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BAILIWICK NEWS

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

July to December 2024
(Volume 8)

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

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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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- July 30, 2024 - Why are military servicemen and servicewomen targeted for poisoning by military-directed vaccination maim-kill programs?
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- Sept. 7, 2024 - Comment exchange on scientific fraud, history.
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- Sep 12, 2024 - On vaccination as intentional induction of chronic and acute anaphylaxis. Sept. 6, 2024 discussion by Jane Ruby and Sasha Latypova, condensed transcript
- Sept. 14, 2024 - Scientifically unsupported and insupportable Presidential designation of quarantinable communicable diseases; habeas corpus petitions.
- Sept. 16, 2024 - Note on War Research Service, US Army Biological Warfare Laboratories, other federal programs
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- Oct. 4, 2024 - Note on connections between financiers and lawmakers behind 1902 Virus-Toxin law
- Oct. 5, 2024 - Note on why Robert F. Kennedy Jr. and other prominent figures divert public understanding away from vaccines as drivers of chronic disease, infertility and premature death
- Oct. 9, 2024 - 1911-1943: Continued non-existence of legal provisions directing federal agencies to establish and enforce biological product definitions and standards. Part 4 of series on US federal quarantine and biological product law, 1798 to 1972
- Oct. 11, 2024 - Learning curve.
- Oct. 12, 2024 - Deliberate induction of anaphylaxis by vaccination. Sept. 10, 2024 discussion by James Delingpole and Sasha Latypova, condensed transcript
- Oct 16, 2024 - Anaphylaxis, allergens, immunogenicity, vaccines.
- Oct. 19, 2024 - Note on overpopulation
- Oct. 21, 2024 - Note on virology, immune responses and the lie of specific antibodies
- Oct. 23, 2024 - Note on Chemistry, Manufacturing and Control (CMC) records and Mutual Recognition Agreements
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- Dec. 4, 2024 - Coordinated federal government diversion of research and public understanding to obscure epidemic of vaccine injury.
- Dec. 9, 2024 - Robert F. Kennedy Jr., as HHS Secretary, could withdraw public health emergency, PREP Act and EUA declarations and determinations.
- Dec. 9. 2024 - On contracts: consortium agreement; base agreement; technical direction letter-statement of work; project agreement.
- Dec. 10, 2024 - Coordinated, whole-of-government biological warmongering and war-profiteering, domestic and international. Response to Robert Malone's Dec. 8, 2024 report.
- Dec. 13, 2024 - There is no scientific definition of vaccine in US biological product law.
- Dec. 17, 2024 - Note on Biskind paper, DDT and polio
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- Dec. 30, 2024 - Note on arsenical products

July 2024

Madonna of The Rosary with Angels. Giovanni Battista Tiepolo.

July 1, 2024 - Note on biopharmaceutical manufacturing preparedness

Reader sent me this slide deck[1] this morning, from a Biopharmaceutical Manufacturing Preparedness Consortium meeting held in April 2024 at ATI (Advanced Technology International).

ATI is the South-Carolina-based nonprofit that organizes the MCDC consortium [Medical CBRN Defense Consortium] and arranges countermeasures contracts between DoD and vendors.

Interesting stuff.

Organizational chart with BARDA at center on p. 98.

Diagram of US government partners at p 99, showing the branches of government orchestrating the criminal death machine enterprises. (screenshot attached)

Diagram of industry partners at p. 100.

Continuous manufacturing of vaccines, delivery systems, sedatives, paralytics and neuromuscular blocking agents are high priorities.

Related

- Jan. 30, 2023 - On harboring and financing contract terrorists. (Katherine Watt)

* * *

[1] https://www.biomap-consortium.org/wp-content/uploads/2024/04/BioMaP-C-April-2024-Industry-Day-Slide-Final_040424.pdf

July 2, 2024 - On reading PREP Act declarations as declarations of war issued by treasonous, seditious agents acting in unofficial, personal capacities.

Jeff Childers' analysis of *Trump v. US* and other recent SCOTUS rulings relating to constitutional government, executive legislation, administrative state and presidential exposure to criminal prosecution:

- July 2, 2024 - Devastating[2]

Note - Linking to Childers' analysis does not equal endorsement of his views or concurrence in his analysis. Childers is addressing some issues that I also study, and therefore his work may be of interest to Bailiwick readers.

I'm posting some excerpts from some of my prior writing on these topics. There is more information in each full report linked below, and more information in other reports, for readers who want more information.

Also, more developments have occurred in *Jackson v. Pfizer* since I last wrote about Brook Jackson's case.

Those events in Jackson's case — especially the US DOJ's March 12, 2024 Motion to Intervene and to Dismiss clarifying, at p. 8, that mass poisoning with intentionally toxic, non-regulated products is US government "public health policy" — have reinforced the merits of some legal strategies I began outlining in 2022.

March 12, 2024 - US Department of Justice Motion to Intervene and to Dismiss:[3]

> "The anticipated discovery and litigation obligations associated with the continued litigation of this case will impose a significant burden on FDA, HHS, and DOJ. The United States should not be required to expend resources on a case that is inconsistent with its public health policy."

See also:

March 17, 2024 - Department of Justice: fraud and resulting death/injury from covid shots are part of the US public health policy[4] (Sasha Latypova)

> …I suggest you all re-read this a few times to truly grasp the depth of depravity outlined in the argument by the DOJ. They are stating that they know that pharmaceutical fraud has been committed, and that deaths and injuries resulted from it.
>
> They are also stating that mass death and injury are in fact fully known to the pharmaceutical regulators, and that no corrective action is required because this is consistent with the United States of America's public health policy…

[2] https://www.coffeeandcovid.com/p/devastating-tuesday-july-2-2024-c
[3] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.03.12-jackson-v.-pfizer-doj-notice-of-intervene-support-mtd-jackson-v.-pfizer-doc-137.pdf
[4] https://sashalatypova.substack.com/p/department-of-justice-admits-pharmaceutical

March 30, 2024 - US Government Confirms that Preventing Fraud & Vaxxx Death "Is Inconsistent With its Public Health Policy." [5] (Anthony Colpo)

> The true role of the US Government, as a predatory arm of the satanic, psychopathic GloboPedo cabal, is to milk its subjects of their rightful earnings and to participate in the aforementioned's depopulation and power grab schemes.

*

I'm still not aware of any lawyers in the United States (or in any other countries) who are interested in using the legal research Sasha Latypova and I have compiled, or pursuing related legal strategies.

This information is being offered for use by Bailiwick readers making personal and family decisions about government-identified security threats and government-endorsed products and programs, to help more people understand that PREP Act declarations are war declarations that lay out who (public health mercenaries classified as "covered persons") can use which weapons ("covered countermeasures" on which targets under which geopolitical conditions ("category of disease, health condition or threats"), with full immunity from civil and criminal prosecution.

It's important to understand these things, because HHS Secretary Xavier Becerra and his successors, persuasively pretending to exercise federal executive authority in an official capacity to respond to "public health emergencies," will — in coming weeks and months — probably issue more PREP Act declaration extensions.

Under the Notice of [11th] Amendment issued May 11, 2023,[6] Covid PREP declarations are currently scheduled to expire Dec. 31, 2024 and will probably be extended again.

HHS Secretary Becerra has already issued and extended PREP Act declarations, for other fake public health threats, including influenza, botulism, anthrax, Zika, nerve agents, and insecticides, all in place through Dec. 31, 2027.

See April 12, 2024 - H5N1 Bird Flu Jab: Accelerated Approval, Immune from Liability, & Already Purchased by US Government[7] (Conspiracy Sarah)

See also, five Federal Register notices published Dec. 23, 2022, re: nerve agents and insecticides (87 FR 78975); Zika (87 FR 78976); influenza (87 FR 78978); anthrax (87 FR 78981); and botulism (87 FR 78983).

HHS Secretary delegates (FDA Commissioner; FDA Chief Scientist) will probably issue more related Emergency Use Authorization (EUA) Letters of Authorization (LOA), covering more covered countermeasure product classes and specific brand-name products.

[5] https://anthonycolpo.substack.com/p/us-government-confirms-that-preventing
[6] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/05/2023.05.11-hhs-prep-act-amendment-11-distribution-limitations-time-qualified-persons-category-of-threat-burden-of-seasonal-influenza-88-fr-30769.pdf
[7] https://conspiracysarah.substack.com/p/h5n1-bird-flu-jab-accelerated-approval

Examples: Dec. 11, 2020 LOA for Pfizer; Dec. 18, 2020 LOA for Moderna, 86 FR 5200.[8]

An April 2024 slide deck[9] from a Biopharmaceutical Manufacturing Preparedness Consortium meeting (forwarded to me by a reader[10]) indicates that the product classes currently sponsored, continuously manufactured, and deployed by US government officials and their private sector and academic co-conspirators include diagnostic devices, vaccines, delivery systems, sedatives, paralytics, and neuromuscular blockers.

PREP Act declarations and EUA Letters of Authorization are very helpful tools to quickly identify fake threats to ignore (as promulgated solely to deceive targets and elicit fear and compliance) and malign people and intentionally harmful products to avoid.

April 28, 2022 - American Domestic Bioterrorism Program. Building the case to prosecute members of Congress, presidents, HHS and DOD secretaries and federal judges for treason under 18 USC 2381. (Katherine Watt)

> "…A whole lot of things that once were federal and state crimes and civil rights violations have been legalized by Congress through legislative, statutory revisions to the United States Code, signed by US Presidents, and implemented at the administrative, regulatory level by the Department of Health and Human Services and Department of Defense through the Code of Federal Regulations…
>
> Congress and US Presidents legalized and funded the overthrow of the U.S. Constitution, the U.S. government and the American people, through a massive domestic bioterrorism program relabeled as a public health program, conducted by the HHS Secretary and Secretary of Defense on behalf of the World Health Organization and its financial backers…"

July 1, 2024 - SCOTUS decision in *Trump v. US*[11]

> "*Held:* Under our constitutional structure of separated powers, the nature of Presidential power entitles a former President to absolute immunity from criminal prosecution for actions within his conclusive and preclusive constitutional authority. And he is entitled to at least presumptive immunity from prosecution for all his official acts. There is no immunity for unofficial acts."

[8] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/05/2020.12.11-hhs-fda-hinton-eua-pfizer-eff-2020.12.11-moderna-eff-2020.12.18-dated-2021.01.12-86-fr-5200.pdf
[9] https://www.biomap-consortium.org/wp-content/uploads/2024/04/BioMaP-C-April-2024-Industry-Day-Slide-Final_040424.pdf
[10] https://substack.com/@bailiwicknews/note/c-60613424
[11] https://www.supremecourt.gov/opinions/23pdf/23-939_e2pg.pdf

July 1, 2023 - Another sign that tide of covert war is turning will be pharmacies that refuse to take delivery of DoD biochemical weapons and pharmacists who refuse to use them on targets. Following the ongoing collapse in biochemical weapon-'vaccine' uptake rates by individuals. (Katherine Watt)

> HHS Secretary declarations under the Public Readiness and Emergency Preparedness (PREP) Act…[are] basically…declarations of war, with sections laying out the HHS-DoD-DHS designated
>
> - Threats (Section VIII, *Category of Disease, Health Condition or Threat*);
> - Geographic terrain (Section XI, *Geographic Area*);
> - Duration (Section XII, *Effective Time Period* and Section XIII, *Additional Time Period of Coverage*);
> - Deployed personnel (Section V, *Covered Persons*);
> - Weapon classes (Section VI, *Covered Countermeasures*);
> - Rules of combat engagement with targeted enemies (Section IX, *Administration of Covered Countermeasures*); and
> - Enemy-civilian targets (Section X, *Population*).

May 25, 2022 - Pfizer's Motion to Dismiss the Brook Jackson, federal contracting fraud, clinical trial fraud, whistleblower case.

> This is court-filed, under-oath corroboration that Pfizer and FDA are jointly engaged in a domestic bioterrorism program against the American people, operated by US-HHS and US-DOD on behalf of the World Health Organization, falsely presented as a public health campaign.
>
> And that neither Pfizer nor FDA ever believed anyone had a legal or moral obligation to protect the safety of the people taking the injections, from the very start of the faked clinical trials to the present.

Feb. 3, 2023 - Recap of Jackson v. Pfizer, whistleblower Brook Jackson's False Claims Act case.

> …On Oct. 4, 2022,[12] US Government stepped into the case again — this time *taking Pfizer's side* in the dispute, concurring with Pfizer that there was never any fraud to prosecute, because Pfizer was never obligated to conduct valid clinical trials in order to receive payment for the manufactured bioweapons that they refer to as 'vaccines…'

[12] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/10/2022.10.04-jackson-v.-ventavia-us-gov-intervene.pdf

Oct. 26, 2022 - The goal is getting one good whistle-blower and one good federal judge together, through one solid, well-argued case.

> …the Government's Oct. 4, 2022[13] disclosure opens a litigation path to adding an 18 USC 2333 claim[14], converting Jackson's False Claims Act case to a criminal terrorism case prosecuted by a private civilian — because federal, state and county prosecutors have been refusing to look at the evidence and bring charges for the last two [now four] years, — adding the US Government and many of its elected and appointed agents as defendants, and exposing the whole criminal conspiracy so that it can be judicially stopped and the executive/administrative, DOD, HHS and legislative branch perpetrators can be held to account…

Oct. 27, 2022 - How can HHS, DOD and DHS be 'foreign terrorist organizations?' Through the treasonous (18 USC 2381) primary allegiance of their secretaries, and other senior executives, to the World Health Organization and its conspiring globalist institutions.

> [Reader question]…Doesn't 18 USC 2333 apply only to "an injury arising from an act of international terrorism committed, planned, or authorized by an organization that had been designated as a foreign terrorist organization under section 219 of the Immigration and Nationality Act"?
>
> *My reply:*
>
> Yes, and that's why I also advocate for including Secretary of State, Secretary of Treasury and Attorney General as named defendants when the right case comes along.
>
> Those individuals should be charged on a count of breach of duty and related civil counts, for their failure to properly designate the DOD, HHS and Department of Homeland Security as foreign terrorist organizations…

Jan. 16, 2023 - Dual-use government officials of concern. Prosecute war criminals in personal capacity or US Government official capacity?

> I think prosecution of the American Covid-19 war criminals — starting with Robert Kadlec, Alex Azar [HHS Secretary under Trump], Marion Gruber and Denise Hinton and moving on from there, as outlined Oct. 12, 2022[15] — will be more effective if those criminal cases are filed against the perpetrators in their personal capacities, as false impersonators or foreign imposters acting outside the bounds of legitimate government authority, rather than in their official capacities as US government agents acting within the authorized scope of their duties…

[13] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/10/2022.10.04-jackson-v.-ventavia-us-gov-intervene.pdf
[14] https://bailiwicknews.substack.com/p/secret-squirrel-v-azar-kadlec-and
[15] https://bailiwicknews.substack.com/p/secret-squirrel-v-azar-kadlec-and

Now that I know, beyond any doubt, that it's because our governments are at war with us, and that their war plans included establishing triggers to quietly and illegitimately, suspend all constitutional and regulatory provisions that would have protected us from the attack, I'm focused on educating more people about that reality, and thinking through legal strategies that can expose and nullify that war footing as being an illegal war that does not comply with just war doctrine, such that acts undertaken in support of it are war crimes, in addition to being grave mortal sins.

For my own contributions to the fight against the Monster, I'm most interested in developing and supporting cases that force government defendants and defense counsel to first, admit that the evidence (the record of their public acts and documents) conclusively shows they've launched a covert war with their people, which is becoming widely seen and understood.

The government attorneys would then be compelled to choose between two defenses:

1. The war on the world is legal and the use of bioweapons to carry out official, authorized duties and orders to maim and kill billions of people, is justified and endorsed by the US government as an institution.

2. The war is illegal, such that the official government acts undertaken by named defendants, to conduct the war, have been done without proper authority, by rogue actors, who can and will be removed from power and tried for their war crimes.

To the extent the Department of Justice responded to a criminal prosecution of Kadlec, Azar, Gruber and Hinton by using the second argument, the war criminals would be subject to prosecution in their personal capacity, without recourse to sovereign, legislative, administrative or other immunities.

They would be cut loose from the government, and legally construed as people who committed the war crimes outside their official capacities, while impersonating federal officials, or while serving as agents of foreign invaders or occupiers.

The advantage offered by cutting the war criminals loose, is that it would leave the core governing institutions (legislatures, courts and executives) and the US Constitution intact…

Some of my thinking about this comes from the many carve-outs built into criminal and civil statutes, to exempt senior executive service (SES) officials, cabinet secretaries, Congress members, judges, military officials and state and local government agents from prosecution for acts that are criminal when committed by anyone else…

These carve-outs…represent a suppressed but useful scalpel with which honorable government officials can excise the cancer from the body politic.

The "government" cannot form malicious intent, because the only legitimate, valid basis for the existence and continuation of any government is the protection and prosperity of the people living on the soil within its sovereign territory.

All intentions and acts formed or committed for purposes other than the protection and prosperity of the people, are by definition no longer government intentions and acts.

Individual human beings occupying government positions certainly can form malicious intent. They often do, and demonstrably have, to unfathomable depths that have become visible since January 2020.

The deeper and nobler function of the carve-outs in the laws, imply that, starting with the moment in time and place that anyone elected or appointed to office or employed by the government, engages in criminal acts and conspiracies to commit criminal acts, or induce others to participate in crimes (knowingly or unknowingly), he silently and automatically forfeits classification as a government official and removes him or herself from the protective shield that Almighty God has placed around legitimate, valid sovereigns who serve the legitimate, valid purpose of protecting and defending the lives and properties of the people entrusted to their care and jurisdiction.

In other words, a government at war with its people is not a valid, legitimate government.

It's an invalid, imposter government.

By logical extension, any individual government official demonstrably engaged in war on the people is not part of a valid, legitimate government.

He's an invalid, imposter official…

To sum up, if an illegal, immoral war is being waged on the people, (it is) and if it's legally and morally impossible for a VALID government to do such things, in the course of VALID official duties (it is), then by legal and moral definition, the people doing these things are not of, from or inside the US Government.

*

June 27, 2024 - Intentional infliction of harm is not a legitimate government purpose; enabling it is not a permissible legislative object.

…Whether by public officials or private lawyers, deliberate omissions of knowable and known truths, and deliberate repetition and reinforcement of factual and legal errors lead people astray. They mislead people. They lead individuals and societies into temporal occasions of sin, into commission of criminal acts of self-harm, harm of others, and murder…

* * *

July 5, 2024 - 120+ years of legalized, US-government-led pharmaceutical fraud. Part 12 of series.

Since December 2023, I've researched and written a series of reports (listed below) tracking the development of federal Congressional laws and federal agency non-regulations that have non-regulated the licensing and manufacture of biological products and vaccines from 1944 to the present.

The series so far focuses on the period since 1972, when the fake biological product regulation program was fake-transferred from NIH to FDA.

The record of laws passed by Congress, signed by US Presidents, implemented through the US Code of Federal Regulations, with rule changes published in the *Federal Register*, and upheld by federal and state courts, confirm that biological product and vaccine licensing, cGMP-compliance monitoring and related programs allegedly operated by the US Food and Drug Administration have been nothing more than pretextual, deceptive acts carried out to elicit and maintain broad public compliance with vaccination programs, because vaccines are actually intentionally harmful biological weapons developed, manufactured, promoted and distributed jointly by the federal Public Health Service and pharmaceutical companies, and vaccinators don't want targets to know it.

Public Health Service[16] (Wikipedia), "one of the United States eight uniformed services:[17]

> Nine of the twelve operating agencies within the Department of Health and Human Services (HHS) are designated as part of the Public Health Service [including]
>
> - National Institutes of Health [NIH];
> - Food and Drug Administration [FDA];
> - Centers for Disease Control and Prevention [CDC];
> - Health Resources and Services Administration [HRSA];
> - Agency for Toxic Substances and Disease Registry…
> - Agency for Healthcare Research and Quality [AHRQ]; and
> - Administration for Strategic Preparedness and Response [ASPR]

The people who develop, manufacture, promote, distribute and use these weapons to intentionally hurt and kill people don't want the targets to understand what's been done to us, our parents and grandparents, our children and our grandchildren, because people who understand biological product and vaccine non-regulation become people who stop believing false vaccine histories, stop trusting vaccine promoters, and stop taking vaccines.

[16] https://en.wikipedia.org/wiki/United_States_Public_Health_Service
[17] https://en.wikipedia.org/wiki/Uniformed_services_of_the_United_States

Elements of the program include the reclassification of the US military's Chemical and Biological Warfare program, since 1969, as public health emergency and pandemic preparedness and response programs, emergency use authorization medical countermeasures programs, "select agents and toxins" programs, and biodefense programs, jointly operated by the Department of Defense, Department of Health and Human Services/Public Health Service and Department of Homeland Security and coordinated through the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), Biomedical Advanced Research and Development Authority (BARDA), Defense Advanced Research Projects Agency (DARPA) and related federal interagency committees.

