones that were not incorporated like that...

You know why they were so set on masking? They were so, that masking was one of the most important pillars of this whole thing. Because we're just now finding out from another collaborator [Jamie Andrews] who's working on identifying all these PCR tests and so forth.

So masking induces acidosis because you're re-inhaling your own CO2 [carbon dioxide]. In fact, it induces acidosis within like 30 minutes of masking. You re-inhale your own CO2 and depending on your own health status and vulnerability, age and so forth, and it's more prevalent in children and in elderly, you're going to get dehydrated and you're going to get acidified and your mouth and nose are going to get acidified and that triggers positives for PCR. That's the thing that PCR measures, is acidity levels. So that's how they were getting the, that was their mechanism to--. And it also can trigger, in a vulnerable state in the winter for some people, it can trigger the cold. So actually it is the mechanism to induce common cold, and also to undo it is to deacidify quickly. So that's demonstrated in clinical studies. They knew it and that was the mechanism to make people sick and also trigger false positives for those people who were not sick.

SW: There was a North Carolina Supreme Court ruling just in late March 2025, ruling that the PREP Act does not preempt state constitutional claims for violations of fundamental rights. The case involved a boy who was administered an mRNA shot without the parent's approval. And the court held that the claims related to the parents' right to control the upbringing of their children and the individual's right to bodily integrity under the North Carolina constitution are not usurped by the PREP Act. I mean, this is kind of a big deal. What were your all's initial thoughts? And I'll start with you, Katherine. What was your initial thoughts on the significance of this court decision and trying to get rid of the PREP Act?

KW: I read Sasha's analysis of it, and I read a couple other peoples', but I had not read the case until this morning when I got your outline for the interview. So I did go through it really quickly, and I tend to think that the dissenting opinion, which said the opposite of what you just said, it said...the dissenter judges think that under the circumstances, the PREP Act preemption does apply even to the state of North Carolina's constitution. I think he or they, I think it's two judges, are probably legally correct because they mentioned this section [42 USC 247d-6d](b)(8). that I mentioned earlier about preemption of all state law, whether it's your court laws or your constitution or any other legal instrument at the state level.

And the dissenting judges seem to believe that makes sense because they're attributing to Congress the intent to make the PREP Act so broad, because they're attributing to Congress the benevolent goal of getting medical countermeasures developed and distributed and in use as soon as possible.

The majority opinion has to sort of jump through a lot of hoops to try to pretend that that's not the case. And I can understand, my sense on reading it, again, I read it today, was they're kind of in shock because the implications of the PREP Act, as it's written, may have dawned on them through this case. And what they're trying to do is express how horrified they are that Congress is doing this and leave an out by saying that can't possibly be what Congress meant, when in fact it is exactly what Congress meant. So I think it's a good case because, like you pointed out in the outline and other people pointed out, it sets up a conflict between the Maine state decision and the North Carolina state decision, which sets up an opportunity for it to go to the Supreme Court because they will need to resolve the discrepancies.

I tend to think the Supreme Court is going to come down on the side of "yes, Congress intended with the PREP Act to void the Constitution, to shut down all of the state legal instruments that might have gotten in the way or might in the future get in the way of getting these poisons into as many people as quickly as possible." And that will be like another ratification layer. But I do think it's a good case and I do think it sets up a good opportunity to clarify the disaster that the PREP Act is, for a lot more people.

SL: Yeah, one of the majority decision judges wrote a note, a concurring note, which was very good because it's a very layman terms explanation of what exactly transpires with PREP Act. So she said that, if you're standing in a coffee line at Starbucks and somebody comes in, injects everyone with poison, and people die and get injured. And then they say, "well, we were here from the government preventing the next pandemic. You can't do anything about us." So it's a license to kill. PREP Act is a license to kill.

KW: It's a license to deceive and a license to kill.

SL: So majority of this, obviously, if you want to run a deception like this, you know that by force, you're not going to get very far. You're going to get stopped. So you need to deceive people into voluntarily submitting to those injections. And then, with all this fake theater and COVID pandemic fear mongering and all these, Johns Hopkins tracker of COVID bulls all over the place, so that's what they were doing so that people voluntarily run in and get those injections.

SW: So if destruction of the PREP Act will not happen through the courts, how can it happen?

SL: This is what we're focusing on right now with a number of colleagues, including Katherine and some other collaborators. There are a couple of things that need to happen. So PREP Act must be repealed. Now, this is a difficult uphill battle, which the current administration so far has expressed no interest in even acknowledging that that's the problem. But that's the ultimate objective, is to get rid of this bad, evil law. It's illegal law. It's unconstitutional law.

Now, in the meantime, what can be done is, the public and professionals, especially health care professionals and legal professionals and any person who has interest in it, in the future of their children, doesn't matter which side they're on, even on the evil side. As I said, I'm happy to talk to anyone. Their children and their grandchildren are going to be subject to this ultimately, and so they need to be educated about the monstrous illegality of all these EUA countermeasures being pushed as safe and effective, approved FDA vaccines

So another thing that happened, Peter Marks, who is head of CBER [FDA Center for Biologics Evaluation and Research] just resigned. He is the key guy who needs to be in jail, who needs to be on trial for his life for committing mass murder, because he was the one who fronted that bait-and-switch scheme.

He was the one who went on record, even in court declarations, and I've published that. In court declarations, in other venues, he fronted this bait-and-switch. He went and said, even though, so EUA countermeasures are all these products, and the PREP Act, and the current PREP Act declaration, they can push out medicines or activities or whatever, rules, masking, vaccines, and they're not regulated, as we discussed. You can lie about them and they're not regulated.

So then Peter Marks in his position of authority as head of CBER FDA, when a couple of his colleagues resigned because they wouldn't sign off on approval of these vaccines, he took it on, this whole thing, instead, took their jobs.

And then he went and played this FDA approval. Well, there was no approval. There's no legal approval applicable to this. And then he validated the fraud. He signed off on the fraud, issuing these approval letters in August 2021 so that all of these things could be mandated. Under PREP Act, EUA countermeasures cannot be mandated. That's very clear. He did the bait-and-switch. He went on record, said, "you know, these are fully FDA approved." And then all the mandates.

KW: I would add a couple of things to that. Marion Gruber is another person who should be in that same batch of criminal prosecutions, if that ever happens, because she's the person who signed off on the EUA in December of 2020.

The other thing I would say, probably building on what Sasha said, is it would be useful if people had a look back at the civil rights movement and Martin Luther King Jr., because his analysis was largely based on the idea that the laws were illegal themselves. And therefore, the only appropriate way to respond to them is to refuse to obey them because they are immoral.

And so civil disobedience in this case takes the form of not ever taking another vaccine in your life, not ever advocating that anyone else take a vaccine, not vaccinating your children ever, not advocating that anyone else ever vaccinate their children and talking about why you are so firm and so committed to not doing those things, because you can see that the laws around vaccine development, vaccine manufacturing, and vaccine use are completely illegal, immoral anti-laws that cannot be followed if you are a person of any conscience whatsoever.

And I think that has enormous potential because what we were talking about earlier, to the extent they can deceive people into thinking that there are threats and thinking that vaccines are remedies for those, they get people to voluntarily comply. And if people don't voluntarily comply, which

means you just don't go to the pharmacy, you just don't go to the pediatrician or your doctor. And if anybody there asks you, you say, "No, thanks. Walking away. That stuff is poison." Their system doesn't work very well because they really don't want to have to do that scenario that Sasha was talking about where they just walk into a coffee shop and start jabbing people.

SL: Yeah. And another thing, so there are three. So the repeal of the PREP Act, education about EUA countermeasures and lying about full approved status by Peter Marks and FDA and everybody else.

The third one is we all need to call an RFK Jr., our current HHS Secretary, to terminate current PREP Act declaration for COVID emergency, which was extended by Xavier Becerra, outgoing HHS Secretary, to last until December 31st of 2029. Nobody knows about this, and this is by design. They want you to think that COVID emergency is over. It's not. It's fully extended. It's fully operational. And the law, the PREP Act, says that HHS Secretary, it's only his opinion. Nothing else matters. He doesn't have to take into account any data, any science, nothing. So it's only his opinion that there is a current emergency of COVID.

So right now, we are supposed to interpret this as, it's personal RFK Jr.'s opinion that we have a COVID emergency and we need to have those EUA countermeasure biologics shots on babies' vaccination schedule. So that's his opinion now. Until he terminates that PREP Act declaration, which all it takes is a memo into Federal Register. Just a memo. Just him saying, "I don't think so anymore."

SW: So if the COVID emergency is not being rescinded, and we recently had an Idaho Medical Freedom Bill, which was saying anyone, so prohibiting the force of medical interventions and preventing discrimination or negative actions towards individuals who refuse the interventions. If we have a medical freedom bill like that, that was passed through the state legislator and then vetoed by the governor, what is the state in which our country is in right now?

SL: Exactly. And that's the only state that even got that far. And I was involved, I'm still involved very closely with these efforts. There are several bills there, including this one we've been working on. We've been testifying in counties, in states and everywhere.

And I'm in touch with Leslie Manookian, who's also involved in this bill. She recently said that it's moving, hopefully it's getting results. So what they vetoed, the governor vetoed it in the last minute, and then they wanted to carve out, guess what, the preschool. So, okay, you have medical freedom except for up to the age of six or seven, right? You don't. You belong to the government, we need to jab, because majority of the poisons go into the human beings before the age of six. That's why they wanted to carve it out. She said they may be able to overcome this, but we'll see what happens. But this is hanging by a thread.

KW: I think it would be interesting if the people in Idaho went back and tried to instead amend their criminal codes to add vaccines to things like gun and knife in assault-with-a-deadly-weapon criminal statutes because it gets more at the fact that they do not have a medicinal purpose they only have a poisoning purpose. And the state has an interest in letting the people know what counts as a deadly weapon and adding vaccines to that list.

SW: That is really interesting. Just even putting that in the ear, like putting that on paper and then testifying, talking about that, which would send shockwaves.

KW: Because it's not a medical, in my view, it's not a medical freedom issue. It's a self-defense issue because these are not medical products. These are weapons.

SL: It is a self-defense. And the North Carolina case prevailed specifically because they framed some of it as unwanted touching and battery. Which is, and that's how they got the judges to agree with the constitutionality of these claims. That's an avenue. I'm going to publish it. I have a summary. Actually, I'll send it to you, Katherine. I have a summary of criminal statutes currently on the books in every state.

KW: I got that from Mimi Miller.

SL: Oh, you got that, right? So from Mimi Miller, an attorney. So she compiled a whole table of every state, which criminal statutes can be applied to this. There are already plenty in every state.

KW: It's interesting because when I first started trying to learn about the "unavoidably unsafe" phrase, you can pretty quickly get to regular law firm orientation pages that tell you "unavoidably unsafe" products are guns, knives, including kitchen knives, cleaning products, and drugs, including vaccines. And they're unavoidably unsafe because they cause harm. They are known to cause harm. Like in a regular drug situation, it's either, it's like a lethal injection drug that you're using explicitly to execute someone, or it's a drug that may have some benefits to somebody who is sick in a particular way, but you know that it also has other effects that are harmful because it's interfering with the basic body's system.

So it's not even like a radical or difficult to understand concept that "unavoidably unsafe" means can be used as a weapon or is often used as a weapon. And that's why you can, I think, now that people understand better what vaccines are and what's in them and what doesn't have to be disclosed about what's in them, that vaccines should be in that category of deadly weapons with guns and knives

SW: So if a state would pass something like that, put that into their law that this is and the vaccine is unavoidably unsafe and it can be used in criminal ways, what does that mean for the PREP Act?

SL: it becomes an even bigger license to kill. Yeah. Even more explicit license to kill. Right.

KW: Yes. This draws it out to make it more clear to people: Congress is intentionally killing as many people as possible, as quickly as possible, using drug companies as the intermediary to put the poison in the bottles and put the labels that say "vaccine" and get them distributed. And when people can see that more clearly, they stop taking vaccines.

SW: Yeah. We touched a little bit on this before, but Katherine, you highlighted the argument that framing the issue of public health rather than treason and war bolsters support of the PREP Act. So just turning the way that we're talking about this away from health to more like "this is, we're in a war here." So would you just really clearly outline to my audience, how the people who pushed these COVID measures committed the treason and how many did it knowingly.

KW: I don't know how many did it knowingly, but I tend to think it's a lot more than I used to think since I read that December 21, 2005 Senate record, because within two days of it being slipped into that defense appropriations bill, they already had a very good legal analysis that said this is clearly unconstitutional. This is clearly a violation of the separation of powers between the different branches of the federal government and clearly a violation of the federalist separation of powers between the federal government and the states. And they voted for it anyway.

So everyone who gave a speech certainly knew that they were committing treason. Everyone who heard the speech or read the letter that [Erwin] Chemerinsky wrote also knew that what they were doing was committing treason. And as for people who have been voting on some of the measures since then, I don't know. It depends how much they understood and how much they just were like, "I'm here in Congress. I do whatever they tell me to do. I vote when they tell me to vote, and I vote in the way that they tell me to vote."

But treason is "levying war against the United States or adhering to their enemies." I'm looking at it. "Giving them aid and comfort within the United States while owing allegiance to the United States." And to whatever extent, people can start to examine the actions of the members of Congress and the president and the cabinet secretaries and the judges, as far as "who do you owe allegiance to if this is what you think is what you should be doing?" And watching what they do. Clearly, they are not thinking of themselves as owing allegiance to the United States. They think they owe allegiance to somebody else. And that's why they're making war against the people of the United States.

SL: Yeah, interestingly, a law firm that we've talked to before, they FOIA'd the records of oaths of office for a bunch of high-level officials in the first Trump administration and the Biden administration. So they FOIA'd their records of their properly executed oath of office. Most of them did not have it. Like Rochelle Walensky didn't have it. Xavier Becerra didn't have it. There's a bunch of these health and related high level officials did not have those oaths of office executed while they were doing this. And that may be because they knew that they were committing treasonous acts.

KW: There are several laws related to that main treason one. Like, it is also a crime, if you know of treason, not to disclose it. It's also a crime to incite rebellion, which you can construe what the HHS secretaries have been doing as a form of rebellion or seditious conspiracy.

And then there's another one that prohibits advocating the overthrow of the U.S. government constitution and laws. And that's, Congress basically did overthrow the U.S. government, constitution and laws by passing the PREP Act and by not repealing it. Every day that goes by that they are sitting in there and they know about this, which they do, and they don't put forward bills to repeal it, they're adding their own ratification of the treason. And that's the ones who are there now, even if the ones who were there in 2005 are out of office now.

SW: So what we saw during COVID was that everything was put, all of these records, all of this data was put behind this national security line. We were told, "we can't get this to you because it's national security." Given the military countermeasures designation and liability shield provided by the PREP Act, do you suspect the justification of national security might be used to mask nefarious intentions of the United States government and the military leadership?

KW: I don't think they're even masking it. I think they're doing it right down in the open.

SL: Yes.

KW: I think they have merged public health with the military. That's one of the nuances that I'm slightly different perspective on what Sasha and Debbie Lerman put together with the COVID dossier, because I think that, they say the COVID was not a public health event, but I think it was a public health event to the extent that public health and military are the same thing. They have been the same thing for many, many decades. The public health part of it is the chemical and biological warfare part of the U.S. military. And so, yes, they're going to keep using it. They're going to keep pretending that there are threats that don't exist, but they're going to say that they do. They're going to keep pretending that what they've developed is a remedy in some way or a preventative for the threat that does not exist. And the remedy itself is a poison. And they're going to keep using the whole, the whole package is made to be used and they're going to use it.

SL: Yeah, I agree with it. So when we're saying it's not a public health event, in the sense that people expect it, right? Like normally expect it. But I did, I recently, and I'll be publishing about it more, I recently read a very detailed account of official U.S. government biological warfare program when it was going on before Nixon terminated it. It went on for 27 years, and the scripts developed back then. So I'm not going to discuss it in detail now, but yeah, all these approaches of fear-mongering about non-existent threats and then coming up with remedies and solutions which only evolve into more power and more money to the people who are implementing these things. That's been back there. And Nixon terminated official, and then they signed up to bio-weapons convention, sort of. It's not enforceable. And by doing that, they simply moved everything into private sector and academia as "infectious disease research." But it just...

KW: And into federal government as public health programs. They didn't terminate it at all. They just renamed it.

SL: They just renamed everything. But it's the same thing. Even the spraying, like the aerial spraying, they were doing it all the time. They've perfected those techniques. And it's just mind-blowing.

SW: So what do you suspect is being hidden? I mean, why are they doing this?

SL: So, well, just briefly also on this national security, like the COVID dossier. So another colleague Debbie Lerman and I published recently, it's on my Substack, the COVID dossier, compiling all the information that we have for US and many, many other countries indicating that this is a military campaign. This whole COVID thing is a military campaign.

And how I came to know about it, I received a whistleblower tape, which at the beginning, I didn't even understand what it meant. So I sat on it for a while. But then when I understood what Katherine was saying and all the rest, I was like, oh, like light bulb went in my head.

Because when they issued, when the original COVID emergency declaration was issued during Trump administration, it was like March of 2020, March 13th or something of 2020. But it was made retroactive to February 4th, 2020. And at the time I was like, why are they making it retroactive to February 4th?

What happened on February 4th, there was a phone call coming from DARPA, DOD, to the pharmaceutical consortium that had been previously established over years, since beginning in 2012, to manufacture these, to create this "warm," churning manufacturing base for vaccines, for pan-influenza vaccines, and they've been funding it for all this time.

And then they called them on February 4th and told them that COVID has been declared national security threat. And the person placing the phone call, or at least in charge of this notification, was Colonel Matt Hepburn of DARPA. And he's the self-admitted mastermind. He does TED Talks about it. He's the mastermind of the pandemic preparedness plan, which was the plan for the DOD to identify pandemic potential viruses based on nonsense like PCR and computer modeling and for the pharma companies to make vaccines and therapeutics within 60 days. To which the person on tape, VP of monoclonal antibodies for AstraZeneca, Mark Esser, said, initially, "I thought it was science fiction." Because it is science fiction. You can't make vaccines and therapeutics in 60 days and God knows what DOD identifies as pandemic potential viruses and what those criteria are. So he knew it was it was fake. But then they, you know, money is money. And so they happily went along as hundreds of pharmaceutical companies in this consortium.

So on February 4th, DOD, DARPA specifically, Matt Hepburn went ahead of the president of the United States, declaring this and distributing humongous amount of money. Already $50 billion went out of the door before Trump even could blink under all of this. Jennifer Santos, who was head of purchasing something, something, did that. She pushed the button. Trump got enraged, fired her. She was immediately moved to the Navy, but there was a big drama about this. So they went ahead, screw Trump, we don't need his approval. They went ahead, distributed money, gave orders, declared national security threat. Then at some point, I think Jeffrey Tucker, actually at Brownstone, traced this through Trump's tweets, that at some point on March 10th or 11th, Tucker Carlson went to Mar-a-Lago and convinced Trump somehow, I don't know how, that he needs to go along with all of this. They brought him on board. He declared Stafford Act declaration.

And that's why they made it retroactive to February 1st when DOD declared it, not Trump. So that's why we're saying it's a military campaign. It's driven from DOD somewhere. I don't know exactly where, probably DOD and CIA together, I would think, and DARPA and BARDA and all those other acronyms. So they're running this show and they're running it globally. And for whom? Well, we should ask them, but I suspect it's for the global bankers and whoever owns the global banks. That would be my suspicion.

SW: This is all really, it's hard. It's hard to face. It's been hard to face for four years. I mean, you all, you've all been in it. But what can we do about it? So if the average American citizen could do one thing to combat this corruption that we see in our country, that has not ended, what would it be?

SL: I recommend praying and meditating and reading the Bible and reading those stories that tell you to do the right thing regardless of the circumstances or outcome. And I think Christianity is probably the only religion that teaches exactly that. There is no relativism. There's only absolute right or wrong.

And you have to think about it and meditate on this and do the right thing every day and do it all the time. And the right thing includes, yes, absolutely civil disobedience with this illegal monstrous attack on all of us. And in addition to vaccines, refuse Real ID, refuse biosecurity measures, refuse digital money, programmable money, refuse all those 15-minute cities and all those acts that they try to implement mostly through public health measures, you notice, because they have this whole structure now hinges, I agree. It's a campaign that is using public health to install fascism. So it touches every aspect of the life. So where they try to dictate things in schools, try to dictate things to you in civil life and businesses. You should find those hallmarks of where this is all going in one direction and refuse those and refuse to comply.

Then obviously if you have time and resources to spare, help us do this. We've worked with networks of people who, this whole Idaho legislation was completely ground-up. A nurse, Laura Demaray, is organizing all these meetings and county commissioners, and we even have a whole procedure of how to go and talk to your county commissioners about them and encourage them to issue declarations supporting this. That can be done by activists, by people on the ground, by people who have some resources to contribute to this. Lawyers, please help us. That's what we can do. We can fight this. We can, by personal disobedience and by helping others to do this.

SW: Yeah, I agree. And I've never been so thankful for Jesus as I have been these past four years. It's been a lot. Well, thank you both so much, Katherine and Sasha, for giving us your time today. It was wonderful to meet you. Thanks so much for tuning in. Please like, comment, subscribe to, and share our podcasts.

* * *

May 2025

The Ascension of Christ. Jean Jouvenet.

May 1, 2025 - Note on biosafety laboratories

Working on some reporting about BSL (biosafety) laboratories and tracking the legal lies (roughly 1944-present and especially 1969-present) surrounding exemption of vaccines from laws prohibiting biological and chemical weapons: exemptions that are based on unfounded claims that diseases are caused by transmissible, dangerous infectious or etiologic agents and unfounded claims that vaccines are for “protective” or “peaceful” purposes.

Learned yesterday that the idea of "biosafety" labs was probably first published by CDC- & NIH in 1984, "Biosafety in Microbiological and Biomedical Laboratories," just as the vaccine-caused HIV-AIDS scam was hitting its stride and a year after the first “public health emergency” PHE law passed by Congress under President Reagan in 1983.

First Congressional approach to biosafety labs seems to have been in 1990, PL 101-510, addressing "Biological Defense Research Programs" and calling for "biological defense research facility" designations.

First regulatory framework seems to have been at 42 CFR 72, (I've tracked it back to 1979 but it started earlier) addressing "Interstate shipment of etiologic agents" and later called "Additional Requirements for Facilities Transferring or Receiving Select Infectious Agents."

The version of 42 CFR 72 published in 1996, exempted "inactivated" select agents, otherwise known as vaccines, although inactivation is a misnomer/lie. Exempted at 42 CFR 72(h) any "toxin having an LD_{50} for vertebrates of more than 100 nanograms per kilogram of body weight which is used for legitimate medical purposes or biomedical research or is one of the listed toxins which has been inactivated for use as a vaccine or otherwise detoxified for use in biomedical research procedures."

I think the LD_{50} is a key biomarker for what makes a substance a vaccine.

42 CFR 72 was mentioned in the 2002 Congressional Public Health Security and Bioterrorism Preparedness and Response Act, including its exemptions section 42 CFR 72(h). In 2005, HHS put out a new set of BSAT (biological select agents and toxins) regulations at 42 CFR 73, which is where they're currently located.

42 CFR 72 was removed in 2008, with notice that the transportation regulations had been put under Dept. of Transportation at 49 CFR 171 et seq (classifications for infectious, etiologic, biological agents at 49 CFR 173.134), and the BSAT regulations had been put into 42 CFR 73 so the provisions at 42 CFR 72 were no longer needed.

The 2008 Federal Register notice mentioned model UN regulations "Recommendations on the Transport of Dangerous Goods and Model Regulations" and WHO guidance "Guidelines for the Safe Transport of Infectious Substances and Diagnostic Specimens,’’ published circa 1996-1997.

Layer upon layer of biomedical-legal lies.

May 9, 2025 - Are vaccines biological and chemical weapons? By physical composition and physiological effects, yes. Under deceitful American and international law, no.

See St Benedict Memo, September 2025, incorporating text originally posted May 9, 2025.

International and federal biological agent and toxin laws and facilities, including "biosafety lab" (BSL) and "biological select agent and toxin" (BSAT) regulations are theatrical props to support projected illusion of stable, self-spreading biological threats.

Just as international and federal biological product laws and facilities are theatrical props to support projected illusion of vaccine design and manufacturing quality control for protective, prophylactic, defensive or peaceful purposes.

Katherine Watt, September 2022[144]

> In October 1998, Congress and President Clinton passed the Omnibus Consolidated and Emergency Supplemental Appropriations Act.
>
> [One section] established the National Pharmaceutical Stockpile, later renamed the Strategic National Stockpile, and appropriated $51 million (regularly topped up in subsequent appropriations) “to remain available until expended…for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention."
>
> [Another section] of the same 1998 bill — the Chemical Weapons Convention Implementation Act of 1998 — established prohibitions on chemical weapons, to give the appearance of US compliance with the terms of the 1997 UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction.
>
> The 1998 dual-use legislation accomplished another key US Government objective: it rendered the DOD’s illegal stockpile of biological and chemical agents into a ‘legal’ stockpile of pharmaceutical products and vaccines.
>
> Same deadly toxins. Different labels.

Katherine Watt, January 2023[145]

> …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… 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.

[144] https://bailiwicknews.substack.com/p/dod-chemical-and-biological-warfare
[145] https://bailiwicknews.substack.com/p/transcript-jan-24-2023-legal-walls

Sasha Latypova, September 2024[146]

> Charles Richet (Anaphylaxis, 1913[147]) demonstrated that anaphylaxis is anything from mild rash to shock. And it has the same underlying mechanism. Now, later on the science has demonstrated, well, there are different antibodies and different things that happen with mild versus not mild, but the outcome is the same. The body gets sensitized by injection to whatever was injected and the injection specifically of proteins. It does not have to be toxic at all or considered toxic.
>
> As long as you inject protein directly into the bloodstream, bypassing the digestive tract, that sets up the state of anaphylaxis. By ingesting proteins [through the digestive tract], we can ingest almost anything....Our digestive tract deals with proteins extremely well. It disassembles them and then we reassemble our own.
>
> Now, when you inject foreign protein, our entire system is designed in such a way that we reject non-self proteins. And so anything, even what you think is benign, like milk, will become poisonous and can kill somebody...
>
> What [Richet] found...working on these early attempts at vaccinations [is] that it's unpredictable which — so not 100% of the population injected will react that way. This makes it even more sinister. It's unpredictable which people or animals when injected will go into the state of anaphylaxis.

Sasha Latypova, April 2025[148]

> …You can selectively breed animals and plants, and the same rules apply to microorganisms: with many lab tricks you can probably coax some new features out of them. Selective breeding has one rule however - you have to build secure fences to isolate your new breed from nature.
>
> The BSL facilities are protecting the lab creations, not the people around them. If your prized new breed escapes into the wild and intermingles with the wild types, they quickly become what Nature intended — lunch or mates for the wild types, and thus only the wild types will continue as a going concern!
>
> The "selectively bred" sequences do not change the laws of nature…"Katherine Watt, correspondence, May 2025
>
> ...Many, many terms get thrown around — medical countermeasure, security countermeasure, qualified pandemic product, vaccine, gene therapy, chemical toxin...the lists are long and they add new terms and phrases all the time.

[146] https://bailiwicknews.substack.com/p/on-vaccination-as-intentional-induction
[147] https://annas-archive.org/md5/cbf8666b6f20327802abe4e4d5787adc
[148] https://sashalatypova.substack.com/p/how-to-fake-pandemics-the-maestro?utm_source=publication-search

> All of the terms fall under "biological products" on the public health/FDA/fake-regulation side, and "biological agents" on the military/biological-and-chemical-weapons-exempt-from-prohibitions side.

*

Classification of vaccines as biological and chemical weapons: physical and legal analyses

Questions of fact and law:

> Can development, production, stockpiling and use of Covid-19 vaccines be categorized and prosecuted as violations of prohibitions on biological and chemical weapons under US laws implementing the UN Convention on Bacteriological (Biological) and Toxin Weapons and the UN Convention on Chemical Weapons?
>
> Can development, production, stockpiling and use of all vaccines be categorized and prosecuted as violations of prohibitions on biological and chemical weapons under US laws implementing the UN Convention on Bacteriological (Biological) and Toxin Weapons and the UN Convention on Chemical Weapons?

My views:

By their physical composition and physiological effects on living humans and animals, vaccine mixtures in vials, hypodermic needles and syringes for injection, and vaccination acts by human beings can be classified as biological, bacteriological, toxin and chemical weapons and weapon delivery systems.

But under law, vaccines, needles, syringes and vaccination acts cannot be classified, prohibited or prosecuted as acts of production and use of biological, bacteriological, toxin and chemical weapons or weapon delivery systems.

Under US law, the legal exclusions and shields lie in intent- and purpose-based classifications of living biological micro-organisms and biologically-active substances produced by living or decaying micro-organisms, or synthetically manufactured to resemble naturally-produced organic chemical compounds.

Biological products as defined under 42 USC 262 and biological agents, toxins and toxic chemicals as defined under 18 USC 178, 18 USC 229, 22 USC 6701 and related laws, are the same dynamic (living, unstable), mixtures of physical things: living organisms and the products living organisms produce.

They cause the same physiological damage, varying from person to person (or animal to animal) depending on the forms the living organisms possess when injected, the composition of the mixture of organisms and organic and inorganic biochemical substances, idiosyncratic intrinsic factors and exposures across time, but predictably harmful at the population scale, manifest in the panoply of chronic diseases that have increased since the mid-20th century.

The only legally-relevant distinctions between prohibited "biological agents" and promoted "biological products" are the stated purposes or intents of promoters and handlers.

There are no objective physical criteria to distinguish between prohibited biological agents and promoted biological products, and there are no valid physical tests that can be used to completely or accurately identify container contents or physiological effects.

The criteria upon which legal distinctions are made are the intent- and purpose-based words stated by manufacturers and regulators, and printed on the container labels.

If the label bears the word "vaccine" or a synonym denoting a substance and delivery system "designed to be administered" for the prevention of diseases, then the biological agents and toxins inside the container, and the delivery systems (i.e., syringes) are set beyond the bounds of legal prohibition and the producers, regulators and users are set beyond the bounds of criminal prosecution.

The pretense of regulation for conformity with non-existent manufacturing standards — which, among other effects, legalizes adulteration and misbranding — is part of the "delivery system" for injected biological organisms, organic compounds and inorganic substances classified as biological agents excluded from prohibitions and criminal prosecutions.

Can Covid-19 vaccines, and all vaccines, be seen and understood as biological agents, chemical toxins and delivery systems that should be avoided for self-defense, family defense and national security reasons, because they are falsely classified as being for protective, defensive or peaceful purposes?

Yes.

Legal history as method for understanding

It can be useful to look at and understand the UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (opened for signatures 1972, entered into force in 1975) and the UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction (opened for signatures 1993, entered into force in 1997), along with US federal implementation acts incorporated into biological product and communicable disease control laws (including 42 USC 262, 263 and 264 and 21 USC 360bbb) and “select agents and toxins” laws (including 42 USC 262a, enacted 2002 and 42 CFR 73, published in Federal Register in 2005) as theatrical props supporting projected illusions about threats.

The illusions of threats are projected in the same way that biological product statutes and regulations serve as theatrical props supporting false portrayal of vaccines — and all parenterally-administered organic biological material — as preventatives, prophylactics, defensive measures, therapeutics and treatments, when they are actually poisons intended to harm recipients

Stage sets and stage directions include "biosafety" level (BSL) high containment biological laboratories (HCBL); "biological select agents and toxins (BSAT), "gain-of-function" (GoF) and

"dual-use" research programs; and restricted access policies surrounding such programs and facilities.

These programs, policies and facilities suggest to human imaginations that these facilities 1) contain determinate, stable substances that cause specific diseases; 2) that disease-causative agents are readily transmitted through casual contact (breathing, coughing, sneezing, sharing dishes and utensils, handshaking, hugging); 3) that transmission of disease-causative agents can cause widespread, deadly outbreaks; and 4) that infection and transmission can be prevented by vaccines.

None of those four things are true.

It's useful to understand that distinctions between biological agents, chemical agents and toxins are false and misleading. Many microorganisms are capable of reproduction, and all living biological organisms take up, use and excrete biologically-active chemical compounds (such as proteins) that in themselves may not reproduce, but are integral, inseparable, non-independent contributors to the living nature of living organisms and have the capacity, when injected into the blood of a living animal or human being for whom they are foreign or non-self, to elicit rejection responses that can weaken and kill the recipient creature.

It's useful to think of vaccines, gene therapies and biosimilars (and analogous biological products which go by many different names[149]) as binary or two-step weapons systems. Enabling laws and their embedded exemptions and misleading labels comprise parts of the initial step: defeating the cognitive defenses of human targets by deceiving them into believing contents of containers are stable, specific (identifiable, pure, unmixed, uncontaminated, unadulterated) and capable of mitigating or protecting from disease.

Containers (vials), refrigeration, syringes, hypodermic needles and human vaccinators comprise parts of the second step: defeating physical defenses of human targets by preventing natural decomposition and harmless dispersal of biological matter, and by crossing barriers presented by skin, mucous membranes, and digestive tract.

[149] Some terms and phrases used to denote or classify biological products in American and international legal instruments: Allergen; allergenic product; analogous product; antigen; antitoxin; arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound); attenuated infectious vaccine; bacteria; biopharmaceutical; biosimilar; biosimilar biological product; biotechnology; biotechnology product; blood, blood component or derivative cell therapies; cells pulsed with immunogen; cellular therapy products; component of pathogen; conjugates; crude or purified antigens isolated from killed or living cells; crude or purified antigens secreted from living cells; diagnostic antigen; emerging technology in the context of the pharmaceutical and related industries; first interchangeable biosimilar biological product; fraction of pathogen; gene; gene therapies; genetically-modified organism (GMO); human blood and blood components; human cellular and gene therapy products; human somatic cell therapy and gene therapy; immunogen; immunotoxin; intentionally altered genomic DNA; living vectored cells expressing specific heterologous immunogens; microbial culture; microbial derived proteins; monoclonal antibody; parasite; pathogen; peptide; plasma-derived pharmaceutical; plasma-derived product; plasmid; plasmid DNA vaccine; polynucleotides; polypeptide; protein; recombinant nucleic acid molecules; recombinant or synthetic carbohydrate, protein or peptide antigens; recombinant protein; reference product; regenerative medicine therapies; regenerative medicine advanced therapy; somatic cell therapy; synthetic biological product; synthetic nucleic acid molecules; therapeutic biological product; therapeutic biotechnology; therapeutic biotechnology-derived biological product; therapeutic recombinant DNA-derived product; therapeutic serum; toxin; toxoid; vaccine; virus; well-characterized platform technology; well-characterized therapeutic recombinant DNA-derived and monoclonal antibody biotechnology products; whole, inactivated pathogen.

Key to understanding deceptions derived from communicable disease and biological poison frauds is understanding why there are exemptions in the UN conventions and US federal laws for biological agents and chemical toxins claimed to be produced and used for purposes claimed to be defensive or peaceful.

Deceivers need people to believe two sets of lies: lies about threats against which defense or protection can be presented as necessary ("something is spreading"[150]) and lies about poisons which can be camouflaged as protection-from-threats.

Deceivers have made legal instruments to serve as theatrical props in support of both sets of projected illusions.

Related

- May 10, 2022 - Shell game
- Sept. 18, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package
- April 25, 2024 - Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.
- Dec. 13, 2024 - There is no scientific definition of vaccine in US biological product law.
- March 19, 2025 - On the absence of legal and scientific standards of evidence for public health emergency and emergency countermeasure determinations and declarations by HHS Secretary. "...There's no legal requirement to produce any evidence to support the declaration that something exists, so there's no evidentiary standard that an HHS secretary can be challenged for not having met..."
- March 22, 2025 - Illusion that 'something is spreading' as one foundational pillar for the lie that vaccines are medical products intended for prevention of disease infection and transmission. - "...On the legal and military side, the roots lie in the 1902 virus-toxin law and the 1944 PHSA. On the science and medicine side, the roots lie in the falsification of bench science, medical diagnosis and statistical data starting with Louis Pasteur, Robert Koch, Paul Ehrlich and Rudolph Virchow, to enable the projection of illusions of communicable diseases as threats, which enable the projection of undefined and indefinable viruses, toxins, serums and vaccines as prophylactics and treatments for the illusory communicable diseases, and enable the projection of legal and military preparedness and responses as justifiable..."

* * *

[150] https://bailiwicknews.substack.com/p/illusion-that-something-is-spreading

May 17, 2025 - On the infeasibility of clinical trials for vaccines; on biological macromolecules (vaccine components) as exempt from prohibitions on chemical weapon production and use

Some thoughts on whether vaccines and related biological products can feasibly be subjected to clinical tests.[151]

Alleged testing for vaccines and other "biological products" has been garbage since 1902, not just since the 1944 Public Health Service Act, not just since the 1986 National Childhood Vaccine Injury Act, not just since the 2005 PREP Act, and not just since the Covid events that entered public view in 2020.

There have never been valid scientific tests developed or used to demonstrate the transmissibility or virulence (disease-causing capacity) of alleged communicable-disease-causing particles of matter.

There have never been valid scientific tests developed or used to demonstrate the stable composition or predictable, uniform effects of biological products, which are not stable in composition and do not have predictable, uniform effects at the individual recipient level but do have predictable, variable toxic effects at the population-wide level, such as cancer-induction, auto-immune induction, brain-damage-induction, infertility-induction, heart disease-induction, and premature death-induction.

Such tests can't ever be developed or used, although the false illusion of such tests can be projected.

There is no determinate disease state for so-called communicable diseases that could be used as a clinical trial start point, and therefore there's no way to design a study that demonstrates clinical endpoints such as infection with a specific disease as caused by a specific particle of matter, or prevention of such infection as an effect caused by previous administration of a product claimed to contain a version of the specific particle of matter.

And the products need not, legally, contain or not contain any specific particles of matter.

- Sept. 27, 2024 - Antibodies and surrogate endpoints: more pieces of the scientific and regulatory fraud puzzle. Translation of July 12, 2020 German report: Misinterpretation of Antibodies, republished November 2020 by Tracey Northern
- Feb. 28, 2025 - 1944-1972: Law and public policy imbued with scientific misconduct to better induce irrational fear of disease and irrational trust in vaccination. Part 5 of series on US federal biological product and quarantine law, 1798 to 1972 (Lydia Hazel and Katherine Watt)
- May 8, 2025 - Virus lie + Contagion lie = Vaccine lie (Mike Yeadon)

[151] Note published May 5, 2025 - https://substack.com/@bailiwicknews/note/c-114646450

Note on unscheduled discrete organic chemicals

Working on series on biological select agents and toxins (BSATs) and following a thread on the "unscheduled discrete organic chemical" class of substances listed as prohibited by the UN Convention on Chemical Weapons and in the Oct. 1998 US implementing law (PL 105-277) except for exempt "discrete organic chemicals" classified as exempt through a May 16, 1997 decision[152] by the Convention of State Parties to the UN chemical weapons convention.

The May 16, 1997 decision was issued shortly after the chemical weapons convention entered into force on April 29, 1997.

The discrete organic chemicals exempt from prohibition under the UN chemical weapons convention include oligomers and polymers, including proteins, nucleic acids, and other biological macromolecules.

By 2014, the OPCW (Organisation for the Prohibition of Chemical Weapons) scientific advisory board (SAB) had published a report about Convergence of Biology and Chemistry,[153] and the 2014 report was cited in a 2015 OPCW SAB report on verification[154] challenges to make the point that:

Bulk and fine chemicals are being produced increasingly using biologically mediated processes, e.g. by microbial fermentation or using enzymes as catalysts. It is estimated that approximately 10% of chemical production volume will use such processes by 2020. This trend is being driven by commercial and environmental factors, and particularly by competition for conventional feedstock. Key enabling technologies have resulted in a rapidly expanding capability to redesign or manipulate organisms for specific purposes, and the ability to design and engineer improved enzymes (such as through metabolic engineering, enzyme engineering, synthetic biology, or traditional recombinant DNA technology).

Important context to understand: “synthetic biology” and “redesign” of organisms is science fiction, as Sasha Latypova has been explaining, alongside her extensive work explaining the intrinsic and well-known toxicity of non-self biological macromolecules (vaccine components) when injected into the blood of living humans and animals (vaccination), and her more recent work explaining the function of selective breeding activity within BSL [biosafety level] labs in projecting the illusion that dangerous, self-spreading, stable, disease-causing pathogens can be developed in laboratories and leaked to cause pandemics.

[152] https://www.opcw.org/sites/default/files/documents/CSP/C-I/en/C-I_DEC.39-EN.pdf
[153] https://www.opcw.org/sites/default/files/documents/SAB/en/TWG_Scientific_Advsiory_Group_Final_Report.pdf
[154] https://www.opcw.org/sites/default/files/documents/SAB/en/Final_Report_of_SAB_TWG_on_Verification_-_as_presented_to_SAB.pdf

Some of Sasha Latypova's work on gain-of-function fantasy sci-fi:

- Nov. 23, 2023 - Weaponization of Disease Agents - Part 1. Real technologies or sci-fi narratives?[155]
- Oct. 30, 2024 - Dogma, or the silver lining of the "settled science"...More in-depth material on why it is not possible to make pandemic-causing GOF viruses in a lab.[156]
- Jan. 20, 2025 - UWash-n-Fold: Part 2 of the unsolved problem of protein folding. The 2024 Nobel Prize in chemistry is awarded to the developers of AlphaFold for FAILING to solve the protein folding problem.[157]
- April 4, 2025 - How to fake pandemics, the maestro edition: Ralph Baric. GOF Viruses are dead on arrival.[158]

* * *

[155] https://sashalatypova.substack.com/p/weaponization-of-disease-agents
[156] https://sashalatypova.substack.com/p/dogma-or-why-it-is-not-possible-to
[157] https://sashalatypova.substack.com/p/uwash-n-fold-a-science-fraud-laundering
[158] https://sashalatypova.substack.com/p/how-to-fake-pandemics-the-maestro

May 21, 2025 - Understanding how vaccines are chemical and biological weapons through lens of law and legal history.