Vaccination programs are not conducted to promote public health or welfare, strengthen human immune systems, or to protect people from communicable diseases.

Vaccination programs are conducted to cause population-wide harms, damage human immune systems and induce chronic disease and premature death.

*

I've been working with a Bailiwick reader — Lydia Hazel — for several months to get a better understanding of the pre-1972 history of biological product and vaccine non-regulation.

Hazel has been compiling the statutory, regulatory, institutional and budget history from the 1798 establishment of the Marine Hospital Service (precursor to the Public Health Service) through the 1902 Biologics Control Act and 1944 Public Health Service Act, to the 1972 alleged transfer and delegation of alleged biological product regulation authorities from Public Health Service, Secretary of Health, Education and Welfare (HEW, now HHS), National Institute of Health-Division of Biologics Standards, to the Food and Drug Administration-Bureau of Biologics.

This week I've been working on Hazel's latest draft of the timeline.

As anticipated, she's found the same patterns of concealed non-regulation and similar key words in the 1798-1972 period, as compared to the non-regulation patterns and key words found in the 1972 to 2024 regulatory history.

The most important finding, in my view, is the use of grandfathering in the biological product licensing context; I think that will be the main point of the final report when we finish it.

The meat of the report — the statute, regulation and court case timeline — will try to lay out the "how."

As in:

How (legal mechanics) Congress, presidents, federal agencies and courts between 1900 and 1972, and from 1972-2024, set up and simultaneously hid/hide from public view, the legal conditions so that no biological product rules, procedures or tests governing product identity, safety and efficacy have ever existed or were ever applied…

Because each new apparent product review or rule-making event has referred to alleged prior product assessments, standards and rules that had never existed or been applied, as the basis for extending existing licenses (pretending that such rules had existed and had been applied), and/or has referred to future assessments and reviews that the vaccinators claimed would occur, and future standards and rules they claimed would be drafted and applied, which never materialize into adopted or enforced identification and assessment procedures, standards, rules or tests.

"Jam to-morrow, jam yesterday, but never jam to-day."[18]

For 120 years.

The wall-to-wall statutory, regulatory, prosecutorial and judicial, *legalized* pharmaceutical fraud that facilitates the ongoing use of unregulated Covid and forthcoming "bird flu" and other new vaccines since 2020 (which are equally corrupt for EUA and BLA products) is simply an extension of the wall-to-wall *legalized* pharmaceutical fraud that has facilitated the use of every preceding, non-regulated, fake-licensed, old vaccine since 1902.

Prior to Covid, the perps may have had some close calls in terms of possible public exposure of federally-directed pharmaceutical fraud.

One close call was the 1955 mass polio vaccination of children and expectant mothers, and resulting injuries and deaths attributed to the vaccines.

Evidence and analysis connecting injury and death with vaccination was quickly suppressed by Public Health Service authorities and academic, medical and industrial co-conspirators.

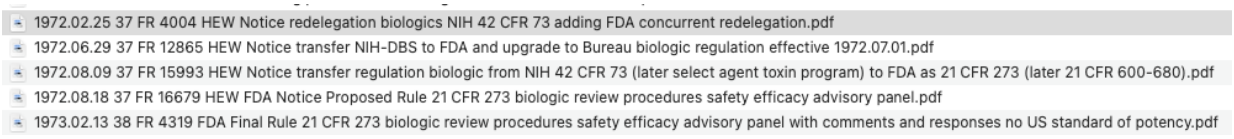
In 1972, vaccinators were faced simultaneously with mainstream media reports about ineffective influenza vaccines, and the opening of the signing period for the UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction.

In 1972, to make the legalized federal pharmaceutical regulation fraud harder to see — so as to continue the American worldwide deployment of biological weapons promoted as vaccines — then-Assistant HEW Secretary for Health and Scientific Affairs Merlin K. DuVal, under the direction of Elliot Richardson (then-Secretary of then-Health, Education and Welfare Department, whose career highlights also included Undersecretary of State, Secretary of Defense, Attorney General and Secretary of Commerce) "concurrently re-delegated" the non-regulation of biological products from the NIH Division of Biologics Standards to the FDA Bureau of Biologics.

Then FDA-Commissioner Charles Edward and then-NIH Director Robert Q. Marston signed and published a memorandum of understanding, and FDA and NIH officials announced a set of biological product advisory panel reviews, plus a forthcoming set of “standards” that would accept, as evidence of product identity, safety and efficacy, “alternatives” to controlled studies.

[18] https://en.wikipedia.org/wiki/Jam_tomorrow

The work of the advisory panels was tightly controlled to preordain outcomes that would not interfere with continued manufacturing, distribution and use of vaccine-weapons, including strict limits on who had standing to present data and data analysis.



In 1986, Congress passed the National Childhood Vaccine Injury Act to provide full indemnification for manufacturers of by-then routine childhood vaccines, and the non-crime, legalized pharmaceutical fraud enterprise rolled on from there into the deregulation programs of the 1990s; into the post-9/11 homeland security and bioterrorism preparedness policies and programs; into Covid.

There are still no established, enforced standards for biological product or vaccine identity, safety or efficacy, and there never will be, because biological products are inherently unstable, heterogeneous and toxic.

The systematic worldwide mass poisoning non-crime crime of vaccination rests on the federal legalization of pharmaceutical regulation fraud, and public lack of knowledge about it.

* * *

July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity.

Sasha Latypova's recent post:

- July 6, 2024 - General Perna and Colonel Hepburn speak about Operation Warp Speed[19] (Sasha Latypova)

A reader in the comment section discussed FDA's role in promoting public submission to vaccination and Brook Jackson's federal *qui tam*[20] case filed in January 2021 under the False Claims Act.

Jackson's case was dismissed in March 2023 and re-filed (Second Amended Complaint). She is currently awaiting the federal court's decision on a second round of motions to dismiss.

Some Bailiwick reporting on Jackson's case:

- Feb. 3, 2023 - Recap of Jackson v. Pfizer, whistleblower Brook Jackson's False Claims Act case. (Katherine Watt) "…On Oct. 4, 2022, US Government [DOJ] stepped into the case again — this time taking Pfizer's side in the dispute, concurring with Pfizer that there was never any fraud to prosecute, because Pfizer was never obligated to conduct valid clinical trials in order to receive payment for the manufactured bioweapons that they [US government officials and contractors] refer to as vaccines…"

- June 6, 2023 - Repost: Federal judge in Brook Jackson's case covered up DoD's Dec. 2020 knowledge of Pfizer's clinical trial fraud, to fabricate a false timeline, to better immunize DoD from prosecution. (Katherine Watt) "…Bottom line: Judge Truncale [by order March 31, 2023] has now added his own criminal federal judicial review to the sequence that includes: Criminal 'vaccine' development and production contracts, which are actually contracts for the development and production of injectable bioweapons; criminal 'vaccine' clinical trial safety records, which are actually records of bioweapon potency results for mRNA and DNA classes of injectable bioweapons; criminal 'vaccine' regulatory review, authorization, manufacturing compliance and safety monitoring records, which are actually theatrical props intended to block public knowledge that the products mislabeled as 'vaccines,' transported across state lines, and injected into military targets, are intentionally-lethal bioweapons…"

[19] https://sashalatypova.substack.com/p/gen-perna-and-col-hepburn-heritage
[20] https://www.law.cornell.edu/wex/qui_tam_action

Sasha Latypova's March 2024 reporting on Jackson's case:

- March 17, 2024 - Department of Justice: fraud and resulting death/injury from covid shots are part of the US public health policy[21] - [US-DOJ March 12, 2024 Motion to Intervene and to Dismiss[22]:] (Sasha Latypova) "…The anticipated discovery and litigation obligations associated with the continued litigation of this case will impose a significant burden on FDA, HHS, and DOJ. The United States should not be required to expend resources on a case that is inconsistent with its public health policy." [Latypova:] I suggest you all re-read this a few times to truly grasp the depth of depravity outlined in the argument by the DOJ. They are stating that they know that pharmaceutical fraud has been committed, and that deaths and injuries resulted from it. They are also stating that mass death and injury are in fact fully known to the pharmaceutical regulators, and that no corrective action is required because this is consistent with the United States of America's public health policy…"

I have followed the progress of Jackson's case since writing about it in Spring 2023, but have not written more about her case publicly, for several reasons including time limitations. Case documents are below for interested readers.

I posted several replies in the comment thread[23] below Latypova's Perna-Hepburn post, revised/expanded:

There is no legal requirement that any vaccine manufacturer or regulator assess vaccines for safety or efficacy, and FDA has never established any safety or efficacy standards for vaccines.

Neither has the US Pharmacopeia-National Formulary.[24]

FDA has also never defined, by regulation, what a vaccine is, or how to physically or chemically identify a vaccine…

I don't think Jackson's *qui tam* case is going to have the result you're hoping for.

I think her lawyers have teed the case up for the federal judge to dismiss it for the second time, and thereby reinforce the use of US DoD military weapon manufacturing contractors (in her case, Pfizer/BioNTech) operating under derivative sovereign immunity and related indemnification, to make and distribute intentionally harmful weapons labeled as vaccines and countermeasures without legal interference.

[21] https://sashalatypova.substack.com/p/department-of-justice-admits-pharmaceutical
[22] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.03.12-jackson-v.-pfizer-doj-notice-of-intervene-support-mtd-jackson-v.-pfizer-doc-137.pdf
[23] https://substack.com/profile/8540123-katherine-watt/note/c-61318913
[24] https://en.wikipedia.org/wiki/United_States_Pharmacopeia

SCOTUS is on board with the vaccine-mediated cull; they've already addressed it through *Bruesewitz v. Wyeth*[25] (2011). What they called "unavoidably unsafe" products and "unavoidable, adverse side effects" was simply a deceptive way of describing intentionally harmful products produced by contractors and US government working together to achieve a goal they share: sickening and killing a lot of people, starting with babies, children and expectant mothers, and then adding general working age and retired adults.

Another key phrase from *Bruesewitz,* citing *Hurley v. Lederle* (1988)*,* identifies the FDA as a "passive agency," which is code for non-regulatory, having no legal authority or historical record of setting or enforcing standards for vaccine design, identity, safety, or efficacy.

See Bruesewitz v. Wyeth, Sotomayor dissent at p. 21, FN 19. *See also*, 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.**"**

FDA has never established criteria for safety or efficacy, which is why FDA has never spelled out its non-existent criteria in regulations.

Pharmas got a few decades of product sales for products they claimed would manage symptoms of chronic diseases induced by vaccines. For the government, it's always been about reducing life expectancy and population.

The so-called medical freedom lawyers are in on the scam too. They don't want to see vaccination programs brought to a close, because they want continued access to attorney fee payouts through the VICP program. So their goal is just to get Covid vaccines and other countermeasures (currently funneled into the dead-end CICP program) folded into the VICP program, keep the vaccination/kill programs running to keep generating a large pool of potential claimants, and skim off profit from the claims filed by a small fraction of the maimed and a small fraction of the survivors of the dead.

Another reader commented: "I thought Robert Barnes was a top-notch lawyer. How did he mess this up?"

My reply[26]:

Barnes and [Warner] Mendenhall wasted the opportunities presented by Jackson's case, by deliberately refusing to incorporate the knowledge of kill box law and the intentionality of vaccine toxicity gained through the earlier phases of Jackson's case (especially Pfizer's April 2022 Motion to Dismiss, and DOJ Oct. 2022 Statement of Interest supporting dismissal) into appeals and amended complaints filed after the federal judge dismissed the case the first time in March 2023.

[25] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/06/2011.02.22-bruesewitz-v.-wyeth-scotus-vaccination-unavoidably-unsafe-product.pdf
[26] https://substack.com/profile/8540123-katherine-watt/note/c-61648516

July 12, 2024 - Preliminary analysis of Loper v. Raimondo

Congress legalized military and civil administrators overriding US Constitution under self-declared emergency conditions, and Congress can repeal the enabling acts.

A few readers have asked for my views on the US Supreme Court's recent ruling in *Loper Bright Enterprises, et al, v. Raimondo, Secretary of Commerce, et al.*,[27] as overturning the *Chevron v. NRDC* (1984) framework (judicial deference to executive agency interpretation of ambiguous statutory law) and applying the Administrative Procedure Act (1946) more fully to judicial review of federal executive agency acts.

From the *Loper* decision syllabus:

> *Held*: The Administrative Procedure Act requires courts to exercise their independent judgment in deciding whether an agency has acted within its statutory authority, and courts may not defer to an agency interpretation of the law simply because a statute is ambiguous; *Chevron* is overruled.

Readers asked whether I think the *Loper* decision overturning *Chevron* deference will allow for challenges against agency interpretations of public health emergency laws such as the PREP Act.

I've replied by email to a few readers:

> In my opinion (pending further review) the *Loper* decision doesn't help for PREP Act challenges, because *Chevron* and *Loper* are about cases in which Congressional legislative intent is arguably ambiguous.
>
> PREP Act and the other chemical and biological warfare enabling acts are clear and unequivocal (not ambiguous) expressions of Congressional intent to block judicial review, and preempt Congressional authority and state and local authority.
>
> Again, I need to read the *Loper* decision more carefully to confirm, but that's my initial response.

*

I have read the *Loper* synopsis but not the whole opinion, and I read the synopsis in the light cast by public health emergency laws enacted by Congress and US Presidents (2002 Public Health Security and Bioterrorism Preparedness and Response Act, 2004 Project Bioshield Act, 2005 PREP Act and many more[28]) and in the light cast by SCOTUS' May 2020 decision in *South Bay Pentecostal Church v. Newsom*, addressing judicial review of federal and state agency acts during declared public health and other national emergencies.

[27] https://www.supremecourt.gov/opinions/23pdf/22-451_7m58.pdf
[28] https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program

Within that legal context — Congressional acts signed by US presidents, and *South Bay Pentecostal v. Newsom* — I construe SCOTUS' decision in *Loper v. Raimondo* as yet another diversionary maneuver, to steer public scrutiny and legal challenges away from the deliberate complicity of Congress, US Presidents and federal judges in the overthrow of the US Constitution and handover of control of the American government to military and public health civil administrators working within the executive branch.

Those civil administrators, exemplified by HHS Secretary Xavier Becerra, Defense Secretary Lloyd Austin and Homeland Security Secretary Alejandro Majorkas (alongside all other cabinet secretaries, deputy secretaries and SES officials[29]) are working for central bankers, United Nations-World Health Organization and related supranational organizations, to conduct fraud-based informational, psychological, biological and chemical war.

Congress members, US Presidents and federal judges have emasculated themselves.

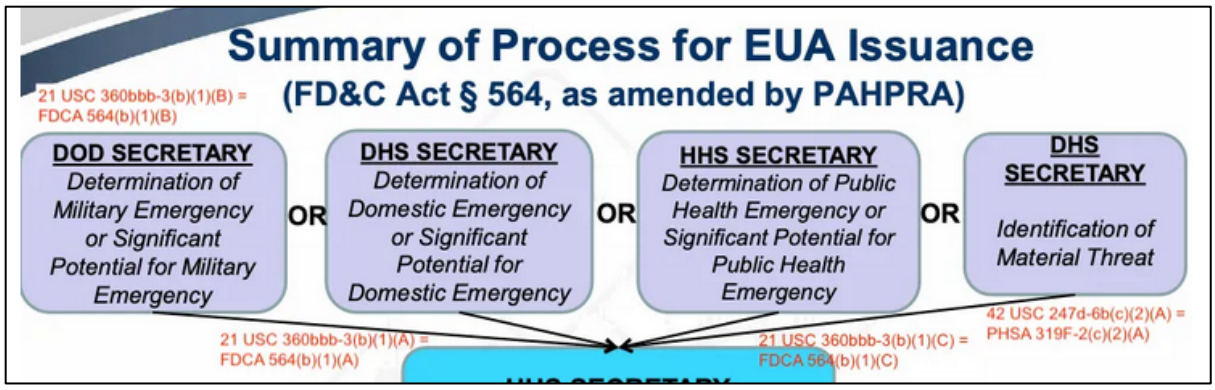
Helping more people understand how and why[30] they've done what they've done, is an important part of challenging Congress and US presidents to reverse the procedure (repeal the enabling acts[31]) and restore constitutional rule of law.

*

Through the public health emergency laws, Congress and US Presidents have created a legal platform from which, in January 2020, military and civil administrators carried out a coup and assumed semi-overt, semi-covert ruling power in the United States.

Laws enacted by Congress (legislative branch) and signed by US Presidents (executive branch), created triggering "emergency" conditions under which the US Constitution and separation of powers are nullified, and ruling power is automatically concentrated in the hands of the HHS Secretary, Defense Secretary and Homeland Security Secretary (executive branch, military and civil administrative component) upon those secretaries unilaterally and unreviewably declaring that a public health emergency, military emergency, domestic emergency or material threat exists, and extending such declarations in the same unreviewable way.

[29] https://www.opm.gov/policy-data-oversight/senior-executive-service/
[30] https://sashalatypova.substack.com/p/since-1997-20-trillion-has-been-stolen
[31] https://bailiwicknews.substack.com/p/top-10-us-federal-laws-congress-should



June 6, 2014 FDA slide deck - *What's new in medical countermeasures science and policy?* Red notes by KW

Key terms Congress and US Presidents have embedded into federal statutory law include "not reviewable" and "committed to agency discretion" which preclude judicial review of agency acts under APA exemptions. 5 USC 701(a)(1) and (2)[32]

§701. Application; definitions

(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.

Four examples:

21 USC 360bbb-3(i)[33], *Actions committed to agency discretion*. Places all policy and program decisions about "Expanded access to unapproved therapies and diagnostics" — design, manufacturing, labeling, procurement, distribution and use of intentionally toxic 'medical countermeasures' to injure and kill recipients — under the unilateral, unreviewable control of the HHS Secretary and his or her delegates within HHS (FDA, CDC, NIH) in coordination with counterparts in DoD and DHS, through the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE).

21 USC 360bbb-3 **(i) Actions committed to agency discretion**

Actions under the authority of this section by the Secretary, by the Secretary of Defense, or by the Secretary of Homeland Security are committed to agency discretion.

[32] https://uscode.house.gov/view.xhtml?path=/prelim@title5/part1/chapter7&edition=prelim
[33] https://www.law.cornell.edu/uscode/text/21/360bbb-3

42 USC 247d-6d(b)(7)[34], *Judicial review*. Blocks access to courts for judicial review of the facts or law relating to HHS Secretary public health emergency declarations and medical countermeasures product classifications.

42 USC 247d-6d(b)(8), *Preemption of state law*. Preempts authority of state, local and tribal governments and individuals to manage public health emergency and medical countermeasures classification and regulation outside of HHS/DOD control.

42 USC 247d-6d(b)(9), *Report to Congress*. Narrowly limits obligation for HHS to report to Congress on public health emergency status and medical countermeasures classifications, and no authorization for Congress to override HHS declarations, determination, and decisions.

42 USC 247d-6d(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 Secretary under this subsection.

42 USC 247d-6d(b) **(8) Preemption of State law**

During the effective period of a declaration under subsection (b), 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 [21 U.S.C. 301 et seq.].

42 USC 247d-6d(b) **(9) Report to Congress**

Within 30 days after making a declaration under paragraph (1), the Secretary shall submit to the appropriate committees of the Congress a report that provides an explanation of the reasons for issuing the declaration and the reasons underlying the determinations of the Secretary with respect to paragraph (2). Within 30 days after making an amendment under paragraph (4), the Secretary shall submit to such committees a report that provides the reasons underlying the determination of the Secretary to make the amendment.

SCOTUS joined Congress and US Presidents, ratifying the emergency-predicated, military and civil administrators' coup, through its May 2020 decision in *South Bay Pentecostal v. Newsom*.[35]

April 28, 2023 - Draft discovery materials for civil and criminal cases.

> "...Many cases have been dismissed on grounds that the plaintiffs lacked standing to sue alleged government officials and challenge executive acts. Federal courts have accepted — without fact-finding, adversarial evidentiary testing, or legal review — that all the acts undertaken by executives during Covid-19 were and remain legitimate government functions, properly performed.
>
> Judges dismissing these cases have been complying with SCOTUS Chief Justice John Roberts' illegitimate May 29, 2020 order in *South Bay Pentecostal Church v. Newsom*.
>
> *South Bay Pentecostal* is a California case through which Justice Roberts ordered federal judges to stand-down and abdicate their Constitutional review obligations, without engaging in fact-finding or legal analysis of whether "broad limits" on exercise of State power have or have not been "exceeded."

[34] https://www.law.cornell.edu/uscode/text/42/247d-6d
[35] https://www.supremecourt.gov/opinions/19pdf/19a1044_pok0.pdf

Sasha Latypova and I discussed some of these issues in November 2022.

Nov. 2, 2022 - Sasha Latypova and Katherine Watt discussion on American Domestic Bioterrorism Program. Transcript by Dave Ratcliff at Ratical.org.[36]

> ...Sasha Latypova:
>
> What was the earliest relevant piece of law that you can trace that was changed in particular for this plandemic to occur?
>
> Katherine Watt:
>
> I think the earliest one was the 1983 establishment of the Public Health Emergencies Program under the rubric of the Public Health Services Act, which was a 1944 law. But when Reagan and the Congress at the time put in the Public Health Emergencies section, that was the beginning of concentrating much, much more power in the hands of the Health and Human Services Secretary, whenever a public health emergency has been declared by the HHS Secretary.
>
> So it's a completely closed loop of, once they declare it, they have all the power, and they are the only one who can suspend their power because of the way they wrote the laws, to the extent — let's say — to the extent that federal judges and Congress accept the premise that the executive branch can shut them out of everything after the announcement has been made...
>
> ...it gets into the amazing structural features Congress built into these things where Congress not only put all the power into the HHS secretary's hand. They also eliminated their own oversight power.
>
> They eliminated, or they claimed to — this is written in the laws — they claimed that they have no power to overrule or review his emergency declarations about the existing emergency. They can't overrule his EUA declarations.
>
> They also put provisions that no federal judge can review those declarations. Once they're made, they're considered solely within agency discretion. So there's no judicial review and [Congress] eliminated states' power to take any course of action different from what the HHS secretary has said that they should do, which is called preemption.
>
> There's sections in these laws that make it so that there is no state authority to overrule HHS secretary, there is no congressional authority to overrule HHS secretary, and there is no judicial authority.
>
> And Congress did that.

[36] https://ratical.org/PandemicParallaxView/ALwKW-DomesticBioteroProg-110422.html

> Which raises the interesting, super interesting philosophical question of — with horrible implications — how did they give away a power that they didn't have the power to give away?
>
> Congress does not have the power to dissolve itself.
>
> Congress does not have the power to dissolve the federal judiciary under the U.S. Constitution.
>
> But they did it to the extent that the federal judges are deferring to them. And Congress is deferring to the HHS secretary.
>
> And the states...are deferring and not challenging these things. They're just saying, "Whoop, that happened."...
>
> You can't give away a power that wasn't yours to give away to begin with. And the power in our country is supposed to be in the Constitution, the supreme law of the land. There's supposed to be nobody that's above it.
>
> So to have Congress say, "Well, you know, never mind," is just super bizarre.

Pray the Rosary.

Related

- June 8, 2021 - Courts, judges, constitutions, lawsuits and evidence are no longer a plausible bulwark against tyranny.
- April 7, 2022 - Re: "judicially-unreviewable."
- Nov. 14, 2023 - Separation of powers, reservation of powers (federalism), and the PREP Act.
- Jan. 15, 2024 - Interview with Peter and Ginger Breggin - "What's being presented as a public health emergency, and as a pharmaceutical product, is actually not either of those things. It's really a constitutional crisis. And it's been a constitutional crisis since long before it sort-of emerged on the scene in the beginning of 2020. Because the constitutional crisis is based in changes in US law that make it possible for the federal government to carry out biological attacks on the population, through the states, through biological products, like vaccines, and through emergency conditions and emergency orders, like the ones that came out during COVID. Because really, what they're trying to do is injure and kill a lot of people here and around the world without getting caught, without getting stopped, without people seeing that that's what it is. And what their overarching goal is to do is to concentrate power first in the federal executive branch in the United States, and then pass it over to the United Nations, the World Health Organization and whatever successor globalist organizations and institutions they develop."
- May 7, 2024 - Pandemics are fake. Federal and state public health emergency kill box laws can be repealed and nullified.

July 16 2024 - Note on Trump shooting

Reader asked my views on the Trump shooting.

My main thought about the shooting so far, which I think was orchestrated/fake, is that it's going to be used to push through the guns-as-public-health-emergency (HHS) and/or domestic emergency and/or material threat (DHS) determinations, to further advance the military/admin concentration of power, and there will be some sort of policy countermeasures of gun confiscation attempts by local law enforcement under federal direction.

I want to emphasize: real people really are injured and killed during performative/faked events. For example, lots of real people were injured and killed during the fake Covid-19 vaccine 'clinical trials' in Summer/Fall 2020, and lots of real people have been injured and killed using fake-authorized (EUA), fake-approved (BLA) Covid vaccines since December 2020 and August 2021.

The other main thing I've been thinking about is that, the more people are able to **not** get sucked into the hatred of the "other" camps, the better.

Because the globalists would really like to see Americans online and in the streets tearing each other apart even more intensely, blaming each other for the chaos, making more chaos that not-incidentally would appear to justify harsh, militarized crackdowns and gun confiscations.

The globalists do not want people to be looking at the globalists themselves, who are instigating the chaos.

Also, if you don't have guns, I encourage you to get some. And if you do have guns, I encourage you to get more and get more ammunition, train in how to properly use your guns, and practice.

* * *

July 19, 2024 - Playbook for poisoning populations with vaccines and other biological products.

Characterizing the structure of legalized, lethal scientific-regulatory fraud.

I'm still working on a report laying out the history of American federal non-regulation of biological products and vaccines (legalized pharmaceutical regulation fraud to conceal intentional mass poisoning) from 1798 to 1972.

Understanding the long pre-Covid history of intentional, legalized, US military-directed poisoning programs, may help more people be more confident about refusing to vaccinate themselves, and refusing to vaccinate babies and children in the coming years, because they will better understand the fraud playbook that runs from the initial announcement of fake threats, through to the deployment of fake-medicinal, systemically-toxic products presented as prophylactics and treatments.

Feb. 22, 2011 - Bruesewitz v. Wyeth (SCOTUS, Antonin Scalia)

> "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."

July 9, 2018 - *Informed Consent Action Network v. US-HHS,* (1:18-cv-03215-JMF), Stipulation signed by Attorney Robert F. Kennedy Jr. -

> "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 law, between 1986 and 2018.

March 21, 2024 - Vaccine and related biological product manufacturing as US government-licensed poison manufacturing. (Katherine Watt)

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

May 25, 2024 - On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation. (Katherine Watt)

> "…A Bailiwick reader is doing a deep research dive into pre-1972 statutory and regulatory history of some Public Health Service-Health and Human Services divisions, including National Institutes of Health (NIH) and Food and Drug Administration (FDA). For context, 1972 is the year that ostensible biologics regulation — which is actually non-regulation — transferred from the NIH Division of Biologics Standards to the FDA Bureau of Biologics. November 1973 is when FDA published a consolidated set of biological product manufacturing non-regulations in the Federal Register…"

July 5, 2024 - 120+ years of legalized, US-government-led pharmaceutical fraud. (Katherine Watt)

> "…I've been working with a Bailiwick reader — Lydia Hazel — for several months to get a better understanding of the pre-1972 history of biological product and vaccine non-regulation. Hazel has been compiling the statutory, regulatory, institutional and budget history from the 1798 establishment of the Marine Hospital Service (precursor to the Public Health Service) through the 1902 Biologics Control Act and 1944 Public Health Service Act, to the 1972 alleged transfer and delegation of alleged biological product regulation authorities from Public Health Service, Secretary of Health, Education and Welfare (HEW, now HHS), National Institute of Health-Division of Biologics Standards, to the Food and Drug Administration-Bureau of Biologics…"

<u>Playbook for poisoning populations with vaccines and other biological products.</u>

As I work to better understand which virus and vaccine scientists and pharmaceutical regulators did and didn't do what, and when they did and didn't do what was done and not done — going back to Edward Jenner's work in 1796, ramping up with the work of Louis Pasteur, Robert Koch and their disciples founding the field of microbiology in the second half of the 19th century, and ramping up further with the work of John Enders in 1949 — I wrote a draft of the American federal government's worldwide poisoning playbook as I currently understand it.

Step 1 - Announce the disease threat.

Scientist-spokesmen employed by imperial US military assert that an infectious disease (collection of observable physical symptoms) exists and is a deadly threat to human beings, animals or both.

Scientific-military assertions about the disease are transcribed and published by scientific journals, newspapers and magazines financed by imperial US military and central banks.

For playbook shorthand, the disease is Thing A.

Step 2 - Announce the cause of the disease threat.

Scientist-spokesmen employed by imperial US military assert that they have identified a transmissible (through air, water or food) biological microorganism or chemical molecule or moiety (part of a molecule given a name because it can also be found in other molecules) that causes the disease (causal agent or principle).

Scientific-military assertions about the cause of the disease are transcribed and published by scientific journals, newspapers and magazines financed by imperial US military and central banks.

For playbook shorthand, the causal agent or principle is Thing B.

Step 3 - Announce a prophylactic or treatment, biologically derived from, or chemically synthesized to simulate, the causal agent.

Scientist-spokesmen employed by imperial US military assert that, in partnership with scientists employed by pharmaceutical companies (who are also under financial contracts to supply materiel to the imperial US military), they have designed medicines, incorporating molecules or moieties derived from biological propagation of the causal agent or synthesized/manufactured to be copies of the causal agent's molecules or moieties.

Scientist-spokesmen announce that injection (or other delivery mechanism) of the medicine will artificially, effectively and harmlessly expose human or animal immune systems to the causal agent and/or alter and strengthen the immune system's response to the causal agent, to prevent infection with the causal agent (prophylactic or preventative), and/or make the disease (Thing A) caused by the causal agent (Thing B), into a milder, less deadly threat (treatment).

Scientific-military assertions about prophylactics and treatments are transcribed and published by scientific journals, newspapers and magazines financed by imperial US military and central banks.

For playbook shorthand, these medicinal substances are Thing C.

Step 4 - Announce the industrialized manufacture of the prophylactic or treatment

Scientist-spokesmen employed by imperial US military assert that they have signed contracts with pharmaceutical companies to cooperatively propagate (biological) or synthesize (physico-chemical) and package large amounts of prophylactic or treatment molecules and moieties.

Scientific-military assertions about biological propagation and physico-chemical synthesis and packaging are transcribed and published by scientific journals, newspapers and magazines financed by imperial US military and central banks.

For playbook shorthand, these biological, physical and chemical propagation or synthesizing procedures are Process A.

Step 5 - Announce a rule-setting and compliance enforcement (regulatory) system

Scientist-spokesmen employed by imperial US military assert that an independent team of scientist-inspectors is legally obligated, and has a demonstrated historical record, of

- establishing measurable standards and enforceable, enforced rules governing truthful reporting to the public on the identity and spread of the disease (Thing A);
- validating the causal connection between the microorganism or molecule (Thing B) and the disease (Thing A);
- validating the causal connection between the microorganism or molecule (Thing B) and the medicines (Thing C);
- validating the physical, chemical and biological composition of prophylactic and treatment package contents (Thing C);
- validating the causal connection between the medicines (Thing C) and prevention or treatment of the disease (Thing A); and
- validating the conformity of the biological propagation or physico-chemical synthesis and packaging techniques (Process A) to objective standards or rules limiting the contents of the finished medicines (Thing C) to effective, harmless microorganisms or molecules only.

Scientific-military assertions about rule-setting, compliance monitoring, inspection and validation procedures are transcribed and published by scientific journals, newspapers and magazines financed by imperial US military and central banks.

For playbook shorthand, the rule-setting, compliance monitoring, inspection and validation procedures are Process B.

* * *

July 24, 2024 - Note on Jacob Nordengard essay

I don't agree with all of Nordangard's analysis,[37] but think this is an extremely useful overview of the complex fraud game being played by the would-be "masters of the world" to destabilize nation-states and thereby create the pretext and fake public-demand for a global technocracy centralized in the UN or a successor organization with a different name.

> One of the most important clauses in the Pact for the Future deals with strengthening the international response to complex global shocks (where a multidimensional, multi-actor response with a whole-of-society approach is required). The UN Secretary-General is therefore requested by the Member States to:
>
> Develop, in consultation with Member States, protocols for convening and operationalizing emergency platforms based on flexible approaches to respond to a range of different complex global shocks.

When reading UN and WEF "risk assessment" reports like the January 2023 Global Risks Report,[38] it's useful to interpret them as plans or scripts for events that will be orchestrated or performed (not naturally-occurring or spontaneous), and that will be made to appear (by online and print visual and text media) as more destabilizing and damaging than they are in reality, to generate fear and compliance with the programs sought by the anti-Christ individuals and organizations writing the reports and directing the performances.

* * *

[37] https://drjacobnordangard.substack.com/p/is-donald-trump-the-elites-wreck
[38] https://www3.weforum.org/docs/WEF_Global_Risks_Report_2023.pdf

July 24, 2024 - Congress, through 18 USC 175, legalized HHS/PHS/military production and use of biological weapons, by classifying them as 'select agents and toxins.'

A reader recently sent me a draft of a petition directed to the International Criminal Court,[39] located at The Hague, Netherlands, including some attachments, requesting my views and seeking confirmation that information from the American Domestic Bioterrorism Program timeline is available for public use.

Posting my reply in case it's useful to other readers.

…In general, all of my work is public, and can be used by readers…

Specific to your project, I do not endorse or advise complaints filed to the ICC.

For one thing, it's been tried at least once already, by a UK lawyer named Hannah Rose, filed Dec. 6, 2021.[40] 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 are 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 A. Boyle, Aaron Siri and Thomas Massie.

- 2024.05.27 Affidavit Francis A Boyle re biological weapons[41]
- 2024.06.24 Thomas Massie House report Politics Private Interests and the Biden Administrations Deviation from Agency Regulations in the COVID-19 Pandemic summary 30 p[42]
- 2024.06.24 Thomas Massie House report Politics, Private Interests, and the Biden Administration's Deviation from Agency Regulations in the COVID-19 Pandemic full report 623 p[43]
- 2024.06.26 Aaron Siri testimony to Thomas Massie House committee[44]

[39] https://en.wikipedia.org/wiki/International_Criminal_Court
[40] https://hannahroselaw.wordpress.com/icc-complaint-uk/
[41] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.05.27-affidavit-francis-boyle-re-biological-weapons.pdf
[42] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.06.24-massie-house-report-politics-private-interests-and-the-biden-administrations-deviation-from-agency-regulations-in-the-covid-19-pandemic-30-p.pdf
[43] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.06.24-massie-politics-private-interests-and-the-biden-administrations-deviation-from-agency-regulations-in-the-covid-19-pandemic-623-p.pdf
[44] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.06.26-testimony-aaron-siri-to-thomas-massie-committee.pdf

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

I argue that intentionally lethal injections [and lethal products delivered through other delivery systems such as nasal sprays and microneedle patches] are legalized as falling under Biological Weapons Antiterrorism Act exemptions for allegedly "prophylactic, protective or bona fide research" products and "select agents." [18 USC 175-178[45]; 42 CFR 73[46]]

§175. Prohibitions with respect to biological weapons

(a) IN GENERAL.—Whoever knowingly develops, produces, stockpiles, transfers, acquires, retains, or possesses any biological agent, toxin, or delivery system for use as a weapon, or knowingly assists a foreign state or any organization to do so, or attempts, threatens, or conspires to do the same, shall be fined under this title or imprisoned for life or any term of years, or both. There is extraterritorial Federal jurisdiction over an offense under this section committed by or against a national of the United States.

(b) ADDITIONAL OFFENSE.—Whoever knowingly possesses any biological agent, toxin, or delivery system of a type or in a quantity that, under the circumstances, is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose, shall be fined under this title, imprisoned not more than 10 years, or both. In this subsection, the terms "biological agent" and "toxin" do not encompass any biological agent or toxin that is in its naturally occurring environment, if the biological agent or toxin has not been cultivated, collected, or otherwise extracted from its natural source.

(c) DEFINITION.—For purposes of this section, the term "for use as a weapon" includes the development, production, transfer, acquisition, retention, or possession of any biological agent, toxin, or delivery system for other than prophylactic, protective, bona fide research, or other peaceful purposes.

(Added Pub. L. 101–298, §3(a), May 22, 1990, 104 Stat. 201; amended Pub. L. 104–132, title V, §511(b)(1), Apr. 24, 1996, 110 Stat. 1284; Pub. L. 107–56, title VIII, §817(1), Oct. 26, 2001, 115 Stat. 385; Pub. L. 107–188, title II, §231(c)(1), June 12, 2002, 116 Stat. 661.)

EDITORIAL NOTES

AMENDMENTS

2002—Subsec. (c). Pub. L. 107–188 substituted "protective, bona fide research, or other peaceful purposes" for "protective bona fide research, or other peaceful purposes".

2001—Subsec. (b). Pub. L. 107–56, §817(1)(C), added subsec. (b). Former subsec. (b) redesignated (c).

Pub. L. 107–56, §817(1)(A), substituted "includes" for "does not include" and inserted "other than" after "delivery system for" and "bona fide research" after "protective".

Subsec. (c). Pub. L. 107–56, §817(1)(B), redesignated subsec. (b) as (c).

1996—Subsec. (a). Pub. L. 104–132 inserted "or attempts, threatens, or conspires to do the same," before "shall be fined under this title".

18 USC 175

"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.

[45] https://www.law.cornell.edu/uscode/text/18/175

[46] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73?toc=1

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 legal relationship between FDA acts and decisions, and the safety and efficacy of products bearing "vaccine" labels.

Related

June 13, 2024 - Parsing "Yay, we did it!" informational misdirection campaigns. (Katherine Watt)

- …Centralized military and financial control of pandemic preparedness and response provisions are embedded in US domestic law (federal statutes, regulations, executive orders,[47] commercial contracts and treaties; state laws and contracts,[48] county emergency management plans and contracts[49])…
- Vaccine and other countermeasure production contracts between the US military and pharmaceutical companies condition manufacturing, distribution and use on intact PREP Act statutes and active PREP Act declarations…
- International sales contracts condition supply of products manufactured by US military contractors, to non-US governments, on purchasing government adoption and maintenance of indemnification laws…
- International Mutual Recognition Agreements (MRAs) absolve federal drug regulators of non-US countries of legal responsibility for cGMP manufacturing regulation, transferring regulatory functions to US-FDA: global drug non-regulator under US laws exempting biological products, vaccines and EUA countermeasures from cGMP compliance…

June 27, 2024 - Intentional infliction of harm is not a legitimate government purpose; enabling it is not a permissible legislative object (Katherine Watt)

> …Whether by public officials or private lawyers, deliberate omissions of knowable and known truths, and deliberate repetition and reinforcement of factual and legal errors lead people astray. They mislead people. They lead individuals and societies into temporal occasions of sin, into commission of criminal acts of self-harm, harm of others, and murder. They lead people away from piety, charity, holiness and eternal salvation…

* * *

[47] https://bailiwicknews.substack.com/p/on-the-historical-development-and
[48] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency
[49] https://bailiwicknews.substack.com/p/repeal-county-phe-kill-box-law-emergency

July 26, 2024 - On FDA 'Guidance for Industry' documents as regulatory fraud coordination tools for US government and pharmaceutical co-conspirators.

Important new post from Sasha Latypova:

July 26, 2024 - New FDA guidance for pharma on "countering misinformation" online. FDA authorizes pharmas to lie when needed, promising non-enforcement of pharmaceutical marketing regs. I interpret this as we are winning the information war.[50] (Sasha Latypova)

> …The FDA is guiding the manufacturers to lie and "debunk" these detected harms by waving hands around "but it was a very high dose"!
>
> From my experience, in normal, non fraudulent pharmaceutical R&D setting you have 2 choices after your animals died or had fetal damage at a "high dose":
>
> 1) redo the study with a dose that is more representative of the human exposure at therapeutic levels;
>
> 2) kill the drug program.
>
> In both cases, the entire class of medicine becomes suspect for fetal abnormalities, and all subsequent programs are under greater scrutiny for this issue. At a minimum, concentration-response justifications must be provided for the selected doses in animals and humans.
>
> They were nowhere to be found in the 2000+ pages of garbage "nonclinical package" from Pfizer and Moderna I wasted a few weeks of my life on!
>
> That's because it is not possible to dose mRNA in a controlled manner (this explains why Pfizer is 30 mg and Moderna is 100mg per dose in humans for the same thing - dosages are meaningless with mRNA products)….