Summaries of relevant US federal law have been published in St. Benedict Memo (Sept. 10, 2025) and are omitted here.

May 21, 2025, Notes

When I began writing about the law surrounding public health emergencies, communicable disease control, pandemic preparedness and medical countermeasures, I believed that there was a novel illness (Covid-19) that began circulating in 2019 or 2020, and that said disease was caused by a stable, transmissible substance classified as a 'virus' (SARS-CoV-2).

I believed it was physically possible (feasible) for stable, disease-causing pathogens to exist in stable, disease-causing form; for transmission of such pathogens to occur through casual physical contact; and for scientists to modify such disease-causing, transmissible pathogens to increase their disease-causing capacity and their transmissibility.

I have since learned that these premises are not true.

There was not a novel illness and viruses are not stable, transmissible, disease-causing substances, whether presented as naturally-occurring or lab-leaked.

Transmission of so-called communicable disease-causing organisms, along with disease-causality and the presumed ability of scientists to modify organisms in stable, replication-competent ways, and the presumed ability of scientists to modify disease-causing organisms to increase their disease-causing capacity and transmissibility ("gain-of-function") are among the false premises being exposed by Stefan Lanka, Jamie Andrews, Sasha Latypova and others. For more information, please see Book 1, Legal History of Non-Regulation of Biological Products, Chapter 2, Science and Mathematics.

Because those premises are false, there are no sound scientific or medical reasons that can justify communicable disease control or biodefense policies, programs, spending, industries or products.

Some of the reports collected in these books were written before I understood the falsity of scientific premises and methods surrounding viruses, diagnostic testing, disease attribution and epidemiology. I've made minor edits for clarity, and inserted a few update paragraphs, but mostly left the text as it was originally published because I was interpreting the legal information in light of the scientific and medical information as I understood it at the time.

Books assembled so far

Book 1 – Biological product non-regulation. The 1798-1972 series researched and written with Lydia Hazel; some posts about scientific and mathematical frauds (virus 'isolation,' antibodies, probability units); and posts from a series about FDA-directed biological product non-regulation acts and omissions since 1972. Reporting in this collection is focused on the 1902 Virus-Toxin law (also known as Biologics Control Act), 1906 Pure Food and Drug Act, 1938 Food Drug and Cosmetic Act, and 1944 Public Health Service Act, and the main implementing regulations that have been numbered at 42 CFR 22; 42 CFR 73; 21 CFR 273; and (since 1973) 21 CFR 600-680.

Book 2 – PREP Act, public health emergency, and EUA countermeasure law. Reporting on federal PREP Act, public health emergency and EUA countermeasure law, focused on Public Health Service Act Section 319 (codified at 42 USC 247d), Food Drug and Cosmetic Act Section 564 (codified at 21 USC 360bbb), PREP Act, Project Bioshield Act and a few others.

Book 3 - Communicable disease control, quarantine, habeas corpus law. Reporting on federal communicable disease control and quarantine law, focused on Public Health Service Act Section 351 (codified at 42 USC 264-272) and two implementing regulations: 42 CFR 70, 42 CFR 71.

Book 4 - Chemical and biological weapons, biological agents, BSATs, vaccines. Reporting published before St. Benedict Memo on chemical and biological weapons, biological agents and Biological Select Agents and Toxins (BSATs) laws whose definitions and exemptions enable the legalized use of products (vaccines, drugs, pesticides) and programs (vaccination, medication, pesticide application) to intentionally poison human beings and other living creatures. Relevant laws include 42 USC 262a; 18 USC 175-178; 18 USC 229-229F; 22 USC 6701-6771; 50 USC 1511-1528; 42 CFR 73; and many more.

Reference materials, Version 1 (April 2025)

St. Benedict Memo - Documentation of relevant developments in relevant US federal laws.

How to get printed copies

I don't have a publisher or printing service.

Readers can download the PDF files and upload, email or take them on a flash-drive to Staples or another printing company, and they can print and bind the printed pages for you to make physical books.

* * *

May 22, 2025 - Encouraging public contempt for, and civil disobedience to, pandemic and biodefense fear-mongering and law.

A reader asked for my views on solutions that could be proposed to public leaders in petitions for redress of wrongs committed under pandemic-preparedness and biodefense pretexts.

Having been at this for several years now, I no longer think about the prospects for earthly legal reform and justice for the perpetrators the same way I did when I started working with the information.

I think the most useful things that public leaders, such as legislators, prosecutors and other government officials (the people to whom petitions are submitted) can do is to openly, publicly urge people in their countries to understand the illegitimacy of the international conventions and treaties, and the illegitimacy of the national implementing laws, and the intentionality of the harms being committed; and to civilly disobey those treaties and laws and publicly express their contempt for those illegitimate treaties and laws.

This would take the form of urging people not to believe anything that the government health and military authorities say about communicable diseases and communicable disease outbreaks, and about "gain-of-function" research, and about vaccine manufacturing regulation and vaccine safety and efficacy — because it's all lies.

It would also include urging people not to personally perform any of the acts urged by government health and military authorities.

Don't talk or write about the latest so-called outbreaks as if they were physically real and dangerous. They are neither.

Don't take so-called diagnostic tests or participate in contact tracing and disease surveillance programs.

Don't wear masks, or participate in social distancing, isolation or quarantine.

Don't consume any products (drugs, vaccines) claimed to be treatments or preventatives for the so-called communicable disease pathogens that, in physical reality, are not disease-causing and are not communicable.

Helping people to stop contributing their own daily participatory acts to the theatrical performances of pandemics and biodefense makes the theatrical performances much less persuasive to others who are also asked, daily, through thousands of government and media prompts, to contribute their own participatory acts.

The more people stop participating, the weaker the projected illusion becomes.

I no longer think that those who have orchestrated the illusions for the past several decades and are orchestrating them currently will face any earthly consequences for their crimes, because the things they did and are doing are not crimes under existing human law.

I do think they will answer to God at their judgment, for how they abused the earthly authority He allowed them to hold during their lives.

I think that there may come a point in time when the laws disintegrate due to widespread public contempt and civil disobedience and disuse. Perhaps some may be repealed or nullified, so that anyone who attempts to orchestrate similar illusions after the date of repeal, would be subject to criminal prosecution under human law. But I don't know if or when such things might happen.

For the time being, I think the most effective responses for individuals, within their own families and small communities (neighborhoods, schools, churches, businesses, civic associations, hospitals, nursing homes) are to stop committing daily participatory acts.

And the most effective things that public leaders can do are to speak and write in ways that encourage individual, family and community acts of civil disobedience and attitudes of contempt toward pandemic fear-mongering and the biodefense legislative-industrial complex.

* * *

May 26, 2025 - Note on definitions for "virus"

- May 24, 2025 - The arguments for no-virus,[159] Part 24 (Suavek)

KW comment[160]

What is the definition of 'virus' that you hold to be 'orthodox?'

My understanding is that there is no stable, physical definition for the substance class or category denoted as 'viruses' or for any discrete or unique substance known as 'a virus' (such as the 'measles virus'). There is no "orthodox," universally-applied definition for the word.

I think, mostly from etymology, that 'virus' essentially means poison in the dynamic context of interacting with or affecting a living creature for whom it is or may be harmful. So it's a shape-shifting word for a class of context-dependent, dynamic, sub-visible, shape-shifting substances.

I think these substances or processes are also subject to the same problems that Heisenberg's uncertainty principle and Schrodinger's cat paradox try to express -- the inability of human observers to precisely know or comprehend a dynamic event or process that takes place in time and space, is no longer there or occurring by the time an observation or measurement has occurred and been recorded, and was part of a sequence of complex events or processes that preceded the introduction of new elements and continues afterwards.

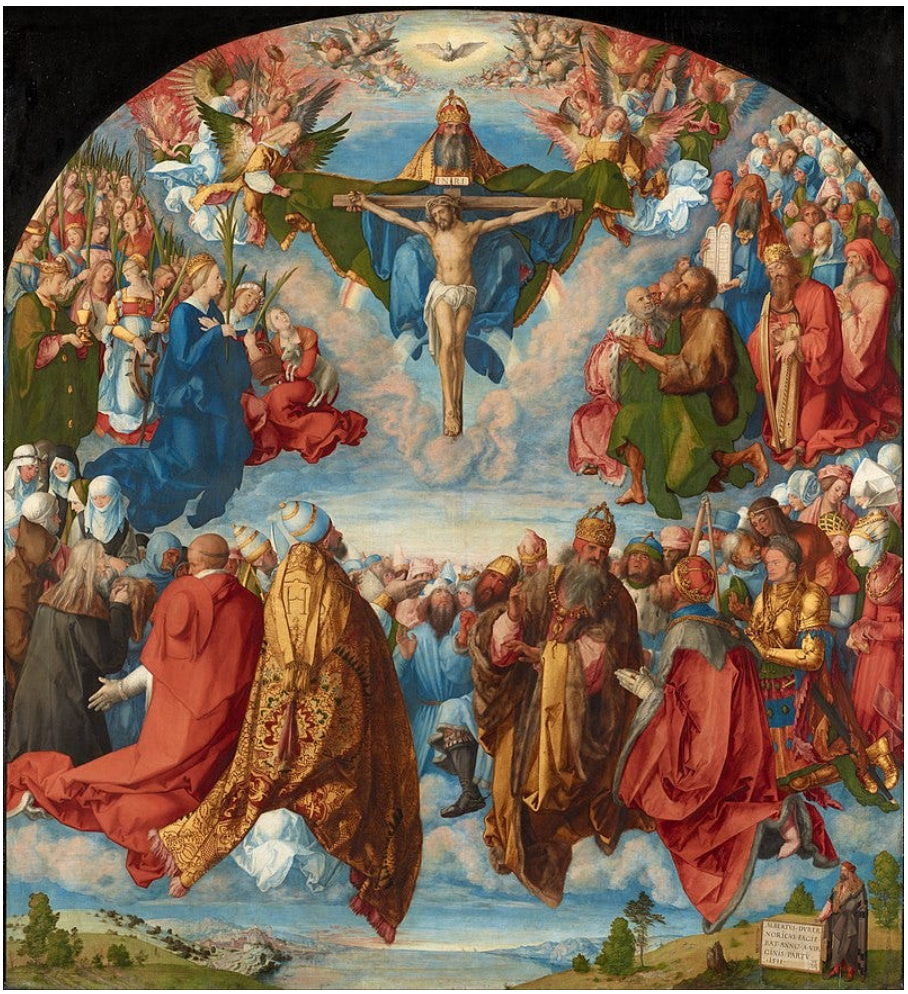
I think that's how the linguistic, legal and scientific literature system is set up, intentionally: so the words can be used by many different people in many different contexts to make many different claims.

I think that the misconception of virus (as Lanka put it in his 2020 series) is the foundational mis-representation or mis-characterization or mis-conception that enables the vaccination lie.

I think that these are extremely slippery words and concepts and substances to grapple with, and that it's important to try anyway, to help move more people toward firm vaccine hostility.

[159] https://suavek1.substack.com/p/the-arguments-for-no-virus-part-24
[160] https://suavek1.substack.com/p/the-arguments-for-no-virus-part-24/comment/120291155

June 2025



Adoration of the Trinity. Albrecht Dürer

June 2, 2025 - There cannot be product liability exposure for manufacturers of products for which no physical, objective standards exist.

Unrestricted export of "partially-processed biological products" since 1986[161]

Working a bit this morning on series[162] documenting development of the fake-disease/fake-threat/fake-remedy laws that classify intentionally poisonous, non-regulated substances (vaccines) as legally-authorized medicines rather than prohibited chemical and biological weapons.

Reading about a provision added through the 1986 Drug Exports Amendments Act, which was passed with the 1986 National Childhood Vaccine Injury Act (which expanded/firmed up national vaccination programs, CDC-ACIP, childhood immunization schedules, liability immunity for manufacturers, VICP compensation scheme, Vaccine Injury Table/VIT etc…) to authorize export to foreign countries of "partially-processed biological products."

I think those containers would have held, and still do hold, toxic mixtures of microorganisms, organic matter and inorganic chemicals and metals used to propagate vaccine in the target countries' fermentation and bottling facilities.

I was interested to see the list of targeted countries as of 1986: Australia, Austria, Belgium, Canada, Denmark, Federal Republic of Germany, Finland, France, Iceland, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

Readers can find the 1986 list as passed by Congress and President Reagan in November 1986, PL 99-660, 100 Stat. 3746.

The laws, which are still in effect, are at 42 USC 262(h) — Exportation of partially processed biological products; and 21 USC 382 — Exports of certain unapproved products.

This program, as set up by Congress and President Reagan in 1986, was an early form of "harmonisation" programs and Mutual Recognition Agreements (Watt reporting on MRAs[163]; Latypova reporting on MRAs[164]) adopted after the formal establishment of the European Community through the Maastricht Treaty circa 1993.

A reader posted a comment[165]

> Looking into the vaccine program is like watching someone figure out how to kill ants. They figured out that if you kill the ants you can see, you won't get the ones you can't see, but if you convince some of the ants that poisoned bait is something they want, then the ants will take it back to their friends and family and feed it to them willingly.

[161]Note published May 31, 2025 - https://substack.com/@bailiwicknews/note/c-121703148
[162] St. Benedict Memo (Sept. 2025) - https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/09/2025.09.10-st.-benedict-memo.pdf
[163] https://bailiwicknews.substack.com/p/regulatory-simulations-at-home-and
[164] https://sashalatypova.substack.com/p/mutual-recognition-agreements-remove
[165] https://substack.com/profile/94549076-whats-going-on-here/note/c-121951934

My reply

A few weeks ago, upon reading some legal provisions for the third or fourth time (over several years), and seeing them in a better light because of other things I'd learned about in the meantime, I began to see that vaccines are pesticides, in the form that best baits human beings: camouflaged as medicine and using the love parents properly have for their children, to deceive and blind the parents into thinking pesticides are medicines. And also using the love that people properly have for themselves and their neighbors, to deceive and blind them into taking vaccines themselves as adults.

Expanding on the reply, the provisions that help make clear that vaccines are pesticides in a form useful for baiting human beings are 42 USC 262a(g)(2) enacted by Congress and President Bush in 2002 (PL 107-188), implemented by Secretary of Health and Human Services through 42 CFR 73.5(c) and 42 CFR 73.6(c) in 2005 (70 FR 13316)

> 42 USC 262a, Enhanced control of dangerous biological agents and toxins, (g) Exemptions, (2) Products:
>
> (A) In general
>
> Regulations under subsections (b) and (c) shall exempt products that are, bear, or contain listed agents or toxins and are cleared, approved, licensed, or registered under any of the Acts specified in subparagraph (B), unless the Secretary by order determines that applying additional regulation under subsection (b) or (c) to a specific product is necessary to protect public health and safety.
>
> (B) Relevant laws
>
> For purposes of subparagraph (A), the Acts specified in this subparagraph are the following:
>
> > (i) The Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.].
> >
> > (ii) Section 262 of this title [Public Health Service Act, 42 USC 262, biological products].
> >
> > (iii) The Act commonly known as the Virus-Serum-Toxin Act (the eighth paragraph under the heading "Bureau of Animal Industry" in the Act of March 4, 1913; 21 U.S.C. 151–159).
> >
> > (iv) The Federal Insecticide, Fungicide, and Rodenticide Act [7 U.S.C. 136 et seq.].

Very brief synopsis: if it were not true that pesticides, animal vaccines, human vaccines and drugs are, by physical composition and physiological effects, "biological agents" meaning "any microorganism (including, but not limited to, bacteria, viruses, fungi, rickettsiae, or protozoa), or infectious substance, or any naturally occurring, bioengineered, or synthesized component of any such microorganism or infectious substance, capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism" and "toxins" meaning "the

toxic material or product of plants, animals, microorganisms (including, but not limited to, bacteria, viruses, fungi, rickettsiae, or protozoa), or infectious substances, or a recombinant or synthesized molecule, whatever their origin and method of production, and includes any poisonous substance or biological product that may be engineered as a result of biotechnology, produced by a living organism; or any poisonous isomer or biological product, homolog, or derivative of such a substance" [definitions at 42 CFR 73.1] then it would not have been necessary or useful for Congress to carve out — by default classification "unless" overridden by unilateral HHS Secretary order — those four categories as exempt from BSAT laws.

It is true that pesticides, animal vaccines, human vaccines and drugs are, by physical composition and physiological effects, biological agents and toxins.

That's why the exemptions are written into the laws, and in the form that they're written.

I plan to expand on this analysis somewhat in the series on BSAT (biological select agents and toxins) law.[166]

<u>Liability for manufacturers and others in the distribution chain for vaccines and other biological products</u>

Sasha Latypova posted a report about FDA "approval" of Moderna's mNexspike vaccine:

- June 1, 2025 - #MAHA-FDA has approved Moderna's "next generation" mRNA shot for covid.[167] (Sasha Latypova)

A reader tagged me with links to two other reports about the same FDA announcement, and asked:

> "It's not clear if this is a medical countermeasure under PREP Act emergency declaration or if it would be subject to liability. I'm guessing it's still EUA. Any idea Katherine Watt?"

My reply

To the extent this report is about a vaccine being "approved" by FDA, my understanding is that no vaccine manufacturers have ever been or are ever subject to liability for the products they produce, because there are no physical, objective standards for safety, efficacy, purity, manufacturing quality control or any other parameter against which a product can be tested for compliance; there are no valid tests that would demonstrate compliance or non-compliance with such standards (which don't exist to be applied, because FDA has never established or promulgated any such standards); FDA has no legal obligation to conduct any tests for compliance or impose any enforcement measures; and there is no access to courts or other fact-finding, law-enforcement entities, and no requirement that manufacturers submit to any fact-finding, law-enforcement procedures.

[166] *See* St. Benedict Memo (Sept. 2025) - https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/09/2025.09.10-st.-benedict-memo.pdf
[167] https://sashalatypova.substack.com/p/maha-fda-has-approved-modernas-self

It doesn't make any legal difference whether a product is an EUA (emergency use authorization) product or a BLA (biologics license application) product, or any other classification, going back to 1902.

There are no physical standards for biologics, no methods to assess their compliance with such standards (which don't exist) and no procedures or venues for fact-finding or enforcement.

In my view, the BLA/CMC (chemistry, manufacturing and controls) charade and its precursors back to 1902 — false reports, applications, licenses, approvals and other theatrical props suggesting research studies and manufacturing standards, which are exchanged between company officers and FDA officers — is for the purpose of projecting the illusion, among the targeted population, that biomedical researchers and manufacturers have the physical ability to control and stabilize mixtures of microorganisms, human, animal and plant tissues and cells, organic components of cells of living creatures, nutrient solutions, and synthetic inorganic chemicals and metals, and have the physical ability to design such mixtures to have therapeutic value.

The purpose of the pretextual documents is to instill irrational trust and override or block calm, rational assessment of the absurd scientific, technical and medical claims made by biological product purveyors.

In my view, the EUA charade — including the same false documents simulating research studies and manufacturing quality standards — is for the purpose of projecting the same illusion of biomedical diagnostic and manufacturing competency combined with the illusion that something new and dangerous has "emerged" suddenly into airborne, casual-contact transmission, creating an "emergency," thereby instilling rapid-onset fear and confusion, and more intensely overriding calm, rational assessment of the situation overall, and the measures recommended by health authorities in response.

EUAs are about 'faking fakery *faster*'[168] to borrow Sasha Latypova's phrase.

Upon calm, rational assessment and evidentiary review, all the stories told about vaccines (virus lie + contagion lie = vaccine lie[169]), whether under routine conditions such as childhood immunization schedules, or under emergency conditions such as a unilateral HHS Secretary declaration that a public health emergency "exists" completely fall apart.

As the stories fall apart, vaccine hostility rises, and vaccine uptake rates drop.

Related

- April 7, 2025 - No one can be found in legal violation of a rule they were never required to comply with, nor can anyone be found to have failed to meet an evidentiary standard they were never required to meet.

* * *

[168] https://sashalatypova.substack.com/p/uwash-n-fold-a-science-fraud-laundering
[169] https://drmikeyeadon.substack.com/p/virus-lie-contagion-lie-vaccine-lie

June 4, 2025 - Note on absence of legal requirements for physical evidence

Reader comment on Both the Lockdown and the "Vaccine" Have No Scientific Basis[170] (Michel Chossudovsky, March 21, 2021; republished May 7, 2025):

> The fact that symptoms were removed from the case definition shows the definition was never valid, and neither was the test if the definition was developed based on test results. PREP declaration was never valid and never took effect. Yet [Aaron] Siri is going around saying no one can be sued because of PREP.

My reply

There is no legal requirement that a PREP Act declaration be based on or present physical evidence to justify it. It's unilateral, derived solely from the HHS Secretary's simple statements -- unreviewable, and without evidence -- that a specific assumed pathogenic particle is causing or could cause disease and that a public health emergency "exists" and that a specific product (vaccine) will prevent or mitigate disease or disease-transmission.

As a result, the fact that there's no physical evidence to support the existence of anything or the causal relationship between an assumed particle with assumed agency, or the presumed causal relationship between vaccines and disease-prevention, has no effect on the validity of PREP Act declarations.

The HHS determination and declaration notices are written the way they are, and the enabling laws (such as the PREP Act) are written the way they are, to preclude fact-finding that would (if conducted) immediately expose the physically-unfounded character of the HHS Secretary determinations and declarations and thereby expose the overall pandemic-preparedness-and-response deception framework.

<u>Related</u>

- March 15, 2025 - Congressional elimination of judicial review and preemption of state law to enable interstate trafficking in intentionally harmful 'covered countermeasures.' 42 USC 247d-6d(b)(7) and 42 USC 247d-6d(b)(8)
- March 19, 2025 - On the absence of legal and scientific standards of evidence for public health emergency and emergency countermeasure determinations and declarations by HHS Secretary.
- April 7, 2025 - No one can be found in legal violation of a rule they were never required to comply with, nor can anyone be found to have failed to meet an evidentiary standard they were never required to meet.
- June 2, 2025 - There cannot be product liability exposure for manufacturers of products for which no physical, objective standards exist.

[170] https://michelchossudovsky.substack.com/p/both-the-lockdown-and-the-vaccine

June 6, 2025 - On whether 'public health emergency of international concern' declarations by WHO Director-General are required to be supported by physical evidence, or subject to fact-finding and evidentiary review

Question[171] from Jessica Hockett[172]:

> Remind me - if the WHO's 30 January 2020 [declaration of a public health emergency of international concern by WHO Director-General] were shown to be false, i.e., the conditions for activation were not met and the persons responsible for green-lighting the decree proven to have acted maliciously or against contradictory or insufficient evidence, what would "happen" (if anything)?

My reply:

Another person to ask about this is James Roguski. I have spent far less time studying the WHO International Health Regulations than Roguski has.

I think the WHO-IHR is probably the legal instrument whose contents would address this question. I've focused on studying American federal and state law, because the WHO-IHR, in itself, has limited enforcement mechanisms. My understanding is that the enforcement mechanisms the WHO-IHR does have come mostly by reference to other treaties and trade agreements, that can be used to financially penalize non-compliant countries. (Other enforcement mechanisms include the terms of vaccine supply contracts that prohibit third-party testing of delivered products and designate state assets as collateral to be forfeited in the event the purchasing government violates contract terms.)

WHO-IHR directs or requires participating member-states to adopt and implement their own domestic laws for pandemic surveillance, reporting and response measures, and subjects them to financial penalties if they don't adopt those implementing laws. For example, Article 56, Section 4: "Nothing in these Regulations shall impair the rights of States Parties under any international agreement to which they may be parties to resort to the dispute settlement mechanisms of other intergovernmental organizations or established under any international agreement."

I looked briefly last night and this morning at the WHO-IHR, as of the 2005 amendments,[173] with your questions in mind.

In the definitions section, the WHO-IHR defines a PHEIC as "an extraordinary event which is determined as provided in these Regulations i. to constitute a public health risk to other States through the international spread of disease and ii. to potentially require a coordinated international response."

There's a schematic diagram at Annex 2, called a "decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern." One of the three potential pathways mentions an "algorithm" but I haven't located any other references

[171] https://substack.com/@jessicahockett/note/c-123157530
[172] https://www.woodhouse76.com/
[173] https://www.who.int/publications/i/item/9789241580496

to an algorithm in a keyword search of my files. (That doesn't mean there isn't an algorithm. I just don't have more information about it currently.)

In a Federal Register notice Feb. 6, 2020 (85 FR 7874) about quarantine and airline reporting requirements, HHS-CDC used the WHO-IHR definition in a footnote: "Under the International Health Regulations, a public health emergency of international concern is 'an extraordinary event' that constitutes a 'public health risk to other States through international spread of disease and to potentially require a coordinated international response."

Screenshots of the decision diagram from Annex 2 of WHO-IHR 2005 below; link to the 82-page WHO-IHR, Third Edition[174] in which the Annex is located.

The 2005 WHO-IHR language is general, circular, or self-referential: "unusual" or "unexpected," cases of disease, events "of potential concern" or events of "unknown causes or sources," with cases identified "as per WHO case definitions."

I also located a July 22, 2022 WHO document about case definitions,[175] which uses general clinical symptoms (cough, fever) or epidemiological criteria (contact with probable or confirmed cases), or positive-result from non-validated diagnostic tests.

There may be other provisions in the 2022, 2023 or 2024 amendments that Roguski would be able to describe and explain their applicability to your question.

My provisional understanding is that the WHO-IHR framework is the same unilateral, no-physical-evidence-required, no-validated-case-or-causality-validation-methods-required framework as the US federal framework that centers on the unfounded, unilateral assertions of the HHS Secretary.

To the extent there are no firm, physical criteria or requirements for validated physical/analytical methods capable of validating the stable identity of an allegedly disease-causing pathogen and its capacity to cause disease, and no procedures in the WHO-IHR for challenging claims that a PHEIC is occurring, I don't think there are any legal bases or venues on or in which the falsity or invalidity of such claims could be brought for review and reversal.

In other words, my interpretation of the PHEIC legal instruments is that, like the US federal and state laws, the WHO-IHR is also written so that no one can be found in legal violation of a rule they were never required to comply with, nor can anyone be found to have failed to meet an evidentiary standard they were never required to meet.

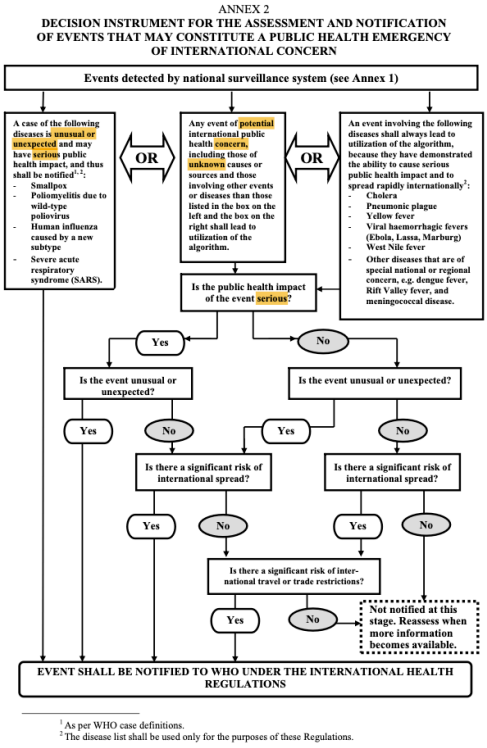
Deception, fraud, misrepresentations, mischaracterizations, etc. are legal, because there are no legal obligations to provide evidence, and no standards of evidence against which claims can be tested, and no procedures or venues through which claims can be challenged and tested.

Sometimes I think of it in terms of criminal prosecutions in a context in which framing a human suspect has been legalized. It's as if criminal prosecutors were not required to present any evidence that a crime occurred, nor any evidence that the human suspect had means, motive or opportunity

[174] https://iris.who.int/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1
[175] https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2022.1

to commit the crime, nor that he or she actually committed the crime. And it's as if the prosecutor were not required to go before any fact-finding tribunal (judge or jury), because evidence and evidentiary-review are both irrelevant to the prosecution and conviction process. The conviction occurs simultaneous to the allegation.

In the public health emergency context, allegedly stable, allegedly-disease-causing pathogens are framed, and they are not entitled to any due process. They're convicted as of the allegation, and all the pandemic management policies and programs unfold from that point in time onward.



Related

- Sept. 14, 2022 - Biotech idolatry: DOD-Pfizer contracts have replaced federal constitutions and laws. And the DOD-DOJ-HHS complex has replaced federal legislatures and courts.
- Jan. 10, 2024 - On international and US legal instruments governing "adjustment of domestic legislative and administrative arrangements" and exercise of political authority during declared public health emergencies.
- Feb. 15, 2024 - On waivers of sovereign immunity as contract provisions for nation-states buying US military countermeasures.
- April 7, 2025 - No one can be found in legal violation of a rule they were never required to comply with, nor can anyone be found to have failed to meet an evidentiary standard they were never required to meet.
- June 2, 2025 - There cannot be product liability exposure for manufacturers of products for which no physical, objective standards exist.

June 7, 2025 - False binaries.

Sense Receptor posted a partial transcript[176] of an interview of Debbie Lerman, a 2023 Brownstone Fellow and retired science writer (UKColumn interview with Jerm Warfare posted to Odysee on June 5, 2025.)

Lerman:

> The whole point of my book and my research and everything, the message that I'm trying to get across is it doesn't matter what the virus was. It could have been real, it could have been fake. It could have been from a lab. It could have been from a raccoon dog. Whatever it was, the virus didn't kill the world. The response killed the world.
>
> So the lockdown-until-vaccine response, which is a military response, it is not a public health response, killed the world. It killed millions of people who were injured and killed from the vaccines. It also killed people in hospitals. It killed people who were isolated. You know what it did? It deprived children of their ability to develop normally and of socializing, and it increased every kind of disease and depression that you could possibly imagine.
>
> But that means what? That means if we say the virus didn't kill the world, it doesn't matter whether there was or wasn't a virus, because the response would have been the same. Okay? There would have been the same. So we have to look for the origins of the response. We can't look for the origins of the virus.
>
> We can argue all day long. Do viruses exist? Do they not exist? We can argue. Did it come from a lab or did it not? Was it Fauci's lab? Was it Baric's lab? Was it China? Doesn't matter.

I disagree with the false binary Lerman presents: that the deception-based biodefense and pandemic preparedness/communicable disease control framework is comprised of two separate parts, for shorthand "the virus" and "the response," one of which "matters" and the other doesn't.

In my view, the biodefense deception system is comprised of projection of several simultaneous, interlocking illusions, the most important three of which are:

> 1) that there are airborne threats posed by stable, unique, specific-disease-causing, airborne, transmissible biological organisms (known as "viruses");
>
> 2) that such threats justify societal and government-directed "preparation," "responses" or "countermeasures;" and

[176] https://substack.com/@sensereceptor/note/c-123422430

3) that “vaccines” are useful responses because (so the deception runs) vaccines protect people from the threats in a pathogen-specific manner.

I think sidelining the threat-deception (No. 1 above) as if it doesn’t matter, serves to maintain the false justification for the biodefense response deception and the false scientific premises for the vaccine deception.

I also think it’s a false binary to separate the military character of the response to the events known as Covid-19, from the public health character of responses to the events known as Covid-19 and all prior alleged communicable disease outbreaks or threats in the United States.

In my view, the public health system, including the entire communicable disease control and vaccination system, is a component of the US military: more formally authorized as such since the Congressional enactment of the Public Health Service Act of 1944, and deployed nationwide as such since the 1955 polio campaign. The polio campaign was the military-public health seed from which grew the monstrous childhood and adult ~~immunization~~ poisoning schedules now recommended by the HHS-CDC.

To the extent interlocking deception systems as used in the recent past and for many decades prior, remain invisible to or poorly understood by targets, the same interlocking deception systems and programs will be used again in the future.

* * *

June 9, 2025 - On whether US-HHS Secretary Alex Azar needed UN-WHO declaration of "public health emergency of international concern" to issue determination that "public health emergency exists" in January 2020.

Response to comment[177] from Jessica Hockett:

> As far as I can tell, Azar needed the WHO PHEIC on Jan. 30, 2020 in order to issue his Jan 31, 2020 decree. Let me know if you see it differently.

My reply

I don't think Azar needed the WHO PHEIC, for several reasons.

To the extent that the worldwide, coordinated pandemic preparedness system is a deception project jointly executed by the US HHS-DoD-DHS-whole-of-government and the UN-World Health Organization, I think they have coordinated the drafting and adoption of the legal instruments each institution relies on as authorization for their respective actions.

As a coordinated team interested in maximizing public acceptance of the necessity for any pandemic preparedness and response at all (or routine communicable disease control and vaccination programs), and government and WHO authority to actually carry out pandemic preparedness and response programs, US-HHS-DoD and WHO have a mutual interest in projecting the credibility of both institutions/conglomerates, by referring to each others' acts as providing further support for the course of action taken by each institution.

So while I don't think HHS/Azar legally needed the WHO-PHEIC to conduct his own acts and direct the acts of other officials in the United States, Azar benefited from the WHO-PHEIC/Director-General's performance because the WHO performance added weight and apparent credibility to HHS/Azar's own acts, and the WHO-PHEIC/Director-General's performance benefited from Azar's US-HHS acts, because Azar's performance added weight and apparent credibility to the World Health Organization's acts.

Neither legal framework requires either performer to provide physical evidence that "something is spreading," or poses a threat to health, nor to submit any such evidence to any fact-finding, evidentiary-review tribunal.

Here are the reasons why I don't think Azar needed the WHO-PHEIC.

One reason is that one of the statutes under whose authority Azar acted also authorizes Defense Secretary and Secretary of Homeland Security (in addition to HHS Secretary) to make determinations that emergencies exist.

The section of the FDCA actually used by Azar (HHS Secretary) was 21 USC 360bbb-3(b)(1)(C).

[177] https://substack.com/@jessicahockett/note/c-124022990

21 USC 360bbb-3(b) Declaration of emergency or threat justifying emergency authorized use

(1) In general. The [HHS] Secretary may make a declaration that the circumstances exist justifying the authorization under this subsection for a product on the basis of—

(A) a determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a biological, chemical, radiological, or nuclear agent or agents;

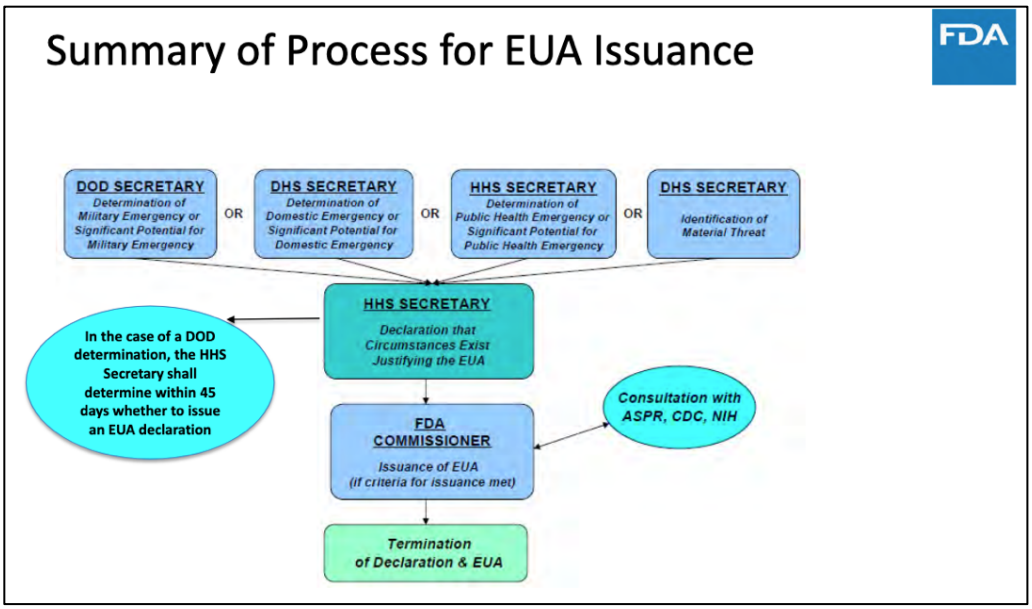
(B) a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces, including personnel operating under the authority of title 10 or title 50, of attack with—

(i) a biological, chemical, radiological, or nuclear agent or agents; or

(ii) an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to United States military forces;

(C) a determination by the [HHS] Secretary that there is a public health emergency, or a significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of United States citizens living abroad, and that involves a biological, chemical, radiological, or nuclear agent or agents, or a disease or condition that may be attributable to such agent or agents; or

(D) the identification of a material threat pursuant to section 319F–2 of the Public Health Service Act [42 U.S.C. 247d–6b] sufficient to affect national security or the health and security of United States citizens living abroad."



Schematic from August 2020 FDA slide deck.[178]
Presenter: Elizabeth Sadove, FDA Office of Counterterrorism and Emerging Threats.

Those determinations and declarations under Title 21 (Food Drug and Cosmetic Act) are related to PHE and "material threat" determinations issued under Title 42 (Public Health Service Act) at 42 USC 247d(a), 42 USC 247d(b)(1), 42 USC 247d-6b(c)(2) and 42 USC 247d-6d(b)(1) [PREP Act declarations pertaining to the production and use of countermeasures].

> 42 USC 247d(a)
>
> Emergencies. If the Secretary determines, after consultation with such public health officials as may be necessary, that-
>
> (1) a disease or disorder presents a public health emergency; or
>
> (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,
>
> the Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants, providing awards for expenses, and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder as described in paragraphs (1) and (2)...

[178] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/02/2020.08.25-fda-cdc-regulatory-updates-use-of-mcms-table-p.-18.pdf

42 USC 247d(b)(1)

Public Health Emergency Fund

(1) In general. There is established in the Treasury a fund to be designated as the "Public Health Emergency Fund" to be made available to the Secretary without fiscal year limitation to carry out subsection (a) only if a public health emergency has been declared by the Secretary under such subsection or if the Secretary determines there is the significant potential for a public health emergency, to allow the Secretary to rapidly respond to the immediate needs resulting from such public health emergency or potential public health emergency. The Secretary shall plan for the expedited distribution of funds to appropriate agencies and entities.

42 USC 247d-6b(c)(2)

Material threat. The Homeland Security Secretary, in consultation with the [HHS] Secretary and the heads of other agencies as appropriate, shall on an ongoing basis-

(i) assess current and emerging threats of chemical, biological, radiological, and nuclear agents; and

(ii) determine which of such agents present a material threat against the United States population sufficient to affect national security.

42 USC 247d-6d(b)(1)

(b) Declaration by Secretary (1) Authority to issue [PREP Act] declaration

Subject to paragraph (2), if the Secretary makes a determination that a disease or other health condition or other threat to health constitutes a public health emergency, or that there is a credible risk that the disease, condition, or threat may in the future constitute such an emergency, the Secretary may make a declaration, through publication in the Federal Register, recommending, under conditions as the Secretary may specify, the manufacture, testing, development, distribution, administration, or use of one or more covered countermeasures, and stating that subsection (a) [liability protections] is in effect with respect to the activities so recommended.

*

Another reason why I don't think Azar legally needed the WHO-PHEIC is that the quarantine regulations (42 CFR 70 and 71) define “public health emergency” as having five legal sources, any one of which is legally sufficient, and two of which are unrelated to WHO acts:

"*Public health emergency* as used in this part means:

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

Several state AGs petitioned HHS to remove reasons 3, 4 and 5 from the US quarantine regulations definitions in July 2022; their petition was denied by HHS in October 2022. Two of the states then filed a federal complaint in January 2023; their complaint was dismissed in August 2023.

I think the most detailed attempt I've made at untangling the overlapping, mutually-reinforcing relationships between FDCA-authorized determinations and declarations and PHSA-authorized determinations and declarations is this post:

- Dec. 6, 2023 - More on the workings of the war machine running on public health emergency determinations, PREP Act license-to-kill declarations, and EUA countermeasures.

Posts about the state AG's challenge to HHS inclusion of WHO acts as among definitions of 'public health emergency:'

- Oct. 17, 2023 - Texas and Oklahoma v. US Department of Health and Human Services and Xavier Becerra: case documents
- Oct. 18, 2023 - There is never going to be another "deadly global pandemic." There have not been any in the past.

June 9, 2025 - Note on use of the word 'airborne'

Response[179] to a reader who asked about my use of the word “airborne” twice in my False binaries post, and whether “biological” as a modifier is redundant when discussing “organisms.”

I think I used the word airborne twice because of the current status of my thinking about "viruses" as dynamic (not stable) biological organisms, traces of which can be found in or on animals and humans and other creatures, with or without the experience of disease or illness, and because I'm trying to navigate the relationships between "threats" as events or processes and "pathogens" as substances that may or may not break down in air.

In other words, theoretical airborne processes (transmission) and airborne substances are two different things that bear relationships with one another.

Yes, probably the word "organism" implies "biological," but because of how the wording in the laws always comes back to either "biological agents" or "biological products," and in both cases, refers to dynamic (not stable) mixtures of living organisms, the biochemical compounds they absorb, create and excrete, and decaying bits of living organisms, I'm trying to keep the word "biological" in my writing about these subjects.

Part of the struggle at the moment is simultaneously rebutting intellectual positions coming from several different, wrong-path directions driven by many different motives on the part of those who espouse them, including:

- the argument that understanding the multi-form lies underpinning virology and vaccination don't matter and
- the argument that the only lie or mischaracterization that matters about virology and vaccination is whether anyone has physically demonstrated the isolation of any virus in stable form.

I think the truth about viruses, other biological organisms and disease-states in animals and humans and other creatures is far, far more complex.

I think it very possible that scientists using modern equipment and analytical techniques could learn a lot by going back to the knowledge base Ignaz Semmelweis, Florence Nightingale, Antoine Bechamp, Gunther Enderlein, Gaston Naessens, Papadopulos-Eleopulos and Stefan Lanka have tried to develop and then trying to corroborate, correct or deepen that knowledge base.