[50] https://sashalatypova.substack.com/p/fda-publishes-guidance-for-pharma

I posted a comment:

My understanding is that all FDA "Guidance for Industry" documents, going back to the mid-1980s, when they started issuing them [called “Points to Consider” at that time] are instructions to pharmaceuticals, from FDA, about how the pharmaceuticals should ignore FDA regulations (because the regulations are non-regulations), and how they should engage in performative acts designed to look similar to compliance, and how FDA will (on its own side) pretend to establish and enforce regulatory standards, but actually not enforce them.

The language tricks typically involve the term "discretion," leaving whether or not to enforce an alleged standard to FDA discretion (and they choose not to), or involve juxtapositions of "shall" and "may" language, such as regulations that state FDA "shall" issue a license for a product, and "may" inspect the premises where those are produced.

FDA, in its discretion, does not inspect and does not establish or enforce standards.

Similar examples to this new one about misinformation, include

January 2017 Guidance for Industry 187, Regulation of Intentionally Altered Genomic DNA in Animals[51]

> "FDA has not and does not intend to enforce INAD and NADA requirements for: (1) animals of nonfood-producing species whose genomes have been intentionally altered that are regulated by other government agencies or entities, such as insects whose genomes have been intentionally altered that are under APHIS oversight; and (2) animals of nonfood-producing species whose genomes have been intentionally altered that are raised and used in contained and controlled conditions such as laboratory animals with intentionally altered genomes used in research institutions."

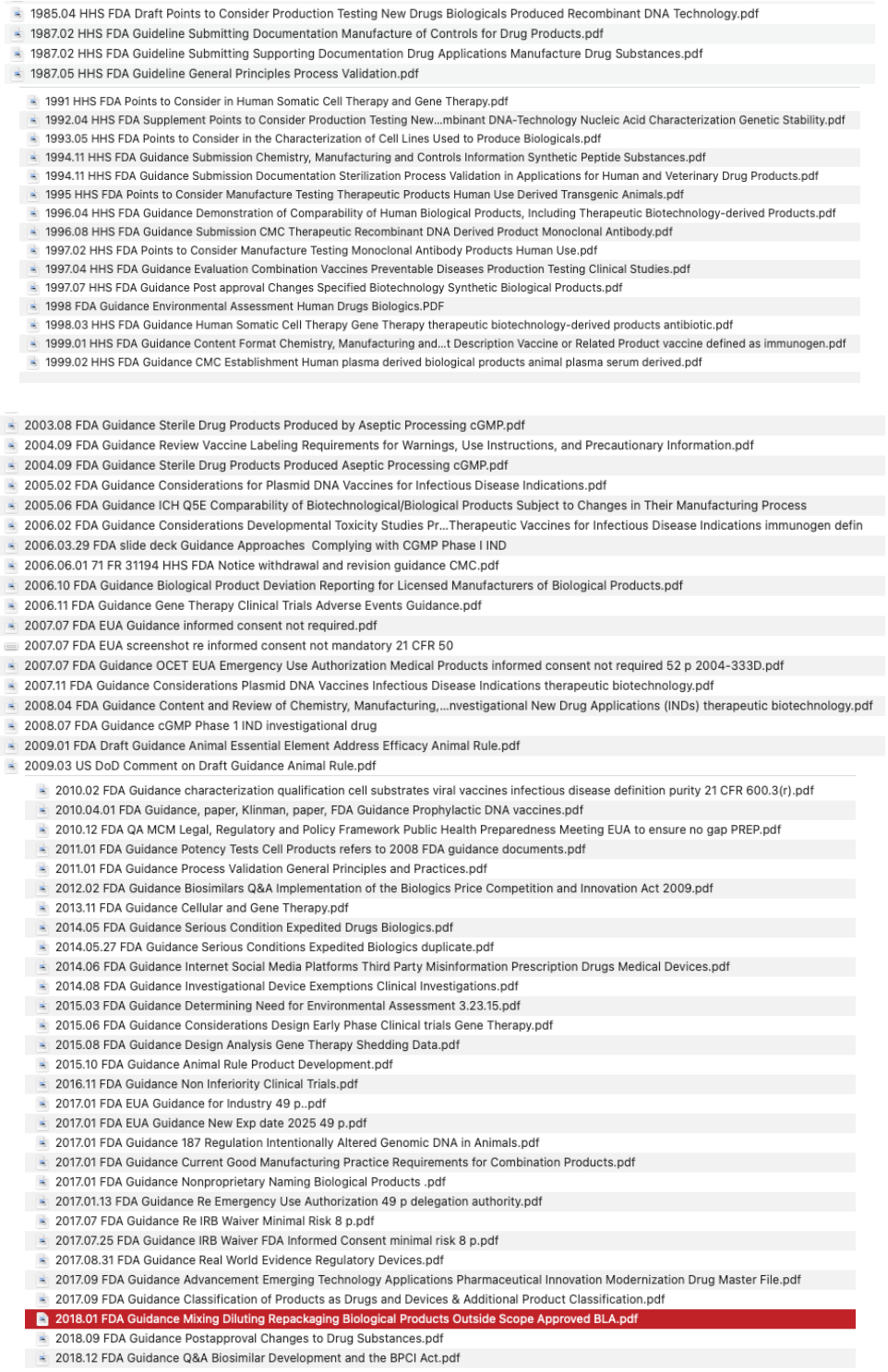
and

January 2018 Guidance for Industry - Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application[52]

> "FDA does not intend to take action for violations of section 351 of the PHS Act or sections 502(f)(1) or 582 of the FD&C Act if a state-licensed pharmacy, a federal facility, or an outsourcing facility mixes, dilutes, or repackages a biological product in accordance with the conditions described below, and any applicable requirements. In addition, FDA does not intend to take action for violations of section 501(a)(2)(B) of the FD&C Act when a state-licensed pharmacy or a Federal facility mixes, dilutes, or repackages a biological product in accordance with the conditions described below, and any applicable requirements..."

[51] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2017.01-fda-guidance-187-regulation-intentionally-altered-genomic-dna-in-animals.pdf
[52] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2018.01-fda-guidance-mixing-diluting-repackaging-biological-products-outside-scope-approved-bla.pdf

Some of the FDA Guidance for Industry documents published between 1985 and 2024:



2019.02 FDA Guidance Expedited Programs Regenerative Medicine Therapies Serious Conditions Final.pdf
2019.02 FDA Guidance Providing Lot Release Protocol Submissions CBER Electronic Format.pdf
2019.04 FDA Guidance Compliance Policy for Combination Product Postmarketing Safety Reporting.pdf
2019.04 FDA REMS Guidance for Industry.pdf
2019.05 FDA Guidance Biosimilars Considerations in Demonstrating Interchangeability With a Reference Product.pdf
2019.07 FDA Guidance Postmarketing Safety Reporting for Combination Products.pdf
2019.08.07 FDA guidance on Regulatory Harmonization and Convergence FDA.pdf
2020.01 FDA Guidance CBER Guidance Chemistry Manufacturing Controls CMC Information Human Gene Therapy IND Applications.pdf
2020.01 FDA Guidance Chemistry, Manufacturing, and Control (CMC) Info...Gene Therapy Investigational New Drug Applications (INDs) duplicate.pdf
2020.03 FDA Guidance Deemed to Be a License BLA.pdf
2020.03.17 FDA Letter to Manufacturers Updated Instructions Submitting Lot Release Samples and Protocols During the COVID-19 Pandemic.pdf
2020.03.19 FDA Guidance CBER Updated Instructions Submitting Lot Rele...Samples Protocols CBER-regulated Products COVID-19 Pandemic FDA.pdf
2020.04 FDA Guidance Exemption Drug Supply Safety Act.pdf
2020.05.08 FDA Guidance Postmarketing Adverse Event Reporting.pdf
2020.06 FDA Covid 19 Vaccines Guidance for Industry 24 p.pdf
2020.06 FDA Covid Manufacturing Guidance Employee infection 13 p.pdf
2020.06 FDA Development Licensure Covid 19 Vaccines Guidance for Industry 24 p.pdf
2020.06 FDA Guidance Covid Manufacturing Employees Infection 13 p.pdf
2020.08 FDA Guidance Manufacturing, Supply Chain, and Drug and Biological Product Inspections During COVID-19 updated 2021.05.17
2020.08.03 FDA page Background Information List Licensed Biological Pr...clusivity Biosimilarity Interchangeability Evaluations (Purple Book) FDA.pdf
2020.10 EUA FDA Guidance for Industry Covid-19 Vaccines.pdf
2020.10 FDA Guidance EUA Covid 18 p.pdf
2020.10.06 FDA EUA Covid 19 Vaccine Guidance for Industry.pdf
2021.02.22 FDA Guidance Developing Drugs and Biological Products for Treatment or Prevention .pdf
2021.02.22 FDA Guidance EUA Covid 24 p.pdf
2021.02.22 FDA Guidance EUA FDA Covid-19 Vaccines Guidance for Industry 24 p.pdf
2021.05 FDA Guidance Abbreviated New Drug Application Certain Highly...thetic Peptide Drug Products That Refer to Listed Drugs of rDNA Origin.pdf
2021.05.25 FDA EUA Covid Vaccine Guidance for Industry.pdf
2021.05.25 FDA Guidance EUA Covid 19 Vaccines 25 p.pdf
2021.05.25 FDA Guidance EUA Covid 25 p. .pdf
2021.06 FDA Guidance Chemistry, Manufacturing, and Controls Changes to an Approved Application Certain Biological Products.pdf
2021.08.30 FDA Guidance Conduct of Clinical Trials During Covid-19 Guidance.pdf
2021.09 FDA Guidance Q&A Biosimilar Development and the BPCI Act Rev. 2.pdf
2021.09 FDA Guidance Real World Evidence Electronic Records Regulatory Drug and Biologic.pdf
2021.11 FDA Guidance Real World Evidence Registries Regulatory Drugs Biologic.pdf
2022 - 2020 HHS FDA List Guidance for Industry With Links.docx
2022-2020 HHS FDA Spreadsheet COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders.xlsx
2022.03 FDA Guidance Human Gene Therapy Incorporating Human Genome Editing.pdf
2022.03.31 FDA EUA Guidance Covid Vaccines 31 p.pdf
2022.03.31 HHS FDA Guidance EUA Vaccines Covid 19 05.2021.pdf
2023.04 FDA Guidance Animal Rule Acute Radiation Syndrome.pdf
2023.04 FDA Guidance for Industry Acute Radiation Syndrome Developing Drugs Animal Rule.pdf
2023.06 FDA Guidance Manufacturing Changes and Comparability for Human Cellular and Gene Therapy Products.pdf
2023.07 FDA Guidance Assessment and Control of DNA Reactive (Mutagenic) Impurities Pharmaceuticals Limit Carcinogenic Risk.pdf

2023.08 HHS FDA Guidance 21 USC 360eee Enhanced Drug Distribution Security Requirements Drug Supply Chain digital link vial recipient.pdf
2023.09 FDA Draft Guidance Demonstrating Substantial Evidence Effectiv...ll-Controlled Clinical Investigation Confirmatory Evidence RWE Animal.pdf
2023.10 FDA Guidance Remote Inspections.pdf
2023.12 FDA Draft Guidance Potency Cellular and Gene Therapy Products.pdf

2024.01 FDA Guidance Human Gene Therapy Products Incorporating Human Genome Editing.pdf
2024.03 FDA Draft Guidance Real World Evidence Considerations Regarding Non-Interventional Studies for Drug and Biological Products.pdf
2024.03.06 FDA report Development of Assays of Defined Sensitivity for the Regulatory Management of Novel Cell Substrates FDA.pdf
2024.03.07 dl FDA Combination Products Guidance Documents FDA.pdf
2024.07 FDA Draft Guidance Countering Misinformation Drugs Devices.pdf

* * *

July 27, 2024 - Don't take avian influenza tests or any other avian influenza countermeasures.

HHS Secretary issued extended/expanded Public Health Emergency determination covering avian flu, effective July 18, 2024. Understand the fraud; refuse to participate in it; help others steer clear.

Reader sent me a link to a new Federal Register notice:

- July 24, 2024 - Notice of Amendment, Declaration of Emergency pursuant to Federal Food Drug and Cosmetics Act (89 FR 59919)

It's an extension of a 2013 HHS Secretary unilateral, unreviewable, non-verifiable (interpret: fraud-based) determination that potential for a public health emergency exists due to alleged H7N9 avian influenza, to now cover a slate of other alleged influenza strains including H5N1.

The amendment/extension/expansion is in effect as of July 18, 2024, and creates the legal conditions for a blanket Emergency Use Authorization (EUA) declaration to come next, and then for specific EUA Letters of Authorizations for the countermeasures under development, that will now be eligible for PREP Act coverage and EUA status because they'll be connected to this specific, active PHE determination.

The sequence for the Covid play is in the Dec. 2023 post linked below.

For those PHE determinations, the start date was Feb. 4, 2020, and as of March 15, 2023, (88 FR 16644) they were amended from "there ***is*** a public health emergency that has a significant potential to affect national security..." to add "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..."

There's no legal difference between the two: both forms authorize the whole cascade that follows.

For the PHE determination announced in the Federal Register July 24, 2024, HHS Secretary Xavier Becerra used the "*significant potential* for a PHE that affects or has a significant potential to affect, national security..." language and the determination is in effect as of July 18, 2024.

Do not fear. Do not comply with fear- and fraud-predicated recommendations, instructions and orders.

Help others to be not afraid and to confidently refuse compliance with fear- and fraud-predicated recommendations, instructions and orders.

Pray the Rosary.

Related

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.

> …Meanwhile, four public health emergency determinations under the Food Drug and Cosmetics Act (FDCA) Section 564(b)(1)(C), [21 USC 360bbb-3(b)(1)(C)] have been in continuous legal force since the first one took effect on Feb. 4, 2020.
>
> A fifth, amended FDCA public health emergency determination joined the first four, effective March 15, 2023.
>
> The FDCA PHE determinations were promulgated through the Federal Register at 85 FR 7316, 85 FR 13907, 85 FR 17335, 85 FR 18250, and 88 FR 16644.
>
> FDCA PHE determinations are issued without expiration dates; termination is solely at the discretion of the HHS secretary. FDCA 564(b)(2) [21 USC 360bbb-3(b)(2)]…

See also

- July 27, 2024 - Crystal Ball Challenge[53] (Andreas Oehler)

* * *

[53] https://live2fightanotherday.substack.com/p/crystal-ball-challenge

July 29, 2024 - Three true things that are really important to understand, and also very difficult to accept.

There are three things about the ongoing worldwide poisoning program conducted through vaccination and immunization, that many readers of my work and Sasha Latypova's work[54] struggle to understand and accept.

1. The infliction of deceptions, injuries, sterilizations and deaths is intentional. The harms are deliberately caused. Communicable disease and other public health emergencies (overpopulation, climate disruption) are faked. Public officials have known and lied about fake public health emergencies for a very long time. Products described as preventatives and treatments are neither. These products are toxic, poisonous. Manufacturers and regulators know about the toxicity and have known and lied about it for a very long time. The damage is not accidental; the harms and injuries and deaths are not side effects.

2. The US military, including the Public Health Service branch of the US military, and the other branches, organizes and runs the programs.

3. Under current US law, the deception, injury and death programs are legal. They are beyond legal challenge and legally unstoppable, because current US law authorizes them.

Charitable, faithful, hopeful,[55] just, prudent, courageous and temperate[56] responses available to targets of intentional, military and legalized sterilization and killing programs — until the enabling laws are repealed or nullified and all vaccination programs are entirely shut down — are to stop taking vaccines, stop vaccinating babies and children, and help other people understand the intentional, military and legalized nature of the programs, so that they also stop taking vaccines and stop vaccinating their babies and children.

*

[54] https://sashalatypova.substack.com/p/summary-of-everything-and-quick-links
[55] https://en.wikipedia.org/wiki/Theological_virtues
[56] https://en.wikipedia.org/wiki/Cardinal_virtues

Comment exchange at Andreas Oehler's post:

- July 27, 2024 - Crystal Ball Challenge[57]

KW comment:

> Just got an email from a reader linking to HHS Secretary's legal public health emergency (PHE) determination[58] so that it now covers H5N1 and any other alleged avian influenza.
>
> It's an extension/expansion of a 2013 PHE for the specific (alleged) H7N9 avian influenza strain.
>
> The extension/expansion is in effect as of July 18, 2024 and creates the legal conditions for a blanket EUA declaration to come next, and then for specific EUA Letters of Authorization for the countermeasures under development, that will now be eligible for PREP Act coverage and EUA status because they'll be connected to this specific, active PHE determination.

Reader reply:

> I'd like to see a lawsuit against HHS that challenges the continued legitimacy of an emergency declared in 2013. No findings can be made to substantiate a public health emergency now. Attack the legal foundations…

KW response:

> Those lawsuits are preempted/blocked by the same laws through which Congress authorized HHS Secretary to have the unilateral power to make PHE determinations.
>
> 42 USC 247d-6d(b)(7)[59]: "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 Secretary under this subsection."
>
> That's why they haven't been filed, and that's why I focus attention on getting Congress to repeal the enabling laws.
>
> - May 23, 2024 - Top 10 US federal laws Congress should repeal to end worldwide vaccination, mutilation and killing programs. (Katherine Watt)

Andreas Oehler:

> Isn't this one branch cancelling preemptively the other branch? How is it constitutional?
>
> We've locked ourselves in the cell and thrown the keys out through the grates?

[57] https://live2fightanotherday.substack.com/p/crystal-ball-challenge
[58] https://www.govinfo.gov/content/pkg/FR-2024-07-24/pdf/2024-16247.pdf
[59] https://www.law.cornell.edu/uscode/text/42/247d-6d

KW response:

It's not constitutional, but the effect, in terms of legal mechanics, is to auto-suspend the constitution, through the public health emergency programs.

Congress has locked itself in the cell and thrown the keys out through the grates, but Congress could pull the keys back in the cell and unlock the door by repealing the enabling acts.

Some of my early attempts to articulate it:

- April 7, 2022 - Re judicially-unreviewable
- Nov. 2022 video discussion - American Domestic Bioterrorism Program

...Sasha Latypova:

What was the earliest relevant piece of law that you can trace that was changed in particular for this plandemic to occur?

Katherine Watt:

I think the earliest one was the 1983 establishment of the Public Health Emergencies Program under the rubric of the Public Health Services Act, which was a 1944 law. But when Reagan and the Congress at the time put in the Public Health Emergencies section, that was the beginning of concentrating much, much more power in the hands of the Health and Human Services Secretary, whenever a public health emergency has been declared by the HHS Secretary.

So it's a completely closed loop of, once they declare it, they have all the power, and they are the only one who can suspend their power because of the way they wrote the laws, to the extent — let's say — to the extent that federal judges and Congress accept the premise that the executive branch can shut them out of everything after the announcement has been made...

...it gets into the amazing structural features Congress built into these things where Congress not only put all the power into the HHS secretary's hand. They also eliminated their own oversight power.

They eliminated, or they claimed to — this is written in the laws — they claimed that they have no power to overrule or review his emergency declarations about the existing emergency. They can't overrule his EUA declarations.

They also put provisions that no federal judge can review those declarations. Once they're made, they're considered solely within agency discretion. So there's no judicial review and [Congress] eliminated states' power to take any course of action different from what the HHS secretary has said that they should do, which is called preemption.

> There's sections in these laws that make it so that there is no state authority to overrule HHS secretary, there is no congressional authority to overrule HHS secretary, and there is no judicial authority.
>
> And Congress did that.
>
> Which raises the interesting, super interesting philosophical question of —with horrible implications — how did they give away a power that they didn't have the power to give away?
>
> Congress does not have the power to dissolve itself.
>
> Congress does not have the power to dissolve the federal judiciary under the U.S. Constitution.
>
> But they did it to the extent that the federal judges are deferring to them. And Congress is deferring to the HHS secretary.
>
> And the states...are deferring and not challenging these things. They're just saying, "Whoop, that happened."...
>
> You can't give away a power that wasn't yours to give away to begin with. And the power in our country is supposed to be in the Constitution, the supreme law of the land. There's supposed to be nobody that's above it.

*

The Kingship of Christ according to Cardinal Pie of Poitiers:

> If the time has not yet come for Our Lord to reign, well! the time has not yet come for governments to last.

<u>Related</u>

- July 12, 2024 - Preliminary analysis of Loper v. Raimondo. (Katherine Watt) - "…In my opinion…the *Loper* decision doesn't help for PREP Act challenges, because *Chevron* and *Loper* are about cases in which Congressional legislative intent is arguably ambiguous. PREP Act and the other chemical and biological warfare enabling acts are clear and unequivocal (not ambiguous) expressions of Congressional intent to block judicial review, and preempt Congressional authority and state and local authority…"
- July 27, 2024 - Don't take avian influenza tests or any other avian influenza countermeasures.