I'm trying to write in ways that support, or at least don't block, the opening of gaps in the discussion through which such new work might pass.

* * *

[179] https://substack.com/@bailiwicknews/note/c-124251176

June 10, 2025 - Congressional acts legalizing camouflaged deceit and poisoning (Transcript)

June 5, 2025 presentation to Freedom Hub; video at Rumble[180]; slide deck[181] (PDF)

Transcript

Charles Frohman: Here she is, a Catholic writer and paralegal...What makes her interesting to me is her research as a paralegal has come up with a bunch of laws that most of us haven't heard about that are critical if we want to solve the problem of partially sovereignty...She categorizes it as psychological, chemical, and biological warfare, camouflaged as public health, preventive medicine, communicable disease control, pandemic preparedness. And in my research of her, basically a Substack article, she wrote that this has been going on since the 1940s, since the Second World War, as a worldwide vaccination, mutilation, and killing program. Whether you're a libertarian, conservative, MAGA, or MAHA, increasingly we want to make a better world. But it's actually strange that we have been distracted somehow from having more content and discussion on the law she's about to itemize and explain why they are so nefarious and why they need to be repealed. So we'll go to Q&A after that, but Katherine, why don't you take it away?

Katherine Watt: ...The working title of this slide deck is 'Deceitful, deceiving, repealable U.S. federal laws that enable psychological, chemical, and biological warfare to be camouflaged as communicable disease control, pandemic preparedness and response, and vaccination.'

The outline of the talk, I'm going to say briefly an introduction to my background and what I've been doing to do the research that I've compiled, what the purposes are for the legal authorities and funding as I understand them, a little bit about my research methods.

And then I'm going to go really fast through like a timeline of most of the laws that I am aware of at this point, that Congress passed and therefore Congress could repeal, and then a little bit of conclusions. But I'm going to go very fast through the list because it's long.

Then if people have questions during the Q&A, I can go back. and talk about them more.

I'm a writer and a paralegal. I went to Penn State. I got a degree in philosophy with a minor in natural sciences in 1996. And up until 2020, I worked as a reporter, as a paralegal, community organizer. And I raised two kids with my husband. Since 2020, I've been doing legal research on the laws that legalize deception in the communicable disease control arena and also enable acts of mutilation and homicide through vaccination and other things called medical interventions or countermeasures. I publish at Bailiwick News on Substack.

[180] https://rumble.com/v6uhtrl-the-surprising-law-changes-needed-to-end-govts-war-on-humanity.html
[181] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/06/2025.06.05-american-laws-legalizing-poisoning-through-vaccination-that-congress-has-authority-to-repeal.pdf

There's three years' worth of material there. I've been assembling some of my stuff into book, PDF book forms organized by subject matter. And with a colleague named Lydia Hazel, we've actually tracked the laws back to 1798. I'm going to talk about the ones from 1944 to now today, but we have tracked it back farther.

The main person that I work with is Sasha Latypova. She's a, you probably know who she is, but she's a former pharmaceutical company executive, entrepreneur, who understands how drug regulation and clinical trials should work. Her work dovetails with my work, because my work is about how those things don't happen for biological products, including vaccines.

In January 2023, I did a video presentation called Legal Walls of the COVID-19 Killbox. That's one of about 50 video presentations that I've recorded mostly between June 2022 and February 2024. And in that video, I kind of summarized it as saying "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."

I'll talk a little bit more about that. In this presentation, I'm not discussing scientific misconduct in microbiology and virology and genetics and vaccination, although those are relevant. And I have learned a lot more about those in the last year. And I'm also not discussing data and statistical fraud, which is also important. I can give you names of people who I think their work is credible and useful.

But both of those things reinforce the legal misconduct, which is the part that I write about. And the key points are that the scientific misconduct hides that biological organisms are processes, not objects. They're dynamic. They're not static. Same with diseases. The laws are set up with the idea that there is a single cause, there is a single effect which is the disease, and you can use a product, a vaccine, based on that single cause, to prevent that single disease. That is not correct and they have known that that's not correct, the people who promote this lie or fiction have known that's not correct, for a very long time.

In December 2023, I put together a repeal act covering seven of the laws that I had found by that time. I sent it to Senator Ron Johnson. Then by May of 2024, I had expanded the list to 10 and I did a post about that, the top 10 federal laws congress should repeal. I find new ones all the time because they make like a web.

The purposes of them, it's helpful, I find, to divide it up into ostensible reasons, which are false, but that's what we're told is the reason for the laws, which is that we need these laws to help public leaders in the government and the military and to help society in general, civilians, to identify and prepare for and prevent and respond to infectious disease threats. Again, those are false reasons.

The real reasons for the laws are to project the illusion that there are these specific threat-causing particles floating around that you should be scared of, to promote the illusion that governments and scientists and biomedical researchers should prepare for these things with biodefense programs, with disease surveillance, with diagnostics and tests, with vaccines. That one can kind of be summarized as take vaccines to be safe.

Some of the laws, many of them actually combine those two illusions to say, be scared and take vaccines. That's an oversimplification of what they do, but that's how the basic structure works.

I don't frame not taking vaccines as a medical freedom issue. I frame it as self-defense. And that's mostly because, to the extent the whole project is about projecting an illusion or putting on a theatrical performance, when... anyone speaks about vaccines as medical products and speaks about communicable disease as a real threat from airborne particles, they are participating in projecting the illusion. They become part of the performance team, and so I think it is not wise to do that. It is wise to not participate and to refer to them as just poisons. They have been poisons since the start of the modern vaccine era, which was in about 1798 with Jenner.

The toxic effects have been known for a very long time and very carefully suppressed by the orchestrators. So doctors, nurses, pharmacists, targets may not have known, but the people who put the programs together definitely know and have known for a long time.

My research method is basically I read the laws and I follow the connections. When a law mentions another law, I go to that other law and I read that law. And I've been doing that for about four years to build up a kind of a mental map of how the laws fit together and how they developed over time.

You can do that by looking at public laws, which is the acts of Congress and the numbers. For example, the one that had the PREP in it is Public Law 109 (for the 109th Congress) 148 (that's the 148th law that they passed).

Then those get compiled into the Statutes at Large with page numbers, so you can refer to it as 119 Stat. 2818.

You can refer to them by the section of the overall federal program that they are a part of. For the PREP Act, it's a part of the Public Health Service Act, which was passed originally in 1944 and has been amended many, many times since then. In 2005, when Congress added the PREP Act provisions, they put them in at Public Health Service Act Section 319-F3 and F4.

Then the last kind of citation tool you can use if you're doing legal research is the U.S. Code citation. After the law is passed, different parts of it get stuck into different subject matter sections of the total body of U.S. law. The PREP Act provisions went into that U.S. Code at 42 U.S. Code 247d-6d. That's "targeted liability protections for pandemic and epidemic products and security countermeasures" and 247d-6e, which is the "covered countermeasures process." That's the fake compensation scheme.

As a side note, I'm also in this slide deck not covering the actual agency regulations that implement these congressional acts. I'm not covering contracts or treaties or court cases. I'm not covering state laws which mirror the federal laws, but all of those things do fit together into this web or prison made out of these laws.

This slide is just a list of some of the titles. For example, the Public Health Service Act, 1944. 2002 was a really big one. They used the momentum from 9-11 and from the so-called anthrax attacks to pass a law that they had written a long time before because they sort of developed them over time and build on the previous pieces that they've put into place. In 2002, they passed the Public Health Security and Bioterrorism Preparedness and Response Act. That, as far as I can tell, is the main organizing framework that got plugged into the Public Health Service

Act for how to run these theatrical productions of pandemics and of vaccine development.

1944, Public Health Service Act. Here we'll start to see the titles, like Title 42, Public Health and Welfare, are the broad category chapters where other things are put under. This is where they started the regulation of, it's not where they started it. It started in 1902, but then they put it into this 1944 chapter, consolidation of public health law. And it's about licensing of vaccine manufacturers. And sometimes there is a section about production of products by the Public Health Service itself.

The key points in this fake regulation system is that the HHS Secretary now, it used to be other titles as it's gotten moved around, but now it's the HHS Secretary, designates establishments as licensed and supervises the pretense of product manufacturing regulation that is performed by the FDA and the drug companies together. They work together, with Guidance for Industry documents, with Biologics License Applications, with approval letters to project the illusion that there is a stable identity for the products that they're talking about, which are vaccines, and that they can be standardized and purified, and that they can be shown to be effective and safe and none of those things are true.

You can't do that because biological organisms in their relationships with living or other biological organisms are dynamic. There is no stable thing, but they need to project the illusion because that's how you get people to take vaccines thinking there is a specific cause for a specific named disease and this specific named vaccine will prevent it or prevent transmission of it.

That's the foundation of the whole lie system.

In that 1944 law they also put into place more formalized versions of quarantine and inspection programs and in this section you find that the president is the person who designates what is a communicable disease subject to public health control by executive order. No physical evidence is required. There's no process for anyone to assess any physical evidence to say, "yes, that really does cause disease. No, it doesn't."

And the reason -- this is another theme that goes through all of these laws, making them into this structure -- there can't be requirements in the laws for physical evidence, because if they allowed or required physical evidence to be demonstrated, and if they authorized evidentiary review procedures, the stories fall apart.

That's where I said before, I'm not going to talk a whole lot about the scientific misconduct, but there are people who are now and have been for decades, picking apart the scientific papers and the methods to show that it's garbage.

But the president designates the communicable disease in 2002. Again, through that, that key organizing law, they added terms like "qualifying stage" and "pre-communicable stage" to authorize detention and isolation of people who don't have any symptoms.

This is where some of the asymptomatic stuff comes from, during the "incubation period," which again, incubation period is a fiction, but it's a fiction that has been very successfully projected.

In 1969, President Nixon and other people in the world were saying that they were going to stop doing chemical and biological warfare research. They did not stop. They just relabeled it as being only for defensive purposes. And the law where they put that in is Title 50.

Title 42 was Public Health and Welfare. Title 50 is War and National Defense. This law has been amended many times to shift around the parts, but always to keep in place the Department of Defense and any of its contractors and public health officers and universities and hospitals can do any kind of this research and use any kinds of these products as long as they say it's for protective or medical or pharmaceutical purposes.

1973, this is Title 22, Foreign Relations and Intercourse. It was the start of a program for population planning and health programs. And the main piece of it was to get vaccination going in low-income countries of babies and children and women of childbearing age. In 2022, this is the section where Congress added in the International Pandemic Preparedness Programs, which are related to the Global Health Security Agenda that is pushed by the World Health Organization through the International Health Regulations, which James [Roguski] talks about in much greater detail than I ever can or will.

That 2022 bill gave a whole bunch of money to strengthen vaccine readiness and reduce vaccine hesitancy in other countries. It's money going out of the US to get people to take vaccines elsewhere.

1983 is when Congress introduced the term "public health emergencies." It was very short in 1983 and then in 2000, they repealed that one and put in a much more expansive version of it. This is the subsection under which the PREP Act is located, which I talked about before. They don't need physical evidence. The Secretary just unilaterally says a public health emergency exists or there's a credible risk of a future emergency.

Department of Homeland Security Secretary and Defense Secretary can do similar unilateral determinations, and from those determinations, follow the declarations, PREP Act declarations that apply the liability protections to the makers and users of the countermeasures.

1986 was when Congress passed the National Childhood Vaccine Injury Act and a new law about exportation of partially processed biological products.

1986 is also the beginning of putting the crime of terrorism into federal law under Title 18, Crimes and Criminal Procedure.

This is a slide about how they sort of developed the position that it is now, which is that there are some people who do have lawful authority to use biological agents, toxins, vectors, and chemical weapons again because they're categorized -- without physical evidence, without evidentiary review -- as being for a purpose that is peaceful or protective.

In 1987, to fund the compensation program for the [National] Childhood Vaccine Injury Act, they passed another piece of the Internal Revenue Code. This is Title 26. And the tax code is, I have learned, this was one of the most surprising things to learn all the way out, there's no physical definition of vaccine in federal law in the public health section or in the terrorism section or any other section at all. The only definition of vaccine is in the tax code, and it's defined as "any substance designed to be administered to a human being for the prevention of one or more diseases." And again, there is no physical aspect to that. It's based on the intent of the designer. There's actually no designer of vaccines either.

In 1990, you've probably heard about Dr. Francis A. Boyle, has done tremendous work, has now passed away. He's a legal scholar and constitutional expert in all kinds of things. He was one of the people who helped to draft the biological weapons crime law in US law that implemented the UN Convention on Biological Weapons.

And here's an example of in this law, when it was passed in 1990, it specifically says "the term for use as a weapon does not include...any biological agent...used for prophylactic, protective or other peaceful purposes." I know I'm repeating myself, but this is the theme because this is where the deception sits.

At the same time, they set up under Title 10, which is Armed Forces, the Biological Defense Research Program. Then they expanded the preparedness sections of Title 50 to add preparedness for weapons of mass destruction and then we get to 1997, where they set up the "expanded access to unapproved therapies and diagnostics program."

This was basically a lateral move because they were trying to get people to think that they were stopping use of experimental products on military personnel. So they took the, some of the sections that were about this subject out of the military laws and put it into the Food and Drugs title, Title 21, through the FDA Modernization Act.

This also has been amended and expanded many times, and this is where the emergency use authorization or EUA products section was put in in 2003 and 2004 and then expanded from there. This is a slide about how they're related to each other, what I just said about this substitution.

Then in 1998, Congress passed the Chemical Weapons Convention Implementation Act, similar to what the biological one had been in 1990. Again, it had exemptions for uses claimed to be for peaceful, protective, military, law enforcement, research, pharmaceutical, medical, and agricultural purposes. They set up a new part of the criminal code for chemical weapons specifically.

That's just a summary slide of what I just said. And that's a summary of no physical definitions or evidence are required to distinguish biological agents and chemical toxins that are capable of causing harm from drugs and devices that are legal under the Food, Drug, and Cosmetic Acts or from EUA products or from biological products under the Public Health Service Act.

The reason why is because biological organisms combined with chemical toxins, combined with delivery systems like carrier molecules, lipid nanoparticles, syringes, which is what vaccines are, is essentially bloodborne toxins injected into a living organism on purpose, which is a weapon. They don't want people to know that, but they want to be able to do it.

I'm getting towards the end. This is the one I talked about at the beginning, the [2002] National All-Hazards Preparedness for Public Health Emergencies and the Biological Select Agents and Toxins [BSAT].

This is one of the ones where they combined, like I said, some of the laws are about telling you to be scared and some of the laws are telling you to be about to trust the government and take the products that they say will protect you against the thing that you are being told to be scared of. And the point is you shouldn't be scared of those things and you shouldn't take the products.

Homeland Security Act had a ton of stuff about this. I talked about the PREP Act already.

In 2006, under Title 6, Domestic Security, which is the Homeland Security title, they more formalized the idea of a national emergency management system and preparedness systems.

This had a lot to do with training state and local people to participate in federal management programs. Then in 2022, they added a Global Catastrophic Risk Management section, which is, again, taking this method they've been doing over time, making the coverage area for these laws or legal fictions to get larger and larger.

So it went, using the momentum from Covid, they've expanded it from national to global and put that into US law and into the laws of other countries.

This is the last law I think that talk about...the National Biodefense Strategy was put in in 2016 and through it, Congress basically told the Secretary of Defense and the HHS Secretary and the

Department of Homeland Security Secretary and the Ag Secretary to get together and develop biodefense strategies including descriptions of what they were going to call and do call biological threats, biological warfare, bioterrorism.

That that list that I just went through is a list of laws and programs that Congress does have the authority to repeal and should repeal. They passed those things so they can repeal them, because they're based on false premises. They're not needed for national defense or for public health or for any of the reasons they claim that they're needed.

However, those laws are very much needed for projecting the illusions that they want to project, to get people to be scared and to get people to take vaccines. So they probably will not repeal any of these laws. They worked for a really, really long time to put them together and they gain huge benefits from them.

So I don't talk about repeal as much as I used to. By about the middle of 2023, I realized that Congress is in on it. Presidents are in on it. Cabinet secretaries are in on it. Then I realized that judges are in on it. And then I realized that most of the lawyers are also in on it or supportive of it or too scared to talk about it.

So I changed my focus to helping people, regular people who are not in government at all, not participate. To be able to see through the performative farces and understand that there is

nothing airborne that they should be afraid of in social contact or ordinary life, and that they shouldn't participate in projecting those illusions by talking about whatever the latest threat is that the government wants you to be scared of.

You shouldn't participate in projecting the illusion that vaccines are somehow medical products because they're not.

You shouldn't take diagnostic tests.

You don't need to wear masks.

You don't need to distance yourself.

You don't need to take any of the products they recommend.

And it's a good idea to publicly ignore or challenge or ridicule people who do further the performance...

Excerpts from Q&A

James Roguski: ...The question I have is where the hell in the Constitution did it become okay for Congress to hand over emergency powers to either the president or the Secretary of Health and Human Services? So they just declare that there's an emergency and then that gives them this enormous range of quote-unquote "legal authority." I think the theater actually begins with the idea that goes all the way back to the Roman times of, "We've said it's an emergency, so we get to dictate what you have to do." It's the definition of a dictator.

Katherine Watt: I don't think the Constitution does have a provision that allows Congress to sideline itself or to sideline the judiciary. I think they did it anyway and I think the only reason it continues is because Congress accepts that the previous iterations of itself sidelined the current ones and because the federal judiciary including the Supreme Court accepts that those previous congresses sidelined the judiciary. And as long as they just go along with it, that's how it works.

But it's not that it's constitutionally legitimate because it's not constitutionally legitimate. It's just, and you have found, several years ago, that thing about things that pass through the World Health Assembly by silence procedure, I think you called it, and it's similar to consensus procedure. It's an invention of parliamentary procedure where all you have to do for an illegitimate law or an illegitimate proclamation or whatever to move forward is keep quiet. And so that's what they do. They keep quiet and all of these things continue to sort of run.

The flip side of that is that, to the extent people realize that and stop playing along with the farce, it doesn't work as well.

The reason why it worked as well as it did, and to whatever extent it's still working really well, is because all the people that you live with in your town are like, "Yeah, yeah, yeah, I believe there's a big thing happening. I believe that we should take this stuff." But if more people don't even believe it and just have contempt for it, whether they go out and picket anywhere or not, it doesn't work anymore because they really, really, really want people to voluntarily just go get these things. They really, really, really do not want to use the cards that they have to bring in the military and make it real obvious that they're attacking people.

I probably went off topic there a little bit, but no, I don't think it's constitutionally legitimate. It's just carries on because Congress doesn't stop playing along and the courts don't stop playing along...

Charles Frohman: ...Why do they want to inject these toxins so badly in us and using all these fear tactics. Is it just plain depopulation, make sick people for pharma profits, keep us under control? Do you have any thoughts on that?

KW: I think it's all three of those things. And I think it's been all three of those things since it got, the first nationwide campaign was the polio campaign, as far as I know, in 1955. And since then, they just ramp it up and add more and more.

I think their highest priority, sometimes when I'm thinking about it, I think their highest priority is just to keep the channel open. Keep the concept of vaccination as something that people trust and cooperate with so that they can use it more or less at any given time to make people sick, so they have to spend more money on health care, to bankrupt the country from health care expenses, and take productive resources out of commission because they're going into taking care of disabled people. Or pensions, to reduce pension costs by having people die earlier. To control people by fear.

So all of the things you said, but at the highest level, sometimes I think about it as, and this is related to why they can talk about like, "Oh, we're going to make America healthy again."

But the one thing they can't talk about or commit to ending is vaccination programs because it is such a useful, device or deception, it's like a spigot. They can use it to just drip poison into people over and over again as long as people don't think about it and as long as people don't stop taking them.

So I think one of their goals is just to keep it, even if they have to back off slightly at any given time, they really want to keep that particular method of poisoning because it's really, really effective.

* * *

June 17, 2025 - No HHS or FDA authority or competency to standardize or regulate vaccine-bottling processes or products; notes on "recall" authority.

Comments (with some additions) on:

- June 13, 2025 - About that myocarditis warning that the good-FDA slapped on Pfizer jab[182] (Sasha Latypova)

In my view, there is no commercial market from which FDA could remove the Covid shots, or any vaccines.

EUA [emergency use authorization], BLA [biologics license application], doesn't matter.

Covid vaccines, like all vaccines, are used in war, not in commerce, not in commercial markets.

"Approval" is a legal fiction. *All* acts of FDA "approval," "authorization," and "licenses" are legal fictions.

All interactions between FDA (and precursor "regulators") and vaccine-bottlers have all been fiction, all the way back to 1902.

Vaccines are legalized weapons, trafficked for maiming and killing purposes, not medical products labeled or regulated for purity, safety or efficacy.

The labels are part of the legalized weapon delivery system; the purpose of the labels is to deceive the targets into seeing a bottle of poison as a bottle of standardized, regulated medicine.

Further, FDA has no authority to regulate manufacture of *any* biological products, not just vaccines, and not just Covid vaccines.

There are no physical standards for product identity, purity, stability, non-adulteration, non-contamination, toxicity, or potency in statute or regulation governing manufacture of any biological products, and there are no analytical test procedures that poison-bottlers or FDA could apply to determine whether contents of any container meet, fail to meet, or exceed such standards (which standards don't exist.)

The simulation for such standards in earlier decades was printed in the "Additional Standards" sections of fictional biological products regulations.

Those have been removed and replaced, since about 1996, with the current form of simulation: the "Chemistry Manufacturing and Control" or CMC package, through which poison-bottlers notify the FDA about what they (the bottlers) will pretend to have the technical capacity to do, and will pretend to do, and will pretend to self-monitor and self-report having done.

[182] https://sashalatypova.substack.com/p/about-that-myocarditis-warning-that

FDA then issues “approval” letters pretending that the poison-bottlers actually carried out the pretend processes using the pretend techniques, actually did self-monitor, and actually found themselves in compliance with the simulation of standardization.

Sometimes FDA also issues fake “lot release” documents, pretending that FDA has the technical capacity to corroborate the poison-bottlers lies, and has applied its technical capacity to confirm that the poison-bottlers properly used the fake-techniques the bottlers claim to have used.

FDA and poison-bottlers jointly use CMC packages, and labels, and “fact sheets” and fake “lot release” documents, to deceive the public into seeing bottles of poison as bottles of standardized, regulated medicine.

True physical standards don’t exist for biological products because they can’t exist. Analytical tests for assessing biological products for conformity with standards don’t exist because they can’t exist.

Such standards and analytical tests can’t exist because of the nature of biological matter.

All vaccines are intrinsically heterogeneous, unstable mixtures of biological cells, tissues, sub-components thereof, synthetic chemicals, nutrient solutions, carrier substances and other biologically-active junk.

Vaccine contents are not designed to specifications to cause predictable, controllable, beneficial effects.

Their contents are incubated, cultured, fermented, putrefied and decanted into bottles of ill-characterizable mixtures, then refrigerated, frozen and/or freeze-dried, then defrosted, dissolved and injected into bloodstream of targets to cause unpredictable, harmful effects with plausible deniability for those who recommend, bottle, transport and use the weapons.

Reader reply:

> That is my understanding too. That is, that manufacture of 'biologics' class of drugs is so high-tech that GMP have yet to be developed. Thusly, one could test for a 100 adulterants and not find another 100 that were actually in the product...

My reply:

It's not that biologics manufacturing is so "high-tech."

It's not manufacturing in a technical way at all.

It's more like making yogurt, bread, beer or sauerkraut — which are made with limited, discernible, digestible bacteria and which are consumed through the digestive tract, which has the capacity to break down and use the food. And with fermented foods, or foods in which fermentation is one step in the process, humans and animals have senses (smell, taste, sight) that enable us to recognize when the food is not fit for consumption (contaminated, moldy etc.) and avoid eating or drinking it.

Vaccine propagation methods do not use only limited, discernible, digestible bacteria, and they're not subject to effective procedures that destroy most competing microorganisms to allow only the required fermenting microorganisms to outgrow all the others.

And vaccines are injected into the blood.

Vaccine propagation, as I understand it, involves throwing a bunch of living organisms (i.e. bacteria), plus cells and tissues taken out of living organisms (fungi, plant, bird, insect, animal, human) and other junk in an incubation vat with nutrient solutions; fermenting it while some of the material dies and decays; bottling it; refrigerating/freezing/freeze-drying it; and then reconstituting it at room temperature and injecting into living bodies where some of the processes resume at body temperature and many of the fragments of the dead organisms, cells and tissues (i.e. proteins) are biologically active in the form of evoking anaphylactic/allergic reactions and inducing chronic diseases known as cancer, asthma, leaky gut, and so on.

I agree that one could test for 100 adulterants or contaminants (also referred to as extraneous proteins, adventitious agents, bioburden, and other terms in pretense-regulations and Guidance for Industry documents) and not find another 100 that were in the product, and therefore there can't be GMP [good manufacturing practices] standards, but not because manufacturing is "high-tech."

It's because living organisms exist in so many forms, and are involved in so many transformations and interactions with each other over time, no one can reliably predict what might be in any sample to test for, nor can anyone predict what the effect of each thing that might be found, might be in the life and organ functioning of any person or animal into whose blood that sample might be injected, nor can anyone reliably predict whether the form that the sample contents were in at the time of testing, will be the same form that the sample contents were in at the time of injection, and there's a high probability that the two compositions will not be the same, because the contents of the bottle are not stable, and are not homogeneous.

*

<u>1986 National Childhood Vaccine Injury Act, recall authority</u>

While preparing the above comment exchange for posting, I also began drafting a more detailed exposition on the relationship between 42 USC 262(d), which relates to HHS Secretary authority since the 1986 National Childhood Vaccine Injury Act to “recall” biological products “upon a determination that a batch, lot or other quantity of a product licensed under this section presents an imminent or substantial hazard to the public health” and 42 USC 300aa-28(a), which relates to vaccine-bottlers non-substantive pseudo-obligation since the 1986 NCVIA to:

> “(1) prepare and maintain records documenting the history of the manufacturing, processing, testing, repooling, and reworking of each batch, lot, or other quantity of such vaccine, including the identification of any significant problems encountered in the production, testing, or handling of such batch, lot, or other quantity,

> (2) if a safety test on such batch, lot, or other quantity indicates a potential imminent or substantial public health hazard is presented, report to the Secretary within 24 hours of such safety test which the manufacturer (or manufacturer's representative) conducted…"

I have located no definitions in statute or regulation for what constitutes an "imminent or substantial hazard," and again: there are no validated, standardized tests or assays, or techniques or equipment, capable of fully identifying or characterizing the constituents of vaccine containers during or after processing, because those constituents are, by nature, impure mixtures of many different organisms and organic substances, and unstable or dynamic.

Thus, any process or batch testing that a vaccine-bottler might conduct will not be able to fully identify the biological and chemical matter contained in any "batch, lot or other quantity," and will not be able to meaningfully characterize any product in terms of safety, efficacy, or "potential imminent or substantial public health hazard."

Further, vaccine-bottlers are not required to collect or report information about adverse effects experienced by recipients of the products after the containers leave the bottling facilities.

Thus, there can be no product-quality-based information about "imminent or substantial hazards" for a vaccine-bottler to report to the HHS Secretary, and there can be no product-quality based grounds for the HHS Secretary to "determine" that a batch, lot or other quantity "presents an imminent or substantial hazard" and order a recall.

For more information on this element of legalized vaccine deception, see 42 USC 262(d); 42 USC 300aa-28(a); 42 USC 300aa-33(5) —

> (5) The term "vaccine-related injury or death" means an illness, injury, condition, or death associated with one or more of the vaccines set forth in the Vaccine Injury Table, except that the term does not include an illness, injury, condition, or death associated with an adulterant or contaminant intentionally added to such a vaccine.

See also, 2017 paper, *Recalibrating Vaccination Laws*, Efthimios Parasidis, Boston University Law Review, Vol. 97 at p. 2224:

> …In addition to adjusting physicians' reporting incentives, lawmakers should amend the Vaccine Act to incentivize manufacturers to analyze post-market data on vaccine safety and efficacy. Manufacturers currently are responsible for documenting "the history of the manufacturing, processing, testing, repooling, and reworking" of vaccines, "including the identification of any significant problems encountered in the production, testing, or handling." If safety testing reveals "a potential imminent or substantial public health hazard," manufacturers must notify the government within twenty-four hours of the test…While these recording and reporting requirements are important, a key element is missing. Specifically, the Vaccine Act does not mandate that vaccine manufacturers collect or analyze safety and efficacy data from patients in which their vaccines are administered. Rather, the bulk of this work is left to regulators. As detailed, however, VAERS—the FDA's primary mechanism for post-market review—is a "passive" surveillance system and "no active effort is made to search for, identify and collect information…"

See also, FDA Regulatory Procedures Manual,[183] Ch. 5 (Administrative Actions) and Ch. 7 (Recall Procedures), which mention "imminent or substantial hazard" but under Implementing Regulations, Procedures and Industry Guidance [Guidance for Industry], at p. 16 of 153 of Ch. 7, simply note: "N/A" for "not applicable."

Related

March 15, 2024 - Deregulation of biological product manufacturing, mid-1990s to present. Don't-ask-don't-tell as applied to vaccines and other difficult-to-characterize, highly-susceptible-to-contamination medical-military poisons.

> …The ostensible reason was to relieve paperwork burdens and costs on pharmaceutical manufacturers. The changes are scientifically pseudo-justified with assertions that manufacturers have developed such excellent internal quality-control processes and technologies, that FDA validation of manufacturer claims about product purity, sterility and safety are no longer needed.
>
> This is nonsense, as are many other FDA claims to be found in Federal Register notices and guidance documents.
>
> Biological products, including but not limited to vaccines, are inherently heterogeneous, impure, non-sterile, immuno-toxic, and unstable.
>
> FDA lawyers, pharmacologists, toxicologists, factory inspectors and product reviewers know those truths. They have known those truths for many, many decades.
>
> The real reason for the rule changes was to enable biological product factories to be more fully converted to non-regulated, black-box poison factories and to increase the toxicity of the poisons distributed from their loading bays…

May 21, 2024 - There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products.

> …The NIH/FDA regulatory record for biological products is non-existent, because the object of the vaccination program was and still is to systematically poison people and induce chronic disease…the most important thing [to facilitate systematic poisoning] was to build and maintain unquestioning public trust in the product class of vaccines….

[183] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/compliance-manuals/regulatory-procedures-manual

> The best way to build and maintain that trust — to shield the intentional poisoning from public view — was to pretend to operate a regulatory system that sets standards for product safety, efficacy and purity; monitors vaccine production to assess compliance by testing samples; and removes unsafe, ineffective and contaminated vaccines from the supply chain…
>
> FDA and manufacturers coordinate with each other to ensure that vials are not properly tested and that information about the intrinsic heterogeneity, instability and toxicity of vaccines doesn't reach the public in credible, actionable form…

June 17, 2024 - Pretense of biological product manufacturing de-regulation layered on pretense of biological product manufacturing regulation.

> …For FDA and pharma, they're deregulating a system that wasn't regulating even before the deregulation: it's pretense of deregulation layered on pretense of regulation…

Sept. 10, 2024 - 1901-1910: Federal government licensing of virus and toxin propagation establishments; criminalization of traffic in adulterated or misbranded drugs.

> …The 1902 Virus-Toxin law did not prohibit adulteration or misbranding of virus, toxin and serum package contents…

Oct. 9, 2024 - 1911-1943: Continued non-existence of legal provisions directing federal agencies to establish and enforce biological product definitions and standards.

> …Viruses, toxins, serums, vaccines and related biological products manufactured or propagated at licensed establishments under the 1902 Virus-Toxin law were not subject to any of the provisions of the 1906 Pure Food and Drug Act. Virus and toxin manufacturers were not required to provide, on package labels, any information about ingredient identity, volumes, weights, concentrations, or effects. Congress was silent on the adulteration and misbranding of virus and toxin products…

Feb. 28, 2025 - 1944-1972: Law and public policy imbued with scientific misconduct to better induce irrational fear of disease and irrational trust in vaccination.

> ….1938 FDCA [Food Drug and Cosmetic Act], Section 505(d) authorized the Secretary of Agriculture (later Federal Security Agency Administrator, later Health, Education and Welfare Secretary) to issue orders refusing to permit new non-biological drugs to enter interstate commerce on several grounds.
>
> The manufacturing-related grounds to deny permission for distribution were: "upon finding...that the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of such drug are inadequate to preserve its identity, strength, quality and purity."

1944 PHSA [Public Health Service Act], Section 351(d) authorized the Federal Security Agency Administrator (formerly Treasury Secretary, later HEW Secretary) to issue "licenses for the maintenance of establishments" to "propagate or manufacture" any biological product designated as a "virus, therapeutic serum, toxin, antitoxin or analogous product, or arsphenamine or its derivatives (or any other trivalent organic arsenic compound)."

The manufacturing-related standards for issuing licenses were: "upon a showing that the establishment and the products for which a license is desired meet standards designed to insure the continued safety, purity, and potency of such products..."

The most important word in the FDCA section is identity, and that's the most crucial omission from the PHSA section.

Biological products are not legally required to be identifiable or identified.

Without an identified, identifiable, stable product, it is not practically or theoretically possible to insure qualities, properties, characteristics or attributes of propagation materials and methods, or to insure attributes that could inhere in a product itself, such as safety, purity or potency, in initial or in continued form…

From 1903 to 1944, biological product regulations set forth standards for contents of product labels. Labels were required to contain the name of the manufacturer; address of the manufacturer; license number (assigned to the establishment, not to any specific product prepared within the establishment); proper name of product; minimum potency of product if any; "No U.S. standard of potency" if no potency standard established; lot number; and date of manufacture or issue with period of potency, or expiration date.

Labels were not required to contain any information about the identity of any substances, quantity, mass, volume, concentration, purity, sterility, or predicted effects. The absence of these information items on labels rendered it impossible for any product to be deemed adulterated, contaminated or misbranded through any assessment method analogous to the requirements of the FDCA for non-biological drugs and rendered it impossible for any recipient to obtain information necessary to provide informed consent to treatment.

From 1903 to 1944, biological product regulations set forth procedures for examination of products by PHS NIH laboratory staff, but (as stated above), it was optional for an inspector to collect samples and forward them to the PHS laboratory. If NIH officers tested the samples at all, they tested the samples using unpublished, unvalidated test methods, comparing unstable mixtures of biological material bottled at the commercial facility to unstable mixtures of biological material bottled at NIH laboratories.

...

Standards for Products: General

[After enactment of the 1944 Public Health Service Act] The 1947 biological product regulations, at sections 42 CFR 73.70 to 73.79, introduced the early form of what would later become known as "lot release."

These provisions suggested enforcement mechanisms to insure relative (not objective) qualities for products that mimicked the standards under the FDCA that authorized removal of drugs from interstate commerce if "the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of such drug are inadequate to preserve its identity, strength, quality and purity." Recall: these qualities of non-biological drugs were defined by the USP-NF compendia (now known as Critical Quality Attributes or CQAs), and USP-NF was responsible for designating quality control testing materials and methods.

The lot release system set up for biological products was riddled with get-around clauses.

Examples include:

"[n]o lot of any licensed product shall be released by the manufacturer prior to the completion of tests for conformity with the standards applicable to such product" in a context in which there are no applicable standards;

"[t]ests for potency shall be made on each lot only after completion of those processes of manufacture which may affect the potency of the final product" in a context in which none of the processes of manufacture can be defined with specificity, and potency is an unmeasurable, infinitely variable factor of the interaction of the biological organisms in the starting materials with each other and with the animal or human recipient; and

"[t]he contents of a final container of each filling of each lot shall be tested for identity, if such a test is available, and for safety either after the labels have been affixed to the final container or affixed, both outside and inside, to the multiple container storage receptacle just prior to its sealing for storage purposes, except that exceptions to this procedure may be authorized by the Institute to apply when the volume of the final container is very large and when more than one lot is processed each day," in a context in which there are no available identity tests, and in a context in which general safety tests (added in 1960 at 42 CFR 73.72, eliminated in 2015, 80 FR 37971) are comprised of injecting "maximum volume tolerated" into two mice and two guinea pigs, and assessing whether or not they sicken or die in the next seven days, and "variations of this test, either in the volume injected or in the species of test animal used" are authorized.

Lot release testing was to be conducted by manufacturers themselves, with an option, but no requirement, for manufacturers to send samples to NIH for testing.

"Tests for safety, purity and potency applicable to the product shall be completed for each lot of any licensed product prior to its release by the manufacturer, and samples of any lot of any licensed product may at any time be required to be sent to the Institute for

examination," again, in a context in which there are no valid, applicable tests for safety, purity or potency.

"Standard units or samples for comparison made available by the Institute shall be applied in testing for potency all forms of diphtheria antitoxin, tetanus antitoxin... and other products *for which such units are available*," in a context in which reference products are not held by NIH for products, and if they are held, their potency is expressed in probability-based, non-objective "immunity units."

Labeling

The 1947 biological product regulations, at sections 42 CFR 73.50 to 73.55, expanded upon the earlier forms of non-identifying label contents.

As reported above, container labels between 1902 and 1944 were required to provide label readers with the proper name of the product; name, address and license number of manufacturer; lot number and expiration date.

As of 1947, the outside carton was required to contain:

> (a) the preservative used and its concentration;
>
> (b) the volume of the contents, if a liquid, or the weight, if a solid, and the potency or dosage if more than one strength is dispensed;
>
> (c) the recommended storage temperature;
>
> (d) the words "Shake Well," or equivalent, when indicated by the character of the product,
>
> (e) the dose and route of administration recommended or reference to such directions in an enclosed circular;
>
> (f) the source of the product when a factor in safe administration; and
>
> (g) minimum potency of product expressed in terms of official standard of potency or, if potency is a factor and no standard of potency has been prescribed, the words "No U. S. standard of potency,"

all in a context in which there is no stable potency, strength or dose, because the biological material is unstable and mixed, and effects vary immeasurably and unpredictably over time and across recipients, in which the source of the product is an unidentifiable collection of many biological organisms.

Additional Standards

The 1947 biological product regulations, at sections 42 CFR 73.90 to 73.96, added the first "Additional Standards" section, purported to require that Trivalent Organic Arsenicals be tested, by manufacturers and regulators, for "stability, solubility, arsenic content, moisture and relative non-toxicity."

In 1956, additional standards for poliomyelitis vaccine were added, and in 1957, additional standards for adenovirus vaccine were added. The additional standards were inapplicable and ineffective from the day they appeared in the regulations, because they were based on the fictional scientific methods laid out by Leslie Webster (1939), Charles Armstrong (1939), and Enders et al (1949-1954), by way of Jonas Salk, Joseph Smadel and William Workman (more information below).

Mixtures of bacterial, animal and human cells and tissues were to be cultured in nutrient media (chicken embryos; cow, pig, horse serums; salts, sugars, amino acids), fixed with formalin or other toxic preservatives, and injected into mouse and monkey brains and muscles. Mouse and monkey blood was to be tested for non-specific antibodies, which would be reported as specific to alleged disease-causing agents. Mice and monkeys were to be killed and necropsied. Brain tissue was to be tested for cytopathic effect/lesions. The sick and dead proportions of mouse and monkey groups were to be counted. And "equivalent methods" and "alternative demonstrations" would be permitted as needed.

The conduct of even these pretenses of NIH testing was suspended by internal policy by 1962 (Smadel memo) and the "Additional Standards" sections were eliminated in their entirety in 1996. (61 FR 40153)

June 2, 2025 - There cannot be product liability exposure for manufacturers of products for which no physical, objective standards exist.

…no vaccine manufacturers have ever been or are ever subject to liability for the products they produce, because there are no physical, objective standards for safety, efficacy, purity, manufacturing quality control or any other parameter against which a product can be tested for compliance; there are no valid tests that would demonstrate compliance or non-compliance with such standards (which don't exist to be applied, because FDA has never established or promulgated any such standards); FDA has no legal obligation to conduct any tests for compliance or impose any enforcement measures; and there is no access to courts or other fact-finding, law-enforcement entities, and no requirement that manufacturers submit to any fact-finding, law-enforcement procedures.

It doesn't make any legal difference whether a product is an EUA (emergency use authorization) product or a BLA (biologics license application) product, or any other classification, going back to 1902.

There are no physical standards for biologics, no methods to assess their compliance with such standards (which don't exist) and no procedures or venues for fact-finding or enforcement….

June 20, 2025 - On the contents of vaccines as capable of causing death, disease, biological malfunction, temporary incapacitation and permanent harm upon injection into living creatures.

Mike Yeadon note[184] sharing 'No HHS or FDA authority or competency to standardize or regulate vaccine-bottling processes or products' (June 17, 2025, Katherine Watt)

> I strongly urge everyone to take some time out to read this carefully, because many people are simply not going to be able to believe it. If you read it & think "This simply cannot be true: the author must have misinterpreted the regulations or made some other incorrect assumptions", please examine the final paragraphs for numerous examples of where what appear to be tightly worded regulations are utterly without meaning.
>
> FDA does tightly regulate pharmaceutical chemical substances and products made from them. This is possible because these are defined substances. It can be shown using multiple analytical techniques whether there is or is not 100 micrograms of a particular compound present.
>
> Analogous methods do not exist & cannot exist for most, so-called "biological products." These are not defined substances because all but recombinant proteins are complex mixtures which, at best, may be characterised to some extent. Yet there are no adequate tests & standards for vaccines & indeed all biological products. Even in the narrowest case of recombinant proteins, there is still a mixture of heterogeneous materials.
>
> The bottom line, for the purpose of understanding what has happened in the case of products classified as "vaccines" is that they are not subject to any proper regulation, and they never have been. It's all theatre. It's absolutely horrifying, the depth and durability of the deception.

Reply[185] from Jessica Hockett:

> So then they can't be called biological weapons, right? Weapons? Yes. Chemical weapons? Sure. But not biological. Am I understanding that correctly?

Reply[186] from Katherine Watt:

My view on that question is that vaccines can be classified as biological weapons and as chemical weapons, based on their physical composition, but that — under law — their production and use is exempt from prohibition and prosecution. (See Part 1 of series addressing these subjects: May 9, 2025 - Are vaccines biological and chemical weapons? By physical composition and physiological effects, yes. Under deceitful American and international law, no.)

[184] https://substack.com/@drmikeyeadon/note/c-126981586
[185] https://substack.com/@jessicahockett/note/c-127113452
[186] https://substack.com/profile/8540123-katherine-watt/note/c-127370772

The timeline lays out how the exemption holes were created (starting from the 1944 PHSA, which incorporated 1902 virus-toxin law provisions) and how they're kept open over time to drive the legalized chemical and biological warfare programs forward.

Reply[187] from Jessica Hockett:

> Yes, now I remember this post. Definitions are important and (as much as possible) I like to circumvent what I've called "cacophonous polysemy"[188] which can confuse matters, unintentionally or unintentionally (though I think intentionally on the part of some, but NOT you). So, if I'm understanding correctly, what makes an injected substance "biological" is the inclusion of "mixtures of physical things: living organisms and the products living organisms produce"?

Reply[189] from Katherine Watt:

I think what makes any substance, injected or not, biological, is whether it is or once was a living organism or creature or came from/was produced by a living creature, or has been synthesized to mimic or simulate substances produced by living creatures.

In American federal biological and chemical weapons laws, and probably in most US state laws that mirror the federal laws, biological "agents" are defined (in terms that have changed over time largely because the law writers are trying to maintain exclusions for vaccines) more or less as living or once-living organisms, and their products, that are "capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism." That example is from the 1990 version of the US biological weapons law at 18 USC 178.

Toxic chemicals are defined (again, in terms that change over time because the law writers are trying to maintain plausible exclusion of vaccines) more or less as chemicals that "can cause death, temporary incapacitation or permanent harm to humans or animals." That example is from the 1993 UN Chemical Weapons Convention and was adopted by US Congress through 1998 implementing statute codified at 18 USC 229F(8).

The contents of vaccines — biological organisms, their products and toxic chemicals (propagated by organisms and/or synthesized to mimic those) — have and always have had the capacity or ability to cause death, disease, biological malfunction, temporary incapacitation and permanent harm to humans and animals. The makers and recommenders of vaccines have always known this, as have the writers of biological product laws and biological and chemical weapons laws. That's why the criteria on which the weapons laws exclude vaccines from prohibitions, seizure, destruction and criminal prosecution are based on the presumed or asserted intent of the producer or user (protective, preventative, etc.), and not on any physical compositions or characteristics of the container contents: because the contents of a container of vaccine are intrinsically capable of causing harm and death upon forcible (wound-making) insertion into the living, recipient creature.

[187] https://substack.com/@jessicahockett/note/c-127377320
[188] https://www.woodhouse76.com/p/opinions-on-the-use-of-bioweapon
[189] https://substack.com/@bailiwicknews/note/c-127431099

July 2025

The Visitation. Raphael.

July 1, 2025 - 1986 National Childhood Vaccine Injury Act, National Vaccine Program, and National Vaccine Injury Compensation Program.[190]

Summaries of key provisions, brief analysis.

A. Introduction

Headwaters of the scientific and legal deception system set up to authorize intentional, knowing torture, mutilation and murder of babies, children and adults through vaccine production and vaccination programs are to be found in the 19th century, in microbiology and epidemiology research, and in centralization of publishing on disease causation, case diagnosis, classification of diseases and classification of cause-of-death.

Centralization facilitated falsification and mischaracterization of evidence and mis-attribution of causation, while also reducing the probability of exposure for deceivers and their deceptions.

Legal records — especially American statutes and regulations — help expose how accurate information about microbiology and disease causation has been successfully obscured and suppressed throughout the intervening decades, to maintain the plausibility and flood-momentum of the headwater lies.

It's important to understand as many as possible of the legal-mechanistic details about how biological product and vaccination laws veil and obscure truth, because the scientific, medical and statistical lies are so large, so long-standing, and still so widely believed.

To see clearly underneath, viewers must peel back layers or pull out threads of sub-component deceptions and understand how they work. Over time, pulling out threads creates larger threadbare sections in the legal veils for more light to shine through, so that more people can see more truth, stop taking vaccines, stop vaccinating babies and children and bring about full abolition of vaccine production and vaccination programs.

Below is an effort to pull out some of the threads woven into US federal law in 1986 when Congress and President Ronald Reagan established the National Vaccine Program, National Vaccine Injury Compensation Program (NVICP or VICP), Vaccine Injury Table (VIT) and Vaccine Injury Trust Fund (VITF); revised biological product manufacturing establishment licensing law; and authorized the US-HHS Secretary to apply the laws, publish and revise agency regulations and run the programs.

- State Comprehensive Mental Health Services Plan Act of 1986 (PL 99-660)
- 42 USC 300aa-1 to 300aa-34 - Vaccines (current version)
- 42 CFR 100 - Vaccine Injury Compensation; Vaccine Injury Table; Qualifications and Aids to Interpretation (current version)

[190] October 2025 Note - A version of the information about the National Childhood Vaccine Injury Act published July 1, 2025 was incorporated into St. Benedict Memo published in September 2025.

Some of the ostensible, false purposes cited in 1986 to support enactment of the VIT table and the VICP process were to (1) lower the barriers for a small subset of injured petitioners to demonstrate general causation, by providing that identified injuries or deaths occurring after administration of listed vaccines whose onset fell within the required time frame, would be — in most cases — presumptively considered as vaccine-caused and therefore compensable and; (2) relieve manufacturers of the fear of product liability litigation, and thereby maintain and expand vaccine supply and use.

The VIT table and VICP process also serve several deceptive functions.

The VIT table and VICP process help induce public perception that there exist scientific, medical and statistical foundations for claims that vaccines prevent disease and only "rarely" cause injury and death.

To the extent people believe unfounded claims that vaccines prevent disease and that adverse reactions are rare and only take the form of severe, rapid-onset symptoms (such as seizures) and death within hours or days of administration, people remain ignorant of the falsehoods embedded in "vaccine-preventable disease" classifications, and ignorant of the causation, by vaccination, of a wide variety of injury, chronic disease, and death processes that develop and become observable in signs and symptoms weeks, months and years afterward.

The VIT table and VICP process also help induce public perception that there exist credible scientific, medical, manufacturing and legal procedures for identifying vaccine-preventable diseases; diagnosing cases; making vaccines whose contents correspond to one or more preventable diseases; identifying vaccine-caused injuries; and financially compensating injured people, their caregivers and the survivors of the dead.

To the extent people believe the sequence of disease-causation and disease-prevention lies, and believe that the VICP compensation process is legitimate, it is more difficult for people to recognize that they have been deceived for a very long time, are being deceived in the present, and are justified in developing hostility to the always-harmful, never-beneficial character of vaccine container contents, all vaccination acts and all acts recommending vaccination.

The VIT table and VICP process block or prevent public, adversarial fact-finding, product component identification and characterization, and causation assessments, because if conducted, those fact-finding acts would expose long-known, highly-plausible mechanisms of action through which vaccines cause injury and disease by introducing foreign biological matter into the blood and organs of living animals and humans.

See Charles Richet[191] (Nobel Prize lecture, 1913); Coombs and Gell[192] (1968), cited in *Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality* (NASEM, 1994); Coombs and Gell[193] (1975) cited in *Biologic Markers in Immunotoxicology* (NASEM, 1992); Tracey Northern, 'Contagion, Fact-Checked'[194] (2021)

Preventing fact-finding in the vaccine injury context also prevents public understanding that there is no theoretical or practical way to apply traditional tort liability principles to products that are not designed to any quality standards, and therefore cannot be subject to design defect claims, and are not manufactured to any quality standards and therefore cannot be subject to manufacturing defect claims.

[191] "...Anaphylactic symptoms also vary to a great extent, although the differences are marked rather according to the nature of the experimental animal than according to the nature of the poison used. It is indeed worthy of note to find that the phenomena are constant, whatever the poison used. I have made especial study of anaphylaxis in dogs, which permits of greater accuracy in specifying symptoms than in experiments with the guinea-pig. In the dog, four degrees of anaphylaxis may be distinguished, according to intensity...[description of symptoms including "prurience or itching...rapid breathing, lowered arterial pressure, faster heart-beat, vomiting, blood diarrhoea and rectal tenesmus...depression of the nervous system...ataxia [lack of muscle coordination]...pupils are dilated, the eyes haggard and after heart-rending cries, the animal falls to the ground, urinating and defecating underneath himself, unconscious...breathing is laboured and agonized...heart beats are so faint as to be barely perceptible: blood pressure hardly reaches the one or two centimetre mercury level...all the symptoms point to the central nervous system being the seat of severe and sudden intoxication. This brutal assault of the poison on the nervous system has been called anaphylactic shock..." Richet further described work by Milton J. Rosenau and John Anderson of the US-Public Health Service and other researchers who induced similar effects, by injection of foreign biological matter, in rabbits, guinea pigs… Richet: "Anaphylaxis has been observed in all animals: the horse, the goat, the ox, the rat, the pigeon, the duck and even recently in frogs. Anaphylaxis takes place also in human subjects and has caused death in certain instances..." Charles Richet (Nobel Lecture, 1913)

[192] "...A classification of immunologic reactions that can cause disease has been proposed by Coombs and Gell (1968). Four reactions make up the classification: type I, immediate hypersensitivity, the most serious clinical manifestation of which is anaphylaxis; type II, reaction of antibody with tissue antigens; type III, Arthus-type reaction, caused by deposition of antigen-antibody complexes in tissues, leading to the tissue-damaging effects of complement and leukocytes; and type IV, delayed-type hypersensitivity, which is mediated largely by T lymphocytes and macrophages. In clinical reactions to foreign antigens, these categories frequently overlap. These reactions are a by-product of the body's capacity to reject foreign invasion, particularly by microorganisms..." Coombs and Gell, 1968, cited in *Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality* (NASEM, 1994, p. 59)

[193] "... Mechanisms of Chemically Induced Immune Disease. Exposure to immunotoxicants can cause immunologic suppression, resulting in altered host resistance. The outcome of immune suppression is influenced by the dose and mechanism of action of the immunotoxicant along with concomitant exposure to other agents, such as bacteria, viruses, parasites, or chemicals at levels so low they might normally be innocuous... Xenobiotics also can act as sensitizers to stimulate the immune system as antigens by provoking a substantial immune response that leads to hypersensitivity...Diseases that are immune-reaction mediated include rheumatoid arthritis, some types of diabetes, and myasthenia gravis... An older classification of immune reactions, developed by Gell and Coombs (Gell et al., 1975), is noted in Table 2-1 for comparison..." Coombs and Gell, 1975, cited in *Biologic Markers in Immunotoxicology* (NASEM, 1992, pp. 26-27)

[194] "There are only three diseases: toxemia, malnutrition and injury …toxemia is poisoning of any kind, it can be from pollution in the air and the water, even your food. It is drugs and especially vaccines...malnutrition [is]...being severely depleted in certain nutrients and remember all drugs (and poisons) deplete the body of nutrients as they get used up to deal with toxins…injury, physical or mental...physical injury can be obvious, a cut or stab or a broken bone even bruises. It can also be hidden as in internal injuries which could be caused by number 1 again (toxemia)..." Tracey Northern, 'Contagion, Fact-Checked' (2021)

Through the VIT/VICP system set up in 1986, the US government has paid out some compensation to a small pool of injured victims who have suffered narrowly-limited forms of rapid-symptom-onset injuries and deaths; shielded the acts and omissions of DoD scientists, vaccine bottlers, FDA regulators, pediatricians and other vaccinators from scrutiny and liability attribution; and blocked victims of vaccine-caused delayed-symptom-onset and chronic injuries from compensation, thus preserving the overall vaccination system from public outrage and abolition.

The tradeoff has been well worthwhile. It bought the US government, vaccine bottlers and pediatricians 40 more years and hundreds of millions more doses delivered to millions more targets.

*

Under the VICP framework, the HHS Secretary occupies several roles.

He is the respondent, similar to the defendant in a civil tort case or a criminal prosecution. By Congressional statute, he stands as the respondent alone, unaccompanied by his collaborators among epidemiologists, military researchers, drug company executives and employees, FDA regulators, doctors, nurses, and pharmacists.

The HHS Secretary selects vaccines, vaccine-caused injuries, and time periods during which signs and symptoms of injury must occur, for inclusion in the VIT table, for a claim to be deemed compensable. His VIT decisions create two broad categories of injury: "on-table" and "off-table."

The HHS Secretary also determines "qualifications and aids to interpretation" by which signs and symptoms documented in a medical file are to be assessed as to whether they meet the conditions described in the VIT table.

These decisions are, like many other determinations in the communicable disease/biodefense/biological product context, made unilaterally by the HHS Secretary alone, without any requirement for production of physical evidence, without standards of evidence against which claims can be tested, and without evidentiary review procedures through which judges or legislators can hear and rule on challenges to HHS determinations.

In the VICP process, the special masters (attorneys appointed by federal court to act as administrative law judges) and the supervising judges serve only ministerial functions. They ensure that medical evidence is submitted in proper formats, and they apply the conditions for eligibility previously established by the HHS Secretary through the VIT table.

For each case, the HHS Secretary is authorized to accept a finding that the petitioner's injuries fall within the narrow terms of the VIT table conditions, or — at his discretion — challenge the presumption of injury causation by alleging that "factors" other than administration of a vaccine caused the injuries.

As summarized below, the list of ‘unexplained’ or ‘hypothetical’ causes that Congress barred the HHS Secretary from using by the first part of the "factors unrelated" definition, remain available for his use under the list in the second part, of non-specific conditions and agents listed as "infection, toxins, trauma...or metabolic disturbances."

Those four terms — infection, toxins, trauma, metabolic disturbances — denote agents and injurious effects of blood poisoning, by foreign biological matter, of a living animal or human: the act known as vaccination or immunization.

An analogous situation would be a criminal prosecution process in which a criminal defendant is authorized to make general rules about evidence admissibility; make decisions during his trial about whether proffered evidence is admissible; and revise the admissibility rules over time.

B. 1986 NCVIA

In 1986, Congress and President Ronald Reagan enacted PL 99-660: the State Comprehensive Mental Health Services Plan Act of 1986.

Through PL 99-660, Congress (1) established the National Vaccine Program and National Vaccine Injury Compensation Program/VICP (National Childhood Vaccine Injury Act/NCVIA); (2) amended biological product manufacturing regulation law (42 USC 262) to authorize exports of "partially processed biological products" and set up an ostensible recall system for biological products presenting "an imminent or substantial hazard to public health;" and (3) established a National Commission to Prevent Infant Mortality whose tasks included assessing "adequacy of biostatistics registration systems for collecting and reporting on infant health statistics."

C. 42 USC 300aa-1 to 300aa-33 (Vaccines)

The NCVIA passed by Congress had two main parts, establishing the National Vaccine Program and the National Vaccine Injury Compensation Program.

i. National Vaccine Program - 42 USC 300aa-1 to 300aa-6

The first part set up the National Vaccine Program under the Public Health Service Act, and was codified at 42 USC 300aa-1 to 300aa-6.

Congress directed the Secretary of health and Human Services to establish a National Vaccine Program "to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines" (42 USC 300aa-1) and appoint a Director to coordinate nine program areas including (1) vaccine research; (2) development; (3) safety and efficacy testing; (4) licensing of vaccine manufacturing companies and vaccines; (5) production and procurement of vaccines; (6) distribution and use of vaccines, supported by "assistance to States, localities and health practitioners...including efforts to encourage public acceptance of immunizations;" (7) "evaluating the need for vaccines, the effectiveness of vaccines, and the adverse effects of vaccines and immunizations;" (8) exchange of information and funding between US government and non-governmental organizations; (9) implementation of the National Vaccine Program. (42 USC 300aa-2)

Federal agencies to be coordinated by the Director to carry out these nine program areas included NIH, CDC, FDA-Office of Biologics Research and Review (OBRR), Department of Defense, US-Agency for International Development, National Center for Health Statistics, National Center for Health Services Research and Health Care Technology Assessment, and the Health Care Financing Administration, along with non-governmental organizations "engaged in the development and production of vaccines."

Congress directed the Director of the National Vaccine Program to draft an implementation plan and set priorities for research, development, testing, licensing, production, procurement, distribution and use of vaccines (42 USC 300aa-3) and to submit annual reports about the implementation of the National Vaccine Program to Congressional committees (42 USC 300aa-4).

Congress established a National Vaccine Advisory Committee[195] (NVAC) of vaccine researchers, vaccine manufacturers, doctors, parents, and State and local health officials, tasked with "recommending ways to encourage the availability of an adequate supply of safe and effective vaccination products and recommend research priorities." (42 USC 300aa-5).

To fund the first eight tasks National Vaccine Program, Congress appropriated $15 million for 1987-1991. To fund the ninth task — implementation of the National Vaccine Program — Congress appropriated $125 million for 1987-1991. (42 USC 300aa-6)

ii. National Vaccine Injury Compensation Program

The second part of the NCVIA passed by Congress in 1986 established the National Vaccine Injury Compensation Program, or VICP, codified at 42 USC 300aa-10 to 300aa-33.

Through the VICP program, Congress set up an alternative compensation system for people injured by vaccines, their caretakers, and survivors of those killed by vaccines, to divert petitioners out of civil courts typically involved in adjudicating product liability claims.

At that time, available products used on babies and children were alleged to prevent seven named, allegedly uniquely-diagnosable, alleged disease-states allegedly caused by specific, isolatable, identifiable pathogens allegedly contained, in whole or in part, in vaccine containers: polio, diphtheria, tetanus, pertussis, measles, mumps and rubella.

[195] Note on vaccine committees: Congress and federal executive officers have set up several vaccine-related committees since the 1960s, including NVAC established in 1986 through 42 USC 300aa-5; Immunization Practices Advisory Commission (IPAC) established by the PHS Surgeon General in 1964 and renamed the Advisory Commission for Immunization Practices (ACIP) in 1965; and the Advisory Commission on Childhood Vaccines (ACCV), established by Congress in 1986 through 42 USC 300aa-19 and tasked with advising the HHS Secretary on implementation of the National Vaccine Injury Compensation Program (VICP or NVICP).

Although they are also important to understand, this report does not lay out VICP procedural steps in detail; relationships between special masters, Court of Federal Claims, district court judges; attorney fee payment rules; funding of the compensation trust fund (VITF) through excise taxes levied on vaccine bottlers and investment of proceeds; or relationships between VICP procedures and standard tort litigation.

This report focuses on VIT table components and some of the evidentiary elements of the VICP procedure.

a. Types of claims authorized for compensation - 42 USC 300aa-11

Congress authorized petitioners to use the VICP program to seek eligibility review and compensation for three basic types of claims.

The first, and most likely to be deemed eligible, became known as "on-table" injuries, and included any "illness, disability, injury, or condition" including death set forth in the Vaccine Injury Table as caused by one of the seven vaccines generally required for school attendance as of 1986 (diphtheria, tetanus, pertussis, polio, measles, mumps and rubella) if the "first symptom or manifestation" of the injury, significant aggravation or death occurred within the time period after administration identified in the VIT table: generally 24 hours to 3 days or 15 days. 42 USC 300aa-11(c)(1)(C)(i)

The second and third categories, less likely to be deemed eligible, became known as "off-table" injuries. The second category included injuries not identified in the VIT table, but allegedly caused by a vaccine listed on the VIT table. 42 USC 300aa-11(c)(1)(C)(ii)(I). The third category included injuries caused by a vaccine identified in the VIT table but whose symptom onset occurred outside the time period after administration identified in the table. 42 USC 300aa-11(c)(1)(C)(ii)(II)

b. Parties; HHS Secretary to be named as respondent; limits on discovery - 42 USC 300aa-12

Congress directed petitioners to name the Secretary of Health and Human Services as the respondent in their petitions. 42 USC 300aa-12(b)(1)

Congress did not authorize petitioners to name vaccine developers, manufacturers, regulators, or administrators (doctors, nurses) as parties.

Congress directed petitioners to collect and submit medical and financial information to support the injury claims and compensation amounts.

Congress prohibited discovery (collection and disclosure of evidence) apart from medical reports about injuries and financial reports about caregiving expenses and lost income. 42 USC 300aa-12(c). Congress, in other words, barred the collection and exchange of information about product design, testing, manufacturing, identification, misbranding, mislabeling, quality standards, adulteration or contamination during processing, storage and use, and all other product-related factors.

c. Determination of eligibility and compensation - 42 USC 300aa-13

Congress assigned the initial burden of proof for "on-table" injuries to the petitioner, to demonstrate by a preponderance-of-the-evidence standard, that the injured party "sustained, or had significantly aggravated, any illness, disability, injury or condition [set forth in the VIT] or died from the administration of such vaccine, and the first symptom or manifestation of the onset or...significant aggravation...or the death occurred within the time period after vaccine administration" set forth in the VIT. 42 USC 300aa-13(a)(1)(A)

Congress directed that, if the petitioner provided medical reports supporting the claim that the injured person sustained a VIT-listed injury, from a VIT-listed vaccine, within the VIT-listed time period, the HHS Secretary as respondent would have an opportunity to rebut the conclusion, if he could demonstrate by a preponderance-of-the-evidence that "the illness, disability, injury, condition, or death...is due to factors unrelated to the administration of the vaccine." 42 USC 300aa-13(a)(1)(B)

Congress provided that the term 'factors unrelated to the administration' "does not include any idiopathic, unexplained, unknown, hypothetical or undocumentable cause, factor, injury, illness or condition," but that the term may include "infection, toxins, trauma (including birth trauma and related anoxia), or metabolic disturbances which have no known relation to the vaccine involved, but which in the particular case are shown to have been the agent or agents principally responsible for causing the petitioner's illness, disability, injury or death." 42 USC 300aa-13(a)(2)(A) and (B)

d. Vaccine Injury Table (VIT) and Qualifications and Aids to Interpretation - 42 USC 300aa-14

Through the NCVIA, Congress established an initial Vaccine Injury Table; an initial set of "Qualifications and Aids to Interpretation;" and authorized the HHS Secretary to revise, by Federal Register rulemaking, the VIT table and the interpretive provisions. 42 USC 300aa-14(a), (b) and (c)

The VIT table and "qualifications and aids to interpretation" are codified at 42 CFR 100.

Compensable injuries listed in the first, 1986 VIT table included anaphylaxis occurring within 24 hours of administration of a listed vaccine; encephalitis (brain damage) symptoms occurring within 3 days (for diphtheria, tetanus, pertussis and polio vaccines) and 15 days (for measles, mumps and rubella vaccines); shock-collapse or hypotonic-hyporesponsive collapse symptoms occurring within 3 days (DTP, polio) or 15 days (MMR); residual seizure disorder occurring within 3 days (DTP, polio) or 15 days (MMR); or any acute complication of any of the above injuries that had occurred within the time period.

For polio vaccines other than Inactivated Polio Vaccine, compensable injuries also included paralytic polio occurring within 30 days to six months depending on the "immunodeficient" status of the injured person.

Qualifications and aids to interpretation listed by Congress in the first interpretation guidelines, and subject to unilateral revision by the HHS Secretary thereafter, provided for a few forms of medical evidence to be deemed relevant and admissible.

Shock collapse or hypotonic-hyporesponsive collapse claims could be supported by symptoms such as "decrease of decrease or loss of muscle tone, paralysis (partial or complete), hemiplegia or hemiparesis, loss of color or turning pale white or blue, unresponsiveness to environmental stimuli, depression of consciousness, loss of consciousness, prolonged sleeping with difficulty arousing, or cardiovascular or respiratory arrest."

To make a claim for residual seizure disorder, the injured person was required to have not suffered a seizure or convulsion without fever or with a fever of less than 102 degrees Fahrenheit before the first seizure or convulsion after the administration of the vaccine, and -- for MMR vaccines -- to have endured the first seizure (without fever or with fever less than 102) within 15 days after administration and 2 or more seizures (without fever or with fever less than 102) within 1 year after the administration. For all other vaccines, the petitioner had to demonstrate that the first seizure (without fever or with fever less than 102) occurred within 3 days, and 2 or more seizures occurred within 1 year.

To make a claim for encephalopathy (brain damage), the injured person was required to demonstrate manifestations such as "focal and diffuse neurologic signs, increased intracranial pressure, or changes lasting at least 6 hours in level of consciousness, with or without convulsions."

Congress noted that neurological signs and symptoms might be temporary or might result in permanent impairment, might include "high pitched and unusual screaming, persistent unconsolable crying, and bulging fontanel" which would be compatible with encephalopathy but would not, alone, be considered "conclusive evidence." Congress added that encephalopathy "usually can be documented with slow wave activity on an electroencephalogram."

Congress did not provide a definition for anaphylaxis or anaphylactic shock in the first interpretation guidelines enacted in 1986. HHS secretaries have since added and revised a definition for anaphylaxis at 42 CFR 100.3(c)(1), narrowly limiting diagnosis of anaphylaxis to “an acute, severe, and potentially lethal systemic reaction that occurs as a single discrete event with simultaneous involvement of two or more organ systems” (as of 82 FR 6301, Jan. 19, 2017) thus excluding and suppressing scientific and medical knowledge that anaphylaxis also denotes injuries to organ systems that become observable weeks, months or years after the initial injury in the form of chronic disease or multiple, non-discrete events.

To repeat a key point: Congress provided grounds for the HHS Secretary, as respondent, to rebut the presumption that a vaccine had caused brain damage and thereby render it an "off-table" injury, by attributing the damage causation to unspecified "infection, toxins, trauma, or metabolic disturbances" that are known to be injurious agents or observable effects of injurious, foreign biological matter delivered into the blood of living animals and humans through accidental wounds or through intentional wounds caused by vaccine needles and syringes.

And Congress authorized the HHS Secretary to revise, at will, the “qualifications and aids to interpretation” by which vaccines and patient symptoms (medical files) are assessed for the purposes of finding injuries to be, or to not be, vaccine-caused.

Synopsis from *Innovation and Challenge: the First Year of the National Vaccine Injury Compensation Program* (1991, Wendy K. Mariner)

> The Program provides "no-fault," cause-based compensation. Unlike general benefit programs, compensation is limited to injuries from a single source—seven vaccines generally required for children before they enter day care or school. Yet compensation is available regardless of whether anyone is at fault or might be legally liable for the injury or death.

Synopsis from *Vaccine Injury Compensation: Program Challenged to Settle Claims Quickly and Easily* (1999, General Accounting Office/GAO)

> Under VICP, vaccines on the injury table are presumed to have caused the listed injury if incurred within specific time periods. For example, under the original table, someone suffering neurological damage from seizures within 3 days after receiving a vaccine against pertussis would receive compensation if HHS could not prove that the condition was due to factors unrelated to the administration of the vaccine.

Synopsis from *Bruesewitz v. Wyeth* (2011, SCOTUS)

> Fast, informal adjudication is made possible by the Act's Vaccine Injury Table, which lists the vaccines covered under the Act; describes each vaccine's compensable, adverse side effects; and indicates how soon after vaccination those side effects should first manifest themselves.
>
> Claimants who show that a listed injury first manifested itself at the appropriate time are prima facie entitled to compensation. No showing of causation is necessary; the Secretary bears the burden of disproving causation.
>
> A claimant may also recover for unlisted side effects, and for listed side effects that occur at times other than those specified in the Table, but for those the claimant must prove causation.

Synopsis, Recalibrating Vaccination Laws (2017, Efthimios Parasidis)

> The distinction between on- and off-table injuries has immense legal significance. Specifically, causation is presumed for on-table injuries, and the government has the burden of disproving causation.
>
> For off-table injuries, however, the petitioner is responsible for proving that a vaccine caused their injury. This includes general causation—a medical theory linking the vaccine with an adverse health consequence—and specific causation, which is whether the vaccine caused the petitioner's injuries.

e. Definitions - 42 USC 300aa-33

Congress defined the term "vaccine-related injury or death" to mean "an illness, injury, condition, or death associated with one or more of the vaccines set forth in the Vaccine Injury Table, except that the term does not include an illness, injury, condition, or death associated with an adulterant or contaminant intentionally added to such a vaccine." 42 USC 300aa-33(5)

Congress did not define the terms 'vaccine,' 'adulterant,' or 'contaminant' in the definitions section of the NCVIA in 1986, or direct the HHS Secretary to define the terms by agency regulations. Congress did not identify analytical methods by which a petitioner, manufacturer, regulator or VICP claim reviewer could identify or distinguish among vaccine components to determine whether an isolatable substance could be classified or categorized as a vaccine, adulterant or contaminant; how a substance could be classified or excluded from the category of "intentionally added;" or how a substance or mixture of substances could be identified or excluded as an injury-causative agent.

In November 2002 (PL 107-296), Congress added a definition for vaccine at 42 USC 300aa-33(7) which read: "The term 'vaccine' means any preparation or suspension, including but not limited to a preparation or suspension containing an attenuated or inactive microorganism or subunit thereof or toxin, developed or administered to produce or enhance the body's immune response to a disease or diseases and includes all components and ingredients listed in the vaccine's product license application and product label."

Congress also made conforming amendments at 42 USC 300aa-33(3) and at the definition of "vaccine-related injury or death" at 42 USC 300aa-33(5), excluding from being classified as an adulterant and contaminant "any component or ingredient listed on a product's license application or label." The sentence added to 300aa-33(5) read: "For purposes of the preceding sentence, an adulterant or contaminant shall not include any component or ingredient listed in a vaccine's product license application or product label."

In February 2003 (PL 108-7), Congress repealed the provisions enacted in November 2002, including the definition for 'vaccine,' noting that the Public Health Service Act should be applied as if the November 2002 amendments had never been enacted.

The November 2002 to February 2003 maneuvers were related to an autism case then moving through the VICP process (*Leroy v. Secretary of HHS*), in which petitioner parents of a brain-damaged child attempted to classify the additive thimerosal as an adulterant or contaminant, whose inclusion in vaccines would place their case outside the jurisdiction of the court reviewing their VICP eligibility and compensation claims. The court ruled against the parents, finding that thimerosal could not be classified as an adulterant or contaminant, because it was intentionally added to vaccines to ostensibly serve as a preservative.

f. Advisory Commission on Childhood Vaccines; adverse event reporting by health care providers; record-keeping and reporting by manufacturers - 42 USC 300aa-19; 42 USC 300aa-25 to 300aa-28

Through the NCVIA, Congress established an Advisory Commission on Childhood Vaccines (ACCV), and assigned the ACCV duties to advise the HHS Secretary on implementation of the NVICP; recommend changes to the Vaccine Injury Table (VIT); provide advice "regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions;" survey Federal, state and local programs relating to the "gathering of information on injuries associated with the administration of childhood vaccinations;" advise the HHS Secretary on "means to obtain, compile, publish and use credible data related to the frequency and severity of adverse reactions associated with childhood vaccines;" and recommend to the National Vaccine Program Director, "research related to vaccine injuries which should be carried out." 42 USC 300aa-19

Through the NCVIA, Congress directed health care providers who administer vaccines to report "specified adverse experiences, occurring within specified time intervals" to a database to be set up and administered by FDA and CDC, launched in November 1990 as VAERS [Vaccine Adverse Event Recording System]. 42 USC 300aa-25

Congress directed the HHS Secretary to develop information materials for health care providers to distribute to legal representatives of children receiving vaccines listed in the Vaccine Injury Table. Information sheets were to contain information about "the frequency, severity and potential long-term effects of the [alleged] disease to be [allegedly] prevented by the vaccine;" vaccinations required for school attendance and under recommended immunization schedules; warning signs and symptoms of adverse reactions to look for and report to the vaccinator; how and to whom to report "any major adverse reactions;" contraindications and identification of characteristics of potential recipients who might be at higher risk of a "major adverse reaction" and the availability of the VICP compensation program. 42 USC 300aa-26

Through the NCVIA, Congress established a so-called "mandate for safer vaccines," ostensibly directing the HHS Secretary to "promote the development of childhood vaccines that result in fewer and less serious adverse reactions than those vaccines on the market on December 22, 1987, and...make or assure improvements in...the licensing, manufacturing, processing, testing, labeling, warning, use instructions, distribution, storage, administration, field surveillance, adverse reaction reporting, and recall of reactogenic lots or batches, of vaccines, and research on vaccines, in order to reduce the risks of adverse reactions to vaccines."

Congress directed the HHS Secretary to set up a task force, comprised of NIH Director, FDA Commissioner and CDC Director, to consult with the Advisory Commission on Childhood Vaccines, and to submit reports every two years to Congressional committees describing actions taken to improve the safety of vaccines. 42 USC 300aa-27.

By stipulation signed in July 2018 in a case brought by Informed Consent Action Network (ICAN), HHS provided corroborating evidence supporting the conclusion or negative inference that "mandate for safer vaccines" studies have not been conducted; reports have not been compiled (because studies were not conducted) and reports have not been provided to Congress (because reports were not compiled).

Through the 1986 NCVIA, Congress required vaccine manufacturers to "(1) prepare and maintain records documenting the history of the manufacturing, processing, testing, repooling, and reworking of each batch, lot, or other quantity of such vaccine, including the identification of any significant problems encountered in the production, testing, or handling of such batch, lot, or other quantity" and "(2) if a safety test on such batch, lot, or other quantity indicates a potential imminent or substantial public health hazard is presented, report to the Secretary within 24 hours of such safety test which the manufacturer (or manufacturer's representative) conducted…" 42 USC 300aa-28.

Discussion

Congress did not define the term vaccine by physical composition. Congress did not direct the HHS Secretary to define the term vaccine by physical composition. Congress did not enact provisions designating analytical tests that could be used to identify vaccines by physical components or assess quality or safety characteristics, did not designate any third party (such as the USP-NF) to designate such analytical tests, and did not direct the HHS Secretary or FDA Commissioner to designate such analytical tests.

Congress also did not require vaccine-bottlers to collect or report information about adverse effects experienced by living recipients of the products after the containers leave the bottling facilities.

Congress did not define the term "imminent or substantial public health hazard" or any of its constituent words, and did not direct the HHS Secretary or FDA Commissioner to define them.

Because the contents of vaccine containers are unstable mixtures of biological matter (living and dead, bacteria, fungi, plant, insect, animal, human), chemicals and nutrient solutions, any process or batch testing that a vaccine-bottler or regulator conducts cannot fully identify the biological and chemical matter contained in any "batch, lot or other quantity," and cannot meaningfully characterize any product in terms of purity, potency, safety or "potential imminent or substantial public health hazard."

Thus, there is no way for vaccine manufacturers to collect or report meaningful product identity or product quality information to support any finding that any product presents or does not present an "imminent or substantial public health hazard."

D. 42 USC 262 - Regulation of biological products; recall authority; export of partially processed biological products

In 1986, through the same NCVIA, Congress revised two sections of 42 USC 262.

i. 42 USC 262(d)(2)

One change, codified at 42 USC 262(d)(2)(A) and (B), authorized the HHS Secretary to "issue an order immediately ordering the recall of such batch, lot or other quantity" of biological product "upon a determination that a batch, lot or other quantity of a product licensed under this section presents an imminent or substantial hazard to the public health."

Congress provided for application of 5 USC 554 (agency hearings with opportunities for manufacturers to challenge recall orders), and civil penalties up to $100,000 per day to be assessed against violators.

Congress did not define "imminent or substantial hazard to the public health," and did not direct the HHS Secretary to define the terms or to prescribe agency regulations governing the recall process. *See* FDA Regulatory Procedures Manual, Ch. 7 (Recall Procedures, Version 10, July 2021), which mentions "imminent or substantial hazard" but under Implementing Regulations, Procedures and Industry Guidance [Guidance for Industry], at p. 16/153, notes "N/A" for "not applicable."

ii. 42 USC 262(h) and 21 USC 382

A second change in 1986, codified at 42 USC 262(h) and 21 USC 382, authorized export of "partially processed biological products" to listed countries including Australia, Austria, Belgium, Canada, Denmark, Federal Republic of Germany, Finland, France, Iceland, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

The provision authorized biological products to be exported "not in a form applicable to the prevention, treatment, or cure of diseases or injuries of man...[and] intended for further manufacture into final dosage form outside the United States in a country listed" upon approval of an application submitted to the HHS Secretary.

Congress provided that the HHS Secretary "may not approve an application" unless he determines that the product is "manufactured, processed, packaged, and held in conformity with current good manufacturing practice and the outside of the shipping package is labeled with the following statement: 'This product may be sold or offered for sale only in the following countries: ___ '," filling in the space with the list of importing countries. 42 USC 262(h)(1)(A)

Applications were to "describe the partially processed biological product to be exported," list the countries to which the product is to be exported; certify that the product would not be exported to any other country, identify the manufacturing establishments, and certify that the final product to be developed was approved in the importing country, or approval was being sought. 42 USC 262(h)(1)(B)

Discussion

Congress provided that partially processed biological products intended for export were not subject to other licensing provisions of 42 USC 262. 42 USC 262(h)(2)

Congress authorized the HHS Secretary to determine that prohibition of export of partially processed biological products is necessary for "protection of the public health in the United States or the country to which it is to be exported" and not approve an application on that basis. 42 USC 262(h)(3).

Congress did not identify the party or parties authorized to submit applications. Congress did not define physical standards, or direct the HHS Secretary to define physical standards, for the HHS Secretary to use in determining whether a product was or was not a "partially processed" biological product, nor how any partially processed biological product related to "protection of the public health."

E. 1986 - National Commission to Prevent Infant Mortality

In 1986, through a different section of PL 99-660, Congress established a National Commission to Prevent Infant Mortality, codified as statutory notes under 42 USC 289g and 42 USC 285g.

Congress defined "infant mortality" as referring to "the number of infants born alive but who die before their first birthday."

The commission was set up under the National Institute of Child Health and Human Development, which had been established by Congress in 1985. The infant mortality commission was tasked with assessing Federal, State, local and private resources which "impact infant mortality" including the effectiveness of supplemental feeding programs, policies to ensure access to prenatal and post-natal care for low-income pregnant women, mothers and infants up to age one, and "adequacy of the national biostatistics registration system with respect to the collection and reporting of infant health statistics." The commission was also tasked with identifying barriers to health care needed to prevent high infant mortality, hold hearings, and make recommendations for national policies.

Discussion

This program provided a useful way to collect information about the effectiveness of vaccination for harming infant health and inducing infant mortality, especially among low-income pregnant women and infants born to low-income women.

Related

- Jan. 9, 2024 - Biologic Markers in Immunotoxicology. 1992 report by Subcommittee on Immunotoxicology, Committee on Biologic Markers, Board on Environmental Studies and Toxicology, National Research Council
- March 21, 2024 - Vaccine and related biological product manufacturing as US government-licensed poison manufacturing. Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS.
- May 21, 2024 - There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products.
- July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity.
- Jan. 18, 2025 - Vaccine non-regulation history, shortest form versions currently available.
- June 2, 2025 - There cannot be product liability exposure for manufacturers of products for which no physical, objective standards exist.
- June 17, 2025 - No HHS or FDA authority or competency to standardize or regulate vaccine-bottling processes or products.
- June 20, 2025 - On the contents of vaccines as capable of causing death, disease, biological malfunction, temporary incapacitation and permanent harm upon injection into living creatures.

* * *

July 5, 2025 - Mike Yeadon, Oracle Films

Mike Yeadon's was the clearest, most credible voice I heard in the second half of 2020 as I was trying to understand what was happening.

I watched how he and his work were marginalized and suppressed, and how he persevered and by doing so, I gained a deeper understanding of the malevolence driving public health and military officers running vaccination programs. There is direct correspondence between the amount of psychological, social and economic force brought to bear to suppress vaccine-critical voices and the amount of potential for exposing deep malevolence that those voices have.

In this video[196], Yeadon draws important connections between vaccination programs and financial control programs. He emphasizes the importance of not signing up for digital identification programs and not taking any vaccines, ever again.

Digital ID and vaccines are two sides of the same diabolical coin whose strikers intend to link vaccine compliance with social and economic viability. Their purpose is to continue decreasing the fertility, vitality and life-expectancy of the vast majority of babies, children, men and women, whom they regard as pests, baited with fear and deception campaigns to consume pesticides in the form of vaccines.

From the transcript:

> The people who are trying to take our freedoms away need us to comply with things in order to control us. And I'm saying to you, we will win if enough of us bottom up simply refuse to go along with their harebrain plan.
>
> So if they want to frighten you with some mad pandemic that doesn't happen, don't be afraid. If they want to tell you to stay at home when it doesn't suit you, go outside.
>
> If they insist you wear masks, don't wear masks. There's no possible benefit for you wearing masks.
>
> Certainly, if they want you to roll up your sleeve, do not accept any injection. Certainly not of these mRNA technologies.
>
> They certainly like their digital control technologies. So, do not sign up for digital ID...
>
> Try and stay healthy. Go and talk to real people. Give them a hug and eat good food, exercise, be out in the daylight, and we'll be all right as long as enough of us do not comply.

* * *

[196] https://youtu.be/bgOZ64oJo6U

July 10, 2025 - International legal instruments supporting the conclusion that each vaccination is a willful act of war, willfully cloaked as an act of medical care.[197]

A collection of some international legal instruments legalizing the production, stockpiling and use of biological and chemical weapons, by exempting (from prohibitions) products and uses deemed — without supporting physical evidence, instead solely on the basis of deceitful container labels — to be intended for medical, prophylactic, prevention of disease or other peaceful purposes.

1907 - Hague Convention IV, Respecting the Laws and Customs of War on Land; Annex - Section II, Hostilities; Chapter I, Means of Injuring the Enemy, Sieges, and bombardments

> Article 23.
>
> In addition to the prohibitions provided by special Conventions, it is especially forbidden-
>
> To employ poison or poisoned weapons;
>
> To kill or wound treacherously individuals belonging to the hostile nation or army;
>
> To kill or wound an enemy who, having laid down his arms, or having no longer means of defence, has surrendered at discretion; To declare that no quarter will be given;
>
> To employ arms, projectiles, or material calculated to cause unnecessary suffering;
>
> To make improper use of a flag of truce, of the national flag or of the military insignia and uniform of the enemy, as well as the distinctive badges of the Geneva Convention [of 1864];
>
> To destroy or seize the enemy's property, unless such destruction or seizure be imperatively demanded by the necessities of war;
>
> To declare abolished, suspended, or inadmissible in a court of law the rights and actions of the nationals of the hostile party. A belligerent is likewise forbidden to compel the nationals of the hostile party to take part in the operations of war directed against their own country, even if they were in the belligerent's service before the commencement of the war.