* * *

July 30, 2024 - Why are military servicemen and servicewomen targeted for poisoning by military-directed vaccination maim-kill programs?

Reader question:

> "Can you clarify how this is a military operation yet military enlistees have been a prime target? …One estimate is that there will not be a standing military in the next 5 years due to the kill rates/disability and of course violations of fundamental and existing rights of military personnel."

My reply:

My understanding of how and why a military operation is targeting not only civilians but also military personnel is that it's a financially-induced self-destruction program for each nation-state.

Bank for International Settlements and central banks in each country have set targets for population sickening and killing, including military service members, to weaken each country's population and self-defense capacity.

They plan to set up caretaker military operations and governments in each country, as the national governments collapse, through the United Nations or a successor global pseudo-legislative body.

Military leadership and government officials in each country know the plan, serve the BIS and central bankers while pretending to serve the country in which they work, and run the maiming/killing programs.

Militaries and governments in other countries are coordinated/coerced by the bankers and by the world's largest military: the US Department of Defense and Public Health Service, which includes NIH, CDC, FDA and other divisions.

Related

Jan. 20, 2023 - Subsidiarity. Political, social and economic organizing principle that stands in opposition to centralized bio-digital totalitarianism (Katherine Watt)

> "…We already know a lot about how the Pfizer contracts preempt nation-state power to adopt tighter drug regulation laws, for example, and put national assets like military bases up as collateral that can be seized if legislators start to get out of line…The same mechanism is probably also in place to control the valid, legitimate US Government that exists underneath the invalid, illegitimate one[60] whose imposter, criminal spokesmen include Secretary of Health and Human Services Xavier Becerra and Defense Secretary Lloyd Austin.
>
> There's probably something in the undisclosed government-pharmaceutical contracts that incorporates BIS and SWIFT as parties, such that any government moves to stop the killing will immediately cut off access to financial systems and loans. Support for this hypothesis

[60] Jan. 16, 2023 - https://bailiwicknews.substack.com/p/dual-use-government-officials-of

comes from 2013 and 2015 reporting by French and Italian reporters — sent to me by another reader — about how central bankers working through the Bank of Italy, cut the Vatican off from credit card processing services in January 2013…"

Dec. 20, 2023 - Ending National Suicide Act

"…An ACT to repeal Congressional authorizations for communicable disease control, quarantine and inspection programs; chemical and biological warfare programs; biological products and vaccine manufacturing programs; public health emergency programs; national vaccine and immunization programs; expanded access and emergency use authorization programs; public health and emergency preparedness and response programs; enhanced control of dangerous biological agents and toxins programs; and related statutes."

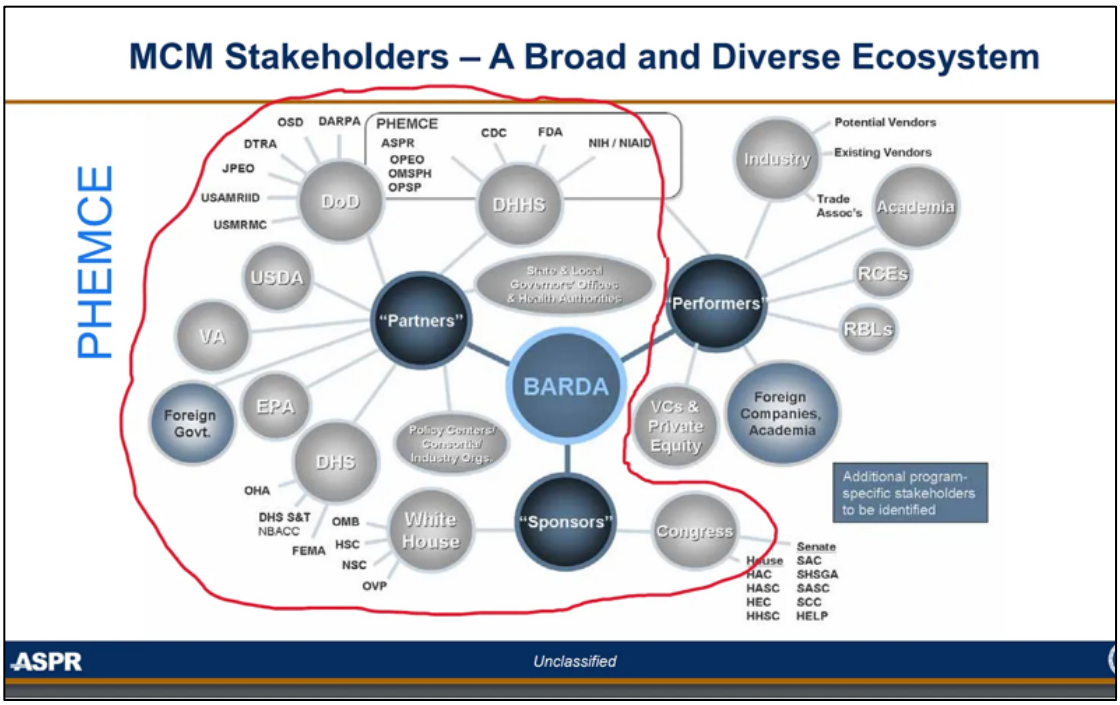
May 8, 2024 - Evidence of Presidential and Congressional treason, 1900-1969

"…It's important to understand that the ostensible, false reason given for why these laws were adopted, and why the programs they authorized were carried out, was and remains, national security. The real, true reason has always been, and still is, to induce quiet national suicide without the knowledge, understanding or resistance of the people deceived and induced to mutilate and kill each other and our civil society…"

July 9, 2024 - Who has the power to kill the world?[61] (Sasha Latypova)

"…To understand who gives orders, you need to understand who has power to do so. Power is measured in money. Can you think of anyone that can "take" the money from the bank account that is not there?…NO! They all have to somehow obtain the money first, legally or illegally. The Pentagon can however. They spend 10x+ what their official spending budget says, seemingly pulling it out of thin air, for decades, and NEVER ACCOUNT for it. This is not some secret, hidden pile of cash, this is better! This money is taken from us in plain sight, openly…It is certainly not "just" the Pentagon which is running this global kill op. The enterprise is complex and is called PHEMCE (Pandemic Enterprise)…Circled in red are the irreplaceable permanent parts of it - the US Government, including the DOD (and all it's military countermeasures offices), HHS (with all its military countermeasures offices, CDC, FDA, NIH), Congress and White House, and foreign governments, too! They are all "partners" in this Enterprise."

[61] https://sashalatypova.substack.com/p/since-1997-20-trillion-has-been-stolen



https://www.biomap-consortium.org/wp-content/uploads/2024/04/BioMaP-C-April-2024-Industry-Day-Slide-Final_040424.pdf

July 29, 2024 - Three true things that are really important to understand, and also very difficult to accept. (Katherine Watt)

> "The US military, including the Public Health Service branch of the US military, and the other branches, organizes and runs the programs…"

* * *

July 31, 2024 - Non-validated, non-diagnostic, non-tests for bird flu and other unidentified, non-isolated, non-pathogenic molecules.

FDA's response to the diagnostic fakery of Covid-19 testing carried out using non-validated, non-diagnostic Emergency Use Authorization (EUA) "in vitro diagnostics" (IVDs), was to speed things up.

As the bird flu performance enters the second act — the part where people stick swabs up their noses and into test kits, and then believe that the read-out says something meaningful about their health — it's possible for observers to also get quicker at seeing FDA non-regulation as part of the show.

This post applies knowledge about FDA's historical record of non-regulation/pretense-regulation of biological products, as described in the Bailiwick series on that subject,1 to current events.

Readers interested in confirming my quick analysis of recent FDA acts are encouraged to read the FDA Influenza Diagnostic Tests web page alongside two Federal Register notices addressing "laboratory developed tests" (LDTs) and alongside events as they unfold.

*

Reader sent me a link to an FDA web page and asked for my thoughts:

- July 22, 2024 - FDA Influenza Diagnostic Tests[62] - "…Laboratory developed tests (LDTs) for Highly Pathogenic Avian Influenza (HPAI) offered by clinical laboratories that are certified under CLIA and qualified to perform high-complexity testing currently fall under the FDA's general enforcement discretion approach for LDTs. The FDA generally does not expect clinical laboratories that are certified under CLIA and qualified to perform high-complexity testing to request marketing authorization from the FDA for their LDTs for HPAI prior to them offering those LDTs. And the FDA would not issue EUAs for such IVDs given that there is no relevant [FDCA] section 564 declaration[63]…"

- The preamble is followed by a description of "Highly Pathogenic Avian Influenza" (HPAI) and a "list of in vitro diagnostic tests that have FDA 510(k) clearance, or granted de novo request, or are authorized for emergency use (EUA), for the detection of influenza in certain specimens from humans."

*

[62] https://www.fda.gov/medical-devices/in-vitro-diagnostics/influenza-diagnostic-tests
[63] https://www.govinfo.gov/content/pkg/USCODE-2023-title21/pdf/USCODE-2023-title21-chap9-subchapV-partE-sec360bbb-3.pdf

My reply, revised/expanded

The first step in the legalization of use of poisonous and harmful drugs, devices and biological products is the PHE determination [Federal Register July 24, 2024, effective July 18, 2024[64]].

EUA declarations are the second step in the sequence, and can be issued if an active PHE determination is in place.

EUA declarations provide blanket coverage for broad categories of products.

Feb. 7, 2024 - On recursive, iterative legal instruments and intentional legal ambiguities.

> Description of the sequence for Covid products:
>
> Feb. 4, 2020 is the effective date for four public health emergency determinations issued by then-Secretary of Health and Human Services Alex Azar under the Food Drug and Cosmetics Act, to support [EUA] declarations that "circumstances exist justifying the authorization of emergency use" of several product classes.
>
> The determinations and declarations together enabled the subsequent issuance of PREP Act declarations and Emergency Use Authorization (EUA) letters of authorization (LOAs) to specific weapons manufacturers for specific products, exempting the contractors and everyone else in the supply, distribution and use chain from civil and criminal liability for the injuries and deaths that would be caused, intentionally, by use of those weapons on human targets, intentionally deceived into thinking they were receiving regulated medicinal products, instead of the intentionally-toxic poisons[65] they were actually receiving.
>
> All four of those PHE determinations, and the derivative declarations, are still in force today…

Dec. 15, 2023 - The PCR test viewed from the legal kill box perspective

> Listing the four EUA declarations issued for broad categories of Covid products:
>
> "…(1) in vitro diagnostics for detection and/or diagnosis of the novel coronavirus (85 FR 7316);
>
> (2) personal respiratory protective devices, also known as masks; (85 FR 13907);
>
> (3) medical devices, including alternative products used as medical devices, also known as ventilators and ventilator accessories. (85 FR 17335);
>
> (4) drugs and biological products, also known as "Covid-19 vaccines" along with Remdesivir, molnuparivir and others. (85 FR 18250)…"

[64] https://bailiwicknews.substack.com/p/dont-take-avian-influenza-tests-or
[65] Dec. 2, 2023 - https://sashalatypova.substack.com/p/eua-countermeasures-are-neither-investigational

Then there's a third step, the specific Letters of Authorization issued by FDA officials for specific products manufactured by specific companies. For example: Dec. 11, 2020 LOA for Pfizer; Dec. 18, 2020 LOA for Moderna, 86 FR 5200.[66]

The FDA also put out a notice of final rule a few months ago, addressing laboratory developed tests or LDTs.

- Oct. 3, 2023 - HHS FDA Notice of Proposed Rule, Medical Devices, Laboratory Developed Tests. (88 FR 68006)
- May 6, 2024 - HHS FDA Notice of Final Rule, Medical Devices, Laboratory Developed Tests. (89 FR 37286)

The Final Rule took effect July 5, 2024.

From the summary:

> "Food and Drug Administration is phasing out its general enforcement discretion approach for laboratory developed tests (LDTs) so that IVDs manufactured by a laboratory will generally fall under the same enforcement approach as other IVDs. This phaseout policy includes enforcement discretion policies for specific categories of IVDs manufactured by a laboratory, including currently marketed IVDs offered as LDTs and LDTs for unmet needs."

I have not read the two Federal Register notices in detail. I've skimmed them.

My interpretation of the new rule's legal effect is based on my knowledge of how HHS and FDA officials have historically used the rulemaking system to suspend, waive, exempt, render discretionary[67] and otherwise eliminate the applicability of apparent rules.

It's also based on my understanding that the apparent rules are non-rules because FDA has never established objective, assessable physical standards for product identity, safety, efficacy or purity.

The charade is performed to hide from the public, FDA's non-regulatory, pretense-only function, and also to hide the Department of Justice's non-enforcement, pretense-only function as a federal law enforcement agency that does not ensure FDA enforcement of drug, device and biological product regulations.

DOJ instead helps FDA cover up its failure to establish standards for biological product and biological-product-based diagnostic device identity, safety, efficacy and purity, and helps FDA cover up its failure to enforce the standards FDA has never established.

*

[66] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/05/2020.12.11-hhs-fda-hinton-eua-pfizer-eff-2020.12.11-moderna-eff-2020.12.18-dated-2021.01.12-86-fr-5200.pdf
[67] https://bailiwicknews.substack.com/p/on-fda-guidance-for-industry-documents

I think the new LDT rule is a way for HHS and FDA — during the bird flu public health emergency that the HHS Secretary has unilaterally determined he would like the whole world to join him in pretending, exists[68] — to avoid doing Step 2 (issuing EUA declarations for broad product categories) and doing Step 3 (issuing Letters of Authorization for specific products).

I think it's a way to remove even more of the pretend obstacles that have never actually stood between harmful products and the product-consuming public.

The new rule has added another layer of plausible deniability between the pharmas and the FDA, so both can say that neither is responsible for validating the tests, which are inherently unvalidatable anyway, because biological products are inherently unstable and heterogenous.

Put slightly differently, it's a new layer of buffering between pharmas and FDA so that both can hide, from the public, the non-validated character of the allegedly diagnostic devices.

Again, readers interested in confirming my quick analysis of recent FDA acts are encouraged to read the FDA Influenza Diagnostic Tests web page alongside two Federal Register notices addressing "laboratory developed tests" (LDTs) and alongside events as they unfold.

Don't get tested for bird flu.

There's nothing specific for the tests to find, so every possible result is fraudulent.

Also, practice clucking like a chicken, so you can quietly start doing that — in a kind, comforting way — whenever friends and neighbors and co-workers try to talk to you about their bird flu fears and their bird flu test results.

Fear not.

Pray the Rosary.

*

[68] https://bailiwicknews.substack.com/p/dont-take-avian-influenza-tests-or

Updated July 31, 2024, comment from Sasha Latypova:

I can tell you what a typical clinical validation of a diagnostic test might look like. If the test is intended to come with diagnostic claims by the manufacturer (e.g. it can be used directly by a consumer without physician's interpretation), then the validation is similar to a clinical trial program for drug approval. And it could be even more complex, because of (2).

In general the following things must be demonstrated:

1. Compliance with cGMP in manufacturing of the test and all its components and raw materials.

2. Clinical validity/predictive value of the biomarker measured by the diagnostic test. If "bird flu" PCR sequence from a human sample is what is being measured, then there must be a trial showing that this sequence above certain threshold of detection is associated with the actual clinical illness with defined symptoms, course and outcomes. This of course has never been done and nobody is planning to do it.

3. Characterization of the false-positive/false-negative rates of diagnosis with a given test. Since (2) is not done, (3) is not going to be done either.

4. Since no diagnostic tests ever test for the full "virus" sequence (they are too large), there also needs to be validation of the primer used in the test, i.e. what part of the alleged virus is tested and what validation exists that this part can uniquely identify the "virus." None of this has been done with covid tests, and we know that papaya, goat, Coca-Cola and many other things test "positive."

*

Updated Aug. 2, 2024 with information from Lydia Hazel

Lydia Hazel, the reader who sent the links to the FDA page "Influenza Diagnostic Tests" addressed above, continued studying the government records and confirmed that there is, in fact, an active emergency use declaration in place for pandemic influenza diagnostic devices.

Hazel wrote:

> On the avian flu, it appears the FDA is lying here[69] when FDA says "the FDA would not issue EUAs for such IVDs given that there is no relevant [FDCA] section 564[70] declaration…"
>
> The amended Public Health Emergency determination signed July 18, 2024[71] by current HHS Secretary Xavier Becerra explicitly states that the emergency use declaration covering in vitro diagnostics originally put into effect as of April 19, 2013, remains in effect:
>
> > "...Because H7N9 is an influenza A virus with pandemic potential, the declaration issued on April 19, 2013, pursuant to section 564(b)(1) of the FD&C Act that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection of avian influenza A (H7N9) virus, and that is based on the April 19, 2013, determination, remains in effect until that declaration is terminated in accordance with section 564 of the FD&C Act."

For readers interested in tracking HHS activity for bird flu since 2007, I've compiled most of the relevant Federal Register entries, listed below.

Takeaway message remains:

Don't be afraid. Don't take diagnostic tests. Don't take vaccines.

The legal structure has been set up only to deceive people into being afraid of non-threats, and taking poisons, thinking they're medicines that will protect or treat the non-threat.

Have no FOMO.

It's a good idea to miss out on being filled with fear and being poisoned.

[69] https://www.fda.gov/medical-devices/in-vitro-diagnostics/influenza-diagnostic-tests
[70] https://www.govinfo.gov/content/pkg/USCODE-2023-title21/pdf/USCODE-2023-title21-chap9-subchapV-partE-sec360bbb-3.pdf
[71] https://aspr.hhs.gov/legal/Section564/Pages/AvianInfluenzaA-July2024.aspx

Pandemic influenza PHE, EUA and PREP Act notices, letters of authorization.

- 2007.02.01 72 FR 4710 HHS PREP Act declaration (first use) avian influenza H5 strain countermeasures virus strains vaccines credible risk, signed 2007.01.26, effective 2006.12.01 through 2010.02.28
- 2007.11.30 72 FR 67731 HHS Notice Amendment to 72 FR 4710 PREP declaration, adding H7 and H9
- 2008.10.17 73 FR 61861 HHS PREP declaration avian influenza covered countermeasures antivirals Tamiflu and Relenza eff. 2008.10.10 through 2015.12.31
- 2008.10.17 73 FR 61871 HHS Notice Amendment PREP declaration signed 2007.01.26, avian influenza, adding more strains H2 H6 H7
- 2008.12.22 73 FR 78362 HHS PREP declaration avian influenza covered countermeasures diagnostics effective 2008.12.17 through 2015.12.31
- 2009.06.19 74 FR 29213 HHS PREP declaration amendment pandemic influenza antivirals Tamiflu Relenza H1N1
- 2009.06.25 74 FR 30294 HHS Notice Third Amendment PREP declaration signed 2007.01.26 and republication as amended, June 15, 2009 declaration
- 2009.10.05 74 FR 51153 HHS Notice First Amendment of PREP declaration as republished 2009.06.15, June 15, 2009, amendment eff. 2009.09.28
- 2010.03.05 75 FR 10268 HHS Notice Amendment, PREP declaration republish March 1, 2010, pandemic influenza, countermeasures, vaccines, eff 2010.03.01 through 2012.02.28
- 2012.03.06 77 FR 13329 HHS Notice Amendment to March 1, 2010 PREP declaration, pandemic influenza vaccines, eff. 2012.02.29 through 2015.12.31
- 2013.04.30 78 FR 25273 HHS PHE determination avian influenza H7N9 and EU emergency use declaration, countermeasures, diagnostics, effective 2013.04.19, PHE termination at HHS Secretary sole discretion
- 2013.06.25 78 FR 38044 HHS PREP Act avian influenza EUA LOA Letter of Authorization in vitro diagnostic IVD
- 2014.03.31 79 FR 17973 HHS NPRM CICP pandemic influenza vaccine
- 2015.12.09 80 FR 76506 HHS PREP Act amendment, Jan. 1 2016, pandemic influenza covered countermeasures diagnostics vaccines drugs biologics eff. 2016.01.01 through 2022.12.31
- 2022.12.23 87 FR 78978 HHS Notice PREP Amendment pandemic influenza eff. 2023.01.01 through 2027.12.31
- 2024.01.30 89 FR 5795 APHIS select agent toxin list VS veterinary service list includes avian influenza
- 2024.07.18 HHS Becerra amended determination PHE declaration Emergency Use in vitro diagnostics avian influenza, explicit extend 2013.04.19 declaration
- 2024.07.24 89 FR 59919 HHS Notice Amendment PHE determination and PREP declaration avian influenza, explicitly extending 2013.04.19 PHE determination and noting PREP declaration still in force

August 2024

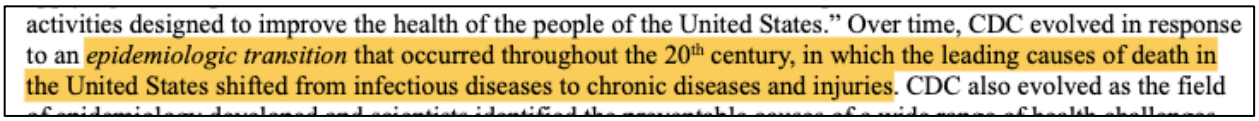
Beheading of St John the Baptist. Massimo Stanzione.

Aug. 1, 2024 Note on "epidemiologic transition"

CDC's term for the intentional poisoning of the American population, conducted through vaccination programs, is "epidemiologic transition."

From March 2024 CRS report on CDC history[72]:

> "…Over time, CDC evolved in response to an *epidemiologic transition* that occurred throughout the 20th century, in which the leading causes of death in the United States shifted from infectious diseases to chronic diseases and injuries…"


activities designed to improve the health of the people of the United States." Over time, CDC evolved in response to an *epidemiologic transition* that occurred throughout the 20th century, in which the leading causes of death in the United States shifted from infectious diseases to chronic diseases and injuries. CDC also evolved as the field

[72] https://crsreports.congress.gov/product/pdf/R/R47981/2

Aug. 3, 2024 - Note on second tier narrative control organizations

Reader question:

> "Do you think it's a good idea to financially support the World Council for Health (WCH)?"

KW reply:

I don't think it's a good idea to support WCH, led by Tess Lawrie.

I think it's an organization set up to corral the people who don't fall for the primary group of public health officials, but still maintain the core lie that there are global health threats and public health emergencies that require coordinated, centralized, government-led political and medical responses and programs.

More precisely, I think the only true global health threats are the threats posed by government interventions such as lockdowns; mask mandates; church, business and school closures; testing mandates; and forced treatments.

The secondary organizations' superficial critiques of WHO leadership mask their underlying support for the false premise of global health threats.

These secondary organizations were planned for, almost as long as the planning for the primary organizations like US-DoD, US-HHS, US-AID, WHO, BMGF, Gavi and CEPI was done.

The secondary organizations also include Door to Freedom (led by Meryl Nass), Frontline Covid-19 Critical Care Alliance/FLCCC (led by Pierre Kory) and many others.

I don't know of any organizations whose leaders consistently present information about the lack of global health threats, and the related lack of need for centralized threat-response programs.

Reader question:

> Do you mean that there are no bio-lab created virulent pathogens that are being released in some locations that can cause serious illness?

KW response:

Yes, that's what I mean.

I find Sasha Latypova's position on this issue compelling.

I think what's released in specific areas at specific times (subways, airports, etc.) is synthetic chemical toxins, and the symptomatic responses are human and animal bodies trying to expel chemical poisons.

I do not think scientists are capable of producing self-replicating, infectious, transmissible, lethal biological organisms.

I think bio-labs are built, funded and run to maintain the fiction of big-scary-germs-that-can-get-out-of-control, to elicit public fear and compliance with government poisoning-disguised -as-preventatives-and-treatments (vaccines).

Nothing posing any genuine threat is produced inside bio-labs.

And if there are naturally occurring transmissible pathogens (I do not know whether there are or not, but I'm following the work of researchers who are documenting a long history of fraud in the basic scientific research underpinning virology) they become less harmful over time as they move through living populations.

Related

- 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.

* * *

Aug. 3, 2024 - Note on New Zealand forced vaccination laws

Reader forwarded report about New Zealand forced vaccination laws and asked if I was aware of them and whether similar laws exist in U.S.

- Aug. 2, 2024 - *New Zealand's Pandemic Plan to Legalise Vaccination by Force. The Ministry of Health's Pandemic Plan*[73] (Naked Emperor)

My reply:

Yes, saw that a few days ago. It's already in the US, in the state level Model State Emergency Health Powers Act (MSEHPA) provisions.

Conspiracy Sarah has written a very good overview:

- Nov. 30, 2023 - 50 of 50 States Already Have Rules in Place for Not Quarantine Camps. They're not quarantine camps if we call them temporary housing facilities, right?[74] (Conspiracy Sarah)

Bailiwick reporting on MSEHPA laws, including a how-to guide for educating neighbors and state legislators about why repeal is a good idea.

March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws.[75]

March 2024 - Repeal of State-level Emergency Powers Laws[76] (PDF version)

> For example, some of the Texas state laws identified in the 2012 table include:
>
> §104(m) - Texas Codes Annotated §81.003(7). Defines "public health disaster" and "public health emergency."
>
> §301 - T.C.A. §81.041(f) - Authorizes state health commissioner, "in a public health disaster," to "require reports of communicable diseases or other health conditions from providers."
>
> §401 - T.C.A. § 81.003(7)(a) - Defines "public health emergency" as a "determination" issued by commissioner, in the form of an "emergency order."

[73] https://nakedemperor.substack.com/p/new-zealands-pandemic-plan-to-legalise
[74] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules
[75] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency
[76] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf

§401 - T.C.A. 81.082(d) - Authorizes commissioner to renew "public health emergency orders" in 30-day increments.

§502 - T.C.A. 81.082(c-1) - Authorizes commissioner to designate health care facilities "capable of providing services for the examination, observation, quarantine, isolation, treatment or imposition of control measures."

§603 - T.C.A. § 81.085(i) - Authorizes commissioner to "impose an area quarantine coextensive with the area affected" by a communicable disease outbreak; authorizes health department officers to demand individuals disclose "immunization status;" and authorizes law enforcement officers to "use reasonable force to secure a quarantine area and...prevent an individual from entering or leaving the quarantine area."

* * *

Aug. 5, 2024 - Federal communicable disease control, quarantine and biological product law, 1798 to 1972; orientation through founding of Marine Hospital Service.

Part 1 of new series, a prequel to the 1972-2024 series already underway.

By Lydia Hazel[77] and Katherine Watt

Related

- May 25, 2024 - On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation.
- June 15, 2024 - Perhaps the Most Important Work of Our Time: The Elusive "Virus", The Control Experiment, & Jamie Andrews[78] (Conspiracy Sarah)
- July 5, 2024 - 120+ years of legalized, US-government-led pharmaceutical fraud.
- July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity.

Research Methods

Covid events have revealed that there are no applicable or enforced federal rules governing production and use of biological products to ensure product identity, purity, safety and efficacy.

To regulate means "to govern or direct according to rule."

Interested in finding the statutory and financial roots of the current pharmaceutical regulatory fraud system — biological product non-regulation that is presented as biological product regulation — we study available records of Congressional laws and appropriations (US Statutes at Large, a collection of laws published in order of the date of passage, starting with the First Congress, 1789-1791[79]) and also within code books that organize laws by subject matter (codification).

The first available codified collection of federal laws was published in 1875 as the Revised Statutes of the United States.[80] After several editions publish between 1875 and 1926, Congress replaced the Revised Statutes with the US Code (Code of Laws of the United States of America), for which new editions are printed every six years, most recently in 2018[81] and revisions between printings are entered into online editions.

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[77] Lydia Hazel holds degrees in Latin (BA) and linguistics (MA), with minors and concentrations in mathematics, phonetics/phonology, and philology.. Her professional background is teaching English as a Second Language. She raised four children, unvaccinated since 1993, after Hazel investigated vaccines when Hepatitis B vaccines were added to the CDC-recommended childhood immunization schedule. She lives in Illinois and is the author of the Medical Countermeasures Awareness Act posted at Bailiwick in February 2024. Email: lydiahazel@aol.com. MCM Awareness Act - https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/02/medical-countermeasures-awareness-bill.pdf

[78] https://conspiracysarah.substack.com/p/perhaps-the-most-important-work-of

[79] https://www.loc.gov/collections/united-states-statutes-at-large/about-this-collection/

[80] https://www.loc.gov/resource/llsalvol.llsal_018a/?sp=1&st=text&r=-0.245,-0.054,1.441,1.758,0

[81] https://bookstore.gpo.gov/catalog/united-states-code-2018

We also study federal regulations. Prior to the Federal Register Act (PL 74-220, July 26, 1935[82]), agency regulations were not published as organized collections. Instead, "executive branch agencies and the Office of the President would each publish their own regulations in various separate publications, be they gazettes, bulletins, rulings, digests, pamphlets, notices, codes, certificates, orders, and the like."[83]

Since the Federal Register Act, agency rules have been collected and published in the Federal Register. The Library of Congress maintains an online collection of the editions published between 1936 and 1993.[84] GovInfo.gov maintains an online collection of editions published between 1936 and the present.[85]

Orientation

Between 1798 and the present, US Congress members and American Presidents, through Congressional acts and appropriations, established and funded several federal agencies whose work has been presented to the public as legally responsible for regulating the development, manufacture or propagation, identity, safety, efficacy, purity, distribution and use of biological products and vaccines, allegedly to prevent infection and transmission of bacterial and viral, allegedly-disease-causing pathogens between and among living humans and animals.

In the scientific-medical fields, Edward Jenner allegedly discovered smallpox vaccine in 1796 and published a paper about his work in 1798; Louis Pasteur proposed the germ theory of disease in 1877 and Robert Koch identified the tubercle bacillus as the cause of tuberculosis in 1882.

The term *vaccination* has been traced to a proposal by Louis Pasteur at the 7th International Congress of Medicine, held in London in 1881. (See Early smallpox vaccine manufacturing in the United States: Introduction of the “animal vaccine” in 1870, establishment of “vaccine farms”, and the beginnings of the vaccine industry,[86] Esparza et al, June 19, 2020, *Vaccine*)

During the 1800s, several biological products described as vaccines or analogous products were manufactured (propagated) and used in the United States and other continents, including smallpox vaccine (since 1801[87]), rabies post-exposure vaccine (1885[88]), and diphtheria antitoxin (1895[89]).

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.

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[82] https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/49/STATUTE-49-Pg500.pdf
[83] https://www.llsdc.org/fr-cfr-research-guide
[84] https://loc.gov/collections/federal-register/about-this-collection/
[85] https://www.govinfo.gov/app/collection/fr/
[86] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7294234/
[87] https://www.who.int/news-room/spotlight/history-of-vaccination/history-of-smallpox-vaccination
[88] https://www.who.int/news-room/spotlight/history-of-vaccination/a-brief-history-of-vaccination
[89] https://historyofvaccines.org/history/diphtheria/timeline

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.

When trying to understand the structure of scientific-medical deceptions and how laws and lawmaking acts relate to scientific-medical deceptions, there are several key questions to keep in mind.

1. What are the problems that government officers (Congress members as lawmakers, US Presidents and cabinet secretaries as law executors and civil administrators) claim to be interested in solving? How does the government define problems and the government's role in addressing them?

This corresponds to the "ostensible reason" framing described by Lawrence Dunegan in the Day Tapes:[90] Dunegan's recollection of a lecture given to a group of pediatricians by Dr. Richard Day in March 1969, in Pittsburgh.

Another comment that was repeated from time to time...particularly in relation to changing laws and customs... [Day] said: "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."

The ostensible reason for federal public health, communicable disease surveillance, quarantine, and biological product manufacturing and vaccination programs is communicable disease control. The purported goals are to identify preventable, transmissible diseases, infected people and animals, and measures capable of preventing infection and spread, and then to apply the allegedly preventative measures to human and animal bodies construed as disease vectors.

The real reason, from the get-go, has been to gradually "establish the new system:" a centralized global government engaged in uninterrupted surveillance, control and weakening of human beings and animals, with both humans and animals construed as livestock, and both construed as without free will and immortal souls.

2. What authorizing laws (statutes in the United States) does the government enact to address the problems or goals as defined by the government?

3. What are the public institutions (physical resources such as buildings, workers, equipment, supplies) and programs set up by the government, through the statutes, to address those problems or goals?

4. Who are the public officers assigned responsibility to set up and direct the institutional programs?

[90] https://www.youtube.com/watch?v=kcGqkvjKCvA

5. How do Congress and US Presidents raise money and supply it to the institutes and directors to run the programs?

6. What tasks are assigned to the director and subordinate officers?

Examples in the biological product law context include tasks such as drafting, publishing and enforcement of written regulations; collection, analysis and publishing of scientific, medical and statistical information such as disease surveillance and cause of death data; and design, production and use of medical interventions, such as quarantine and vaccination programs.

7. What non-government organizations and organizational projects support or advance the government's stated problem-solving goals?

Examples in the biological product law context include scientific organizations (universities, research foundations, academic publishers) studying microbiology, bacteriology, virology, immunology and epidemiology; and statistical organizations developing rubrics for classification of diseases and causes of death.

8. What quantitative measures do governments use to assess their progress in solving the government-defined problems?

Examples of quantitative measures in the biological product law context include disease diagnostic (individual) and epidemiologic (population) data, vaccination rates, and cause of death data.

9. Is the government defining problems and measuring the results of government interventions truthfully, or not?

10. 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?

11. What observational and analytical measures can the governed public use to distinguish true, real goals from false, ostensible goals?

Working Definitions

The words *virus* and *vaccine* are not defined in physically-verifiable terms in US statutory law, or in US agency regulations (for example, Food and Drug Administration regulations) that derive their legal authority from Congressional statutes, although *virus* entered federal biological product law in 1902 (Biologics Control Act, PL 57-244[91]), and *vaccine* entered federal biological product law in 1970 (Heart Disease, Cancer, Stroke and Kidney Disease Amendments Act, PL 91-515[92]).

The only statutory definition is a circular or tautological definition, introduced as a part of the tax code in 1987 (26 USC 4132[93]) defining "taxable vaccines" as members of a list of "vaccines containing" components such as diphtheria toxoid and pertussis antigens, at 26 USC 4132(a)(1), and defining "vaccine" non-specifically, in terms of the intention of its designer, as "any substance designed to be administered to a human being for the prevention of 1 or more diseases" at 26 USC 4132(a)(2), originally 26 USC 4132(a)(6). (PL 100-203,[94] Omnibus Budget Reconciliation Act, at 101 Stat 1330-329).

In a 2018 court case, a federal court confirmed that the only statutory definition for *vaccine* is the tax code definition (*Dean* v. *HHS,* No. 16–1245V, 2018 WL 3104388, cited in 86 FR 6249,[95] Jan. 21, 2021).

There is no statutory definition for *virus*. The 1947 regulatory definition for *virus* [the earliest definition located by KW as of Aug. 5, 2024]: “A virus is a product containing the minute living cause of an infectious disease." [42 CFR 73.1(g)(1)]

As of November 1973[96] and still today, FDA defines *virus* as: “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 protozos.” [21 CFR 600.3(h)(1)[97]]

For the purpose of this series, the authors provisionally define *virus* and *vaccine* as follows:

- Virus: An undefined, non-standardized, non-isolated molecule alleged, by government officers, to be transmissible and capable of causing severe, moderate, mild or subclinical (asymptomatic) disease and death in living human or animal hosts.
- Vaccine: An undefined, non-standardized, biologically propagated and/or chemically manufactured compound of molecules alleged, by government officers, to artificially simulate a virus and, upon introduction into a healthy subject, to be capable of causing moderate, mild or subclinical (asymptomatic) disease in living human or animal hosts.

[91] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1902.07.01-biologics-control-act-pl-57-244-32-stat-728.pdf
[92] https://www.govinfo.gov/content/pkg/STATUTE-84/pdf/STATUTE-84-Pg1297.pdf
[93] https://www.law.cornell.edu/uscode/text/26/4132
[94] https://www.congress.gov/100/statute/STATUTE-101/STATUTE-101-Pg1330.pdf
[95] https://www.govinfo.gov/content/pkg/FR-2021-01-21/pdf/2021-01211.pdf
[96] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1973.11.20-38-fr-32048-fda-biological-product-regulation-baseline-21-cfr-600-to-680-42-usc-262.pdf
[97] https://www.ecfr.gov/current/title-21/chapter-I/subchapter-F/part-600/subpart-A/section-600.3

Government sources: How the NIH and FDA describe the history of biological product regulation.

US National Institutes of Health (NIH) - A Short History of the National Institutes of Health: Biologics[98]

> "The Biologics Control Act of 1902...charged the Hygienic Laboratory in Washington D.C. with regulating the production of vaccines and antitoxins, thus making it a regulatory agency four years before passage of the better known 1906 Food and Drugs Act."

US Food and Drug Administration (FDA) - The History of Biologics Regulation.[99]

> "Modern federal oversight of biological products began under the 1902 Biologics Control Act, which the Hygienic Laboratory of the Public Health and Marine Hospital Service carried out. With the creation of the National Institutes of Health from the Hygienic Laboratory, regulatory authority remained at NIH until 1972, when it was transferred to the FDA."

History of federal communicable disease, quarantine and biological product law and appropriations in the United States

In September 1789, the first Congress established the Treasury Department,[100] to be directed by the Secretary of the Treasury.

From 1789 until the New Deal in the 1930s, the Treasury Secretary served as the executive branch officer directing most federal executive agencies.

In April 1939, Congress established the Federal Security Agency (PL 76-19, Reorganization Act of 1939[101]) and President Franklin Roosevelt transmitted to Congress an executive branch reorganization plan (Reorganization Plan No. 1[102]).

Roosevelt transferred the Public Health Service and several other federal departments, the PHS Surgeon General, and the PHS communicable disease, quarantine and biological product programs from the Treasury Department, to the new Federal Security Agency, under the control of a new position: the Federal Security Administrator appointed by the President.

President Eisenhower cited the Reorganization Act of 1949 (PL 81-109[103]) as authorization when, in 1953 (Reorganization Plan No. 1 of 1953[104]), he created the Department of Health, Education

[98] https://history.nih.gov/display/history/Biologics
[99] https://www.fda.gov/about-fda/histories-fda-regulated-products/history-biologics-regulation
[100] https://home.treasury.gov/about/history/history-overview/history-of-the-treasury
[101] https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/53/STATUTE-53-Pg561.pdf
[102] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1939.07.01-reorganization-plan-1-1939.04.25-and-2-1939.05.09-federal-security-agency-roosevelt.pdf
[103] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1949-pl-81-109-reorganization-act-of-1949-authority-for-hew-department-creation-1953.pdf
[104] https://archives.federalregister.gov/issue_slice/1953/4/11/2053-2054.pdf#page=1

and Welfare and transferred the authorities of the Federal Security Administrator to the new Secretary of Health, Education and Welfare.

In 1966 (Reorganization Plan No. 3 of 1966[105]), President Johnson transferred the authorities and functions of the Public Health Service and the PHS Surgeon General to the HEW Secretary.

In 1979 (Department of Education Organization Act, PL 96-88[106]), Congress and President Carter created the Department of Education, transferred educational program authority to the new Secretary of Education, and renamed the Department of Health, Education and Welfare as the Department of Health and Human Services (HHS) and its secretary as the Secretary of Health and Human Services.

1798 - Marine Hospital Service founded; first federal health law.

Congress founded the Marine Hospital Service in 1798.

The federal law (Fifth Congress, Ch. 77, p. 605[107]) required the master or owner of every ship arriving from a foreign port into any US port, to give the tax collector a count of the number of seamen and pay 20 cents per month per seaman, deducted from the seamen's wages.

The program was an early form of health insurance and the first federal health law.

Tax collectors were authorized to withhold license renewals from ships whose owners failed to provide lists of employed seamen and pay the tax.

Tax collectors forwarded the collected funds quarterly to the Treasury Secretary; and the President was authorized to use the money to provide "for the temporary relief and maintenance of sick or disabled seamen, in the hospitals."

Surplus monies could be invested in the stock of the United States, and used to buy land or buildings to erect hospitals for sick and disabled seamen, and the President was authorized to appoint "directors of the marine hospital," to provide for the "accommodation of sick and disabled seamen" and required the directors to provide quarterly reports to the Treasury Secretary about money received and spent.