[197] Note, Oct. 1, 2025 - A version of the information about international legal instruments published July 10, 2025 was incorporated into St. Benedict Memo published in September 2025.

1925 - Geneva Protocol for the Prohibition of the Use of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare

Wikipedia:

> The Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases, and of Bacteriological Methods of Warfare, usually called the Geneva Protocol, is a treaty prohibiting the use of chemical and biological weapons in international armed conflicts. It was signed at Geneva on 17 June 1925 and entered into force on 8 February 1928. It was registered in *League of Nations Treaty Series* on 7 September 1929.
>
> The Geneva Protocol is a protocol to the Convention for the Supervision of the International Trade in Arms and Ammunition and in Implements of War signed on the same date, and followed the Hague Conventions of 1899 and 1907.
>
> It prohibits the use of "asphyxiating, poisonous or other gases, and of all analogous liquids, materials or devices" and "bacteriological methods of warfare." This is now understood to be a general prohibition on chemical weapons and biological weapons, but has nothing to say about production, storage or transfer. Later treaties did cover these aspects – the 1972 Biological Weapons Convention (BWC) and the 1993 Chemical Weapons Convention (CWC).

Geneva Protocol, relevant text

> ...Whereas the use in war of asphyxiating, poisonous or other gases, and of all analogous liquids, materials or devices, has been justly condemned by the general opinion of the civilized world; and
>
> Whereas the prohibition of such use has been declared in Treaties to which the majority of Powers of the world are Parties; and
>
> To the end that this prohibition shall be universally accepted as a part of International Law, binding alike the conscience and the practice of nations;
>
> Declare:
>
> That the High Contracting Parties, so far as they are not already Parties to Treaties prohibiting such use, accept this prohibition, agree to extend this prohibition to the use of bacteriological methods of warfare and agree to be bound as between themselves according to the terms of this declaration...
>
> Comment: The Geneva Protocol addressed use of chemical and bacteriological materials in "war" only. The Geneva Protocol was silent on the use of chemical and bacteriological materials in medical research, experimentation and treatment, scientific experimentation and research, agriculture, industry, and for law enforcement and military purposes not deemed elements of warfare.

1949 Geneva Conventions

Wikipedia:

> The Geneva Conventions are international humanitarian laws consisting of four treaties and three additional protocols that establish international legal standards for humanitarian treatment in war.
>
> The singular term *Geneva Convention* colloquially denotes the agreements of 1949, negotiated in the aftermath of the Second World War (1939–1945), which updated the terms of the two 1929 treaties and added two new conventions.
>
> The Geneva Conventions extensively define the basic rights of wartime prisoners, civilians and military personnel; establish protections for the wounded and sick; and provide protections for the civilians in and around a war-zone.
>
> The Geneva Conventions define the rights and protections afforded to those non-combatants who fulfill the criteria of being 'protected persons.'
>
> The treaties of 1949 were ratified, in their entirety or with reservations, by 196 countries.
>
> The Geneva Conventions concern only protected non-combatants in war.
>
> The use of wartime conventional weapons is addressed by the Hague Conventions of 1899 and 1907 and the 1980 Convention on Certain Conventional Weapons, while the biological and chemical warfare in international armed conflicts is addressed by the 1925 Geneva Protocol.

Discussion

The First Geneva Convention provided "for the amelioration of the condition of the wounded and sick in armed forces in the field." The Second Geneva Convention provided "for the amelioration of the condition of wounded, sick and shipwrecked members of armed forces at sea." The Third Geneva Convention addressed acts and omissions "relative to the treatment of prisoners of war." The Fourth Geneva Convention addressed acts and omissions "relative to the protection of civilian persons." Several articles are included in each of the four Geneva Conventions, called "common articles."

Provisions relevant to use of poisonous substances on human targets include the following.

Common Article 3. —

> In the case of armed conflict not of an international character occurring in the territory of one of the High Contracting Parties, each Party to the conflict shall be bound to apply, as a minimum, the following provisions:
>
> 1) Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed *hors de combat* [out of action] by sickness,

wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria.

To this end, the following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons:

a) violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture;

b) taking of hostages;

c) outrages upon personal dignity, in particular humiliating and degrading treatment;

d) the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court, affording all the judicial guarantees which are recognized as indispensable by civilized peoples.

First Geneva Convention (regarding members of armed forces in the field), Article 12 - Wounded and sick, protection and care

Article 12 — Members of the armed forces and other persons mentioned in the following Article, who are wounded or sick, shall be respected and protected in all circumstances.

They shall be treated humanely and cared for by the Party to the conflict in whose power they may be, without any adverse distinction founded on sex, race, nationality, religion, political opinions, or any other similar criteria. Any attempts upon their lives, or violence to their persons, shall be strictly prohibited; in particular, they shall not be murdered or exterminated, subjected to torture or to biological experiments; they shall not wilfully be left without medical assistance and care, nor shall conditions exposing them to contagion or infection be created...

First Geneva Convention, Article 50 - Repression of Abuses and Infractions; Grave breaches

Article 50 — Grave breaches to which the preceding Article relates shall be those involving any of the following acts, if committed against persons or property protected by the Convention: wilful killing, torture or inhuman treatment, including biological experiments, wilfully causing great suffering or serious injury to body or health, and extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly.

Second Geneva Convention (regarding members of armed forces at sea), Article 12 - Wounded, sick and shipwrecked, protection and care

> Article 12 — Members of the armed forces and other persons mentioned in the following Article, who are at sea and who are wounded, sick or shipwrecked, shall be respected and protected in all circumstances, it being understood that the term "shipwreck" means shipwreck from any cause and includes forced landings at sea by or from aircraft.
>
> Such persons shall be treated humanely and cared for by the Parties to the conflict in whose power they may be, without any adverse distinction founded on sex, race, nationality, religion, political opinions, or any other similar criteria. Any attempts upon their lives, or violence to their persons, shall be strictly prohibited; in particular, they shall not be murdered or exterminated, subjected to torture or to biological experiments; they shall not wilfully be left without medical assistance and care, nor shall conditions exposing them to contagion or infection be created...

Second Geneva Convention, Article 51 - Repression of Abuses and Infractions; penal sanctions; grave breaches

> Article 51 — Grave breaches to which the preceding Article relates shall be those involving any of the following acts, if committed against persons or property protected by the Convention: wilful killing, torture or inhuman treatment, including biological experiments, wilfully causing great suffering or serious injury to body or health, and extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly.

Third Geneva Convention, (regarding prisoners of war), Article 13 - Humane treatment of prisoners

> Article 13 — Prisoners of war must at all times be humanely treated. Any unlawful act or omission by the Detaining Power causing death or seriously endangering the health of a prisoner of war in its custody is prohibited, and will be regarded as a serious breach of the present Convention. In particular, no prisoner of war may be subjected to physical mutilation or to medical or scientific experiments of any kind which are not justified by the medical, dental or hospital treatment of the prisoner concerned and carried out in his interest. Likewise, prisoners of war must at all times be protected, particularly against acts of violence or intimidation and against insults and public curiosity. Measures of reprisal against prisoners of war are prohibited.

Fourth Geneva Convention, (regarding civilian persons) Article 32 - Prohibition on corporal punishment, torture, etc.

> Article 13 — The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands. This prohibition applies not only to murder, torture, corporal punishment, mutilation and medical or scientific experiments not

necessitated by the medical treatment of a protected person, but also to any other measures of brutality whether applied by civilian or military agents.

Fourth Geneva Convention, (regarding civilian persons) Article 146. — Execution of the Convention; Penal sanctions

Article 146 - The High Contracting Parties undertake to enact any legislation necessary to provide effective penal sanctions for persons committing, or ordering to be committed, any of the grave breaches of the present Convention defined in the following Article.

Each High Contracting Party shall be under the obligation to search for persons alleged to have committed, or to have ordered to be committed, such grave breaches, and shall bring such persons, regardless of their nationality, before its own courts. It may also, if it prefers, and in accordance with the provisions of its own legislation, hand such persons over for trial to another High Contracting Party concerned, provided such High Contracting Party has made out a *prima facie* case.

Each High Contracting Party shall take measures necessary for the suppression of all acts contrary to the provisions of the present Convention other than the grave breaches defined in the following Article.

In all circumstances, the accused persons shall benefit by safeguards of proper trial and defence, which shall not be less favourable than those provided by Article 105 and those following of the Geneva Convention relative to the Treatment of Prisoners of War of August 12, 1949.

Fourth Geneva Convention, (regarding civilian persons) Article 147. — Execution of the Convention; grave breaches

Article 147 — Grave breaches

Grave breaches to which the preceding Article relates shall be those involving any of the following acts, if committed against persons or property protected by the present Convention: wilful killing, torture or inhuman treatment, including biological experiments, wilfully causing great suffering or serious injury to body or health, unlawful deportation or transfer or unlawful confinement of a protected person, compelling a protected person to serve in the forces of a hostile Power, or wilfully depriving a protected person of the rights of fair and regular trial prescribed in the present Convention, taking of hostages and extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly.

1972 UN Convention on Bacteriological (Biological) and Toxin Weapons

The UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction, opened for signatures 1972 and entered into force in 1975.

Article I.

> Each State Party to this Convention undertakes never in any circumstances to develop, produce, stockpile or otherwise acquire or retain:
>
> 1. microbial or other biological agents, or toxins whatever their origin or method of production, of types and in quantities that have no justification for prophylactic, protective or other peaceful purposes;
>
> 2. weapons, equipment or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict...

Article II.

> Each State Party to this Convention undertakes to destroy, or to divert to peaceful purposes, as soon as possible but not later than nine months after the entry into force of the Convention, all agents, toxins, weapons, equipment and means of delivery specified in Article I of the Convention, which are in its possession or under its jurisdiction or control.

Article X

> 1. The State Parties to this Convention undertake to facilitate, and have the right to participate in, the fullest possible exchange of equipment, materials and scientific and technological information for the use of bacteriological (biological) agents and toxins for peaceful purposes. Parties to the Convention in a position to do so shall also co-operate in contributing individually or together with other States or international organisations to the further development and application of scientific discoveries in the field of bacteriology (biology) for the prevention of disease, or for other peaceful purposes.
>
> 2. This Convention shall be implemented in a manner designed to avoid hampering the economic or technological development of States Parties to the Convention or international co-operation in the field of peaceful bacteriological (biological) activities, including the international exchange of bacteriological (biological) agents and toxins and equipment for the processing, use or production of bacteriological (biological) agents and toxins for peaceful purposes in accordance with the provisions of the Convention.

Discussion

The 1972 UN Convention did not prohibit use of biological and toxin weapons, only development, production, stockpiling, acquisition and retention.

The 1972 UN convention on biological, bacteriological and toxin weapons did not prohibit all biological agents, only those "of types and in quantities that have no justification for prophylactic, protective or other peaceful purposes."

The convention only prohibited weapons, equipment or delivery systems related to using biological agents or toxins "for hostile purposes or in armed conflict."

The 1972 UN Convention explicitly ratified exchange of "equipment, materials and scientific and technological information" for purposes deemed to be peaceful, such as "prevention of disease."

The 1972 UN Convention did not define the terms prophylactic, protective or peaceful purposes, and did not provide for physical evidence, evidentiary standards or fact-finding procedures or venues to establish or disprove claims that the purpose of any given biological agent was peaceful, prophylactic, protective or capable of contributing to prevention of disease.

These omissions and exclusions were intentional: to preserve the legal, non-prohibited production, stockpiling and use of bottled, refrigerated, hypodermic syringe-delivered biological agents and toxins deceitfully classified as being for prophylactic, protective and peaceful purposes.

1976 UN International Covenant on Civil and Political Rights

> Article 7 - No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

1977 Additional Protocols to the Geneva Conventions

Additional Protocol I related to “the protection of victims of international armed conflicts." Additional Protocol II related to "the protection of victims of non-international armed conflicts."

Additional Protocol I, Article 11

> 1. The physical or mental health and integrity of persons who are in the power of the adverse Party or who are interned, detained or otherwise deprived of liberty as a result of a situation referred to in Article 1 shall not be endangered by any unjustified act or omission. Accordingly, it is prohibited to subject the persons described in this Article to any medical procedure which is not indicated by the state of health of the person concerned and which is not consistent with generally accepted medical standards which would be applied under similar medical circumstances to persons who are nationals of the Party conducting the procedure and who are in no way deprived of liberty.
>
> 2. It is, in particular, prohibited to carry out on such persons, even with their consent:
>
> *a)* physical mutilations;
> *b)* medical or scientific experiments;
> *c)* removal of tissue or organs for transplantation,
>
> except where these acts are justified in conformity with the conditions provided for in paragraph 1...
>
> 4. Any wilful act or omission which seriously endangers the physical or mental health or integrity of any person who is in the power of a Party other than the one on which he depends and which either violates any of the prohibitions in paragraphs 1 and 2 or fails to comply with the requirements of paragraph 3 shall be a grave breach of this Protocol.

Additional Protocol I, Article 75 - Fundamental guarantees...

> 2. The following acts are and shall remain prohibited at any time and in any place whatsoever, whether committed by civilian or by military agents:
>
> a) violence to the life, health, or physical or mental well-being of persons, in particular:
>
> i) murder;
>
> ii) torture of all kinds, whether physical or mental;
>
> iii) corporal punishment; and
>
> iv) mutilation...

Additional Protocol II, Article 4 - Fundamental guarantees

> 4(2) Without prejudice to the generality of the foregoing, the following acts against the persons referred to in paragraph 1 are and shall remain prohibited at any time and in any place whatsoever:
>
> *a)* violence to the life, health and physical or mental well-being of persons, in particular murder as well as cruel treatment such as torture, mutilation or any form of corporal punishment;

Additional Protocol II, Article 5 - Persons whose liberty has been restricted

> Article 5(2) Those who are responsible for the internment or detention of the persons referred to in paragraph 1 shall also, within the limits of their capabilities, respect the following provisions relating to such persons:...
>
> (e) their physical or mental health and integrity shall not been dangered by any unjustified act or omission. Accordingly, it is prohibited to subject the persons described in this Article to any medical procedure which is not indicated by the state of health of the person concerned, and which is not consistent with the generally accepted medical standards applied to free persons under similar medical circumstances.

Discussion

The US, under the administration of President Carter, signed Additional Protocol I and Additional Protocol II but the US is not a party to the 1977 protocols, because the Senate has not ratified them.

<u>1988 - UN Body of Principles for the Protection of All Persons under Detention or Imprisonment</u>

> Principle 22 - No detained or imprisoned person shall, even with his consent, be subjected to any medical or scientific experimentation which may be detrimental to his health.

1993 UN Chemical Weapons Convention

UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction opened for signatures in 1993 and entered into force in 1997.

Article I, General Obligations

1. Each State Party to this Convention undertakes never under any circumstances:

(a) To develop, produce, otherwise acquire, stockpile or retain chemical weapons, or transfer, directly or indirectly, chemical weapons to anyone;

(b) To use chemical weapons;

(c) To engage in any military preparations to use chemical weapons;

(d) To assist, encourage or induce, in any way, anyone to engage in any activity prohibited to a State Party under this Convention.

2. Each State Party undertakes to destroy chemical weapons it owns or possesses, or that are located in any place under its jurisdiction or control, in accordance with the provisions of this Convention.

3. Each State Party undertakes to destroy all chemical weapons it abandoned on the territory of another State Party, in accordance with the provisions of this Convention.

4. Each State Party undertakes to destroy any chemical weapons production facilities it owns or possesses, or that are located in any place under its jurisdiction or control, in accordance with the provisions of this Convention.

5. Each State Party undertakes not to use riot control agents as a method of warfare.

Article II, Definitions and Criteria

For the purposes of this Convention:

1. "Chemical Weapons" means the following, together or separately:

(a) Toxic chemicals and their precursors, except where intended for purposes not prohibited under this Convention, as long as the types and quantities are consistent with such purposes;

(b) Munitions and devices, specifically designed to cause death or other harm through the toxic properties of those toxic chemicals specified in subparagraph (a), which would be released as a result of the employment of such munitions and devices;

(c) Any equipment specifically designed for use directly in connection with the employment of munitions and devices specified in subparagraph (b).

2. "Toxic Chemical" means:

Any chemical which through its chemical action on life processes can cause death, temporary incapacitation or permanent harm to humans or animals. This includes all such chemicals, regardless of their origin or of their method of production, and regardless of whether they are produced in facilities, in munitions or elsewhere.

(For the purpose of implementing this Convention, toxic chemicals which have been identified for the application of verification measures are listed in Schedules contained in the Annex on Chemicals.)

3. "Precursor" means:

Any chemical reactant which takes part at any stage in the production by whatever method of a toxic chemical. This includes any key component of a binary or multicomponent chemical system.

(For the purpose of implementing this Convention, precursors which have been identified for the application of verification measures are listed in Schedules contained in the Annex on Chemicals.)

9. "Purposes Not Prohibited Under this Convention" means:

(a) Industrial, agricultural, research, medical, pharmaceutical or other peaceful purposes;

(b) Protective purposes, namely those purposes directly related to protection against toxic chemicals and to protection against chemical weapons;

(c) Military purposes not connected with the use of chemical weapons and not dependent on the use of the toxic properties of chemicals as a method of warfare;

(d) Law enforcement including domestic riot control purposes.

Discussion

The terms of the UN Chemical Weapons Convention protected the right of each party "to develop, produce, otherwise acquire, retain, transfer and use toxic chemicals and their precursors for purposes not prohibited under this Convention."

The terms of the convention required each State Party to "make an initial declaration on relevant chemicals and facilities in accordance with the Verification Annex." Article VI(7)

The Annex on Chemicals included guidelines for classification of chemical compounds as Schedule 1, Schedule 2 or Schedule 3, followed by lists of chemicals under each schedule heading.

The Verification Annex to the UN Chemical Weapons Convention defined "discrete organic chemical" to mean "any chemical belonging to the class of chemical compounds consisting of all compounds of carbon except for its oxides, sulfides and metal carbonates, identifiable by chemical name, by structural formula, if known, and by Chemical Abstracts Service registry number, if assigned."

Under a part titled "activities not prohibited under this convention in accordance with Article VI," the Verification Annex required that the initial declaration made by each State Party listing "relevant chemicals and facilities" include

> "a list of all plant sites that: (a) Produced by synthesis during the previous calendar year more than 200 tonnes of unscheduled discrete organic chemicals; or (b) Comprise one or more plants which produced by synthesis during the previous calendar year more than 30 tonnes of an unscheduled discrete organic chemical containing the elements phosphorus, sulfur or fluorine (hereinafter referred to as "PSF-plants" and "PSF-chemical"). Verification Annex, Part IX.

Through a May 16, 1997 decision by the Convention of State Parties, the parties expressed the "understanding" that the requirement for declaring all plant sites producing "unscheduled discrete organic chemical" does not "cover" plants producing "unscheduled discrete organic chemicals" in the form of "oligomers and polymers, whether or not containing phosphorus, sulfur or fluorine" nor plants producing "chemicals only containing carbon and metal." UN-OPCW C-I/DEC.39

Oligomers and polymers, as "discrete organic chemicals" exempt from plant disclosures and production prohibitions under the UN Chemical Weapons Convention, include proteins, nucleic acids, and other biological macromolecules formed by living organisms through cell and tissue culture, propagation and fermentation methods used in vaccine production.

1998 - Rome Statutes of the International Criminal Court

Article 8. War crimes

1. The Court shall have jurisdiction in respect of war crimes in particular when committed as part of a plan or policy or as part of a large-scale commission of such crimes.

2. For the purpose of this Statute, "war crimes" means:

(a) Grave breaches of the Geneva Conventions of 12 August 1949, namely, any of the following acts against persons or property protected under the provisions of the relevant Geneva Convention:

(i) Wilful killing;

(ii) Torture or inhuman treatment, including biological experiments;

(iii) Wilfully causing great suffering, or serious injury to body or health;...

(b) Other serious violations of the laws and customs applicable in international armed conflict, within the established framework of international law, namely, any of the following acts:…

(iii) Intentionally directing attacks against personnel, installations, material, units or vehicles involved in a humanitarian assistance or peacekeeping mission in accordance with the Charter of the United Nations, as long as they are entitled to the protection given to civilians or civilian objects under the international law of armed conflict;…

(x) Subjecting persons who are in the power of an adverse party to physical mutilation or to medical or scientific experiments of any kind which are neither justified by the medical, dental or hospital treatment of the person concerned nor carried out in his or her interest, and which cause death to or seriously endanger the health of such person or persons;…

(xvii) Employing poison or poisoned weapons [inserted Dec. 14, 2017];

(xviii) Employing asphyxiating, poisonous or other gases, and all analogous liquids, materials or devices [inserted Dec. 14, 2017];…

(xxvii) Employing weapons, which use microbial or other biological agents, or toxins, whatever their origin or method of production [inserted Dec. 14, 2017]…

(e) Other serious violations of the laws and customs applicable in armed conflicts not of an international character, within the established framework of international law, namely, any of the following acts:...

(xi) Subjecting persons who are in the power of another party to the conflict to physical mutilation or to medical or scientific experiments of any kind which are neither justified by the medical, dental or hospital treatment of the person concerned nor carried out in his or her interest, and which cause death to or seriously endanger the health of such person or persons;

(xiii) Employing poison or poisoned weapons [inserted June 11, 2010];

(xiv) Employing asphyxiating, poisonous or other gases, and all analogous liquids, materials or devices [inserted June 11, 2010];…

(xvi) Employing weapons, which use microbial or other biological agents, or toxins, whatever their origin or method of production [inserted Dec. 14, 2017].

Discussion

The United States signed the Rome Statute of the International Criminal Court in 1998 but withdrew its signature in 2002.

2005 - International Committee of the Red Cross Customary Rules of International Humanitarian Law

Weapons - General Principles on the Use of Weapons

Rule 70. The use of means and methods of warfare which are of a nature to cause superfluous injury or unnecessary suffering is prohibited. [International Armed Conflicts and Non-International Armed Conflicts]

Rule 71. The use of weapons which are by nature indiscriminate is prohibited. [IAC/NIAC]

Rule 72 - The use of poison or poisoned weapons is prohibited. [IAC/NIAC]

Rule 73 - Biological weapons - The use of biological weapons is prohibited. [IAC/NIAC]

Rule 74. Chemical weapons - The use of chemical weapons is prohibited. [IAC/NIAC]

Rule 75. Chemical weapons - The use of riot-control agents as a method of warfare is prohibited. [IAC/NIAC]

Rule 76. Chemical weapons - The use of herbicides as a method of warfare is prohibited if they:

(a) are of a nature to be prohibited chemical weapons;

(b) are of a nature to be prohibited biological weapons;

(c) are aimed at vegetation that is not a military objective;

(d) would cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which may be expected to be excessive in relation to the concrete and direct military advantage anticipated; or

(e) would cause widespread, long-term and severe damage to the natural environment. [IAC/NIAC]

Treatment of Civilians and Persons Hors de Combat - Fundamental guarantees

Rule 92. Mutilation, medical or scientific experiments or any other medical procedure not indicated by the state of health of the person concerned and not consistent with generally accepted medical standards are prohibited. [IAC/NIAC]

Related work by Sasha Latypova:

- Sept. 3, 2024 - The second shot, or what do vaccinators and sewer rats have in common?[198] (Sasha Latypova)
- July 7, 2025 - "Alimentary Anaphylaxis", or the origins of the Anything-But-Vaccines deflection strategy.[199] (Sasha Latypova)

Related work by Katherine Watt:

Dec. 24, 2024 - Pesticides and vaccines; microbiology and pathology nomenclature; scientific, medical and legal deceit and deceivers.

May 9, 2025 - Are vaccines biological and chemical weapons? By physical composition and physiological effects, yes. Under deceitful American and international law, no. -

> …In 1970, the World Health Organization published a report titled "Health Aspects of Chemical and Biological Weapons. At p. 12, the authors provided working definitions.
>
> WHO defined chemical agents of warfare as "all substances employed for their toxic effects on man, animals, or plants," but excluding "chemicals now employed in warfare such as high explosives, smoke, and incendiary substances (e.g., napalm, magnesium, and white phosphorus) that exert their primary effects through physical force, fire, air-deprivation or reduced visibility."
>
> WHO defined 'biological agents' as including "those that depend for their effects on multiplication within the target organism, and are intended for use in war to cause disease or death in man, animals or plants," and excluding "toxins elaborated by some microbes (e.g., botulinal toxin and staphylococcal enterotoxin) when they are preformed outside the target organism" noting "in some discussions of chemical and biological weapons, such toxins are classified as biological agents because the technology of their production resembles that of biological agents rather than that of chemical agents."
>
> WHO defined a 'lethal agent' as "one intended to cause death when man is exposed to concentrations well within the capability of delivery for military purposes," noting "in lower doses, such agents can cause severe and sustained disability and certain of them may act predominantly in this way when employed in combat."
>
> WHO defined an 'incapacitating agent' as "one intended to cause temporary disease or to induce temporary mental or physical disability, the duration of which greatly exceeds the period of exposure," noting
>
> “No sharp line of demarcation can be drawn between lethal and incapacitating agents used in chemical and biological warfare, because incapacitating agents can be lethal or permanently disabling under certain circumstances (e.g., in the presence of malnutrition or

[198] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators
[199] https://sashalatypova.substack.com/p/alimentary-anaphylaxis-a-book-by

pre-existing disease; in infants or the aged; or when there is exposure to unusually high doses, as in enclosed spaces or in close proximity to functioning chemical or biological weapons). For similar reasons, no sharp demarcation line can be drawn between harassing agents and other anti-personnel chemical agents; furthermore, harassing agents may be used in war in conjunction with high-explosive, fragmentation or other weapons to increase the lethal effectiveness of the latter-as distinct from their employment in riot control in order to reduce injuries and to save lives."

WHO defined a 'harassing agent (or short term incapacitant)' as "one capable of causing a rapid disablement that lasts for little longer than the period of exposure" and referred again to the note about "no sharp line of demarcation."

WHO defined 'casualties' as "deaths or disabilities."

June 20, 2025 - On the contents of vaccines as capable of causing death, disease, biological malfunction, temporary incapacitation and permanent harm upon injection into living creatures.

…In American federal biological and chemical weapons laws…biological "agents" are defined… more or less as living or once-living organisms, and their products, that are "capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism." That example is from the 1990 version of the US biological weapons law at 18 USC 178.

Toxic chemicals are defined…more or less as chemicals that "can cause death, temporary incapacitation or permanent harm to humans or animals." That example is from the 1993 UN Chemical Weapons Convention and was adopted by US Congress through 1998 implementing statute codified at 18 USC 229F(8).

The contents of vaccines — biological organisms, their products and toxic chemicals (propagated by organisms and/or synthesized to mimic those) — have and always have had the capacity or ability to cause death, disease, biological malfunction, temporary incapacitation and permanent harm to humans and animals.

The makers and recommenders of vaccines have always known this, as have the writers of biological product laws and biological and chemical weapons laws.

* * *

July 14, 2025 - US-DOJ drops charges against Dr. Kirk Moore.

Sasha Latypova reports that US AG Pam Bondi has dismissed the case against Dr. Kirk Moore.

- July 12, 2025 - Announcement: the case against Dr. Moore is dismissed[200] (Sasha Latypova)

Below, August 2023 Bailiwick reporting on the US federal government's prosecution of Dr. Kirk Moore for conspiracy to defraud the United States and conspiracy to convert, sell, convey and dispose of government property, including some draft discovery materials Sasha Latypova and I prepared to support Dr. Moore's defense and other cases in which public exposure of regulatory simulation (fake product regulation) can help more people understand the many intentional deceptions surrounding vaccination programs and the intentional harmfulness of vaccine products.

August 8, 2023 - USA v. Dr. Kirk Moore et al. (Katherine Watt)

> In January 2023, the US Department of Justice charged Dr. Kirk Moore and three other individuals by indictment, alleging criminal violations of 18 USC 371 (conspiracy to defraud the United States); 18 USC 641 (conspiracy to convert, sell, convey and dispose of government property); and 18 USC 2 (aiding and abetting.)…
>
> The US government alleged that Dr. Moore and his colleagues:
>
> > "...ran a scheme...to defraud the United States and the Centers for Disease Control and Prevention ("CDC"), whereby they destroyed hundreds of doses of government-provided COVID-19 vaccines, and in exchange for either direct cash payments or required "donations" to a specified charitable organization, defendants distributed COVID-19 vaccination record cards to persons without administering a COVID-19 vaccine to them and administered saline shots to minor children to trick them into thinking they had received a vaccine..."
>
> Moore's case is unusual because the US government is prosecuting alleged criminal acts, allegedly committed by civilians, relating to the products known as Covid-19 vaccines.
>
> Most other Covid-19 vaccine cases are civil cases (not criminal prosecutions) and the parties are individual civilians and military personnel as plaintiffs, suing Department of Defense manufacturing contractors (including Pfizer and Moderna) and the US government as defendants — for violations of plaintiffs' civil and constitutional rights.
>
> Whether the US government is the prosecutor or the defendant in any given case, DOJ attorneys work to delay or prevent discovery: the phase of trial preparation in which parties exchange evidence on which each party intends to rely for making their claims and defenses.

[200] https://sashalatypova.substack.com/p/announcement-the-case-against-dr

But in criminal prosecution cases, government prosecutors sooner or later must disclose evidence, or else drop the charges.

The more the prosecutors want to make a timely public example of a defendant to discourage others inclined to engage in similar conduct that the government doesn't like, the sooner the prosecutors must disclose the evidence they claim will incriminate the defendant and bring the case to trial.

In criminal prosecutions brought by an infiltrated government comprised of un-indicted war criminals, who are *themselves* engaged in criminal conduct (suppressed by government/media censorship and obscured by government/media propaganda) — which is the situation in the United States since January 2020 and the start of the global and nationwide 'public health emergency' — the DOJ calculus shifts again.

The evidentiary exchange goes both ways, at least for so long as the Attorney General wants to uphold any semblance of a credible criminal justice system, rather than simply convict, sentence and imprison citizens on accusations alone, without evidence and without trial.

For as long as American prosecutors and courts want to keep up the appearance that due process and rule of law remain functional, criminal defendants have the right to request and receive records and other evidence to prepare their defenses.

So prosecutors have to weigh the benefits of disclosing the evidence they believe is incriminating for the defendants, against the risks of being forced to disclose evidence that tends to incriminate themselves, through their conduct (acts and omissions) as treasonous government officials and corrupt prosecutors.

This is particularly tricky for DOJ in cases concerning the alleged "Covid-19 vaccines," because the development, manufacturing, testing, labeling, serialization, distribution, chain-of-custody and use of the products — under Emergency Use Authorization procedures — have been subject to secrecy.

Cloaked by the secrecy, identifiable men and women impersonating US government officials have committed discernible, lethal fraud, to carry out mass murder behind 'public health emergency' camouflage…

By program design, the infiltrators posing as US government officials cannot prove that the contents of any vial or batch include or exclude any specific ingredients, nor can they prove the potency or inertness of any ingredients that may or may not have been in each allegedly mishandled vial.

Even more importantly, the infiltrators posing as US government officials do not want the complete lack of label conformity, verification procedures, purity or standardization to become widespread public knowledge.

Using Kirk Moore's case as an example, a useful defense strategy would be for Moore to ask the DOJ to prove two things:

1. That the US government ever produced and delivered any regulated pharmaceutical products or 'vaccines' to his business premises and;

2. That the contents of any vials that may have passed through Moore's office included any ingredients complying with any alleged 'vaccine' labels, information sheets or product specifications listed in applications submitted to FDA and other regulators.

DOJ can't provide that proof, because it doesn't exist.

The proof doesn't exist, because the products allegedly delivered to Moore's office, which he and his staff allegedly improperly disposed of, were and are prohibited biological and chemical weapons, manufactured and adulterated with a wide variety of known and unknown ingredients.

These biochemical weapons are exempt from, and therefore non-compliant with, all pharmaceutical regulation…"

Discovery memos

- Discovery memo re: vaccines[201] (PDF, drafted April 2023, updated Dec. 2024)
- Discovery memo re: hospital homicide protocols[202] (PDF, drafted June 2024)

Related

- Dec. 13, 2024 - There is no scientific definition of vaccine in US biological product law.

[201] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/07/2023.04-discovery-materials-updated-2024.12.pdf
[202] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/06/2024.06.19-memo-and-discovery-hospital-homicide-1.pdf

July 17, 2025 - Understanding vaccination as legalized, willful use of intentionally harmful chemical and biological agents.

July 26, 2025 - Laws enabling the absence of physical differences between vaccines, biological agents and chemical toxins "capable of causing death and biological malfunction" to remain undisclosed and unseen.

Information published under these titles was incorporated into St. Benedict Memo published in September 2025.

August 2025

Return of the Prodigal Son. Bartolomé Esteban Murillo.

Aug. 4, 2025 - Mike Yeadon, summarizing and discussing recent Bailiwick reporting on legal history of US federal communicable disease control and vaccination deceptions.

Thank you to Mike Yeadon for summarizing and explaining the implications of some of my recent work (published September 2025 as St. Benedict Memo).

Thank you to Suavek for posting Yeadon's summary & analysis at Suavek's Substack.

- Aug. 4, 2025 - The Illusion of Regulation of Medical Products-PART 13. Katherine Watt and Dr. Mike Yeadon: The absence of definitions of important terms cannot be accidental.[203]

Mike Yeadon:

The four Substack articles below written by assiduous legal scholar Katherine Watt, are difficult to read and harder to fully comprehend.

They cover up to 140 years of Federal law- and regulation-making that relate to prevention of infectious disease outbreaks (which do not happen), quarantining individuals, treating them or preventing them from being affected, by poisons, weapons of mass destruction, or to vaccines and vaccination, their production and use, without ever defining or requiring others to define usefully ANY of these terms.

What on its face looks like thorough coverage of a technically difficult nested set of complex fields actually turns out to be non-rules permitting the federal government to do whatever it likes to whomsoever it chooses.

It can choose to apprehend you, test or "treat" you & it'll all look like it's for your own good and for the benefit of "public health" (a phrase that generally means the very opposite of what you'd probably expect from it: I concluded some years ago that public health itself is a PsyOp, being nothing more than the aggregate of myriad decisions and acts which affect private health).

The absence of definitions of important terms cannot be accidental.

That said, if you consider the relative brevity of the political career of most Representatives and Senators vs the more than a century during which federal laws have been accumulated, it would be unreasonable to expect even a single person to have adventitiously detected what Katherine has unearthed by directed searching.

If you weren't aware that the entire set of laws had an entirely different purpose, that purpose being ultimately to inject much of the population of the world with intentionally harmful materials, you would never even suspect such a thing.

[203] https://suavek1.substack.com/p/the-illusion-of-regulation-of-medical-1db

All it requires is an organisation with a very long term commitment to a goal & presumably bland, innocent looking civil servants, drafting regulations for Congress under guidance from someone else within the structure, and each Act passed accretes another component of the legal instruments that enabled key parts of the 2020 et seq fraud.

Because of the long drawn out nature of this nefarious activity, the complexity and mind-dulling method of laying legislation in front of Congress, almost nobody anywhere but the generation of perpetrators alive today has any idea of what is happening let alone how…

Related

- Oct. 11, 2024 - Learning curve
- June 10, 2025 - Congressional acts legalizing camouflaged deceit and poisoning. (Video presentation)
- Book 1 – Biological product non-regulation. Ch. 1, 1798-1972 series researched and written with Lydia Hazel. Ch. 2, posts about scientific and mathematical frauds (virus 'isolation,' antibodies, probability units). Ch. 3, posts from a series about FDA-directed biological product non-regulation acts and omissions since 1972.
- Book 4 - Chemical and biological weapons, biological agents, BSATs, vaccines. Reporting on chemical and biological weapons, biological agents and Biological Select Agents and Toxins (BSATs) laws whose definitions and exemptions enable the legalized use of products (vaccines, drugs, pesticides) and programs (vaccination, medication, pesticide application) to intentionally poison human beings and other living creatures.

* * *

Aug. 6, 2025 - Note on self-contradiction in biomedical science methods and biological product law[204]

Jamie Andrews, Gain of Fiction[205] (Aug. 4, 2025):

> "…they are openly admitting that their reagent is both used for its accuracy and Specificity AND its lack of accuracy and its propensity for error in Directed Evolution…"

KW comment

Examples of this same structurally self-contradictory garbage can be found in biological product law.

For example, products are simultaneously claimed to be so "well-characterized biotechnology products" that they need not be subjected to any standardization process or standardization-process-compliance testing, and also so difficult to characterize, under such fast-changing technological conditions, that subjecting their production to standardization would unduly strip manufacturers of necessary flexibility.

August 1996 (61 FR 40153) example:

> "…The comment suggested the incorporation of the United States Pharmacopeia (USP) monograph system based on the Center for Drug Evaluation and Research model into the Center for Biologics Evaluation and Research's regulatory reform process. The agency does not agree with this suggestion because biologics, for which FDA is removing additional standards from the regulations, are complex and diverse entities. Monographs for many types of biological products could become quickly outdated in the rapidly evolving field of biotechnology, as did the Additional Standards in parts 620, 630, 640, 650, 660, and 680, which this final rule is removing. Use of monographs would allow for less flexibility in the development of product specifications for complex biologicals..."

The real reason for the openly internally-incoherent claims — that members of a substance class are both "well-characterized" and difficult or impossible to characterize — is to obscure from public view, the nonsensical nature of communicable disease control, vaccine manufacturing and vaccination programs in their entirety from their inceptions in the 19th century.

* * *

[204] https://substack.com/@bailiwicknews/note/c-142753352
[205] https://controlstudies.substack.com/p/gain-of-fiction

Aug. 8, 2025 - Some 2002 Congressional legislation related to agricultural biodefense.

Information published under this title on Aug. 8, 2025 was incorporated into St. Benedict Memo published in September 2025.

Aug. 15, 2025 - Summaries of 2003 and 2004 Congressional acts authorizing HHS Secretary to declare emergencies justifying 'emergency use' authorization for introducing EUA products into interstate commerce[206]

Below are sections summarizing provisions through which Congress established a program authorizing introduction into interstate commerce and “emergency use” of drugs, devices and biological products.

2003 - 21 USC 360bbb-3 [FDCA 564] - Food and Drugs; Authorization for medical products for use in emergencies

In 1997 (PL 105-115), Congress authorized the "expanded access to unapproved therapies" program, codified at 21 USC 360bbb to 360bbb-2.

In 2003 (PL 108-136, NDAA) Congress added a new provision: "authorization for medical products for use in emergencies," codified at 21 USC 360bbb-3.

Congress authorized the HHS Secretary to "authorize the introduction into interstate commerce, during the effective period of a declaration under subsection (b), of a drug, device, or biological product intended for use in an actual or potential emergency (referred to in this section as an ‘emergency use’)...notwithstanding" other legal provisions governing interstate commerce in drugs, devices and biological products including FDCA 505, [21 USC 355, New Drugs], FDCA 510(k) [21 USC 360(k), Report preceding introduction of devices into interstate commerce], FDCA 515 [21 USC 360e, Premarket approval of devices] and PHSA 351 [42 USC 262, Regulation of biological products]. 21 USC 360bbb-3(a)(1)

Congress provided that, through an "emergency use" authorization, the HHS Secretary may authorize use of two categories of products:

1. use of a product that "is not approved, licensed, or cleared for commercial distribution" under the laws listed (to be known as an "unapproved product" use) or

2. use of a product that "is approved, licensed, or cleared under such a provision, but which use is not...an approved, licensed, or cleared use" (to be known as an "unapproved use of an approved product"). 21 USC 360bbb-3(a)(2)

Congress provided that an "emergency use" would be in addition to any other, authorized use. 21 USC 360bbb-3(a)(3)

Congress defined the term ‘biological product’ by reference the definition at 42 USC 262(i) [PHSA 351(i)] as of 1997 (PL 105-115):

[206] October 2025 Note - Information published under this title Aug. 15, 2025 also incorporated into St. Benedict Memo published September 2025.

The term “biological product” means a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein, or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings.