[105] https://archives.federalregister.gov/issue_slice/1966/6/25/8851-8855.pdf#page=5
[106] https://www.govinfo.gov/content/pkg/STATUTE-93/pdf/STATUTE-93-Pg668.pdf
[107] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1798.07.16-fifth-congress-marine-hospital-service-2-p.pdf

Some references (live links at post[108]):

- 1798.07.16 Fifth Congress Marine Hospital Service
- 1802.05.03 7th Congress Amending Marine Hospital Service, care of sick and disabled seamen
- 1813.02.27 12th Congress Vaccine Act of 1813
- 1866.04.20 39th Congress authorizing sale of marine hospitals
- 1866.06.27 39th Congress certain marine hospitals not to be sold
- 1870.06.29 41st Congress Ch. 169 Marine Hospital Service Reorganization supervising Surgeon General 40 cents per seaman tax
- 1873-1875 Revised Statutes Commerce Navigation Tonnage Duties 4219-4123 2 p.
- 1873-1875 Revised Statutes Hospital, Hospital Relief for Seamen, 4801 to 4813
- 1873-1875 Revised Statutes Sec. Merchant Seamen Protection and Relief 4585 to 4588 re per seaman tax
- 1877.02.27 44th Congress setting amount of tonnage tax RS 4219
- 1878.04.29 45th Congress Ch. 66 National Quarantine Act Quarantine Service authorizing Marine Hospital Service inspect
- 1879.03.03 45th Congress Ch. 202 Stat L 484 National Health Board port communicable disease control quarantine, repealed 1893.02.15
- 1884.06.26 48th Congress Session I Ch. 121 MHS to be funded by tonnage tax, replacing seaman tax of 1798 and 1870. Tonnage tax funding was repealed 1905.03.03 when permanent appropriation established
- 1889.01.04 50th Congress authorize president appoint Marine-Hospital Service medical officer surgeon advice consent Senate
- 1890.03.27 51st Congress Ch. 51 Marine Hospital Service interstate communicable disease control quarantine
- 1893, 1853 History of International Classification of Disease and Death
- 1893.02.15 52nd Congress Ch. 114 Additional quarantine powers, additional duties Marine Hospital Service, repealed 1879.03 National Health Board
- 1901.03.01 56th Congress Ch. 853 p. 1137 Treasury Department Appropriations Hygienic Laboratory set up with $35,000 and 5 acres

[108] https://bailiwicknews.substack.com/p/federal-communicable-disease-control

Aug. 10, 2024 - Note on the long history of fraud in diagnosis, disease causality attribution and cause-of-death classification.

KW comment on Sage Hana post: Diagnostics and Syndromes are Rockefeller Medicine Fuckery. Modern Medicine is Fifth Generation Warfare on YOU. Yeadon on PCR and other Diagnostics[109] (Aug. 10, 2024, Sage Hana)

Digging around in the late 1800s, early 1900s history is yielding some early examples of the same plays from the general playbooks.

For example, paper by Dr. Joseph Kinyoun, first director of the Laboratory of Hygiene within the Marine-Hospital Service, which later became the Public Health Service, and the Hygienic Laboratory and MHS were the seedbeds for NIH, NIAID, CDC and FDA.

Kinyoun trained under Robert Koch and Louis Pasteur in Europe, and brought their infectious disease attribution techniques back to US.

NIH history[110]:

> "Within a few months [of Hygienic Laboratory set up in 1887], Kinyoun had identified the cholera bacillus in suspicious cases and used his Zeiss microscope to demonstrate it to his colleagues as confirmation of their clinical diagnoses. "As the symptoms . . . were by no means well defined," he wrote, "the examinations were confirmatory evidence of the value of bacteria cultivation as a means of positive diagnosis."

1896, Report of the Committee on the Causes and Prevention of Diphtheria,[111] by Kinyoun, offers an early look at the use of microscopic techniques to "diagnose" disease in asymptomatic or mildly-ill cases.

> "It is now almost a universally accepted fact that the bacillus diphtheriae is the sole cause of the disease. Formerly, the bacillus diphtheria, was supposed to cause only inflammation of the upper air-passages, which are accompanied by a pseudo-membrane. This belief is slowly changing, and the term diphtheria has a broader application; for it has been satisfactorily demonstrated that many of the inflammatory affections of the nose and throat not accompanied by a false membrane, were nevertheless caused by the diphtheria germ.
>
> While this is not being accepted as rapidly by the medical profession and laity as the health officer could wish, the number of adherents to this belief is gradually increasing.
>
> By reason of the microscopic and culture test, we have now two classes of diphtheritic infection to deal with, the one presenting the classical and typical symptoms - the clinical diphtheria - the other, where the symptoms are slight or absent, with the bacillus present, the so-called laboratory diphtheria."

[109] https://sagehana.substack.com/p/diagnostics-and-syndromes-are-rockefeller
[110] https://history.nih.gov/display/history/A+Short+History+of+the+National+Institutes+of+Health
[111] https://pmc.ncbi.nlm.nih.gov/articles/PMC2329096/

The killers put the pretextual basis for federal disease control authorities in the wording of the enabling laws, right from the start:

March 1890, An act to prevent the introduction of contagious diseases from one State to another and for the punishment of certain offenses[112]:

> "…whenever it shall be *made to appear* to the satisfaction of the President that cholera, yellow-fever, small-pox or plague *exists* **i**n any State or Territory…"

* * *

[112] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1890.03.27-51st-congress-ch.-51-marine-hospital-service-interstate-communicable-disease-control-quarantine-read-summarize-upload-link.pdf

Aug. 10, 2024 - Note on James Delingpole interview of Mike Yeadon

Excellent June 28, 2024 discussion between James Delingpole and Mike Yeadon, concluding with Yeadon's observation (which I agree with) that it's important to keep speaking out, in your social circles, however you can, because at a certain unknowable-in-advance point in time, a lot of people fully understanding what the killers are doing, and how, will make them either back off, or become much more overt in their destruction, and both of those options are better than the covert, plausibly-deniable killing, maiming, sterilization and control programs the killers prefer above all others and are running right now.

Financially support Delingpole to watch the full interview.[113]

Delingpole's introduction of Yeadon starts at about the 24:00 minute mark.

* * *

[113] https://delingpole.substack.com/p/delingpod-live-mike-yeadon

Aug. 12, 2024 - 1798-1972 US federal quarantine and biological product law: Marine-Hospital Service; National Quarantine Act; Laboratory of Hygiene

Part 2 of series, prequel to 1972-2024 series.

By Lydia Hazel and Katherine Watt

Part 1 ended with a description of the founding of the Marine Hospital Service in 1798*:*

> Congress founded the Marine Hospital Service in 1798.[114] The federal law required the master or owner of every ship arriving from a foreign port into any US port to give the tax collector a count of the number of seamen and pay 20 cents per month per seaman, deducted from the seamen's wages. The program was an early form of health insurance and the first federal health law.
>
> Tax collectors were authorized to withhold license renewals from ships whose owners failed to provide lists of employed seamen and pay the tax. Tax collectors forwarded the collected funds quarterly to the Treasury Secretary; and the President was authorized to use the money to provide "for the temporary relief and maintenance of sick or disabled seamen, in the hospitals."
>
> Surplus monies could be invested in the stock of the United States, and used to buy land or buildings to erect hospitals for sick and disabled seamen, and the President was authorized to appoint "directors of the marine hospital," to provide for the "accommodation of sick and disabled seamen" and required the directors to provide quarterly reports to the Treasury Secretary about money received and spent.

1802 - Congress began taxing the wages of Mississippi River vessel workers

In 1802, Congress amended the 1798[115] "act for the relief of sick and disabled seamen."

> Section 1 directed the 20 cents per month tax on seamen's wages into a "general fund," to be used at the discretion of the President to provide hospitals and services, setting aside $15,000 to build a hospital in Massachusetts.
>
> Section 2 authorized the President to spend up to $3,000 from the fund to set up a hospital service at the port of New Orleans.
>
> Section 3 required masters of vessels working on the Mississippi River to provide counts of their employees, classifying them as "seamen of the United States" and authorized a $50 fine for giving false counts, with collected fines to go into the general fund.

[114] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1798.07.16-fifth-congress-marine-hospital-service-2-p.pdf
[115] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1802.05.03-7th-congress-amending-marine-hospital-service-care-of-sick-and-disabled-seamen.pdf

Section 4 authorized the President to appoint a director of the marine hospital at New Orleans.

Section 5 authorized the marine hospital directors to admit "sick foreign seamen" if the masters of their vessels requested it, at a charge of 75 cents per day. Tax collectors for each district were authorized to refuse clearance to foreign vessels until the hospital fees were paid. Hospital directors could be fined $50 for failure to properly charge foreign ships for the care of foreign seamen.

Section 6 required the tax collectors to forward the collected money to the Treasury, which would receive commissions on collected money, and Section 7 authorized hospital directors to also take a commission of one percent of money collected.

1813 - First federal vaccination law

In 1813, Congress passed "An Act to encourage Vaccination."[116]

Section 1 authorized the President to appoint a federal agent (Baltimore physician James Smith, the first National Vaccine Agent) to "preserve the genuine vaccine matter" and to supply "vaccine matter" to applicants "through the medium of the post-office."

The federal vaccine agent was required to swear and file a certificate affirming his intent to preserve the genuine vaccine matter; provide copies of the act to all US post-masters; and provide information about how people interested in getting vaccine matter could apply for it to be delivered, along with instructions about how to use the products on themselves.

Section 2 authorized all packages of vaccine matter under a half-ounce to be carried postage-free by the US postal service, as long as the sending agent labeled the packages with the word "Vaccination" and his signature. Section 2 also authorized a $50 fine on the vaccine agent for sending packages with "any thing relative to any subject other than vaccination."

A 1998 paper by Harvard law student Rohit Singla, *Missed Opportunities: The Vaccine Act of 1813*,[117] argued the ostensible reason for the 1813 act was "the most significant obstacle to effective vaccination...the difficulty of obtaining pure, uncontaminated vaccine when an epidemic threatened. Vaccine was difficult to produce in mass quantities, could only be stored for a short time, and was easily contaminated."

Congress repealed the Vaccine Act in 1822.

According to a 1985 book, *Vaccine Supply and Innovation*[118] (National Academies Press), Congress repealed the Vaccine Act of 1813 in 1822 "after Congress decided that vaccine regulation should be left to local authorities."

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[116] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1813.02.27-12th-congress-act-to-encourage-vaccination.pdf
[117] https://dash.harvard.edu/bitstream/handle/1/10015266/rsingla.pdf?sequence=1&isAllowed=y
[118] https://nap.nationalacademies.org/catalog/599/vaccine-supply-and-innovation

In the 1998 Harvard law paper, Singla identified several factors leading to the repeal, including federalist sentiment (state lawmakers angry about federal government interference) and anti-monopoly sentiment (competing physicians angry about Smith's postage subsidy and provision of vaccine directly to consumers); Smith's inability to get sustained federal or state public subsidies other than free US postage; and his inability to raise sufficient money from private subscriptions and donations. The immediate political momentum was provided by the Tarboro Tragedy, when "Dr. Smith accidentally caused an [smallpox] epidemic in Tarboro, North Carolina which eventually killed ten people."

1866 - Authorization for Treasury Secretary to sell marine hospital buildings

In 1866, Congress authorized the Treasury Secretary to sell or lease marine hospital buildings and land[119] and use the proceeds to support the marine hospital system, except for the Cleveland, Ohio and Portland, Maine hospitals, not to be sold, and except for hospitals in municipalities with no other suitable hospital accommodations.[120]

1870 - Reorganization of Marine-Hospital Service

By law passed June 29, 1870,[121] Congress increased the wage tax and reorganized the Marine-Hospital Service.

> At Section 1, the per capita wage tax was raised to 40 cents per seaman per month for all US vessels arriving at US ports from foreign ports, and for all "registered vessels employed in the coastal trade."
>
> At Section 2, Congress directed tax collectors to withhold new enrollments or licenses from shipmasters who failed to provide the headcounts and pay the taxes, and authorized a $50 fine on masters who provided false information about the number of employed seamen or duration of their employment, with the collected fines to go into the general fund for the Marine-Hospital Service.
>
> At Section 3, Congress ordered tax collectors to deposit the collected money in the nearest US depositary, and submit returns and vouchers to the Treasury Secretary recording the deposits.
>
> At Section 4, Congress ordered the money to be paid to Treasury like other public moneys, "without abatement or reduction" and appropriated the money for the expenses of the Marine-Hospital Service, credited to the Marine-Hospital Fund and its separate accounts.

[119] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1866.04.20-39th-congress-authorizing-sale-of-marine-hospitals.pdf
[120] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1866.06.27-39th-congress-certain-marine-hospitals-not-to-be-sold.pdf
[121] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1870.06.29-41st-congress-ch.-169-marine-hospital-service-reorganization-supervising-surgeon-general-40-cents-per-seaman-tax-upload-and-link.pdf

> At Section 5, Congress ordered that the money be used, under Treasury Secretary supervision, "for the care and relief of sick and disabled seamen employed in registered, enrolled and licensed vessels of the United States."
>
> At Section 6, Congress authorized the Treasury Secretary to appoint a surgeon to act as "supervising surgeon" [later known as the Supervising Surgeon-General and then Surgeon-General] of the Marine-Hospital Service, to work with the Treasury Secretary to spend the money, supervise hospital programs and provide medical care. Congress authorized an annual salary of $2,000 plus travel expenses; and required the Supervising Surgeon to make monthly reports to the Treasury Secretary.
>
> At Section 7, Congress defined "vessel" as "every description of water-craft, raft, vehicle, and contrivance used or capable of being used as a means or auxiliary of transportation on or by water" and repealed all previous acts "inconsistent with or in conflict" with the reorganization act.

In 1871, President Ulysses S. Grant appointed John Maynard Woodworth as the first Supervising Surgeon of the Marine Hospital Service.

1877 - Congress amended the law setting per ton cargo taxes on US and foreign-owned vessels

By law passed February 27, 1877,[122] Congress updated the tax schedule for cargo brought into US ports from foreign ports; the original tonnage duties act was enacted in 1790.

This is relevant because in 1884, Congress replaced the wage tax with the cargo tonnage tax as the means of financing the Marine-Hospital Service.

For vessels built in the US but owned by foreign subjects, the tax rate was set at 30 cents per ton. For other foreign vessels, the tax was set at 50 cents per ton. For vessels from countries that did not allow US trade vessels to enter, the duty was set at two dollars per ton, until the countries abolished their trade restrictions. See also, RS 4219-4127.[123]

1878 - National Quarantine Act, authorizing Marine Hospital Service supervision of foreign quarantine programs

On April 19, 1878[124] Congress passed "An act to prevent the introduction of contagious or infectious diseases into the United States," known as the National Quarantine Act.

State and local laws addressing disease control had already been adopted by many States and municipalities; details of the State and local laws are beyond the scope of this series of reports.

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[122] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1877.02.27-44th-congress-setting-amount-of-tonnage-tax-rs-4219.pdf
[123] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1873-1875-revised-statutes-commerce-navigation-tonnage-duties-4219-4123-2-p.-.pdf
[124] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1878.04.29-45th-congress-ch.-66-national-quarantine-act-quarantine-service-authorizing-marine-hospital-service-inspect-summarize-upload-link.pdf

The 1878 quarantine act was the first *federal* law governing disease surveillance, isolation and "disinfection" of passengers and goods on inbound ships, coming from foreign ports, on the pretext of communicable disease control. The alleged infectious diseases mentioned by name in the act were cholera and yellow fever.

Section 1 prohibited vessels from any foreign port or country "where any contagious or infectious disease may exist" from entering US ports "contrary to the quarantine laws of any one of" the States, without following the federal "regulations to be prescribed" under the National Quarantine Act.

Section 2 required the US consular officers to provide weekly reports of the "sanitary conditions" at the foreign ports at which they served.

Consular officers at “infected” foreign ports were ordered to immediately provide information about any vessel leaving the foreign port, carrying passengers or goods and bound for a US port, to the Supervising Surgeon-General of the Marine-Hospital Service, including name of the vessel, date of departure and port of destination.

Consular officers were required to provide the same information to the State or local health officer at the destination port.

Congress charged the Supervising Surgeon-General with carrying out the federal quarantine provisions, under the direction of the Treasury Secretary, and directed him to "frame all needful rules and regulations" subject to the President's approval. Congress directed that federal regulations "shall not conflict with or impair" State or municipal sanitary or quarantine laws in force as of 1878 or enacted later.

Section 3 assigned the medical officers of the Marine-Hospital Service and customs-officers to enforce national quarantine rules established under Section 2, and authorized payment for travel expenses but no additional compensation.

Section 4 directed the Surgeon-General of the Marine-Hospital Service, upon receiving information about vessels departing allegedly infected ports, to immediately notify State, municipal and US officers at the "threatened port of destination," and to send "weekly abstracts of consular sanitary reports" to MHS medical officers, customs collectors, and State and municipal health authorities.

Section 5 authorized officers of State and municipal quarantine systems — where such systems were already in place — to apply for authorization to act as federal quarantine enforcement officers, and to be "clothed with all the power of US officers for quarantine purposes."

Section 5 further authorized the medical officers of the MHS to enforce quarantine measures at the State and municipal level, whenever "in the opinion of the Secretary of the Treasury, it shall be deemed necessary to establish quarantine," so long as the federal MHS officer acts didn't interfere with State or local quarantine laws.

Section 6 repealed all acts or parts of acts inconsistent with the National Quarantine Act.

1879 - Congress established a National Board of Health

On March 3, 1879,[125] Congress passed "An act to prevent the introduction of infectious or contagious diseases into the United States, and to establish a National Board of Health."

Wikipedia reports that the National Board of Health[126] was "to carry out [the National Quarantine Act of 1878] and was "created during a period of emergency [an alleged yellow fever outbreak in 1878;]...had substantial powers (such as the ability to mandate quarantine)" and "was to effectively strip the powers of quarantine from the Marine Hospital Service, a precursor to the [Public] Health Service which itself would become the CDC."

The National Board of Health operated for four years, but Congress did not reauthorize it in 1883, and then repealed the original authorizing act in 1893, leaving the Marine-Hospital Service to supervise federal quarantine programs.

> Section 1 established the board, members to include seven appointed by the President, with advice and consent of Senate, and no more than one from any one State. The state members were to be paid 10 dollars per day for committee work. Members also included three medical officers — one each from Army, Navy and Marine Hospital Service, and one federal officer from the Department of Justice — to be appointed by the secretaries of the departments, to serve on the committee without additional compensation.
>
> Section 1 required the board to meet in Washington within 30 days of the act's passage; choose a board president to convene future meetings; "frame all rules and regulations" and make "special examinations and investigations" at US locations and at foreign ports.
>
> Section 2 authorized the National Board of Health to "obtain information upon all matters affecting the public health," and provide advice to federal government departments, State governors and Washington DC commissioners.
>
> Section 3 directed the Academy of Science (established by Congress and President Lincoln in 1863) to work with the National Board of Health and State health officers and report to Congress with a plan for a "national public health organization," giving special attention to "the subject of quarantine, both maritime and inland, and especially as to regulations which should be established between State or local systems of quarantine and a national quarantine system."
>
> At Section 4, Congress appropriated $50,000 to pay the salaries and expenses of the board members.

On April 3, 1879, President Rutherford B. Hayes appointed John Brown Hamilton to succeed Woodworth (who had died a month earlier) as the second Supervising Surgeon of the Marine Hospital Service.

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[125] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1879.03.03-45th-congress-ch.-202-stat-l-484-national-health-board-port-communicable-disease-control-quarantine-repealed-1893.02.15-read-summarize-upload-link.pdf
[126] https://en.wikipedia.org/wiki/National_Board_of_Health

1884 - Congress replaced wage tax (hospital tax on seamen) with tonnage tax for funding Marine-Hospital Service

On June 26, 1884,[127] Congress repealed RS 4585[128] (40 cents per seaman per month wage tax), 4586 (hospital dues of vessels sold abroad) and 4587 (prohibiting vessel enrollment and licensing for failure to provide tax collector with information and collected wage taxes) and established that the cost of maintaining the Marine-Hospital Service would, from that point on, be paid from the receipts on cargo tonnage duties.

The tonnage tax financing system was repealed in 1905, when Congress began making regular appropriations to the institution that was, by that time, called the Public Health and Marine-Hospital Service.

1887 - Supervising Surgeon of MHS set up Laboratory of Hygiene without Congressional authorization.

In 1887, John Hamilton, the Supervising Surgeon of the Marine-Hospital Service, set up a one-room Laboratory of Hygiene[129] at the Marine Hospital in Stapleton, Staten Island, NY, without Congressional authorization. Hamilton appointed Dr. Joseph Kinyoun to run the lab.

Kinyoun, who had studied under Robert Koch and Louis Pasteur in Europe, called this facility a "Laboratory of Hygiene" in imitation of German facilities; it was later known as the Hygienic Laboratory.

1889 - Congress set up procedures for Presidents to appoint medical officers to MHS.

On Jan. 4, 1889,[130] Congress established a process for Presidents to appoint medical officers of the Marine-Hospital Service, with advice and consent of Senate.

> Section 1 required that candidates pass an examination in medicine, surgery and hygiene before a board of MHS medical officers, according to rules drafted by the Supervising Surgeon-General and approved by the Treasury Secretary.
>
> Section 2 set up a rank system, such that appointees would first serve as assistant surgeons, and could, after four years, be promoted to passed assistant surgeon. Upon further exams, passed assistant surgeons could be promoted to surgeons. The act provided for grandfathering:[131] the President could nominate current MHS medical officers for confirmation.