Congress defined the term 'product' to mean "a drug, device, or biological product," and defined the terms ‘emergency use,’ ‘unapproved product’ and ‘unapproved use of an approved product’ by reference to the first paragraph. 21 USC 360bbb-3(a)(4)

Congress authorized the HHS Secretary to "declare an emergency justifying the [emergency use] authorization...for a product on the basis of a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces of attack with a specified biological, chemical, radiological, or nuclear agent or agents." 21 USC 360bbb-3(b)(1)

Congress provided for termination of an emergency use authorization declaration to occur upon the earlier of two possible events: "a determination" by the HHS Secretary in consultation with the Secretary of Defense "that the circumstances [military emergency] have ceased to exist; or "the expiration of the one-year period beginning on the date on which the [HHS Secretary's emergency justifying use authorization] declaration is made." 21 USC 360bbb-3(b)(2)(A)

Congress authorized the HHS Secretary to renew a declaration at his discretion. 21 USC 360bbb-3(b)(2)(B)

Congress provided for the HHS Secretary to consult with product manufacturers for disposing of products whose distribution and use in interstate commerce would become unauthorized if the authorization terminated. 21 USC 360bbb-3(b)(2)(C)

Congress directed the HHS Secretary to give advance notice that a declaration was to be terminated, so that users and manufacturers could make arrangements for product returns, disposition of labeling and other informational records, and other disposition. 21 USC 360bbb-3(b)(3)

Congress directed the HHS Secretary to publish "each declaration, determination, advance notice of termination, and renewal" in the Federal Register. 21 USC 360bbb-3(b)(4)

Congress provided "criteria" for issuance of emergency use authorization declarations. Congress directed the HHS Secretary to issue an EUA declaration only if, after consulting with the NIH Director and CDC director "to the extent feasible and appropriate given the circumstances of the emergency involved" he or concludes:

- that an agent specified in a declaration...can cause a serious or life-threatening disease or condition;
- 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…such disease or condition; or a serious or life-threatening disease or condition caused by a product

authorized under [the EUA] section, approved or cleared under the [Food Drug and Cosmetic Act, for drugs and devices], or licensed under [PHSA 351/42 USC 262, for biological products] for diagnosing, treating, or preventing such a disease or condition caused by such an agent; and 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;

- that there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating such disease or condition; and

- that such other criteria as the Secretary may by regulation prescribe are satisfied." 21 USC 360bbb-3(c)

Congress, under "scope of authorization" provisions, directed the HHS Secretary to state in his "emergency use" authorization declarations, "each disease or condition that the product may be used to diagnose, prevent, or treat;...the Secretary's conclusions...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; and the Secretary's conclusions...concerning the safety and potential effectiveness of the product in diagnosing, preventing, or treating such diseases or conditions, including an assessment of the available scientific evidence." 21 USC 360bbb-3(d)

Congress, under "conditions of authorization" provisions, directed the HHS Secretary to "establish such conditions....as the Secretary finds necessary or appropriate to protect the public health," for emergency use of unapproved products, "to the extent practicable given the circumstances of the emergency," for "a person who carries out any activity for which the authorization is issued." 21 USC 360bbb-3(e)(1)(A)

Congress directed the HHS Secretary to establish "appropriate conditions" for health care professionals administering unapproved products, ensuring that they are informed that the Secretary has authorized the emergency use of the product; of the significant known and potential benefits and risks of the emergency use of the product, and of the extent to which such benefits and risks are unknown; and of the alternatives to the product that are available, and of their benefits and risks. 21 USC 360bbb-3(e)(1)(A)(i)

Congress directed the HHS Secretary to establish "appropriate conditions" for "individuals to whom [unapproved products are] administered," ensuring that they are informed that the Secretary has authorized the emergency use of the product; of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks." 21 USC 360bbb-3(e)(1)(A)(ii)

Congress directed the HHS Secretary to establish "appropriate conditions for the monitoring and reporting of adverse events associated with the emergency use of the product." 21 USC 360bbbb-3(e)(1)(A)(iii)

Congress directed the HHS Secretary to establish "appropriate conditions" for manufacturers of unapproved product, concerning recordkeeping and reporting, including records access by the Secretary. 21 USC 360bbb-3(e)(1)(A)(iv)

Congress authorized the HHS Secretary to establish "such conditions...as [he] finds necessary or appropriate to protect the public health," for persons who carry out other activities, such as which entities may distribute the [EUA] product...including limitation to distribution by government entities and...how distribution is to be performed…who may administer the product...and...the categories of individuals to whom, and the circumstances under which, the product may be administered...; conditions with respect to the collection and analysis of information...concerning the safety and effectiveness of the [EUA] product; and (for persons other than manufacturers), conditions concerning record-keeping and reporting, including records access by the Secretary. 21 USC 360bbb-3(e)(1)(B)

Congress directed and authorized much the same conditions for "unapproved use of an approved product" emergency use authorizations, "to the extent practicable given the circumstances of the emergency." 21 USC 360bbb-3(e)(2)(A)

Congress withheld authority for distributors or anyone else to "alter or obscure the labeling provided by the manufacturer" in the event the "emergency use authorizes a change in the labeling of the product, but the manufacturer of the product chooses not to make such change." 21 USC 360bbb-3(e)(2)(B)(i)

Congress authorized persons who are not manufacturers, in such circumstances (manufacturer refusal to change labeling) and who "choose to act under this clause" to "provide appropriate information with respect to such product in addition to the manufacturer's labeling, as long as he does not "alter or obscure" the manufacturer's labeling.

Congress noted that "such additional information shall not be considered labeling for purposes of [FDCA] section 502[207]." 21 USC 360bbb-3(e)(2)(B)(ii)

Congress prohibited the HHS Secretary from establishing, with respect to the distribution and administration of an EUA product for unapproved uses, conditions more restrictive than those for distribution and administration of the product for its approved uses. 21 USC 360bbb-3(e)(2)(C).

Congress authorized the HHS Secretary to waive or limit, "to the extent appropriate given the circumstances of the emergency," requirements regarding current good manufacturing practice [cGMP] otherwise applicable to the manufacture, processing, packing, or holding of products, including requirements under FDCA Section 501[208] [21 USC 351]. 21 USC 360bbb-3(e)(3)

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[207] FDCA Sec 502 [21 USC 352] prohibits "misbranding" of drugs and devices and deems a drug or device to be misbranded "if its labeling is false or misleading in any particular."

[208] FDCA Sec 501 [21 USC 351(a)] prohibits interstate commerce in "adulterated drugs and devices," and deems a drug or device to be adulterated (among other findings) "if it consists in whole or in part of any filthy, putrid, or decomposed substance; if it has been prepared, packed, or held under insanitary conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health; or if it is a drug and the methods used in, or the facilities or controls used for, its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that such drug meets the requirements of this Act as to safety and has the identity and strength, and meets the quality and purity characteristics, which it purports or is represented to possess."

Congress authorized the HHS Secretary to "establish conditions on advertisements and other promotional descriptive printed matter that relate to the emergency use of an EUA product including, with respect to drugs and biological products, requirements applicable to required contents of advertising for prescription drugs pursuant to FDCA 502(n)[209] [21 USC 352(n), or, with respect to devices, requirements under FDCA 502(r)[210] [21 USC 352(r)].

Congress provided for the "duration" of an emergency use authorization to be effective "until the earlier of the termination of the [HHS Secretary's emergency] declaration...or a revocation" and provided that, "notwithstanding" the termination of a declaration under subsection (b) or a revocation under subsection (g), an authorization "shall continue to be effective to provide for continued use of an unapproved product with respect to a patient to whom it was administered during the [emergency declaration's period in effect], to the extent found necessary by such patient's attending physician." 21 USC 360bbb-3(f)

Congress directed the HHS Secretary periodically review the circumstances and the appropriateness of an authorization, and authorized the HHS Secretary to revoke an authorization "if the criteria...are no longer met or other circumstances make such revocation appropriate to protect the public health or safety." 21 USC 360bbb-3(g)

Congress directed the HHS Secretary to publish, in the Federal Register, notice of each authorization, and each termination or revocation of an authorization, and "an explanation of the reasons therefor (which may include a summary of data or information that has been submitted in an application [for approval] even if such summary may indirectly reveal the existence of such application." 21 USC 360bbb-3(h)(1)

Congress affirmed the applicability of 18 USC 1905, prohibiting public disclosure by US government officers and employees of confidential information, and affirmed the applicability of an exemption provision of the Freedom of Information Act allowing federal officers to withhold "trade secrets and commercial or financial information obtained from a person and privileged or confidential" from public disclosure under 5 USC 552(b)(4). 21 USC 360bbb-3(h)(2)

Congress provided that "actions under the authority of this section by the [HHS] Secretary or by the Secretary of Defense are committed to agency discretion" and therefore beyond the reach of

[209] FDCA Section 502(n) provides that a prescription drug shall be deemed to be misbranded... "unless the manufacturer, packer, or distributor thereof includes in all advertisements and other descriptive printed matter issued or caused to be issued by the manufacturer, packer, or distributor with respect to that drug a true statement of (1) the established name as defined in section 502(e)57, printed prominently and in type at least half as large as that used for any trade or brand name thereof, (2) the formula showing quantitatively each ingredient of such drug to the extent required for labels under section 502(e)57, and (3) such other information in brief summary relating to side effects, contraindications, and effectiveness..."

[210] FDCA Section 502(r) provides that a device shall be deemed to be misbranded "...unless the manufacturer, packer, or distributor thereof includes in all advertisements and other descriptive printed matter issued or caused to be issued by the manufacturer, packer, or distributor with respect to that device (1) a true statement of the device's established name as defined in section 502(e), printed prominently and in type at least half as large as that used for any trade or brand name thereof, and (2) a brief statement of the intended uses of the device and relevant warnings, precautions, side effects, and contraindications and, in the case of specific devices made subject to a finding by the Secretary after notice and opportunity for comment that such action is necessary to protect the public health, a full description of the components of such device or the formula showing quantitatively each ingredient of such device..."

judicial review under the Administrative Procedure Act at 5 USC 701 as generally applied by federal courts. 21 USC 360bbb-3(i)

Congress provided, as "rules of construction," that nothing in the "emergency use" authorization law "impairs the authority of the President as Commander in Chief of the Armed Forces" under the US Constitution;...impairs the authority of the Secretary of Defense with respect to the Department of Defense, including the armed forces, under other provisions of Federal law, or ...impairs the authority of the United States to use or manage quantities of a product that are owned or controlled by the United States (including quantities in [the Strategic National Stockpile])." 21 USC 360bbb-3(j)

Congress provided a categorical exclusion, for "emergency use" of products, from laws governing conduct of clinical investigations, by providing: "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" FDCA 505(i), FDCA 520(g), any other FDCA provision or PHSA 351. 21 USC 360bbb-3(k)

Congress provided for persons asked to carry out activities under the "emergency use" authorization law to have the "option to carry out authorized activities," but withheld from the HHS Secretary "any authority to require any person to carry out any activity that becomes lawful pursuant to an [emergency use] authorization." Congress provided that "no person is required to inform the Secretary that the person will not be carrying out such activity," with one exception. Congress required "a manufacturer of a sole-source unapproved product authorized for emergency use" to report to the HHS Secretary "if such manufacturer does not intend to carry out any activity under the authorization." 21 USC 360bbb-3(l)

Congress provided that the "option to carry out authorized activities" would only have legal effect on a person who carries out an activity for which an authorization under this section is issued, and provided that "nothing in this subsection may be construed as restricting the Secretary from imposing conditions on persons who carry out any activity pursuant to an [emergency use] authorization." 21 USC 360bbb-3(l)

2004 - 21 USC 360bbb-3 [FDCA 564] - Food and Drugs; Authorization for medical products for use in emergencies

In 2004 (PL 108-276), Congress amended provisions for "authorization for medical products for use in emergencies" which Congress had enacted in 2003 (PL 108-136) and had been codified at 21 USC 360bbb-3.

When first enacted in 2003, the law authorized the HHS Secretary to declare an emergency justifying the authorization of emergency use of products "on the basis of a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces of attack with a specified biological, chemical, radiological, or nuclear agent or agents." This predicate was codified at 21 USC 360bbb-3(b)(1) in 2003 and renumbered to 21 USC 360bbb-3(b)(1)(B) as of 2004.

In 2004, Congress provided two additional predicates authorizing the [HHS] Secretary to "declare an emergency justifying the authorization" for emergency use of products.

In 2004, Congress authorized the HHS Secretary to declare an emergency on the basis of "a determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents" 21 USC 360bbb-3(b)(1)(A) as of 2004.

In 2004, Congress authorized the HHS Secretary to declare an emergency on the basis of his own determination: "a determination by the [HHS] Secretary of a public health emergency under [PHSA] section 319 [42 USC 247d] that affects, or has a significant potential to affect, national security, and that involves a specified biological, chemical, radiological, or nuclear agent or agents, or a specified disease or condition that may be attributable to such agent or agents." 21 USC 360bbb-3(b)(1)(C) as of 2004.

In 2004, Congress amended the "termination of declaration" provision, such that the HHS Secretary's declaration (of an emergency justifying authorization for emergency use of products) terminates upon the earlier of a determination by the HHS Secretary, in consultation as appropriate with the Secretary of Homeland Security or the Secretary of Defense, that the circumstances (military emergency, domestic emergency, public health emergency, or significant potential for such emergencies) have "ceased to exist" or the expiration of the one-year period from the date on which the HHS declaration was made. 21 USC 360bbb-3(b)(2)(A) as of 2004

Congress maintained the HHS Secretary's authority to renew any such declaration in his sole discretion. 21 USC 360bbb-3(b)(2)(B)

In 2004, Congress amended the "actions committed to agency discretion" provision, to cover the actions of the HHS Secretary, Secretary of Defense (covered by the 2003 version) and cover the actions of the Secretary of Homeland Security. 21 USC 360bbb-3(i) as of 2004

In 2013 (PL 113-5) Congress added to 360bbb-3, another predicate authorizing the HHS Secretary to issue emergency use authorization declarations upon "the identification of a material threat

pursuant to [PHSA] section 319F–2 [42 U.S.C. 247d–6b]...sufficient to affect national security or the health and security of United States citizens living abroad." 21 USC 360bbb-3(b)(1)(D) as of 2013.

Related

- Feb. 9, 2023 - On the significance of 21 USC 360bbb-3(k): "use" of EUA products "shall not constitute clinical investigation."
- Oct. 26, 2023 - 21 USC 360bbb-3(e)(3) and 360bbb-3a(c): federal law authorizing HHS Secretary to waive current Good Manufacturing Practices (cGMP) for EUA products.
- Dec. 1, 2023 - On 'mandates,' and the irrelevance of informed consent principles in the EUA countermeasures use context.
- Dec. 6, 2023 -More on the workings of the war machine running on public health emergency determinations, PREP Act license-to-kill declarations, and EUA countermeasures.
- June 9, 2025 - On whether US-HHS Secretary Alex Azar needed UN-WHO declaration of "public health emergency of international concern" to issue determination that "public health emergency exists" in January 2020. [includes discussion of 21 USC 360bbb-3(b)(1)]

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Aug. 19, 2025 - Common law, statutory law and administrative law preclusion of judicial review of government acts allegedly undertaken for disease surveillance and control.[211]

Common law: disease causation and vaccination as method to prevent spread as matters of "common belief"

In 1905, the US Supreme Court issued a ruling in Jacobson v. Massachusetts, 197 US 11, quoting from a New York Court of Appeals decision, *Viemeister v. White*, 179 N. Y. 235 (1904), which upheld a school board's smallpox vaccination requirement for a child's school attendance:

> "...The appellant claims that vaccination does not tend to prevent smallpox, but tends to bring about other diseases, and that it does much harm with no good. It must be conceded that some laymen, both learned and unlearned, and some physicians of great skill and repute, do not believe that vaccination is a preventive of smallpox.
>
> The common belief, however, is that it has a decided tendency to prevent the spread of this fearful disease and to render it less dangerous to those who contract it. While not accepted by all, it is accepted by the mass of the people as well as by most members of the medical profession. It has been general in our state and in most civilized nations for generations. It is generally accepted in theory and generally applied in practice, both by the voluntary action of the people and in obedience to the command of law.
>
> A common belief, like common knowledge, does not require evidence to establish its existence, but may be acted upon without proof by the legislature and the courts.
>
> While the power to take judicial notice is to be exercised with caution and due care taken to see that the subject comes within the limits of common knowledge, still, when according to the memory and conscience of the judge, instructed by recourse to such sources of information as he deems trustworthy, the matter is clearly within those limits, the power may be exercised by treating the fact as proved without allegation or proof..." *Viemeister v. White*, 179 NY 235

In 1974, the Supreme Court issued a ruling in *Marshall v. US* (414 U. S. 417), a case about whether a thrice-convicted felon should be eligible for an experimental narcotics treatment program. The *Marshall* court cited a 1968 case (*Powell v. Texas*, 392 US 514), to point out "...the inescapable fact is that there is no agreement among members of the medical profession about what it means to say that "alcoholism" is a "disease." One of the principal works in this field [E. Jellinek, *The Disease Concept of Alcoholism* (1960)] states that 'alcoholism has too many definitions and disease has practically none.'…"

[211] October 2025 Note - A version of the information published Aug. 19, 2025 also incorporated into St. Benedict Memo published in September 2025.

The Marshall court continued:

> The holding in *Powell* was a candid acknowledgment that the medical uncertainties afford little basis for judicial responses in absolute terms. When Congress undertakes to act in areas fraught with medical and scientific uncertainties, legislative options must be especially broad and courts should be cautious not to rewrite legislation, even assuming, *arguendo,* that judges with more direct exposure to the problem might make wiser choices. *Marshall v. US*, 414 U. S. 417, 427

In 2020, the US Supreme Court issued a ruling in *South Bay Pentecostal v. Newsom* (590 U. S. ____ (2020), No. 19A1044.) Chief Justice John Roberts cited *Jacobson* in holding that:

> The precise question of when restrictions on particular social activities should be lifted during the pandemic is a dynamic and fact-intensive matter subject to reasonable disagreement. Our Constitution principally entrusts "[t]he safety and the health of the people" to the politically accountable officials of the States "to guard and protect." *Jacobson* v. *Massachusetts*, 197 U. S. 11, 38 (1905).

Justice Roberts cited *Marshall* in holding that

> "...When those officials "undertake[ ] to act in areas fraught with medical and scientific uncertainties," their latitude "must be especially broad." *Marshall* v. *United States*, 414 U. S. 417, 427 (1974).

Justice Roberts cited a 1985 case (*Garcia v. San Antonio Metropolitan Transit Authority*, 469 US 528) in holding that:

Where those broad limits are not exceeded, they should not be subject to second-guessing by an "unelected federal judiciary," which lacks the background, competence, and expertise to assess public health and is not accountable to the people. See *Garcia* v. *San Antonio Metropolitan Transit Authority*, 469 U. S. 528, 545 (1985).

<u>Statutory law and administrative law: designation of "communicable diseases" by Presidential executive order</u>

In 1944, when enacting 42 USC 262 (regulation of biological products "applicable to diseases of man") and 42 USC 264 (communicable disease control) through the Public Health Service Act (PL 78-410), Congress did not define the term "disease" and did not direct the PHS Surgeon General or FSA Administrator to prescribe regulations defining the term "disease."

Congress authorized the President to designate "such communicable diseases as may be specified from time to time" by Executive order, and authorized the Surgeon General with the approval of the FSA Administrators at the time (HEW and HHS Secretary subsequently, after reorganizations) to "make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession" and "provide for

such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings and other measures, as in his judgment may be necessary."

In 1944, Congress did not require the President, Surgeon General, FSA Administrator (later HEW Secretary, currently HHS Secretary) to present physico-chemical evidence supporting the legal classification of a disease as caused by a communicable, transmissible, infectious or contagious agent, nor to present physico-chemical evidence supporting assertions that any agent could be extracted from a living organism in stable form or readily passed from one living person or animal to another.

At no point since 1944 have Congress, Presidents or any federal agencies or officers required or presented physico-chemical evidence for any physico-chemically unique, identifiable, stable biological agent having the capacity to cause disease, or to transmit from one living organism to another, in a one-to-one, reproducible, predictable, preventable, cause-and-effect manner.

In 1946, President Truman issued the first Presidential executive order (EO 9708) specifying quarantinable communicable diseases under 42 USC 264(b), including anthrax, chancroid, cholera, dengue, diphtheria, favus, gonorrhea, granuloma inguinale, infectious encephalitis, leprosy, lymphogranuloma venereum, meningococcus meningitis, plague, poliomyelitis, psittacosis, ringworm of the scalp, scarlet fever, smallpox, streptococcic sore throat, syphilis, trachoma, tuberculosis, typhoid fever, typhus and yellow fever.

In 1954, President Eisenhower issued Executive Order 10532, adding relapsing fever (louse-borne) to the list. In 1962, President Kennedy issued Executive Order 11070, adding chickenpox and replacing scarlet fever and streptococcic sore throat with hemolytic streptococcal infections.

In 1983, President Reagan issued Executive Order 12452, revoking Executive Orders 9708, 10532 and 11070 and providing a new list: cholera or suspected cholera; diphtheria; infectious tuberculosis; plague; suspected smallpox; yellow fever; suspected viral hemorrhagic fevers (Lassa, Marburg, Ebola, Congo-Crimean and others not yet isolated or named).

In 2003, President Bush issued Executive Order 13295, revoking EO 12452 and providing a new list: cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named), and Severe Acute Respiratory Syndrome (SARS), defined as "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."

EO 13295 ordered that the HHS Secretary: "in the Secretary’s discretion, shall determine whether a particular condition constitutes a communicable disease of the type specified" and assigned "the functions of the President" under 42 U.S.C. 265 [suspension of entries and imports from designated places to prevent spread of communicable diseases] and 267(a)) [quarantine stations, grounds, and anchorages - control and management] to the HHS Secretary.

In 2005, President Bush issued Executive Order 13375, adding "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

In 2014, President Obama issued Executive Order 13674, amending the 2003 Bush EO, to replace the SARS section with a new version: “Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza."

In 2021, President Biden issued Executive Order 14047, adding Measles.

As of 2025, the list of communicable diseases subject to regulatory control by the HHS Secretary, defined solely Presidential Executive Order, includes cholera; diphtheria; infectious tuberculosis; measles; plague; smallpox; yellow fever; viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named); "Severe acute respiratory syndromes [SARS], which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled;" and "influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

Statutory and administrative law: Administrative Procedure Act of 1946; exclusion of judicial review

In 1966 (PL 89-554), Congress revised, codified, and enacted, as Title 5 of the United States Code, provisions relating to "the organization of the Government of the United States and to its civilian officers and employees."

The 1966 codification incorporated sections of the Administrative Procedure Act of 1946 (PL 79-404), which set forth procedures through which executive agencies adopt and publish agency rules and regulations.

In the 1946 law, Congress provided for judicial review "except so far as (1) statutes preclude judicial review or (2) agency action is by law committed to agency discretion." APA, PL 79-404, Section 10.

In the 1966 law, Congress codified this provision at 5 USC 701: "(a) This chapter applies, according to the provisions thereof, except to the extent that (1) statutes preclude judicial review; or (2) agency action is committed to agency discretion by law." 5 USC 701(a)

Administrative agency definitions for "communicable disease" and related terms

Layered atop the absence of any legal definition of the basic term 'disease' apart from lists of purported specific diseases established by Presidential executive order without physico-chemical evidentiary foundations, are circular definitions promulgated for adjectival forms such as communicable disease, infectious disease, quarantinable disease, vaccine-preventable disease, and disease "in a communicable stage," "in a precommunicable stage," and "in a qualifying stage."

As of 1988 and amended in 1999, for purposes of 21 CFR 312 (drugs intended to treat life-threatening and severely-debilitating illnesses), HHS defined the term “life-threatening” to mean "diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted; and diseases or conditions with potentially fatal outcomes, where the end point of clinical trial analysis is survival" and HHS defined the term “severely debilitating” to mean "diseases or conditions that cause major irreversible morbidity." 21 CFR 312.81 (53 FR 41523; 64 FR 401)

In 2000, HHS issued a Final Rule under the authority of 42 USC 264, addressing control of communicable diseases; apprehension and detention of persons with specific diseases; and transfer of regulations from 21 CFR 1240 to 42 CFR 70.

HHS defined "communicable diseases" to mean "illnesses due to infectious agents or their toxic products, which may be transmitted from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment." 42 CFR 70 (65 FR 49908)

In 2002, Congress defined the term "qualifying stage with respect to a communicable disease" to mean "that such disease is in a communicable stage; or is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals." 42 USC 264(d)(2) (PL 107-188)

World Health Organization, International Health Regulations (2005) defined "disease" to mean "an illness or medical condition irrespective of origin or source that presents or could present significant harm to humans" and noted, among the "innovations" of the WHO-IHR (2005): "scope not limited to any specific disease or manner of transmission."

Wikipedia defines "notifiable diseases," also known as "reportable diseases," as "any disease that is required by law to be reported to government authorities," and cites the WHO-IHR (2005), describing notification as based on the identification within a State Party’s territory of an "event that may constitute a public health emergency of international concern." In the United States, notifiable diseases are defined by case definitions for each alleged disease, through lists maintained by the CDC National Notifiable Diseases Surveillance System.

In 2006, Congress defined the term “infectious disease" to mean "a disease potentially caused by a pathogenic organism (including a bacteria, virus, fungus, or parasite) that is acquired by a person and that reproduces in that person." 42 USC 247d-6a(a)(2)(B) (PL 109-417)

As of 2009, under provisions for "expanded access to investigational drugs for treatment use," HHS defined "immediately life-threatening disease or condition" to mean "a stage of disease in which there is reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment." 21 CFR 312.300 (74 FR 40943)

HHS defined "serious disease or condition" to mean "a disease or condition associated with morbidity that has substantial impact on day-to-day functioning. Short-lived and self-limiting morbidity will usually not be sufficient, but the morbidity need not be irreversible, provided it is persistent or recurrent. Whether a disease or condition is serious is a matter of clinical judgment, based on its impact on such factors as survival, day-to-day functioning, or the likelihood that the disease, if left untreated, will progress from a less severe condition to a more serious one." 21 CFR 312.300 (74 FR 40943)

As of 2012, HHS defined "quarantinable communicable disease" to mean "any of the communicable diseases listed in an Executive Order, as provided under section 361 of the Public Health Service Act, [42 USC 264] Executive Order 13295, of April 4, 2003, as amended by Executive Order 13375 of April 1, 2005 and any subsequent Executive Orders." 42 CFR 70.1 (77 FR 75880 and 75885)

As of 2017, HHS defined "qualifying stage" of a quarantinable disease as "statutorily defined (42 U.S.C. 264(d)(2))" [as of 2002, PL 107-188] "to mean: (1) The communicable stage of a quarantinable communicable disease; or (2) The precommunicable stage of the quarantinable communicable disease, but only if the quarantinable communicable disease would be likely to cause a public health emergency if transmitted to other individuals." 42 CFR 70.1 (82 FR 6970)

As of 2017, HHS defined "communicable stage" to mean "the stage during which an infectious agent may be transmitted either directly or indirectly from an infected individual to another individual." 42 CFR 70.1 (82 FR 6969).

As of 2017, HHS defined "precommunicable stage" to mean "the stage beginning upon an individual's earliest opportunity for exposure to an infectious agent and ending upon the individual entering or reentering the communicable stage of the disease or, if the individual does not enter the communicable stage, the latest date at which the individual could reasonably be expected to have the potential to enter or reenter the communicable stage." 42 CFR 70.1 (82 FR 6969)

As of 2017, HHS defined "non-quarantinable communicable diseases of public health concern" as "those diseases that because of their potential for spread, particularly during travel, may require a public health intervention." HHS presented this definition, not as part of a Final Rule establishing a definition under a regulation, but simply as a paragraph in a Federal Register notice. (82 FR 6892)

A 2019 Congressional Research Service report, *Global Vaccination: Trends and U.S. Role*. (R45975), defined "vaccine-preventable disease" as "an infectious disease for which an effective preventive vaccine exists," citing as source "(CDC), *Vaccines and Preventable Diseases*, https://www.cdc.gov/vaccines/vpd/index.html" [As of August 2025, this link redirects to a page listing "Vaccines By Disease."]

Discussion

The 1905 *Jacobson* ruling and the 2020 *South Bay Pentecostal* ruling reinforce the principle of judicial non-review of scientific, medical and public "common beliefs" and executive and administrative agency acts predicated on those "common" beliefs, even if the beliefs are wholly false, and known to be false yet intentionally promoted for public belief by deceitful actors positioned and motivated to suppress contradicting evidence.

The principle of judicial non-review is also reinforced by provisions of the 1946 Administrative Procedure Act, as codified in 1966, and provisions of vaccination and public health emergency laws through which Congress has explicitly committed agency acts to agency discretion. 21 USC 360bbb-3(i), for example, commits to agency discretion actions taken by the HHS Secretary, DHS Secretary and Secretary of Defense to "determine" whether an emergency exists, and actions taken by the HHS Secretary to "conclude" that "an agent...can cause a serious or life-threatening disease or condition" and that a product "may be effective in diagnosing, treating, or preventing such disease or condition."

The more uncertain the scientific or medical basis for a government biomedical policy, program or product, the less judicial review is brought to bear on legislative and executive governmental acts.

At the extreme end of the spectrum, scientific and medical bases for government policies, programs and products are completely fraudulent for communicable disease classification and case diagnosis, for infectious agent classification, and for vaccination as a method to prevent alleged infection and alleged transmission.

Disease is presumed to be "an illness caused by an agent or toxin," as reflected in 7 USC 8401(a)(1)(B)(i)(III) and (IV) under "criteria" for determining whether to include an agent or toxin on the agricultural BSAT list.

A virus "is a product containing the minute living cause of an infectious disease" according to the first US regulatory definition published in 1919, and is currently "interpreted to be a product containing the minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa." 21 CFR 600.3(h)(1)

There are no required or feasible physico-chemical definitions, claim validation methods or evidentiary review procedures for events, conditions, substances or causation.

Scope for judicial review of government biomedical policies, programs and products approaches zero.

* * *

Aug. 21, 2025 - Civil litigation in Leeuwarden, Netherlands

In January 2025, lawyers for three people injured by "Covid-19 mRNA" vaccines administered in the Netherlands, contacted me to discuss my possible testimony before the District Court of North Netherlands in Leeuwarden as an expert witness alongside other nominated witnesses including Sasha Latypova, Mike Yeadon, Catherine Austin Fitts and Joseph Sansone. Francis A. Boyle was also asked to testify, agreed to testify, and reportedly died Jan. 30, 2025.

The attorneys — Peter Stassen and Arno van Kessel — asked me to testify regarding my legal research about relevant US law and legal history (statutes, regulations, case law, executive orders, contracts) and international legal instruments.

Since March 2025, I have been drafting a written memo in support of the Netherlands litigation, and publishing segments of the memo as a Bailiwick series, published in September 2025 as St. Benedict Memo.

The three injured individuals are considering joining a case filed in July 2023 by seven other injured persons, or filing their own case.

Stassen and van Kessel filed the July 2023 case on behalf of seven plaintiffs against Everhardus Ite Hofstra (member of National Institute for Safety and the Environment, Centre of Infectious Disease Control, Outbreak Management Team and related organizations); Mark Rutte (former Prime Minister of the Netherlands), Albert Bourla (CEO of Pfizer), William Gates (Bill and Melinda Gates Foundation, GAVI) and 13 other defendants serving in government, non-governmental and media leadership positions.

- July 2023 - Summons and Claims, Plaintiffs v. Hofstra et al, Case Ref. C/17/190788, Case No. 23/172[212] (7 plaintiffs' case)
- June 2025 - Conclusion of Reply and Increase of Claim, Plaintiffs v. Hofstra et al[213] (7 plaintiffs' case)
- Case Documents, Plaintiffs v. Hofstra et al[214] (7 plaintiffs' case)

In March 2025, Stassen and van Kessel filed an application for provisional evidence proceedings on behalf of the three petitioners.

The March 2025 Cover letter, Application for Provisional Evidence Proceedings[215] submitted by Stassen and van Kessel on behalf of three petitioners, outlined the two main questions presented as:

- Whether the Covid-19 mRNA injections, which according to the respondents [defendants] are safe and effective, qualify as bioweapons with which genocide is currently being committed.

[212] https://rechtoprecht.online/wp-content/uploads/2025/02/Dagvaarding-rechtbank-Engels_Geredigeerd.pdf
[213] https://rechtoprecht.online/wp-content/uploads/2025/07/2025-06-01-Conclusie-van-Repliek-tevens-Eisvermeerdering_Engels_Geredigeerd.pdf
[214] https://rechtoprecht.online/processtukken/
[215] https://rechtoprecht.online/wp-content/uploads/2025/03/Brief-aan-rechtbank-07-03-2025_Geredigeerd_Engels.pdf

- Whether a Great Reset (which is dismissed by those asked as merely a possible future scenario) is underway and what it means.

The March 2025 Application for Provisional Evidence Proceedings[216] (on behalf of three petitioners) submitted by Stassen and van Kessel outlined the questions to be presented to the nominated witnesses, including questions for Sasha Latypova:

> 1. Can mRNA/DNA technology be used as a bioweapon?
>
> 2. Have Covid-19 mRNA injections been marketed as regulated medical products?
>
> 3. Are there legal requirements under US law for the use of scientifically validated substances and methods for the purpose of promoting (Covid-19) mRNA injections as safe and effective?
>
> 4. When the Covid-19 mRNA injections were administered to millions of people in the European Union, did these injections meet the requirements and guarantees that consumers may expect from pharmaceutical products?
>
> 5. Were the Covid-19 mRNA injections purchased, financed, delivered and administered as pharmaceutical products in accordance with the safety guarantees that a consumer may expect?
>
> 6. Were the Covid-19 mRNA injections falsely promoted by falsely labeling them?
>
> [7.] Can the Covid-19 mRNA injections be qualified as bioweapons?
>
> [8.] Did individuals who prescribed, purchased and/or administered the Covid-19 (mRNA) injections participate in war crimes and/or genocide?

and questions to be presented to Katherine Watt:

> 1. What are the legal frameworks governing the development, production, labeling, distribution, and use of viruses and vaccines under U.S. law?
>
> 2. What are the legal frameworks governing the research, development, transfer, and deployment of biological and bacteriological weapons under U.S. law?
>
> 3. On what basis are viruses, vaccines, gene therapy, and other biological products distinguished from biological and bacteriological weapons under U.S. law?
>
> 4. Are there legal requirements under U.S. law for the use of scientifically validated substances and methods for the purpose of promoting viruses, vaccines, gene therapy, and other biological products as safe and effective?

[216] https://rechtoprecht.online/wp-content/uploads/2025/03/Verzoekschrift-voorlopige-bewijsverrichtingen_Engels_Geredigeerd.pdf

> 5. What is the relationship between the regulatory functions and decisions of the U.S. Food and Drug Administration (US-FDA) regarding international trade in viruses, gene therapies, and other biological products, and other regulatory authorities outside the United States, particularly in Europe?
>
> 6. Did individuals who prescribed, purchased and/or administered the Covid-19 (mRNA) injections participate in war crimes and/or genocide?

A hearing on the application for provisional evidence proceedings was held on July 9, 2025 before Judge J.A. Werkema.

In early June 2025, a few weeks before the hearing, Dutch authorities arrested Arno van Kessel. At the July 9, 2025 hearing, Stassen presented the case for the three petitioners alone. For more information on the two cases (seven plaintiffs in one case, three petitioners in the second), the July 9, 2025 hearing and the arrest and detention of Arno van Kessel, see reporting by Ido Dijkstra and others at De Andere Krant.[217]

On Aug. 20, 2025, Judge Werkema denied the petitioners' request.

- Aug. 20, 2025 - Order denying application for provisional evidence proceedings (translated English version[218] provided by RechtOprecht; Dutch version[219])

Additional documents related to the three-petitioners' application for provisional evidence proceedings can be found at the RechtOprecht website.

- Case Documents, Three Petitioners' Application for Provisional Evidence Proceedings[220]

Aug. 20, 2025 - Press Release by Attorney Peter Stassen,[221] Excerpts

> Regarding the application procedure at the Leeuwarden District Court with reference number C/17/199273 / HARK 25-17)
>
> On behalf of three clients who suffered serious physical and non-material harm as a result of receiving Covid-19 mRNA injections, the undersigned initiated a petition procedure at the District Court of Noord-Nederland, Leeuwarden location. The request to the court is to hear five international expert witnesses whose opinions differ from the official Covid- 19 narrative (a request for preliminary evidence).

[217] https://deanderekrant.nl/
[218] https://rechtoprecht.online/wp-content/uploads/2025/08/Beschikking-20-08-2025_Engels_Geredigeerd.pdf
[219] https://rechtoprecht.online/wp-content/uploads/2025/08/Beschikking-20-08-2025_Geredigeerd.pdf
[220] https://rechtoprecht.online/verzoekschrift-voorlopige-bewijsverrichtingen/
[221] https://rechtoprecht.online/wp-content/uploads/2025/08/persverklaring-20-augustus-2025_Engels.pdf

My clients, like many who realize that Covid-19 is not a disease but a project, have pressing questions of great social importance. A social or scientific debate on these questions cannot occur without judicial intervention. For this reason, it is of the utmost importance that experts are heard in court, before the judge and with the opportunity for a public procedural debate and second opinions. This allows my clients — and others — to determine their legal position based on this information.

The questions in the petition proceedings concern, among other things, whether the Covid-19 mRNA injections constitute a bioweapon used by the defendants, as executors of the Covid-19: The Great Reset project, to commit genocide. The experts nominated in this context are Catherine Austin Fitts, Michael Yeadon, Sasha Latypova, Katherine Watt, and Joseph Sansone.

For details of the petition and the CVs of these expert witnesses, please refer to the court documents published on the website of the RechtOprecht Foundation, which facilitates these proceedings (www.RechtOprecht.online).

On the aforementioned website, you will also find the complete procedural documents in a substantive proceeding (summons proceedings) I am initiating on behalf of seven other clients – one of whom has since died as a result of the Covid-19 mRNA injections. These substantive proceedings contain extensive evidence supporting the claim that the Covid-19 injections are a bioweapon used by the defendants as a group to commit genocide.

These substantive proceedings are also being facilitated by the Stichting RechtOprecht (RightOprecht Foundation). An oral hearing will still be required in these substantive proceedings before the Leeuwarden District Court can issue an (interim) judgment. No date has yet been set for this hearing. Given the similarity in subject matter, both proceedings are of great public importance...

Shortly before the oral hearing of the request on July 9th, a new press guideline was introduced in the Netherlands, which stipulates that only so-called "accredited journalists" are authorized to make video recordings of hearings. Despite the fact that the judge is not bound by this press guideline and my urgent request to the judge to allow video recordings by the many journalists present, the hearing was censored. The accredited journalists were conspicuous by their absence…

There was no cogent defense against the request to hear experts during the oral hearing on July 9th. During this hearing, I extensively discussed the enormous public interest.

The judge, who heard the case, also stated at the hearing that she recognized the public interest in the request...I concluded my plea by noting that if the judge were to reject the request, she would have the same blood on her hands as the defendants, and I wished the judge much wisdom in her decision.

Today's decision makes it clear that the judge lacked the much-needed wisdom to keep her hands clean in this case.

> An edited audio recording of the hearing, authorized by the court, will only be available at the same time as the verdict...
>
> This blundering ruling by this court of first instance will be appealed to the Court of Appeal in Leeuwarden. The defendants still have a lot to face procedurally…Regarding the aforementioned substantive proceedings, the media, and in particular the press (journalists), are reminded…that further evidence will be introduced in the substantive proceedings in the foreseeable future. This evidence makes it abundantly clear that the Covid-19 mRNA injections qualify as a bioweapon used to commit genocide. This also demonstrates that the public continues to be completely misled by the perception that the Covid-19 mRNA injections are a vaccine developed and produced with safety guarantees...

Related

June 2, 2025 - There cannot be product liability exposure for manufacturers of products for which no physical, objective standards exist.

> Provisions that help make clear that vaccines are pesticides in a form useful for baiting human beings are 42 USC 262a(g)(2) enacted by Congress and President Bush in 2002 (PL 107-188), implemented by Secretary of Health and Human Services through 42 CFR 73.5(c) and 42 CFR 73.6(c) in 2005 (70 FR 13316)...
>
> [I]f it were not true that pesticides, animal vaccines, human vaccines and drugs are, by physical composition and physiological effects, "biological agents" meaning "any microorganism (including, but not limited to, bacteria, viruses, fungi, rickettsiae, or protozoa), or infectious substance, or any naturally occurring, bioengineered, or synthesized component of any such microorganism or infectious substance, capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism" and "toxins" meaning "the toxic material or product of plants, animals, microorganisms (including, but not limited to, bacteria, viruses, fungi, rickettsiae, or protozoa), or infectious substances, or a recombinant or synthesized molecule, whatever their origin and method of production, and includes any poisonous substance or biological product that may be engineered as a result of biotechnology, produced by a living organism; or any poisonous isomer or biological product, homolog, or derivative of such a substance" [definitions at 42 CFR 73.1] then it would not have been necessary or useful for Congress to carve out — by default classification "unless" overridden by unilateral HHS Secretary order — those four categories as exempt from BSAT laws.
>
> It is true that pesticides, animal vaccines, human vaccines and drugs are, by physical composition and physiological effects, biological agents and toxins. That's why the exemptions are written into the laws, and in the form that they're written…

Aug. 23, 2025 - Comment on "standing orders" for vaccination

Sasha Latypova post:

- Aug. 20, 2025 - Court in the Netherlands Rejects My and Other Experts' Testimony on Covid-19 Shots As Bio-Chemical, Technological and Psychological Weapons[222]

Comment posted by one of Sasha's readers:

> This interesting legal article came my way - Failure of Care Standard in Relation to Pfizer BNT162b2 modRNA,[223] by David Vella (*Gazette of Medical Sciences*, 2024)

Sasha Latypova reply:

> This article is wrong. They don't understand the PREP Act, nor do they understand what mRNA shots are. Informed consent is legally not applicable to countermeasures.

KW reply:

Adding one comment. One of the things I found but haven't written about is the promotion and use of "standing orders" for vaccination. Without going into a lot of detail, they're used at the medical practice level and at the state and local health department level, to absolve individual practitioners of their individual ethical obligations to individual patients.

I think of them as a kind of non-specific prescription, whereby the act of vaccination is performed as if prescribed for an individual patient, but without any ethical or legal obligation for the vaccinator to know anything specific about the vaccine or anything specific about the recipient's body and how his or her body may respond to the unknown contents of the vaccine vial.

I think PREP Act declarations function as a form of nationwide standing order, specifically the sections about "covered persons."

One document on this subject is a DoD information paper from March 2022

> "a. In the United States, federal law prohibits dispensing human vaccines or immune globulins without a prescription of a practitioner licensed by law to administer such drug (Federal Food, Drug, and Cosmetic Act, 21USC 353, 21CFR 610.60[a] [6]).
>
> b. Standing Order programs authorize the administration of immunizations based on approved protocols without the need for a written physician order or referral from a primary care provider.

[222] https://sashalatypova.substack.com/p/breaking-court-in-the-netherlands
[223] https://www.thegms.co/medical-ethics/medethics-rw-24082501.pdf

c. Standing Orders are written protocols that delineate the circumstances under which appropriately trained healthcare personnel, other than a privileged provider, can engage in the legal practice of medicine. Standing Orders describe the specific type of medical practice that will be delegated, delineate the procedures that personnel must follow, identify the patient population that may be served, specify the level of provider supervision required, and govern the locations where the services may occur.

d. Standing Orders are intended to remove administrative barriers to immunizations that are routinely administered in low-risk settings. They are recommended for use by properly trained health care personnel working within their scope of practice as determined by their license..."

Example of a state-level standing order authorizing pharmacists to administer Pfizer-BioNTech products, from New York, 'Non-Patient Specific Standing Order for the Administration of the Pfizer-BioNTech Updated COVID-19 Vaccine (2024-2025 Formula) for Persons 5 Years of Age and Older by Pharmacists' [224]

2021 model standing order provided by CDC, 'Formulation: 12 Years of Age and Older, Pfizer-BioNTech COVID-19 Vaccine, Standing Orders for Administering Vaccine.[225]

* * *

[224] https://health.ny.gov/prevention/immunization/providers/docs/so_pfizer_5_years_and_older.pdf
[225] https://stacks.cdc.gov/view/cdc/111991

Aug 25, 2025 - On vaccination as a psychological and physical port

Conspiracy Sarah:

- Aug. 23, 2025 - Not Isolated Herpes + Dulbecco's Eagle Medium + Fetal Bovine Serum Causes Lesions When Scratched Onto Mouse Lip, Inadequately Controlled Study Shows[226] (Conspiracy Sarah)

Mike Yeadon comment[227]

> …the claim that illnesses misattributed to viruses are contagious is flat wrong. Symptomatic transmission (aka contagion) has never been demonstrated.
>
> In this context, what in the world do thoughtful people believe "vaccines" are about?
>
> It's well worth knowing that legal scholar Katherine Watt has examined more than a century's worth of US Federal regulations relating to complex biological product regulation to reach the horrifying conclusion that vaccines have never been regulated.
>
> For what purpose was this grand deception installed?
>
> I think it's for a combination of fear-based control of behaviour of the bulk of humans and then, via hollow needles, to bypass all our defences against foreign substances by injecting them into our bodies, more notably, the bodies of our babies and children, bringing about suffering, inferior health and shorter lives.

KW comment[228]

I've come to think of vaccination as a psychological + physical port, analogous to the physical port installed and used to maintain access to a patient's veins for introduction of fluid medications, or an intravenous line for administration of fluid nutrients and medications.

I don't know how the original perpetrators such as Edward Jenner, Louis Pasteur and Robert Koch knew that their efforts to install the ports — instill and maintain the deceptions — would be successful for so long.

I think what they and their backers wanted, more than any specific formulation of toxic biological or biochemical matter in any given bottle or pre-filled syringe at any given time, was to open up the willingness of the targets to accept the flow of such matter over time.

They wanted and their present-day colleagues still want to make sure that that willingness did not/does not wane or disappear: to facilitate the repetition or routinization inherent to vaccine schedules, and updates to vaccine schedules.

[226] https://conspiracysarah.substack.com/p/not-isolated-herpes-dulbeccos-eagle
[227] https://substack.com/@drmikeyeadon/note/c-148546253
[228] https://substack.com/@bailiwicknews/note/c-148914806

As Yeadon says [see below], the toxicity can be dialed up or down at any time, in any campaign, through the variable physical contents of vials and syringes, to render the underlying deceptions more difficult for the targets to see and therefore more difficult for the targets to protect themselves against.

The primary targets were and are babies, children and expectant mothers — starting the poisoning-by-vaccines at the beginning of each life, the better to obscure causation of subsequent biological malfunctions by attributing them to exposure to other environmental toxins or inherited disorders.

The perpetrators weaponize the divinely-ordained, natural and morally sound love that parents bear for their children and the natural desire to protect children from harm, by projecting the illusion of contagious disease threats and portraying poisons as offering protection from those threats.

Mike Yeadon comment[229]:

> "…It's important to realise that we don't know what was in the vials. We can't trust official disclosures because the regulatory system for notional vaccines is corrupt and inoperative according to the careful research of Katherine Watt here on Substack.
>
> Per Sasha Latypova's analysis of VAERS, we know that different batch numbers (excluding AZ, not distributed in the USA) were associated with extraordinarily different outcomes. Some were orders of magnitude more damaging in terms of reported prevalence of adverse events.
>
> The researcher who first spotted this was a Brit called Craig Paardekooper and it was upon reading his articles that Sasha & I met, because we both knew immediately what it meant: these products were not the result of conventional pharmaceutical manufacturing and regulation.
>
> Early on, when I hadn't grasped the depth of the evil, I attributed the variations in toxicity to careless manufacturing. Later & still today, I believe they were calibrating weapons. Because that's what these are.
>
> Then & now I theorised that somehow the perpetrators intended to establish a system under which we'd all be required to be "vaccinated" frequently. Under this hypothetical, they'd use the results of calibration to murder people at whatever rate they deemed appropriate.
>
> This also tallies with why the worldwide average kill rate now is a lot lower than I guessed it was early in 2021. Early batches included the particularly toxic batches. Later on they settled into using less toxic batches. Construction of factories for the manufacture of billions of doses per year have been reported. I wonder what is intended for the output of such factories?"

[229] https://substack.com/@drmikeyeadon/note/c-148552276

Aug. 26, 2025 - Note on infeasibility of retrospective identification of vaccine contents

Mike Yeadon, Aug. 23, 2025 comment[230] on Denis Rancourt, Aug. 22, 2025, *False that 1-4M lives saved by COVID-19 vaccination during 2020-2024.My critical peer review of the Ioannidis et al. 2025 paper*

> In the recent paper by Ioannidis et al, they relied upon "vaccine" efficacy reported by their proprietors; upon official data for "covid19" deaths; and "seroprevalence" for a measure of exposure to "the virus".
>
> The authors of the paper that Denis Rancourt critiques (or rather, eviscerates) claim that the "covid19" "vaccines" have saved a modest number of millions of lives.
>
> It's all magical thinking, given the injections were designed to induce a variety of adverse effects (the numerical magnitude I have never estimated ahead of empirical evidence on the simple grounds that we lack sufficient information on the basis of which to arrive at such an estimate) and given there was no pandemic, no new illness distinguishable from pre-existing illnesses & finally, given there is no scientific evidence for the existence of "SARS-CoV-2" or indeed any virus. Obviously, the use of "anti-sera" has no meaning in this context.
>
> The long lived & psychologically sophisticated deception that submicroscopic, infectious particles cause diseases, that these misattributed illnesses are contagious and that prior interventions called "vaccines" can protect you, together, is at the heart of the worldwide coup d'etat which was manifested rather obviously from early 2020.
>
> The authors of the Ioannides et al paper clearly understand that the injections injured or killed a number of people. They explicitly chose not to include these in their calculations...

Asked whether the Ioannidis paper addressed AstraZeneca-labeled products, Yeadon added, Aug. 24, 2025[231]

> It wouldn't, I expect, because the authors are US researchers. You'd have to check the details of the methodology section.
>
> Remember they disregarded adverse events including injuries and deaths due to these injections.
>
> It's important to realise that we don't know what was in the vials. We can't trust official disclosures because the regulatory system for notional vaccines is corrupt and inoperative according to the careful research of Katherine Watt here on Substack. Per Sasha Latypova's analysis of VAERS, we know that different batch numbers (excluding AZ, not distributed in the USA) were associated with extraordinarily different outcomes. Some were orders of magnitude more damaging in terms of reported prevalence of adverse events.

[230] https://substack.com/@drmikeyeadon/note/c-148272213
[231] https://substack.com/@drmikeyeadon/note/c-148552276

The researcher who first spotted this was a Brit called Craig Paardekooper and it was upon reading his articles that Sasha & I met, because we both knew immediately what it meant: these products were not the result of conventional pharmaceutical manufacturing and regulation.

Early on, when I hadn't grasped the depth of the evil, I attributed the variations in toxicity to careless manufacturing.

Later & still today, I believe they were calibrating weapons. Because that's what these are.

Then & now I theorised that somehow the perpetrators intended to establish a system under which we'd all be required to be "vaccinated" frequently. Under this hypothetical, they'd use the results of calibration to murder people at whatever rate they deemed appropriate.

This also tallies with why the worldwide average kill rate now is a lot lower than I guessed it was early in 2021. Early batches included the particularly toxic batches. Later on they settled into using less toxic batches.

Construction of factories for the manufacture of billions of doses per year have been reported. I wonder what is intended for the output of such factories?

Jessica Hockett, Aug. 25, 2025[232]

I think more attention is needed on differential batches and annual experimentation/population control WRT the flu shot pre-2020

Military/intelligence NOT did do anything for the first time in Operation COVID

Too risky

Katherine Watt, Aug. 26, 2025[233]

Agree that they didn't do anything for the first time in 2020, mostly because I think the plans were long-term from the get-go, and planned to have layers added and adjusted over decades, and to be difficult-to-discern against background events, so as to carry on un-noticed and unimpeded by challenges.

I don't think there's much that can be done to identify batch variability pre-2020, or even post-2020, because as soon as the shots are in the targets and the containers are destroyed, there's no evidence to test. The material in the target is not in a traceable form because it's metabolized (in more or less damaging ways) and since no one knows what was in the containers to begin with, there's no way to fully know what to test blood and other samples for and no way to know, for substances found in the blood, whether it got there through any specific vaccination act, or through some other form of exposure.

[232] https://substack.com/profile/32813354-jessica-hockett/note/c-149170114
[233] https://substack.com/profile/8540123-katherine-watt/note/c-149275503

The material in the containers is just gone, either decomposed or incinerated.

The material in the bottling facilities is also gone after the batch is bottled, when the equipment is cleaned to prepare for the next batch.

Some regulations (ie 21 CFR 600.13) appear to require sample retention for up to six months after expiration date, but include exception clauses which I believe have been throughout/still are used by regulators and manufacturers to preclude sample retention entirely, given the pretextual nature of the entire regulatory scheme. Same goes for records-retention. (21 CFR 600.12)

* * *

Aug. 27, 2025 - Comment posted on Margaret Anna Alice re EUA rescind

Margaret Anna Alice, Aug. 27, 2025 note[234] on *FDA rescinds emergency use authorizations for COVID-19 vaccines: RFK Jr.*[235] tagging Sasha Latypova, Katherine Watt, Debbie Lerman, A mother's anthem, James Roguski

> Does this mean pharmaceutical corporations can now be sued for injection injuries and deaths effective today? What about the FDA, CDC, HHS, government, etc.?

Sasha Latypova reply[236]:

> Margeret, this is false news. I will have to publish on this, because so many are confused. The FDA just now APPROVED new versions of the countermeasures falsely marketed as "fully approved" mRNA shots for everyone they include as "vulnerable" in their Eugenics-based "targeted protection" policy, which is 75%+ of US population, including children and pregnant women. Nothing changed.
>
> This is another MAHA lie, representing "nothing changed" as a "win."

KW reply[237]:

> Would add (to Sasha's comment) that no vaccine manufacturer or regulator can be sued for injuries and deaths caused by any vaccine, because there are no design standards and no manufacturing standards, and judicial review of physical evidence pertaining to specific products in themselves is precluded.
>
> Therefore there is no opportunity to present evidence to a court, and even if there were such opportunity, there is no physical possibility of demonstrating to a court that a manufacturer failed to meet a design standard or distributed a defectively-designed product, and no possibility of demonstrating to a court that a manufacturer failed to meet a manufacturing standard or distributed a defectively-manufactured product.
>
> The physical infeasibility of establishing design and manufacturing standards is the basic reason why it has been essential for the killers to block judicial review of products and product contents.

[234] https://substack.com/@margaretannaalice/note/c-149820927
[235] https://thehill.com/policy/healthcare/5473277-covid-vaccine-emergency-use-fda-rfk/
[236] https://substack.com/profile/50868935-sasha-latypova/note/c-149821745
[237] https://substack.com/profile/8540123-katherine-watt/note/c-149983341

Aug. 28, 2025 - False communicable disease threat indoctrination programs, and product research, development, liability indemnification, approval, procurement and use program

Information published under this title was incorporated into St. Benedict Memo published in September 2025.

September 2025

Virgin and Child. Bartolomé Esteban Murillo.

Sept. 12, 2025 - Memo in support of litigation in the Netherlands

Report written to support civil litigation filed in the Netherlands in July 2023 on behalf of seven plaintiffs.

- St. Benedict Memo - Documentation of relevant developments in relevant US federal laws.

Sept. 16, 2025 - Netherlands case update: appeal of Aug. 20, 2025 order denying application for preliminary evidence proceedings; appeal filed Sept. 15, 2025.

In July 2023, Attorneys Peter Stassen and Arno van Kessel filed a complaint on behalf of seven plaintiffs injured by Covid-19 vaccines, in the District Court of Northern Netherlands at Leeuwarden, against Everhardus Ite Hofstra (member of National Institute for Safety and the Environment, Centre of Infectious Disease Control, Outbreak Management Team and related organizations); Mark Rutte (Prime Minister of the Netherlands at that time), Albert Bourla (CEO of Pfizer), William Gates (Bill and Melinda Gates Foundation) and other defendants serving in government, non-governmental and media leadership positions.

- July 2023 - Summons and Claims, Plaintiffs v. Hofstra et al, Case Ref. C/17/190788, Case No. 23/172[238] (7 plaintiffs' case)
- June 2025 - Conclusion of Reply and Increase of Claim, Plaintiffs v. Hofstra et al[239] (7 plaintiffs' case)
- Case Documents, Plaintiffs v. Hofstra et al[240] (7 plaintiffs' case)

In March 2025, attorneys Stassen and van Kessel filed an application for preliminary evidence proceedings on behalf of three other individuals, also injured by Covid-19 vaccines:

- March 7, 2025 - Cover letter, Application for Preliminary Evidence Proceedings[241] (English translation) - "…This request is of great public importance because, if granted, legal and convincing evidence will be provided by the witnesses/experts submitted in the request regarding (among other things) the following questions: 1. Whether the Covid-19 mRNA injections, which the respondents claim are safe and effective, qualify as bioweapons currently being used to commit genocide; 2. Whether a Great Reset (which the respondents dismiss as only a possible future scenario) is underway and what this means…"
- March 7, 2025 - Application for Preliminary Evidence Proceedings[242] (English translation)
- Case documents, Three Petitioners' Application for Preliminary Evidence Proceedings[243]

A hearing was held July 9, 2025: audio recording at RechtOprecht website[244] (in Dutch, redacted), transcript unavailable as of Sept. 16, 2025. [October 2025 Note - Transcript obtained, available at footnote link[245] and below.]

[238] https://rechtoprecht.online/wp-content/uploads/2025/02/Dagvaarding-rechtbank-Engels_Geredigeerd.pdf
[239] https://rechtoprecht.online/wp-content/uploads/2025/07/2025-06-01-Conclusie-van-Repliek-tevens-Eisvermeerdering_Engels_Geredigeerd.pdf
[240] https://rechtoprecht.online/processtukken/
[241] https://rechtoprecht.online/wp-content/uploads/2025/03/Brief-aan-rechtbank-07-03-2025_Geredigeerd_Engels.pdf
[242] https://rechtoprecht.online/wp-content/uploads/2025/03/Verzoekschrift-voorlopige-bewijsverrichtingen_Engels_Geredigeerd.pdf
[243] https://rechtoprecht.online/verzoekschrift-voorlopige-bewijsverrichtingen/
[244] https://rechtoprecht.online/
[245] https://drive.proton.me/urls/K1HV4F2PR4#cW5fM8BCOr0W

In August 2025, the judge reviewing the application denied the request.

- Aug. 20, 2025 - Order denying application for preliminary evidence proceedings[246] (English translation)
- Aug. 20, 2025 - Press statement, Attorney Peter Stassen[247] (English translation)

On Sept. 15, 2025, Attorney Peter Stassen filed an appeal of the order denying the application, at the Arnhem-Leeuwarden Court of Appeal in Leeuwarden.

- Sept. 15, 2025 - Cover letter, Notice of Appeal and Request for Preliminary Injunction[248] (English translation)
- Sept. 15, 2025 - Notice of Appeal and Request for Preliminary Injunction[249] (English translation)
- Case documents, Appeal against decision of Aug. 20, 2025[250]

Sept. 15, 2025 Notice of Appeal, excerpts:

> …[1.] By this application, the applicants appeal against the decision of 20 August 2025 rendered by the District Court of Noord-Nederland with case number / application number: C/17/199273 / HA RK 25-17, as well as against the procedural decisions taken prior to that decision regarding the publicity of the oral hearing and the denial to the public and 'non-accredited journalists' of the opportunity to make images and sound recordings of the hearing…
>
> [9.] The right to a fair trial enshrined in Article 6 of the ECHR was seriously violated by the court of first instance. This is as follows. The applicants' trial was not public within the meaning of Article 6 of the ECHR because the doors of the court and the courtroom were closed to the public, while the majority of the large public present were denied access to the courthouse and the courtroom and thus could not witness the proceedings…
>
> [11.] The applicants have argued, with reasons, that the Covid-19 injections are not so-called vaccines. By vaccines, the applicants mean products that at least qualify as medical products intended to protect or improve human health. In this context, the applicants argue that the Covid-19 injections are in fact a bioweapon and that a misleading, sham validation process has taken place involving, among others, the European Medicines Agency, the State of the Netherlands, and all other respondents in the context of the Covid-19: The Great Reset project. The applicants have explained that the question they wish to submit to the experts nominated in the application, Sasha Latypova and Katherine Watt, is a factual one, namely how the Covid-19 bioweapon in question could be passed through the regulations…

[246] https://rechtoprecht.online/wp-content/uploads/2025/08/Beschikking-20-08-2025_Engels_Geredigeerd.pdf
[247] https://rechtoprecht.online/wp-content/uploads/2025/08/persverklaring-20-augustus-2025_Engels.pdf
[248] https://rechtoprecht.online/wp-content/uploads/2025/09/Begeleidende-brief-aan-rechtbank-behorende-bij-beroepschrift_Engels_Geredigeerd.pdf
[249] https://rechtoprecht.online/wp-content/uploads/2025/09/Beroepschrift_Engels_Geredigeerd.pdf
[250] https://rechtoprecht.online/hoger-beroep-tegen-beslissing-20-augustus-2025/

[16.] It should be noted that the court, in its order, wrongly designated the experts nominated by the applicants several times as "party experts." The nominated experts were not engaged by the applicants. For this reason alone, they are not party experts. The applicants never designated the experts they nominated as party experts, nor did they leave any misunderstanding regarding their independent position. On the contrary, the applicants stated loud and clear that these experts were independent and explicitly intended, with their request, to have them engaged by the court, and nominated them precisely for that reason. By disqualifying the fully independent experts nominated by the applicants as "party experts," the court left no misunderstanding that it itself was biased…

[18.] Furthermore, the court should have recognized that, by rejecting the application, it left unanswered questions concerning the validity and interpretation of acts of the institutions, bodies, or agencies of the [European] Union. This is inconsistent with European law, which, in the case of questions of this nature, urges or obliges the court to refer preliminary questions to the European Court of Justice. The purport of this European legislation is crystal clear that questions concerning the validity of acts of bodies of the European Union cannot remain unanswered, a principle of legal protection which the court of first instance completely ignored in its rejection decision…

[19.] Two of the nominated experts, Sasha Latypova and Katherine Watt, after learning of the court's rejection of their request, took the initiative to provide a statement for the main proceedings before the District Court of Northern Netherlands, citing public interest considerations. This is a direct consequence of their awareness of the court's reasoning in the order under appeal under paragraph 3.11, in which the judge, outside of her statutory duty, unnecessarily, unsolicited, and completely incorrectly advocated for the appointment of experts other than those nominated by the applicants, arguing that the other expert appointed by the court would then be "independent." Therefore, the applicants neither commissioned nor paid for this. The applicants are, of course, very grateful for this willingness and gratefully make use of these reports, not only in their own interest but also, and especially, in the public interest. Against this background, an expert opinion by Sasha Latypova is introduced into the proceedings as exhibit 3, and an expert opinion by Katherine Watt as exhibit 4. Latypova's expert opinion is accompanied by more than a gigabyte of underlying official data on which she bases her reasoned and, above all, particularly serious conclusions. Watt, primarily based on the applicable regulations and their historical development, provides evidence of the correctness of her conclusions. These expert opinions demonstrate without a doubt that the "COVID-19 vaccines" touted by the defendants in the preferred reality as "vaccines against Covid-19," as well as guarantees for the safety of their development and guarantees for the quality of their production, are nothing but bioweapons. After reading these expert opinions and the evidence on which they are based, it should be clear to everyone that this was never about a medicine or vaccine for the benefit of the world's population.

In reality, the Covid-19 injections demonstrably involve "countermeasures" or "countermeasures" developed and produced without significant safety guarantees in case of chemical, nuclear, radiological, and nuclear attacks. Their producers, often located in the USA, are entitled to very broad immunity from civil liability under the applicable

regulations there. The EMA, also acting as the executor of the malicious Covid-19 project, treated these "countermeasures" as "vaccines" in the false perception—preferred reality—created by the EMA and all defendants. They failed to further investigate these countermeasures based on so-called "Mutual Recognition Agreements" and allowed them onto the European market under a "Conditional Market Authorization." All of this was done in the full knowledge that this was not a "safe vaccine" but a highly damaging "countermeasure" that is indistinguishable from a bioweapon and is therefore a bioweapon. This course of events also explains why the producers in Europe received essentially the same civil exoneration from the executors of the global Covid-19 project as exists in the USA based on the country's countermeasures regulations. The applicants cannot yet imagine a greater and more serious global violation of human rights…

[21.] In view of the foregoing, the applicants also argue that their application to this court should be deemed admissible, despite the prohibition on legal remedies under Article 200 of the Dutch Code of Civil Procedure, due to a breach of essential procedural rules, as first accepted by the Supreme Court in its *Enka v. Dupont* judgment. The criterion for an essential procedural breach is the violation of such a fundamental legal principle that their case can no longer be considered fair and impartial. The grounds for appeal and the explanations in this application, as well as the submitted exhibits, demonstrate that this criterion is amply met…

[24.] Moreover, even if these experts were biased in the aforementioned sense – *quod non* – there is no legally respectable reason to exclude them. Their expert opinions, which contradict the government's Covid- 19 narrative, provide every reason to hear these experts, appointed by the court, to determine the applicants' legal position in a public trial where the respondents have the opportunity to present their own nominated (party) experts during the inquiry or to engage them to question the experts nominated by the applicants. The applicants' counsel addressed this extensively at first instance, pointing out that only a handful of qualified experts worldwide are willing to report their substantiated scientific opinion to a judicial body, contrary to the monstrosity of the "scientific consensus" emphasized by the respondents, and that precisely these experts were nominated by the applicants. An alternative is therefore not available, and the court therefore also lacks alternative experts who necessarily meet this profile to enable a meaningful preliminary expert report for determining the applicants' legal position. This requires qualified experts who do not have the approval of the respondents as executors of the Covid-19: The Great Reset project. The court's entire argument is therefore aimed at nothing other than suppressing the Truth by denying the respondents the preliminary expert report they requested…

[30.] In paragraph 3.15 of the decision under appeal, the court further considers that it is unclear why the questions to be asked to expert Watt about US regulations and authorities regarding viruses, vaccines, and biological and bacteriological weapons would be relevant. However, the applicants' lawyer made it perfectly clear at the hearing that these questions are relevant to understanding how a bioweapon could be passed through regulations and imposed on the applicants under the guise of a "vaccine." The answer to this question and the expert debate on it will shed light on the truth regarding the feigned COVID-19 crisis

> and the official government COVID-19 narrative, which the respondents have defended against their better judgment to this day. This insight, to be provided by the experts nominated through their expert opinion, is crucial for determining the legal position of applicants who must demonstrate in a legally plausible manner that the respondents as a group intentionally committed an unlawful act, by misleading the [applicants,] as executors of the Covid-19: The Great Reset project with the aim of having them injected with Covid-19 [vaccines] – which is in reality a bioweapon…

Attorney Stassen attached a report that Sasha Latypova drafted in support of the Netherlands litigation, and a report that I drafted in support of the Netherlands litigation, to the appeal.

- Latypova Affidavit[251] - (Sasha Latypova) - "Based on my review of primary regulatory documents, leaked Pfizer's Chemistry-Manufacturing-Control (CMC) files, relevant legislation in the U.S. and EU, and other publicly available documentation, it is my expert opinion that the Covid-19 mRNA injections were deployed under military 'medical-countermeasure' rules that bypassed standard pharmaceutical safeguards, rendering them legally and functionally indistinguishable from a potential bio-chemical weapon."
- St. Benedict Memo - Documentation of relevant developments in relevant US federal laws. (Katherine Watt) - "As a preliminary matter, I note that there is no single, unique, distinct, determinate or stable material substance to comprise "the" Covid-19 mRNA vaccine or any single annual "formulation." Each quantity of solid, semi-solid or liquid matter, supplied to users with or without instructions to mix the contents with liquid saline solution, may contain living organisms and sub-units from several different species of bacteria, plant, fungi and animal organisms (heterogenous organic matter), along with inorganic matter. Each component may or may not be listed in printed material accompanying the container or submitted to putative regulators. If listed, each indeterminate article of organic or inorganic matter may or may not be listed as present in a discrete quantity, and the quantity actually present in the container may or may not correspond with the stated quantity at any given moment in time. Wide spatial and temporal variability of physical composition, and the intrinsic inaccuracy of labeling implied by such variability, are legal: there are no US laws or regulations requiring products to be placed in containers in compliance with any physical standards or temporal stability standards, and there are no US laws or regulations requiring accurate, complete labeling or other forms of accurate, complete information disclosure."

* * *

[251] https://drive.proton.me/urls/75YWYYF344#q1BrjNO5gG1e

Sept. 17, 2025 - Note on "Covid-19 mRNA injections" as both biological weapons and vaccines

I disagree with those who state that "Covid-19 mRNA injections" are either biological weapons or vaccines, but cannot be both at the same time.

I think "Covid-19 mRNA injections" can and should be understood as members of the category of products called vaccines and also can and should be classified as biological weapons.

My position is that all vaccines, including but not limited to Covid-19 mRNA injections, are comprised of "biological agents capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism," and therefore all vaccines, including but not limited to Covid-19 mRNA injections, are biological weapons by their physical compositions and capacities for physiological effects.

My position is, further, that all developers, manufacturers and users of all vaccines, including but not limited to Covid-19 mRNA injections, are exempt from criminal prosecution and immune from civil liability, because, in defending themselves from criminal prosecution, they have recourse to presumptive, false but legally-dispositive classification of the undefined, unstandardized, unregulated substances as being for used for "prophylactic, protective, bona fide research, or other peaceful purposes;" and because, in defending themselves from civil litigation, they have recourse (among other defenses) to the fact that there are no design quality standards or manufacturing quality standards, against which their own acts of design and manufacturing could be found defective.

In other words, I don't think Covid-19 mRNA injections are excluded from the category of undefined, non-standardized, unregulated substances known as "vaccines."

I do think that Covid-19 mRNA injections are included in the category of undefined, non-standardized, unregulated substances known as "vaccines."

Because I think that all vaccines are comprised of "biological agents capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism," I think that all vaccine manufacturing should be brought to an end, and all vaccination programs should be brought to an end.

Because I think that vaccine manufacturing facilities are legalized sites for biological weapons manufacturing, and vaccination programs are legalized forms of intentional poisoning, I think that the most fruitful way to end vaccine manufacturing and end vaccination programs is for individual people to decide to stop taking vaccines and decide to stop vaccinating babies and children; for individual people to stop recommending, urging or advising others to take vaccines and stop urging others to vaccinate babies and children; and for individual people to help other individual people decide to stop taking vaccines and decide to stop vaccinating babies and children.

Sept. 24, 2025 - Update on Netherlands litigation: press release from attorney
Legal documents are published at RechtOprecht website

Sept. 22, 2025 press release[252] by Attorney Peter Stassen regarding the status of the application procedure and substantive proceedings

Appeal in the application procedure - C/17/199273 / HA RK 25-17

On Monday, September 15, 2025, the day the "Coronavaccine Autumn 2025" program was launched in the Netherlands, an appeal was filed against the decision of the District Court of Northern Netherlands (Leeuwarden) of August 20, 2025.

Part of this appeal is an invocation of the doctrine of breaking the statutory prohibition on appealing in cases like this (the doctrine of breaking the ban on appeal). The notice of appeal explained that there was no fair trial in the proceedings at first instance within the meaning of Article 6 of the European Convention on Human Rights[253] (ECHR).

The notice of appeal also includes a request for interim relief during the course of the proceedings, aimed at hearing the nominated experts in a public hearing with unhindered access for the public and journalists.

The urgent and significant public interest in the appeal and the requested relief was explained in an accompanying letter[254] to the court and the defendants' lawyers.

The appeal is supported by two extensive written statements from Sasha Latypova[255] and Katherine Watt,[256] accompanied by over a gigabyte of verifiable documents relating to their conclusions.

The applicants and their lawyer are convinced that the conclusions of Latypova and Watt cannot be rebutted with well-founded arguments due to their quality, transparency, and substantiation.

Telephone contact with the court registry reveals that the notice of appeal has been received in seven copies and is being administratively filed. On Monday, September 22, 2025, 12 additional copies of the petition were delivered to the court registry, so that the court now has 19 copies, as prescribed by the court's regulations.

The Court, and thus the State of the Netherlands and (the lawyers for) the respondents, have thus obtained very convincing evidence that a planned genocide is being carried out without scruples as a project (Covid-19: The Great Reset). In the view of the applicants, this serious crime is being committed against the group of people who place their trust in what is being touted as a vaccine, but is indistinguishable from a bioweapon, to be destroyed in whole or in part.

[252] https://rechtoprecht.online/wp-content/uploads/2025/09/Press-Release-ENG.pdf
[253] https://rechtoprecht.online/wp-content/uploads/2025/09/Beroepschrift_Engels_Geredigeerd.pdf
[254] https://rechtoprecht.online/wp-content/uploads/2025/09/Begeleidende-brief-aan-rechtbank-behorende-bij-beroepschrift_Engels_Geredigeerd.pdf
[255] https://drive.proton.me/urls/75YWYYF344#q1BrjNO5gG1e
[256] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/09/2025.09.10-st.-benedict-memo.pdf

These are the current developments regarding the appeal procedure.

Substantive proceedings - C/17/190788 23/172

In the main proceedings, which are being conducted on behalf of seven plaintiffs, one of whom died as a result of the Covid-19 injections, a decision on the case is expected from the District Court of Noord-Nederland on October 1, 2025. This decision will determine the court's decision on the further course of the proceedings. As usual, there will be no public hearing in the presence of the parties, the public, or the press. The court is expected to rule on the plaintiffs' increase in their claim, which essentially means that the declaratory judgment they are seeking will extend until the final judgment is rendered. This is in light of the fact that the Covid-19: The Great Reset project, in which the Covid-19 injections are of great importance, is being rigorously pursued.

Information Provision

A new press release will follow as soon as any significant developments arise.

Please note once again that all legal documents are published on the foundation's website.[257]

* * *

[257] https://rechtoprecht.online/

July 9, 2025 - Hearing, District Court of Leeuwarden, NL, transcript

Case No. C/17/199273 / HA RK 25-17, Audio recording transcript, English translation from original Dutch, redacted names of applicants and defendants.

Judge Ms. J.A. Werkema: [00:00:02] This way I can also be heard in the other rooms. I hereby open the hearing. Today concerns three applicants, whom I will first name. Mr. <bliep>—yes, that is you. Ms. <bliep> and Mr. <bliep>. I will begin with the most recent letter I received about the press guideline that must be observed. You have objected to that.

Mr. P.W.H. Stassen: Correct.

Judge Ms. J.A. Werkema: Would you like to add anything?

Mr. P.W.H. Stassen: [00:00:39] Yes, perhaps that's good. Well, briefly: I think it is useful that everyone knows the content of my last email. I returned to the office yesterday and only then found the correspondence on this subject and the respondents' requests. So I wrote to you: "Having returned from a hearing at the Limburg District Court, Roermond location, I am reading the email regarding the admission of journalists to tomorrow's hearing. That explains the timing of my message. In a constitutional state, the profession of journalist is open to any person who feels called to report in an honest way on matters of public relevance. The point is that the truth should not be suppressed; censorship must not get a chance. The standards applicable to journalists serve to protect this calling. The openness of justice—and therefore the rule of law itself—is jeopardized if journalists are hindered in their work. That implies—this is my clients' position—that in a rule of law no distinction may be made between journalists who, for payment, join an association and commit to all sorts of rules in exchange for a piece of plastic, and journalists who wish to practice their calling without all of that. In view of this, it is indeed the applicants' position that in a constitutional state making such a distinction in journalists' powers is impermissible, and that the new press guideline is not worth the paper it's printed on. Therefore, we believe all journalists—people with that calling; I think many are in this room—should be free to make recordings. What's more, that is not objectionable, because recording equipment nowadays is so small and quiet that it presents no problem for order in the courtroom."

Mr. P.W.H. Stassen: [00:02:35] In addition—and I consider this a very important point—this case concerns a matter of great social significance, as will be clear, and that interest is so great that the restrictions set out in the press guideline—after all, it is a guideline; you may deviate from it—should not, must not, be applied here. That is what I wrote you. I would like to add something. Because the press guideline is, of course, central to this discussion, I want to make a fundamental remark. In a constitutional state, adjudication is entrusted to individual judges and, in this matter, that is you, Madam Presiding Judge. From your position in the rule of law, you determine the order in this courtroom—no one else. You have no superior here who tells you what to do. Neither do I; neither do you. And that applies as well to the question of whether the journalists present here can do their work freely. You therefore do not have to abide by the press guideline when making that decision. But that also means, in my clients' view, that you cannot hide behind it either. It is your decision. You determine whether that guideline is applied in this courtroom—what my clients can only perceive as censorship—or not. And that decision is yours. I believe the decision should be

that recordings may be made freely and that there is no reason at all to apply that press guideline. Thank you.

Judge Ms. J.A. Werkema: [00:04:11] Thank you. Before I continue—because, as you hear, this is important: what is allowed and what is not—we now work with accreditation. That is also because there are certain safeguards. And I was instructed to impress upon you, the public—this is what I heard via the communications department—that videos and audio recordings are not permitted. But I think you already heard that outside the courtroom. I would like to give counsel a brief opportunity to respond. I already asked you how you view recordings being made. There were objections to that, but perhaps I can very briefly go down the row. Frankly, I don't know who ended up sitting where. Perhaps—on that side? Is Mr. <bliep> Mr. <bliep>? But he is sitting somewhere else entirely.

Mr. R.W. Veldhuis: [00:05:10] Yes, we are here. We maintain our objection, as previously made for the State. And the distinction made in the press guideline is not for nothing. So we maintain that.

Judge Ms. J.A. Werkema: [00:05:19] Yes. Would you like to elaborate?

Mr. R.W. Veldhuis: [00:05:22] Not in addition to what has already been written.

Judge Ms. J.A. Werkema: [00:05:24] Okay, then I will still go down the row. Mr. <bliep> or Mr. <bliep>?

Mr. D.C. Roessing: [00:05:32] Yes, that's us. We have nothing to add and align ourselves with the objections already raised in writing.

Judge Ms. J.A. Werkema: [00:05:42] Mr. <bliep>?

Mr. A.H. Ekker: [00:05:44] The same applies for us.

Judge Ms. J.A. Werkema: [00:05:47] And Mr. <bliep>?

Mr. W. Heemskerk: [00:05:49] The same applies for us as well.

Judge Ms. J.A. Werkema: [00:05:50] And Mr. <bliep>?

Mr. R.H.W. Lamme: [00:05:50] The same.

Mr. P.W.H. Stassen: [00:05:54] Yes, but then none of the lawyers can actually provide an argument as to what interest of their clients would be harmed if this is simply… it does not matter whether camera one or two records this or not.

Judge Ms. J.A. Werkema: [00:06:06] I recognize the significant public interest, and this morning we discussed various options—what can we offer? Because we also understand that you want more people to be able to take note of this. We thought we could make an audio recording so that at least that audio—provided it does not contain names of private individuals—could be made available to the general public. And what I, for my part, would also allow is a short recording only of us as

the court, possibly during the introduction I'm about to give, and that would be all. Are there objections?

Mr. P.W.H. Stassen: [00:06:59] Certainly—I cannot agree to that proposal. Of course not, because that too is a restriction. All the non-verbal communication is not captured in that—here, from counsel, from those present. It is too limited. A case like this simply cannot be censored. That is our position.

Judge Ms. J.A. Werkema: [00:07:14] Well, it is the only option I can offer, provided there are no objections. I assume that does not lead to objections. We will in any event make an audio recording and then later decide what to do with it.

Mr. R.H.W. Lamme: [00:07:29] From my side there is some objection, because it is unclear what will happen to that audio recording afterwards. With a livestream, a recording is not allowed either, so if that recording is permanently available, that is quite a special situation. We do object to that.

Judge Ms. J.A. Werkema: [00:07:46] Very well, I will think about that as well. A recording will be made, and after the hearing we will consider what to do with it.

Mr. P.W.H. Stassen: [00:07:53] Open justice is so important that you cannot say that no one may hear it. Imagine that.

Judge Ms. J.A. Werkema: [00:08:00] Yes, yes, I understand that—uhh. It is also of public interest that this not be swept under the rug, let me put it that way. Good, then I will begin my introduction.

What is today about? It concerns the three applicants seated there. All three of you, as I have read, received a Covid-19 injection, and afterwards you suffered serious health complaints. In your view, that can only have been caused by the injection, because no other cause can be identified. Together with your counsel, you now request that five people be heard, as experts or as expert-witnesses. Specifically on the question—which would be of importance in the main proceedings, as I understand it—whether there is a Great Reset, or whether the injections are bioweapons, yes or no. You want to assess your prospects regarding the procedure you intend to bring—either instituting your own action or joining the action on the merits that is currently pending, the main case that is ongoing but not yet concluded. Hence your request to hear those experts/expert-witnesses. That is also the only thing we will address today. It is solely about the question: should experts or expert-witnesses be heard so that you can make an assessment? It is not about the merits. It is not about whether a tort has been committed. It is also not about whether the damage you suffered can be attributed to that.

Judge Ms. J.A. Werkema: [00:09:55] All of that remains outside today's scope. When, then, will that be discussed? I can imagine you would very much like to know that. I cannot make any pronouncement on that, because I am not on the three-judge panel that will address the merits. What I do know—because you sent me a statement of reply—is that it has been filed, a written submission setting out your (or your clients') position. The defendants' lawyers in the main action are now up next—that's the same parties as are here today. I do not know how much longer that will take, but that case is scheduled for the end of July. What usually happens after that? Availability dates are requested from all counsel involved and, of course, from the persons

concerned. A date is then scheduled and there will be an oral hearing before three judges who will address the case on the merits. Now I will very briefly cover what letters and emails I have received so that it is clear that everything is known to everyone. I saw in the emails that everyone was always CC'd, but I will start a bit late, with an email of 16 June 2025 in which you sent me that statement of reply—you all know it, of course. Then, on 7 July, a link to a video recording by one of your experts. I will not name the person now, given that you may later receive that audio recording.

Judge Ms. J.A. Werkema: [00:11:47] Others may mention names, but I cannot say more about that. In any event, I have seen it and the letter with the link will be included in the file. Then there is an email of 2 July from Mr. <bliep> asking whether a digital hearing could be planned. Unfortunately that did not work out, because we were to sit in a different courtroom—today this courtroom was actually reserved for a very large criminal case that took place here yesterday. But because that concluded in time, we could sit here after all, and perhaps in hindsight a digital hearing would have been possible. In any case, it did not happen. What I further wish to say: I received a petition, which you will address later—you will have sufficient speaking time; I have promised you that. Then the statements of defense will be addressed on behalf of one of the parties involved—that will be Mr. <bliep>—who will argue orally; the rest has already done so in writing, except Mr. <bliep>, who has said he refers the matter to the court's judgment. That means you leave it to the court to decide what should or should not happen. But perhaps you will still wish to say something shortly—that could be. I think I have covered everything that needed to be addressed beforehand, and I would now like to give you the floor.

Mr. P.W.H. Stassen: [00:13:15] Yes, may I still make two points of order? First, I heard you say, in connection with the recording, the names of the expert-witnesses—if I understood you correctly.

Judge Ms. J.A. Werkema: [00:13:24] Yes, perhaps those may be mentioned.

Mr. P.W.H. Stassen: [00:13:26] They certainly may be mentioned. Absolutely. These people are entirely fine with that. They want to speak in the public interest. So their names may be mentioned—loudly if you wish. That is one point of order I wanted to make. The other: you reviewed the documents. It was indeed a petition. You have seen that Michael Yeadon's CV was later submitted. And indeed I sent you a link to a video by Michael Yeadon that I would today…

Judge Ms. J.A. Werkema: [00:13:53] I received it as well, and I assume everyone is familiar with it.

Mr. P.W.H. Stassen: [00:13:56] Okay. I prepared some notes on paper, which I would like to hand out.

Mr. A.H. Ekker: [00:14:08] Thank you.

Mr. W. Heemskerk: [00:14:23] Thank you.

Mr. P.W.H. Stassen: [00:14:34] Then a few extra copies for the room, because I have some slides for all the people who traveled so far. I've made small stacks here; if you would pass them along. That should be sorted quickly, I think.

Mr. P.W.H. Stassen: Also to the other side.

Mr. P.W.H. Stassen: [00:15:34] I'll wait a moment until it's handed out.

Judge Ms. J.A. Werkema: [00:15:36] Yes, that's fine. May I address one of the applicants briefly? You have health issues—can you manage this hearing? Is it doable for you to sit here this long? Or would you perhaps like to leave the room halfway through? Yes? It's going well? Okay.

Mr. P.W.H. Stassen: [00:15:59] It looks like we can begin.

Judge Ms. J.A. Werkema: [00:16:03] Yes.

Mr. P.W.H. Stassen: [00:16:05] Madam President. "And you shall know the truth, and the truth shall set you free." This is a saying I take from the Bible, John 8:32. As regards that truth, in civil proceedings the starting point is the court's passivity. The law provides in Article 24 of the Code of Civil Procedure that the court investigates and decides on the basis of what the parties have put forward in support of their claim, application or defense, unless otherwise follows from the law. My clients are considering starting a new proceeding and, as you said, to decide whether to bring a case, my clients want the views of the expert-witnesses put forward in the petition. And because the question was raised in the defense: it concerns, by definition, witnesses as well. They too can testify from their own observation about the existence of the Great Reset, the ongoing genocide and the deployment of a bioweapon, because they—like you and I—live in a time when all of this is taking place. The precise manner and form of the preliminary taking of evidence is, of course, up to your court, with this proviso: my clients insist that the five proposed experts be heard in the courtroom under oath, so that a debate can take place. Furthermore, it is essential that the experts be given the opportunity to submit documents and that the investigation not be closed until the experts have been able to give an exhaustive, evidence-based answer to the questions before us.

Mr. P.W.H. Stassen: [00:17:57] It is true that the application is primarily directed against natural persons who are, for the most part, employed by the State. The State et al.—and by that I mean all respondents—argue that there is settled case law that conduct by persons in connection with their work for the State must be attributed to the State. Reading the case law cited by the State shows there is indeed personal liability where a personal and sufficiently serious reproach can be made. Precisely for that reason, respondents have been involved in this application and there is a compelling interest in this request.

What is special about the proposed expert-witnesses is their expertise, integrity, and independence. Each has demonstrably delved very deeply into the subjects on which my clients seek clarity. Each has a background, education, knowledge, skill and experience that allows expert treatment of these subjects. Michael Yeadon, as a scientist, knows Pfizer and the industry in which it operates and can explain that the Covid-19 injections are, by design, a bioweapon. Catherine Austin Fitts understands macro-economic processes and politics and can demonstrate, explain, and prove that we are indeed in a Great Reset. Sasha Latypova and Katherine Watt know U.S. regulation in the field of "vaccines," and Katherine Watt can explain that, applying those regulations to the letter, no technical legal boundaries were crossed with the Covid-19 injections, contrary to what it seems in the preferred reality. [00:20:10]

This expert opinion by Watt is particularly grave. Through her study of this topic, Watt can demonstrate, explain, and prove that since 1902 the real purpose of vaccine regulation has been to enable harmful substances for humans to be "approved" through a sham validation process—"approved" in quotation marks. The truth is that this sham validation process aims to mislead people in order to make them willing to have biologically toxic mixtures of substances injected.

Latypova's expert opinion largely aligns with Watt's but differs on the Emergency Use Authorization used for admitting the Covid-19 injections. She can explain that those Emergency Use Authorizations indicate the countermeasures—the injections—may not be mass-produced and may not be deployed on the whole population. To that extent, these two experts are not 100% aligned, which once again shows there is no scientific consensus. The questions for Latypova and Watt are primarily factual: the course of events—the modus operandi by which a bioweapon was shepherded through the regulations.

Joseph Sansone can explain why the late Professor Dr. Boyle, the U.S. top legal expert on bioweapons regulation, could only conclude that the Covid-19 injections are a bioweapon.

Mr. P.W.H. Stassen: [00:22:11] And that bioweapon was developed at the behest of DARPA, the U.S. Department of Defense. With his background as a psychologist and his experience in U.S. legal proceedings, Joseph Sansone can also explain why these—for many—unpalatable facts are true. None of the experts has any direct or indirect self-interest in their opinion. The integrity of the proposed experts is not in dispute; nor is their independence. None has financial or other interests that would impede an independent opinion. The State et al. believe they can argue that there is no interest in the requested preliminary taking of evidence because it is already clear how the expert-witnesses will answer the questions. That is an Orwellian and false argument. It concerns an examination under oath, in which all parties can put questions to the proposed experts and respondents are given the opportunity to have a counter-expertise conducted. Such a process, which may be assumed will crystallize into two diametrically opposed camps of experts who must each give and substantiate their expert opinions under oath—such a process has simply never taken place. Only an expert opinion established in that way gives my clients sufficient insight into their legal position to determine whether they can prove unlawful conduct in the form of genocide by means of a bioweapon.

Mr. P.W.H. Stassen: [00:24:12] For these reasons, it is necessary that the proposed expert-witnesses be heard by way of preliminary evidence—precisely to determine applicants' position. The requested preliminary taking of evidence therefore cannot be replaced by a written repetition of public statements that the proposed expert-witnesses have previously made. We already spoke about public interest; to make clear what the immense public interest is here, I will outline what it means if the request is granted or rejected. Granting the request means that the proposed expert-witnesses can be heard under oath, by you and all parties, in a hearing open to the public. The experts will give their opinions and support them with evidence on which their views rest. As judge, you—and I and all other counsel—can ask the questions that until now have never been put to an expert in a courtroom. Is there genocide? Are the vaccines a bioweapon? Are we in a Great Reset with the aim of a New World Order? What is the role of governments, NATO, mass media, NGOs, and national authorities? And more importantly: how do you know this so certainly? Those answers can then be probed further by you and by all parties. Moreover, the experts, as said, will be under oath. Should respondents wish, they can have their own expert-witnesses heard in

counter-examination or deploy them to put critical questions to the proposed experts about their reasoning, underlying evidence, and data.

Mr. P.W.H. Stassen: [00:26:12] My clients would welcome that. A preliminary expert report, with its procedural safeguards and in particular the professional legal principle of hearing both sides, is the yardstick par excellence for my clients as seekers of justice to assess whether they will start proceedings or not. A one-sided written statement from the proposed experts is, for all these reasons, not weighty enough for applicants to assess their legal position. Such a one-sided statement simply does not have the weight and evidentiary force of an expert-witness opinion produced in a careful legal process with the possibility of adversarial testing. Aside from all this, the interests of applicants also carry a great public interest. Society benefits from knowing whether it lives in truth or in a preferred reality. In the statement of reply you mentioned in the main proceedings, I went into the theme of the preferred reality in depth. You confirm that statement is in this procedure and you are familiar with it. Already because of the public interest, the request to hear the proposed expert-witnesses must be granted. And contrary to what the State et al. argue, pitting experts from two opposing camps against each other is the only way to bring out the truth and to determine applicants' legal position.

Mr. P.W.H. Stassen: [00:27:58] The mere fact that these camps of experts exist shows there is no scientific consensus on these subjects. That the State will find many pseudo-experts in its camp, my clients do not doubt. I predict the State et al. will not succeed in finding experts who are truly expert, independent, and impartial. For that reason no names are given in the defense. It's still "whose bread I eat, his word I speak."

It follows that rejecting the request would deprive my clients of the ability to have the foundation of their claim supported by expert-witness evidence clothed in the procedural safeguards of a preliminary expert-witness report. My clients would then have to litigate without the opportunity first to assess their legal position. Far more weighty, however, is the impairment of the public interest a rejection would bring. Not only do my clients have the right and interest to see and hear how these expert-witnesses, in an open process under oath, answer questions from the court and all parties and support their views—everyone has this interest. Everyone has the right and interest to know whether he or she has been placed in a preferred reality; whether he or she is being threatened, attacked, driven to death, made ill, or otherwise deceived and mistreated by a bioweapon.

Mr. P.W.H. Stassen: [00:29:52] And to be able to know this, there must be a public procedural debate in the courtroom in which experts not only state their opinions but can also be compelled, under oath in public before the court, to answer questions from the court, all parties, and any counter-experts. Only then can society see that no trace will remain of the preferred reality and of the pseudo-experts acting for the executors of the project Covid-19: The Great Reset.

The hard truth will prove to be that respondents are co-perpetrators of mass murder of the Dutch population, or at least are accessories to it, and that they have deceived and mistreated the entire Dutch population and murdered many well-meaning people who placed their trust in them. If the State et al. truly embraced the truth and wanted to combat disinformation, they would have no choice but to support this request.

This risk to respondents—that nothing remains of the preferred reality—is obviously the real reason why respondents oppose my clients' request. If the preferred reality is pierced, respondents' liability is established and it is over and done with them as suppressors and deniers of the truth.

Mr. P.W.H. Stassen: [00:31:37] In other words: "And you shall know the truth, and the truth shall set you free." Frankly, my clients find it incomprehensible that, in this situation, the judges in your court have still not filed criminal complaints against respondents and that respondents are still at large.

The State et al.'s defense rests on disqualifying the proposed experts, asserting there is no interest, and claiming this request would delay the main proceedings. Starting with the latter: whether joinder or intervention is possible in the main proceedings is up to the three-judge panel in that case. At the time of filing this request, clients had not yet decided whether they would join or intervene or start a new action. The request shows they had not yet made a choice; I also heard that in your introduction. Here, too, the insinuations by the State et al. that applicants would not want to start a new proceeding rest on quicksand. To properly assess the legal position and the proper procedural course, the hearing by your court of the proposed expert-witnesses is of the utmost importance for my clients. For that reason alone it cannot be said that granting the request would delay the main proceedings. Moreover, intervention within the meaning of Article 217 of the Code of Civil Procedure involves bringing one's own claim and therefore does count as a new proceeding.

Mr. P.W.H. Stassen: [00:33:19] A preliminary expert report can therefore indeed precede an intervention. But again, to avoid any misunderstanding: applicants must still determine their legal position and only then will they be able to decide whether, and if so which, new procedure they will institute. If applicants decide to institute a new proceeding, they will indeed do so, as is required for admissibility of this request—I guarantee you that. I will look at that very carefully. In all cases it will be a new proceeding, which thus does not fall under the concept of a pending proceeding as referred to in Article 196 of the Code of Civil Procedure. I have also discussed this with clients: they want their own proceeding. You can ask them. They want to act as claimants, the three of them. In these circumstances, in assessing admissibility one cannot proceed on the basis of a pending proceeding or an unacceptable circumvention, and the request is admissible—there is no trace of abuse of rights, despite the State et al.'s unfounded insinuations. My clients are, vis-à-vis the parties in the main proceedings, ordinary third parties who first want to determine their legal position before deciding whether, and if so which, new proceeding to start. Their questions are factual in nature. What was injected into them? Is it a vaccine or a bioweapon? All of applicants' questions are, at their core, factual.

Mr. P.W.H. Stassen: [00:34:59] Applicants are interested in nothing other than the true facts, and all their questions relate to that. Where the questions concern regulation, they aim to obtain an explanation of how respondents, within that regulatory framework, were able to bring a bioweapon to market as a so-called vaccine. It is a factual explanation of the course of events—the modus operandi by which a bioweapon was piloted through the regulations. I repeat: that is a question of fact. The defense hammers on this, but these are factual questions; we do not need a legal institute for that. Once those facts are judicially established—which is what a legal process is about—then the legal characterization and the assessment of applicants' legal position will be child's play, and it will also be clear in law that there is a bioweapon with which genocide is being committed. The

questions to the experts are precisely aimed at establishing the hard legal facts needed to draw conclusions—or at least obtaining sufficient insight into how that relates to their legal position. It speaks volumes that respondents believe they can disqualify the experts by citing their past public statements, for example on the characterization of the Covid-19 injections as a bioweapon.

Mr. P.W.H. Stassen: [00:36:29] Precisely because of those expert opinions, these are the experts par excellence. But respondents' brazenness goes further when they write in their defense that they can set at least as many other experts against them. Does that mean that for respondents it is already certain that those other experts will never change their opinions—not even after the proposed experts have been heard? That is what respondents' statement assumes. Apparently respondents determine what those other experts will say. There is no other conclusion. And so it is. The mainly veterinarians whom respondents deploy as pseudo-experts have indeed always said what respondents wanted to hear. It is precisely the experts proposed by applicants who have the right qualifications. I have submitted their CVs and they attest to that, including Michael Yeadon's, which I sent later—you have seen it. We are waiting for the CVs of the State et al.'s experts—which will pale in comparison. They are missing from the State et al.'s defense, and that is no coincidence. Even if respondents can produce numerous pseudo-experts who support their assertions, it is not about the number; it is about the quality. There are only a handful of experts worldwide who are willing to answer the questions, independently and with integrity, under oath before the court and expose themselves to a dialogue. These experts have been named in this procedure.

Mr. P.W.H. Stassen: [00:38:19] If my clients cannot avail themselves of preliminary evidence in this way, then this court does not want to know the truth and certainly will not set anyone free. For that reason too, there is only one proper decision on this request. I would now like to make some specific remarks about <bliep>'s defense. It is true that Dr. Yeadon has not worked at Pfizer for about thirteen years, and this simply means that his further academic career since then took place outside Pfizer, as appears from his CV. A doctor with Yeadon's background is perfectly able to conduct independent scientific research and report on it. In that connection I sent you Yeadon's video from the Impfopfer Resistance Conference of 9 November 2024 in Vienna. You are aware of it, and I think it shows very clearly—indeed, I know—that Mr. Yeadon has delved very deeply and thoroughly into the subjects that are important to applicants and that he has the qualifications to give an expert opinion about them. I would also have liked to show that video during the hearing, but you had already made your decision. Dr. Yeadon is the expert par excellence, and if someone wants to refute his conclusions, he gives them the opportunity to do so. To date no one has come forward to refute his conclusions, nor have any proceedings been brought against him for so-called disinformation.

Mr. P.W.H. Stassen: [00:40:07] This despite all the big words about scientific consensus that respondents invoke. Yeadon has always substantiated his expert opinion with arguments and evidence—often peer-reviewed studies. The statements Yeadon makes qualify him precisely as an expert in this case. Everything I submit to you about Yeadon's qualifications applies equally to the other proposed experts. Citing Yeadon's past statements as a defense against this request is a futile exercise and proves nothing except that Yeadon has studied the subject for years and wants to entrust his findings to the public. <bliep>, by contrast, is himself a party to this and to the main proceedings, so his opinion about what is true or not is of no significance. <bliep> is trained only as a veterinarian and believes he can measure a scientific giant like Yeadon. As a veterinarian,

<bliep> should at least see the difference between a Greek Kokoni and an English Mastiff. Furthermore, for anyone who wants to understand it, it is easily explained that it is precisely <bliep> who uses the term disinformation. That fits entirely with NATO PsyOps and Info Ops deployed to keep the official narrative intact. It is clear that <bliep> is completely partial and where he stands. <Bliep>'s purpose with his defense is to silence Yeadon to prevent him from being unmasked as a mass murderer and dragging his co-respondents down with him.

Mr. P.W.H. Stassen: [00:41:58] I note that the new law of evidence did not take into account a Great Reset in which the executors are mass murderers who do not shy away from killing experts like those proposed by my clients, in order to push through the Great Reset and the New World Order. Millions of people have already been killed for the sake of that Great Reset, including one of my own clients in the main proceedings and, I assume, Professor Dr. Boyle, who, as an expert on bioweapons, had no doubt about characterizing the Covid-19 injections as a bioweapon. And Professor Dr. Boyle wanted to come before your court—and therefore before you personally—to explain that. Securing evidence is—this is a serious example—of great importance, not only for applicants but for society as a whole. Finally, I would emphasize that it is for your court, in your supreme legal judgment, to determine whether my clients—and with them the entire Dutch population—may know the truth and thus be set free. If we truly live in a rule of law and you truly wish to dispense justice, you have no choice but to grant this request. I persist in the request and thank you for your attention.

Judge Ms. J.A. Werkema: [00:43:23] Thank you.

Judge Ms. J.A. Werkema: [00:43:32] Before I give the floor to someone else, a word about procedural rules. If your request is granted, another judge will be appointed who is not part of the three-judge panel. So that examination would then take place before another judge. But that doesn't matter further.

Mr. P.W.H. Stassen: [00:43:50] That's correct, but he certainly had the willingness—Yes.

Judge Ms. J.A. Werkema: [00:43:53] Uhm—yes. I made my own list of who goes first and who last, but you are all mixed up. We can also just go down the row and you state your name. Shall we do that?

Mr. A.H. Ekker: [00:44:08] Yes, my name is Mr. <bliep>. I am here on behalf of <bliep>. I have no further remarks.

Judge Ms. J.A. Werkema: [00:44:15] You have no remarks. Okay. Mr. <bliep>. I just heard that you are <bliep>.

Mr. W. Heemskerk: [00:44:23] Yes, that is correct. Our client refers the matter to your court's judgment. I will very briefly explain what that means. It does not mean the request is supported, but it also does not mean a defense is conducted. It is a neutral position. It is left to your court to decide, having read everything and heard both sides today, how the request should be decided. That is a referral to judgment. Thank you.

Judge Ms. J.A. Werkema: [00:44:54] Good then. Oh yes.

Mr. P.F.B. Mulder: [00:44:58] Yes, I have nothing to add to what I just said.

Judge Ms. J.A. Werkema: [00:45:02] Okay, fine.

Mr. R.H.W. Lamme: [00:45:05] My name is Mr. <bliep>. I am here on behalf of Ms. <bliep> and Mr. <bliep>. They are the editor-in-chief, or former editor-in-chief, of the NOS and De Telegraaf. I have prepared a short pleading note, which I will now hand out, with your leave.

Judge Ms. J.A. Werkema: [00:45:33] Thank you.

Mr. P.W.H. Stassen: [00:45:42] Yes, thank you. One is not enough for me, but perhaps one for my clients—that would be useful as well.

Mr. R.H.W. Lamme: [00:46:20] Yes, Your Ladyship, I will start slightly outside my notes so that everyone in the room understands what my clients are defending against. It is important to understand that it normally does not, or hardly, make sense to hold private individuals working in journalism personally liable, and I will set out why. The NOS and De Telegraaf, where my clients work, would not have run away from these proceedings. So this is not a substantive judgment on the Covid-19 vaccine or its effects. Today the main thrust is the additional arguments why they cannot be addressed as people, as family members, by applicants. With that said, I begin my plea by noting that my clients actually endorse the statement of defense by the State et al. and the additional comments on behalf of Mr. <bliep>. My clients agree that this proceeding is an extension of the <bliep> case against all respondents. In that action on the merits, <bliep> reproaches the editor-in-chief of the NOS and, as it were, the former editor-in-chief of De Telegraaf, that as editors-in-chief of mass media they, with their reporting, fueled maximum fear among the population about the Covid-19 pandemic. In addition, they are said to have deliberately withheld from the public reports about the alleged lack of safety of the Covid-19 vaccine. <bliep> It even goes so far that they—<bliep>—as citizens, as people—are personally accused of co-perpetrating genocide on the Dutch population.

Mr. R.H.W. Lamme: [00:48:14] <bliep> therefore aligns today with the content of the State's defense and Mr. <bliep>'s addition, as I noted. You have seen in the defense the stated grounds, which boil down, briefly, to inadmissibility and dismissal of the request. You can read those grounds; I think you are familiar with them. As for the prospects for <bliep>, under the same counsel and with explicit reference to the main proceedings for <bliep>, this request is an attempt to add an extra burden on private defendants, while there is no legal basis at all for personal liability in this case. Additionally, <bliep> believes there are more reasons to reject the request. Applicants have insufficient interest in the evidence sought, because the claims against <bliep> as human beings in the <bliep> case, in which they seek to join, are utterly hopeless. Moreover, the evidence sought contributes to a chilling effect on press freedom, which is an equitable reason to reject it. The summons shows that the claims are in fact directed against the employers of <bliep>, namely the NOS and De Telegraaf. Nevertheless, <bliep>—and thus <bliep>—chose to summons <bliep> in person. That choice rests on a strategy devised by the Stichting RechtOprecht, of which <bliep> and their counsel are a part. In that vein, they apparently base personal liability [00:49:58] on a qualitative liability said to flow from their positions as editors-in-chief of the NOS and De Telegraaf. That is legally incorrect. For press publications, the medium—and not the editor-in-chief—is ultimately responsible and, where applicable, liable for the content of

publications. It is the publishing legal entity that performs the relevant formal legal acts of placing a publication or a series of publications. Settled case law confirms this and that there is no place in media law for a qualitative liability of editors-in-chief or a rule under which editors-in-chief are, in principle, always liable for what the media publish. On the basis of the foregoing, you can conclude that the underlying claims by <bliep> [00:50:43]—leaving aside the merits—against <bliep> as people have no chance of success, and they therefore have insufficient interest in the requested evidence. One of the reasons why such qualitative liability in media law is unacceptable is the danger of a chilling effect on press freedom. That is the difference compared to the other respondents in this case: they work for a medium and may rely on Article 10 ECHR—freedom of expression. Personal liability of editors-in-chief can lead to restraint in investigating or publishing a societal [00:51:20] issue. In this proceeding, <bliep> are a litigation vehicle for Stichting RechtOprecht, which, led by their lawyers, deliberately directs a personal attack on <bliep>.

Mr. R.H.W. Lamme: [00:51:31] In the eyes of their supporters, Stichting RechtOprecht portrays <bliep> as serious criminals. These intimidating tactics are fueled, among other things, by banners directed against <bliep>, combined with the already known violence against journalists, the NCTV's warnings about conspiracy extremists, and the recent arrests of one of <bliep>'s counsel [00:51:59] for involvement in a violent anti-institutional group. Viewed against mass protests—including here outside—these insinuations create an extremely threatening and very unpleasant situation for Ms. <bliep> and <bliep>. It can therefore be stated that <bliep> [00:52:19] indeed aim for the chilling effect mentioned. Given that it is entirely clear what the proposed experts will say, the requested evidence does not appear to stem from a sincere desire for truth-finding but functions as a means of pressure. <bliep> assess the request as a measure aimed at personal disqualification and intimidation. The proposed measure is completely detached from a viable underlying claim and is presented in a context in which those involved have already been publicly stigmatized and threatened. Considering the combination of the obviously hopeless legal claim and the chosen personal targets, the public framing of those involved as criminals, and the broader societal tension around journalistic reporting on Covid-19, this request—an extension of the pending action on the merits—amounts, by its nature, to an improper increase of their personal burdens, with the aim of discouraging further journalistic participation in the public debate on Covid-19 or forcing the publication [00:53:23] of content that pleases <bliep>. This constitutes a weighty reason to reject the requested evidence. On behalf of <bliep>, I therefore request that the measures be declared inadmissible, or at least be rejected, with an order that <bliep> be ordered to pay the subsequent costs of the dispute, plus statutory interest.

Judge Ms. J.A. Werkema: [00:53:41] Thank you. The floor is yours.

Mr. M.E.A. Möhring: [00:53:44] On behalf of the State. I have also put a few points on paper.

Mr. M.E.A. Möhring: [00:54:45] Applicants wish to hear various persons as experts and put various questions to them, such as whether the disease Covid-19 exists, whether there was a pandemic, and whether the vaccines against Covid-19 are a bioweapon with which genocide is being committed. They want this in order to determine their legal position. This request—if admissible at all—must be rejected. The request is contrary to due process, constitutes an abuse of power, and there is no interest in it. The State has explained this extensively in its written defense; at this hearing the State will briefly highlight several arguments. A preliminary taking of evidence, as requested here, cannot take place during pending proceedings. It is for the judge in that pending

case to determine whether evidence is necessary; the request founders on this. There is already a proceeding in which, moreover, the same request is on the table. The persons named by applicants are also not experts, certainly not independent and impartial experts. Furthermore, experts can only be heard on factual questions that are also relevant, and many of the questions applicants wish to ask are neither factual nor relevant. The State also readily believes that, if these persons are heard, they will answer in a way that aligns with applicants' position. These persons have already publicly expressed such views—namely that Covid-19 does not exist, that there was no pandemic, and that the vaccines are unsafe [00:56:44]. Applicants therefore do not need these persons to be heard as experts to know what they will say. Moreover, these persons are also prepared to set out their opinions for applicants in writing, which would be sufficient for applicants to determine their legal position. And the fact that these persons would so declare does not at all mean that applicants' position on Covid-19 would then be established. There are many independent and impartial experts who would say the opposite. The views of the persons named by applicants run counter to the broad, worldwide scientific consensus. The scientific consensus is that Covid-19 exists, that there was a pandemic, and that the vaccines against Covid are safe and effective. Hearing the persons named by applicants would therefore not advance the dispute between the parties. Against this background, the State cannot escape the impression that this request in fact serves a very different purpose: to have certain persons heard by a judge as experts in order to obtain a certain legitimacy for their views. But preliminary evidence is not intended for that. The request must, if admissible at all, therefore be rejected. Thank you.

Judge Ms. J.A. Werkema: [00:58:32] The next one—your turn. We will skip you. Next is Mr. <bliep>.

Mr. D.C. Roessing: [00:58:41] Okay. Yes. We will present a brief defense on behalf of Dr. <bliep>. We have prepared no speaking notes. We will respond to what has just been said. I think that for my <bliep> as well, the fact that he is addressed personally should not be at issue. We will briefly address what Mr. Stassen put forward about Mr. Yeadon specifically, because I think that particularly concerns Pfizer, and it addressed the defense advanced for Pfizer—or at least by <bliep>. First, in paragraph 21 of the speaking notes it was said that Mr. Yeadon has the necessary qualifications and has done thorough research. I would first address Mr. Yeadon's qualifications. We have already explained in the written defense that Mr. Yeadon does not have the qualifications that would justify assuming he has particular expertise that makes him suitable to give an expert statement here. I think Mr. <bliep> also referred to that. It would validate a certain degree of expertise that he does not possess. For Pfizer that is particularly relevant because Pfizer does not want this gentleman to feign an expert view on pharmaceutical products that Pfizer develops and spread incorrect information about them. That cannot be allowed. Then about that in-depth research. The reproach is then that Yeadon's view has not yet been refuted and that he has not been sued or anything like that. But there has not been a proceeding in which his opinion was at issue. Instead, for example, the video we received on Sunday—we have not seen that in the pending main proceedings, so there was as yet no need to respond to it. If I listen to what Mr. Stassen proposes by way of examination and counter-examination, then we are effectively already dealing with a case on the merits. We would all have to question Mr. Yeadon and you would then have to make a judgment about his expertise or the facts on which he testifies. That should not be at issue. Positions have already been taken in that main case and what Mr. Yeadon is stating has indeed already been refuted; I'll let Mr. <bliep> explain that.

Mr. M. Bredenoord-Spoek: [01:01:14] Yes, that all relates to the statement of defense in the main case. It sets out extensively how the entire vaccine came into being, the regulations it had to meet, how that process ran, which approvals were required—and the conclusion is that it is safe and effective. That applies not only to Pfizer's vaccine but to the other manufacturers as well. So this has been sufficiently addressed in the main case—and that is where it should be addressed. It is therefore not the case that nothing has been said in response to the assertions Mr. Stassen has made here, but that is all in the already pending main case. If other assertions are made there, our clients will undoubtedly respond again. This is not about muzzling a certain gentleman or about censorship. Anyone is free to submit a new statement or record another video and submit it, and the debate will take place there. And finally, Pfizer does not see why it should have to refute everything—prove negative facts. Rather—and you heard Mr. Stassen say this—"say the name as loudly and as often as possible." This is a campaign. This is not how a legal proceeding needs to be organized, so for that reason as well, Pfizer believes this should be rejected. That's all.

Judge Ms. J.A. Werkema: [01:02:47] Thank you. Mr. Stassen?

Mr. P.W.H. Stassen: [01:02:52] Yes, I have a few remarks. If I listen carefully, none of the lawyers actually responds to what I have truly said here on behalf of clients. That underlines that we are in a situation where all respondents apparently—this is quite obvious—are simply obliged to maintain the official narrative, which we have also often discussed in the main proceedings. We return to this in the statement of reply. Maintaining the official narrative is an absolute precondition for being an executor of the project Covid-19: The Great Reset. And you see it before your eyes: how that official narrative—against better knowledge—"safe," "effective," vaccine development, all that nonsense—must be repeated. Because these executors of the Covid-19 project are obliged to do so. That is why we stand here squarely opposed, while the facts have long since overtaken the official narrative. I want to give some context to how we are sitting here today, which is actually unimaginable. Let me begin with the reaction of Mr. <bliep> for <bliep>. He says, "I refer to the court's judgment," and I hear in that that he does not distance himself from the defenses that have all been raised. He does not distance himself, and I therefore infer that he sees no reason to distance himself; I thus take it that he aligns himself with them.

Mr. P.W.H. Stassen: [01:04:38] And of course we—on behalf of applicants—find that very unfortunate. The statement of reply you have read is packed—packed, packed—with evidence with which the entire official narrative and the preferred reality are, at the very least, on the verge of bursting and, in my view, already exploded. A recurring point is the ability to address private individuals. I have already said the necessary about this in my notes. If you can make a sufficiently personal and serious reproach, you can indeed address private individuals. That is precisely why, for example, not the NOS and not De Telegraaf have been sued, but <bliep>, because they behaved unlawfully on a personal level and a serious reproach can be made about that. They cannot hide behind an institution funded by tax money, such as the NOS, or something like De Telegraaf, which incidentally was banned for years after the Second World War for collaboration with the Nazis. They cannot hide behind that. We address them personally. It doesn't actually matter, because the main proceedings are not what we are here for today. My clients want their own new proceeding; let there be no misunderstanding.

Mr. P.W.H. Stassen: [01:06:17] And that, of course, is one of the defenses I have already answered in my submissions. This is not an extension of the main proceedings. My clients want their own new proceeding and want to assess their legal position. However much this is being spun, that is not what is at issue. And then, coming back to <bliep>, because some feel the need to stand up for them: They have, through the organizations they control, brought nothing to light about what my clients should have known. If they had been properly informed, with all available information—including the Pfizer report that we have often discussed, which I believe was on the table as early as April 2021—then no one here would ever have taken a shot. They did not bring any of that to the public. They only cooperated in implementing the project Covid-19: The Great Reset, with the goal of misleading people into taking an injection. That is as clear as can be, and you may indeed address them personally. Let's see. Yes, I will look at Mr. <bliep>'s pleading note. The first point is all repetition—so I have already repeated it in my notes. But I want to draw out one very important point—or actually two. One: at paragraph 1.6 it says: "Moreover, these persons are willing to set out their opinion for applicants in writing again."

Mr. P.W.H. Stassen: [01:08:00] I don't know where they got that information. I can tell you that the experts have often been willing, with many parties, to set out opinions in writing, but concluded that people don't listen or easily set them aside. These experts insist that if they cooperate, there will be a preliminary expert-witness examination, so that they can present their case before an institution—in this case the judiciary—the highest institution in the rule of law. Nothing stands above the judiciary. That is where they want to speak. These expert-witnesses are not at all waiting to scribble some little piece without being heard here at court. They have an expert opinion, but they know it is useless if you only put it on paper. These people are now fully censored. That applied to Michael Yeadon as well. He is fully censored—has made perhaps 200 videos and you probably know none of them because they never get through. He is fully censored, has attended conferences, done everything, but you hear and see nothing. That is also thanks to <bliep>, among others, because they broadcast nothing about it. They do nothing with it. That is why we said in the main proceedings that the tort claim continues up to the date of the judgment.

Mr. P.W.H. Stassen: [01:09:28] And that is the situation. Another very important point, paragraph 1.7 of those notes: it says, "The opinion of the persons named by applicants runs counter to the broad scientific consensus."

In my introduction and submissions I already said there is no scientific consensus. But let me go a step deeper. What is scientific consensus? We can at least establish that there is disagreement. I can name five world-class experts who do not at all support that "scientific consensus." But scientific consensus is not democracy. It is not the case that if most people say A, then it is scientifically true. The question is: who has the best-substantiated judgment? It is not about, "we all think it's so, so it's so." No. Who has the best arguments? "Scientific consensus" is, in itself, a monstrosity of an expression. Consensus does not make something true or false. In science there is always room for debate and only provisional truths exist. If you test a hypothesis and you arrive at a positive answer, that is provisionally true. But in science we have often seen that what was assumed true is later overtaken by another hypothesis that is again tested true.

Mr. P.W.H. Stassen: [01:11:06] So the whole concept of scientific consensus is, I think, part of a large psychological and information operation to mislead people by saying: look, we have so many experts—all paid by the State—who have declared this; now it is true. That is not what this is

about. This case is about truth-finding, and you cannot cut the corner by saying there is already a scientific consensus. No, that is precisely why these experts must be heard, and not others. And of course in counter-examination anything can be set against them and those people can be asked anything. But that is why it is vital that these particular experts be heard—those outside that monstrosity of "scientific consensus" on which the State relies. It is a flop and that will also become apparent when these people are heard. They will substantiate very well how they arrive at their opinions. That substantiation is lacking from all respondents. That is what I wanted to note. Then I have Mr. <bliep>'s notes here, and I think they are very objectionable. Again the story of addressing private individuals. I have covered that and will not repeat it. The chilling effect I have addressed. Let me see; at paragraph 4 it says that the claim against <bliep> in the case <bliep>…

Mr. P.W.H. Stassen: [01:12:38] Why try to join? I already told you they will not join. They will start a new proceeding. Yet that is put in our mouths. It says that claim is utterly hopeless. I find that exceedingly disrespectful to the judiciary. That case—with 146 exhibits of evidence—has been brought before the three-judge panel of your court. And this party simply says: "this is hopeless." What is this? I would say: let's wait and see. I tell you: that case is not hopeless. That case is rock solid, and we will see. And then this "chilling effect." What nonsense is that? If you truly believe the case is hopeless, why then are you chilled? What are you worried about if it is so hopeless? Something in this reasoning doesn't add up. Either it is promising and then there is a chilling effect, or it is hopeless and then there is no chilling effect. This reasoning cannot be followed. Then a bit of disinformation in this pleading note. It concerns the position of Stichting RechtOprecht. As a lawyer, I want to avoid any misunderstanding about whom I act for, so let me be very clear. This note says something that is simply not true. They did not ask me about it either. They just claim. But I have clients—indeed, they are the clients <bliep>

Mr. P.W.H. Stassen: [01:14:09] and the three persons here—two gentlemen and one lady—and those are my clients. I am not counsel to Stichting RechtOprecht. I have nothing to do with it, other than that the foundation supports my clients financially in the case. That's all. But here it says: no, that foundation, of which my clients are supposedly a part, has some very nasty plan towards the NOS and De Telegraaf. My clients have nothing to do with Stichting RechtOprecht. Absolutely nothing. So where this assertion comes from—I really don't know—but this is framing that is absolutely unacceptable. And in the other lawyers' contributions, I hear that they build on these foundations, which are quicksand—strange stories about anti-institutional and conspiracy and whatnot. My clients need not be associated with any of that, and I expect to hear apologies—not for me, but for my clients—about these absurd statements attributed to my clients.

Mr. P.W.H. Stassen: [01:15:16] There is not a shred of evidence for it. Absolutely nothing. That this can simply be stated—I must make some remarks about that. Uhm—well, I have spoken about personal liability; I will not repeat it. I have addressed the chilling effect. Let's see—yes, paragraph 10: it is aimed at personal disqualification and intimidation. Well, these people disqualified themselves. They do not need the foundation or my clients for that, because their journalistic duties have absolutely been breached. And yes—everything is turned upside down, which is characteristic. They talk about public framing, right? Well, we have, I think, a very extensive file in which we have described along which NATO guidelines, and so on, such operations are carried out. This is no longer framing. It is simply an investigation into the facts and it must be possible to discuss them. Uhm—let me see; do we have more? I think so.

Mr. P.W.H. Stassen: [01:16:26] Perhaps a few general remarks. We distance ourselves from everything that has been put forward here—which, I think, really rests on nothing. But in general: what is this about? I think the starting point should really be that applicants themselves may determine in which experts they place their trust. That must be the starting point. That respondents disagree with that choice has only one reason: these experts are independent, expert, and have integrity. And what does that mean? That if they deliver a well-substantiated expert opinion, it affects not only my clients' legal position but also its mirror image—namely respondents' legal position. Because if my clients can assess their legal position on the basis of the evidence that will indeed come to light in this expert-witness examination—and I predict it will stir up much I do not yet know, because these experts know a thousand times more than I do—then respondents' legal position will be shaken, namely that they will simply be held liable for tort, as claimed.

Mr. P.W.H. Stassen: [01:17:55] That is what this is about. So respondents argue on the basis that they say: "you have no interest in determining your legal position." But the underlying driver is, "do not touch our legal position," because for now we still get away with it thanks to that whole apparatus of the preferred reality. "And please do not pierce it, because then we have a problem."

Thus this discussion is conducted with forked tongue here today in the courtroom. Applicants' legal position is tied up with respondents' legal position. Those positions cannot be viewed independently of each other and explain all the odd defenses we hear. Well then, let us look briefly at those respondents. I will not say too much, but for example Mr. <bliep>, mentioned several times today: the police unions in Italy, I believe a week or two ago, simply filed a criminal complaint about crimes against humanity.

Mr. P.W.H. Stassen: [01:19:07] Against Mr. Bourla.

Mr. P.W.H. Stassen: [01:19:08] Those are police unions—Gewerkschaften. They do so because, with thousands of pages of Pfizer papers, they substantiate that they were gravely mistreated, that fraud was committed—corporate fraud—and everything that goes with it, up to and including murder. Then it is not so strange that the conflict in one party's legal position affects the other's if that evidence comes up, because this is about truth-finding. Yes, and this is then fought out in a legal process. And look, for example, at <bliep>. Yes, he has already fled to Singapore. There is no extradition treaty, so that man is far away. They are already covering themselves. Look at what kind of people these are. Look at <bliep>. He happens to end up at NATO and thinks he can enjoy immunity there. Because that is in the NATO treaty. None of this is a coincidence. And yes, they try—essentially—to escape the dance by misleading and hurling false ad hominem arguments—because that is what they are. They fire them at the highly respectable experts we have proposed. With false ad hominem arguments they try to attack those experts, and the underlying interest—I hope I have outlined it well—is the work of a crime syndicate of which respondents are a part. And in that crime syndicate…

Judge Ms. J.A. Werkema: [01:20:51] You still have quite a lot of argument.

Mr. P.W.H. Stassen: [01:20:53] Well, I am responding. I am making very clear where this defense all comes from—and that crime syndicate commits genocide. The largest genocide ever, against the entire world population.

Judge Ms. J.A. Werkema: [01:21:05] I am going to interrupt you. Once again, today is not about the substance. I understand that.

Mr. P.W.H. Stassen: [01:21:10] No, but they have addressed the substance, so I will say something about it.

Judge Ms. J.A. Werkema: [01:21:13] Could you try to conclude?

Mr. P.W.H. Stassen: [01:21:18] Well then, I will certainly come to a conclusion. But I will still say it. As I already said: this is criminal. Criminal. Genocide of the entire world population through deception, coercion, intimidation, and terror—and through the deployment of that Covid-19 bioweapon. And I think—let me underline it again—if you, as judge, reject this request, which I do not expect, but if you did, then you must reckon with the fact that the same blood will be on your hands as on respondents'. That is—because they will continue with this project Covid-19: The Great Reset.

The deployment of a bioweapon is at issue. Deception is the method—deception, intimidation, and so on. So this must become a public debate—it cannot be otherwise. And it must be in the courtroom, because that is the highest institution in a rule of law. It cannot be left to politics—as has become apparent. It must be in the courtroom. So today the rule of law must show what it is worth. I wish you great wisdom in your decision. Yes.

Judge Ms. J.A. Werkema: [01:22:43] Mr. <bliep>. I see you thinking. Would you like to say anything?

Mr. A.H. Ekker: [01:22:47] No, thank you.

Judge Ms. J.A. Werkema: [01:22:50] Mr. <bliep>. It was said just now that you in fact align with the respondents. Would you like to comment?

Mr. W. Heemskerk: [01:22:58] We have referred the matter to judgment, and I tried to explain what that means. You know what it means. I will leave it at that.

Judge Ms. J.A. Werkema: [01:23:04] Would you like to say anything?

Mr. R.H.W. Lamme: [01:23:07] Briefly, uhm. I have heard Mr. Stassen. The NOS and De Telegraaf have no objection at all to discussing the content of articles. What we are discussing today is only whom you address for that. My position remains: you do not come in through the front door of someone who works for an employer, and <bliep> and <bliep> have a managerial role. The actual articles are written by editors; they do so independently in teams, and, as far as I can see, there is no single piece or indication in the file—my clients are barely even mentioned in the petition. So if it indeed appears that they have a personal, serious reproach or acted unlawfully, it is of course for you to judge that. But I do not see facts to that effect in the file, and I regret that we cannot discuss the content of the articles today. Because if what Mr. Stassen asserts on behalf of his clients is true, then we can have a substantive discussion. But we cannot do that now, because the wrong parties are being addressed. I will leave it at that.

Judge Ms. J.A. Werkema: [01:24:09] Would you like to say anything?

Mr. R.W. Veldhuis: [01:24:10] No, I refer to the statement of defense and the pleading note.

Judge Ms. J.A. Werkema: [01:24:13] And you? One of you.

Mr. D.C. Roessing: [01:24:16] No, we will leave it at that as well.

Judge Ms. J.A. Werkema: [01:24:18] Then, finally, I would like to ask one of you three—would you like to say anything? Is there anything you wish to add? No, nothing either. Then we will now come to the conclusion of this matter. A decision will issue in six weeks. We will consider it carefully. I hereby close the hearing and thank you all for coming. And one more thing for you: should your press people say that about that audio recording, we must communicate with the communications department whether that is feasible. Because I did hear various names of those involved mentioned, so there will be some communication about that.

Mr. P.W.H. Stassen: [01:25:05] See what the court is willing to do voluntarily. Of course it must do that. I have no objection. But if you ask me whether it is principled, I have answered that. So I am certainly not blocking it.

Judge Ms. J.A. Werkema: [01:25:14] Quite clear.

Mr. M.E.A. Möhring: [01:25:14] Thank you. There is still an objection from the State.

Judge Ms. J.A. Werkema: [01:25:17] Yes, I will take that into account as well.

Notes on the AI translation

- Retained all timestamps and original redactions (“<bliep>”) and used “applicants”/“respondents” consistent with Dutch civil-procedure terminology.
- Legal terms were translated in context: e.g., *bodemprocedure* → “action on the merits/main proceedings”; *meervoudige kamer* → “three-judge panel”; *voorlopige bewijsverrichtingen* → “preliminary taking of evidence”; *contra-enquête* → “counter-examination.”
- Rhetorical flourishes and quotations (e.g., John 8:32) were preserved.

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