[127] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1884.06.26-48th-congress-session-i-ch.-121-mhs-to-be-funded-by-tonnage-tax-replacing-seaman-tax-of-1798-and-1870.-tonnage-tax-funding-was-repealed-1905.03.03-when-permanent-appropriation.pdf
[128] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1873-1875-revised-statutes-sec.-merchant-seamen-protection-and-relief-4585-to-4588-re-per-seaman-tax.pdf
[129] https://history.nih.gov/display/history/A+Short+History+of+the+National+Institutes+of+Health
[130] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1889.01.04-50th-congress-authorize-president-appoint-marine-hospital-service-medical-officer-surgeon-advice-consent-senate.pdf
[131] https://en.wikipedia.org/wiki/Grandfather_clause

1890 - Congress put Marine-Hospital Service in charge of federal interstate quarantine

On March 27, 1890,[132] Congress passed "An act to prevent the introduction of contagious diseases from one State to another and for the punishment of certain offenses."

This was the first federal interstate quarantine law, controlling movement of people and goods across State borders within the United States.

> At Section 1, Congress established that "whenever it shall be *made to appear* to the satisfaction of the President that cholera, yellow-fever, small-pox or plague exists in any State or Territory, or in the District of Columbia," the President was authorized to direct the Treasury Secretary to promulgate regulations to prevent the spread of the disease across State borders, and to employ inspectors to enforce such regulations.
>
> Congress directed the regulations to be prepared by the Supervising Surgeon-General of the Marine-Hospital Service and the Treasury Secretary, and authorized fines up to $500 and imprisonment up to 2 years, or both, for civilian violation (criminal misdemeanor) of federal disease control regulations.
>
> At Section 2, Congress authorized fines up to $300 and imprisonment up to one year, or both, for federal officers, or State and municipal public health officers acting as federal officers, found violating quarantine laws and regulations, or violating lawful orders given by superior officers.
>
> At Section 3, Congress authorized criminal misdemeanor fines up to $500 and imprisonment up to two years, or both, for common carriers (public transportation of passengers and goods, such as railroads) and common carrier employees, found to be violating quarantine laws and regulations.

1891 - Laboratory of Hygiene moved to Washington DC; President Benjamin Harrison appointed Walter Wyman as third Supervising Surgeon-General of Marine-Hospital Service.

In 1891, still not Congressionally authorized and still directed and run by Kinyoun, the Marine-Hospital Service Laboratory of Hygiene moved to Washington DC.[133]

Effective June 1, 1891, after Hamilton resigned, President Benjamin Harrison appointed Walter Wyman, who had been running the Quarantine Division of the Marine-Hospital Service since 1888, as third Supervising Surgeon General.

[132] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1890.03.27-51st-congress-ch.-51-marine-hospital-service-interstate-communicable-disease-control-quarantine-read-summarize-upload-link.pdf
[133] https://history.nih.gov/display/history/The+Move+to+Washington

1893 - Congress authorized Marine-Hospital Service to exercise additional quarantine powers.

On February 15, 1893,[134] in response to disease outbreaks in the preceding two years that had been attributed, by public health authorities, to infectious transmission of cholera and yellow fever pathogens,[135] Congress passed "An act granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service."

> At Section 1, Congress prohibited any vessel from any foreign port entering any US port, except in compliance with federal, State and municipal quarantine regulations, and established a fine (lien) of up to $5,000 on any vessel, through federal district court proceedings "conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States."
>
> At Section 2, Congress required vessels seeking access to US ports to obtain a "bill of health" from the consular officer or medical officer at the port, in the form prescribed by the Treasury Secretary.
>
> Each bill of health was required to include the "sanitary history and condition" of the vessel, and affirmation that the vessel had complied with regulations prescribed for "securing the best sanitary condition of the vessel, its cargo, passengers, and crew."
>
> Congress required the consular or medical officer to be satisfied that the statements in the bill of health were true, and authorized those officers to be paid fees for their services.
>
> At Section 2, Congress further authorized the President, in his discretion, to detail federal medical officers to serve in the consular offices at foreign ports to inspect vessels and provide bills of health to masters of vessels. Congress established a fine (lien) of up to $5,000, on any vessel sailing from any foreign port and entering any US port, without a bill of health, through federal district court proceedings under the revenue laws of the United States.
>
> At Section 3, Congress directed the Supervising Surgeon-General of the Marine-Hospital Service to examine the existing quarantine regulations of every State and municipal health board; to "cooperate with and aid" all State and municipal health boards to enforce their State and local regulations and also enforce federal quarantine regulations, "to prevent the introduction contagious and infectious diseases" into the US from foreign countries, and across State borders within the US.
>
> Congress required the Treasury Secretary to apply federal quarantine regulations uniformly at each port, and to make additional rules and regulations to be enforced in any State or municipality with no quarantine regulations of their own, or where he deemed the State

[134] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1893.02.15-52nd-congress-ch.-114-additional-quarantine-powers-additional-duties-marine-hospital-service-repealed-1879.03-national-health-board-read-summarize-upload-link.pdf

[135] *A History of Federal Control of Communicable Diseases: Section 361 of the Public Health Service Act*, https://dash.harvard.edu/bitstream/handle/1/8852098/vanderhook2.pdf?sequence=2

and municipal quarantine regulations to be "not sufficient to prevent the introduction of such disease."

Congress required the Treasury Secretary, when establishing additional regulations, to promulgate them to State and municipal health officials and to ensure that the State and municipal health officials enforced them.

Congress authorized the Treasury Secretary, if State and municipal health officials "fail or refuse" to enforce the regulations, to detail federal medical officers to enforce them.

Congress directed the Treasury Secretary to make "such rules and regulations as are necessary to be observed by vessels at the port of departure and on the voyage," and required him to publish and communicate them to the consular officers at each port.

At Section 4, Congress required the Supervising Surgeon-General of the Marine Hospital Service, under the direction of the Treasury Secretary, to "perform all the duties" related to quarantine and quarantine regulation enforcement, and to gather information about sanitary conditions at foreign ports collected by consular officers at each port, entered onto forms prepared by the Treasury Secretary, and submitted weekly to the Treasury Secretary.

Congress further directed Treasury Secretary to collect information from State and municipal health officers in the US about sanitary conditions at US ports; to write and distribute weekly sanitary reports to all customs officers and State and municipal health officers; to obtain "voluntary co-operation" from State and municipal authorities, public associations and private persons to gather information about "climatic and other conditions affecting the public health; and to make annual reports to Congress with recommendations.

At Section 5, Congress required the Treasury Secretary to "from time to time" send updated regulations to consular officers and medical officers in foreign ports, to be "used and complied with" by vessels, and "observed in the inspection...disinfection and isolation" of the vessel on its arrival at destination ports, and "treatment of cargo and persons on board" to prevent the introduction of cholera, yellow fever or other infectious diseases.

Congress prohibited vessels from entering US ports and discharging cargo or passengers without a "certificate of the health officer" serving at the destination port quarantine station.

Congress required the masters of the vessels to present, to the customs officer, a valid "bill of health" provided at the port of departure, and "certificate of health" from the health officer at the port of entry, and that the signed, sealed documents shall be accepted as evidence in any US court.

At Section 6, Congress authorized the Treasury Secretary to send "infected" vessels that arrived at a port without proper quarantine facilities, on to the nearest "national or other quarantine station" for "disinfection and treatment of the vessel, passengers, and cargo," and, after getting a certificate from the officer that they were "free from infectious disease, or danger of conveying the same," the vessel would be allowed to enter any port named in

the certificate. Section 6 also authorized the Treasury Secretary to send infected vessels to State and local quarantine stations for disinfection and certification.

At Section 7, Congress authorized the President to prohibit entry into the US to passengers and cargo from allegedly infected foreign countries, "notwithstanding the quarantine defense."

> "...whenever it shall be shown to the satisfaction of the President that by reason of the existence of cholera or other infectious or contagious diseases in a foreign country, there is a serious danger of the introduction of the same into the United States, and that notwithstanding the quarantine defense this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate and for such period of time as he may deem necessary."

At Section 8, Congress authorized the Treasury Secretary to compensate State and municipal authorities for federal use of buildings and disinfecting apparatus.

At Section 9, Congress repealed the March 3, 1879 act establishing the National Board of Health, and transferred all property held by the National Board of Health, to the Treasury Secretary.

1895 - Marine-Hospital Service Hygienic Laboratory and New York City Board of Health collaboratively producing diphtheria antitoxin.

By 1895, the New York City Board of Health and the Laboratory of Hygiene (later known as the Hygienic Laboratory) of the Marine-Hospital Service, which was not yet Congressionally authorized, were producing and using products they called diphtheria antitoxin.[136]

[136] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7294234/

1901 - Congress provided money and land to MHS Hygienic Laboratory for new building and for purchase of books and journals.

On March 3, 1901,[137] through a funding act and a margin note — "Marine hospitals. Laboratory authorized." — Congress appropriated money and land for the Laboratory of Hygiene that had been in operation since 1887, originally in Staten Island, and had been relocated to Washington DC in 1891.

Congress gave the Marine-Hospital Service $35,000 and authorized transfer of five acres in Washington DC [Old Naval Observatory parcel[138]] from the Navy to the Secretary of the Treasury, "for the erection of the necessary buildings and quarters for a laboratory for the investigation of infectious and contagious diseases, and matters pertaining to the public health, under the direction of the Supervising Surgeon-General."

Congress gave the Marine-Hospital Bureau $500 for "books and journals" to be purchased during fiscal 1902.

Related

- March 18, 2022 - On the World Health Organization's current round of pandemic treaty negotiations. Preemption doctrine at the global level: America is already under stealth occupation. (Katherine Watt)
- Dec. 19, 2023 to July 5, 2024 series - FDA non-regulation of biological products and vaccines, 1972-2024 (Katherine Watt) - "…The systematic worldwide mass poisoning non-crime crime of vaccination rests on the federal legalization of pharmaceutical regulation fraud, and public lack of knowledge about it."
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.' (Katherine Watt)
- May 3, 2024 - When "pandemics are declared" - what does this mean in practice? Beware of any "freedom fighter" who supports the government's power to declare pandemics. They are fighting freedom and defending the tyranny.[139] (Sasha Latypova)
- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense[140] (Sasha Latypova)
- June 15, 2024 - Perhaps the Most Important Work of Our Time: The Elusive "Virus", The Control Experiment, & Jamie Andrews[141] (Conspiracy Sarah)

* * *

[137] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1901.03.01-56th-congress-ch.-853-p.-1137-treasury-department-appropriations-hygienic-laboratory-set-up-with-35000-and-5-acres-1-p.pdf
[138] https://en.wikipedia.org/wiki/Old_Naval_Observatory
[139] https://sashalatypova.substack.com/p/pandemics-are-declared-what-does
[140] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[141] https://conspiracysarah.substack.com/p/perhaps-the-most-important-work-of

Aug. 12, 2024 - On habeas corpus, probable cause, warrants, detention and extrajudicial state killing under declared public health emergencies.

Below are excerpts from email exchanges about HHS-CDC's demonstrated use of quarantine authorities under 42 USC 264, 42 CFR 70 and 42 CFR 71, to arrest and detain 3,000 cruise ship passengers at US military bases in March 2020, killing at least 10 people while they were held in detention.

Sasha Latypova is working on a second report about this. Her first report was published in June 2024 in video (Jane Ruby interview) and written format:

- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense.[142] (Sasha Latypova)

The information below is from my replies to readers seeking more information about federal quarantine law.

May 30, 2024 - KW email

Under PHE, CDC Director becomes judge, jury and executioner.

HHS cites (82 FR 6890, 6915[143]) to Congress passing and amending 42 USC 264 (the quarantine statute) as denying courts judicial review authority, because Congress put the quarantine power into sole HHS Secretary control (delegated to CDC director) and (HHS argues) it would be an agency rewrite of federal statutes to "grant" federal courts "legal jurisdiction that they do not already possess:"

> "To the extent, however, that the commenter contends that HHS/CDC should follow legal procedures other than those set forth through the Federal quarantine statute at 42 U.S.C. 264, we disagree.
>
> HHS/CDC notes that as a Federal agency it lacks the ability to rewrite Federal statutes or grant Federal courts with legal jurisdiction that they do not already possess.
>
> HHS/CDC also rejects as impractical and as insufficient to protect public health, the notion that isolation or quarantine should only occur based upon the consent of the subject individual."

In the 2002 amendments in PL 107-188, Congress eliminated a National Advisory Health Council and Surgeon General role, put it all in HHS Secretary hands (with "consultation" with Surgeon General), and added the "qualifying stage" "precommunicable," and "if the disease would be likely to cause a public health emergency if transmitted to other individuals" language.

[142] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[143] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf

See p. 35/105 PDF of 2002 law, Public Health Security and Bioterrorism Preparedness and Response Act of 2002, PL 107-188.[144]

It's part of the Fourth Amendment suspension, under "non-law enforcement" activities of government.

The expanded power was transferred to CDC director with the Jan. 19, 2017 Final Rule (82 FR 6890[145]) on communicable disease control. If you keyword search on 70.14 and 71.37 in the attached 2017 Federal Register notice, you'll find some citations about it.

Also search on "judicial review" and "Fourth Amendment."

For example:

> "Courts have held, however, that not all types of searches and seizures necessarily require probable cause and a warrant.
>
> Searches and seizures conducted with the consent of an authorized person and those searches and seizures that are conducted to avert an imminent threat to health or safety do not run afoul of the Fourth Amendment even when conducted without probable cause and a warrant."

It's meant to look like a form of probable cause, warrant, due process and judicial review, without being substantive, but instead being fake, like everything else.

After being taken into detention, a detainee can file a habeas corpus petition for judicial review under 28 USC 2241, like any other criminal, [except they haven't been charged with a crime, but are detained for "non-law enforcement" reasons], and can also request an administrative hearing, not for constitutional or due process issues, only for medical and scientific issues.

Attaching another FR notice — they tried to put these rules in place in 2005 (70 FR 71892[146]) and ended up withdrawing them in 2016, only to push them through in Jan. 2017.

In the 2005 version, there was going to be a 42 CFR 70.20, providing administrative procedures for "hearings." That section wasn't included in the 2017 version that's currently force.

Also interesting, re the FOIA. It may be that there aren't individual quarantine orders for the 3,000+ cruise passengers, but they were just covered by a notice posted in a public place, addressing them in the aggregate.

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[144] https://www.congress.gov/107/plaws/publ188/PLAW-107publ188.pdf
[145] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf
[146] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2005.11.30-70-fr-71892-control-of-communicable-disease-notice-of-proposed-rulemaking-42-cfr-70-42-cfr-71-withdrawn-2016.08.15-54230.pdf

42 CFR 70.18 of the 2005 proposed rule,[147] which ended up as 42 CFR 70.16(m) in the 2017 version:

> § 70.18 Service of quarantine order.
>
> (a) A copy of the quarantine order shall be personally served on the person or group of persons at the time that quarantine commences or as soon thereafter as the Director determines that the circumstances reasonably permit.
>
> (b) In circumstances where the Director deems it necessary, the quarantine order may be posted or published in a conspicuous location, except that the Director may omit the names and/or identities of persons and take other measures respecting the privacy of persons.

In the Jan. 19, 2017 Final Rule, (82 FR 6890[148]) HHS reported on these and other comments raising Constitutional concerns, emphasizing the "non-law enforcement," "border search," "special need, and "emergency civil commitment" character of apprehension and detention procedures carried out under public health pretexts.

HHS respondents connected quarantine authority to warrantless drug and alcohol testing conducted without probable cause in employment contexts, as upheld by the Supreme Court in two 1989 cases.

Jan. 19, 2017 Final Rule, Control of Communicable Diseases, (82 FR 6890) at pp. 6899-6900:

> ...Several commenters questioned whether quarantine and isolation may be carried out consistent with the Fourth Amendment to the U.S. Constitution. One commenter also suggested that implementation of public health prevention measures at airports would lead to ''unreasonable searches and seizures'' under the Fourth Amendment.
>
> HHS/CDC disagrees with these assertions. The Fourth Amendment protects the rights of persons to be free in their persons, houses, papers, and effects, against unreasonable government searches and seizures.
>
> HHS/CDC notes that at ports of entry, routine apprehensions and examinations related to quarantine and isolation may fall under the border-search doctrine, which provides that, in general, searches conducted by CBP officers at the border are not subject to the requirements of first establishing probable cause or obtaining a warrant. *See United States* v. *Roberts,* 274 F.3d 1007, 1011 (5th Cir. 2001); *see also United States* v. *Bravo,* 295 F.3d 1002, 1006 (9th Cir. 2002) (noting that only in circumstances involving extended detentions or intrusive medical examinations have courts required that border searches be premised upon reasonable suspicion).
>
> Similarly, apprehensions and examination of persons traveling interstate under this rule are authorized under the special-needs doctrine articulated by the Supreme Court in *Skinner* v.

[147] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2005.11.30-70-fr-71892-control-of-communicable-disease-notice-of-proposed-rulemaking-42-cfr-70-42-cfr-71-withdrawn-2016.08.15-54230.pdf
[148] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf

> *Railway Labor Executives' Ass'n,* 489 U.S. 602 (1989) because of the "special need" in preventing communicable disease spread.
>
> Furthermore, to the extent that ''probable cause,'' rather than ''special needs,'' would be the applicable Fourth Amendment standard, HHS/CDC contends that meeting the requirements of 42 U.S.C. 264 satisfies this standard. *See Villanova* v. *Abrams,* 972 F.2d 792, 795 (7th Cir.1992) (noting that probable cause for emergency civil commitment exists where "there are reasonable grounds for believing that the person seized is subject to the governing legal standard.")...
>
> HHS/CDC received a comment citing *Missouri* v. *McNeely,* where the U.S. Supreme Court ruled that police must generally obtain a warrant before subjecting a drunken- driving suspect to a blood test, and that the natural metabolism of blood alcohol does not establish a *per se* exigency that would justify a blood draw without consent.
>
> In response, HHS/CDC notes that courts have recognized that while the requirements for probable cause and a warrant generally apply in a criminal context, these standards do not apply when the government is conducting a non-law enforcement related activity. *See Nat'l Treasury Employees Union* v. *Von Raab,* 489 U.S. 665 (1989) (reaffirming the general principle that a government search may be conducted without probable cause and a warrant when there is a special governmental need, beyond the normal need for law enforcement).
>
> HHS/CDC reiterates that the special-needs doctrine articulated by the Supreme Court in *Skinner* v. *Railway Labor Executives' Ass'n.,* 489 U.S. 602 (1989) provides the appropriate legal standard under the Fourth Amendment for apprehensions and detentions under this final rule...

Aug. 8, 2024 - KW email

I recommend reading the attached HHS Notice of Final Rule issued Jan. 19, 2017, (82 FR 6890[149]) keeping in mind that HHS-CDC agents, when detaining and killing people, believe that the Constitution has already been suspended, that the country is in a national security emergency, that those who refuse to comply with instructions are insurrectionists in rebellion who threaten national security, that SCOTUS has already affirmed the HHS position as valid (*South Bay Pentecostal v. Newsom*, May 2020 decision, courts should not second-guess executive and legislative branches on issues fraught with scientific and medical uncertainties), and that the state governments have already adopted laws enabling them to enforce federal programs, through the mechanism of declaring emergencies at the state level and engaging in federal-state cooperation under 42 USC 247d et seq.

The state laws are called Model State Emergency Health Powers Acts (MSEHPA), and they are in place.

HHS specifically addresses habeas corpus at p. 9, 26 and 27 of the PDF (82 FR 6890) It's paid lip service, but HHS claims "HHS lacks the ability to rewrite Federal statutes or grant Federal courts

[149] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf

with legal jurisdiction they do not already possess" to support its position that the only appeal venue in quarantine cases is HHS itself. HHS argues federal courts do not "possess" jurisdiction; Congress and executive branch stripped it through 42 USC 247d-6d(b)(7) and similar provisions of emergency powers law.

Also attaching an email thread from May…

There are several keywords that will help you get a better understanding of how the quarantine-gulag system works, including "special needs doctrine" and "non-law enforcement" activity, as related to suspending requirements for probable cause and warrants.

My overall recommendation is that any document to be presented to sheriffs or to courts should begin by acknowledging that the HHS-CDC position is that the Constitution has been suspended through the national emergency framework, and that this position has been upheld by SCOTUS, and then argue for a nullification of the enabling Congressional and state laws, and restoration of Constitutional rule of law.

Documents should not pretend that the Constitution is still operative and that SCOTUS has not already weighed in.

Help sheriffs and judges understand that we are already in a post-Constitutional society, and that they can go along with the overthrow, or be part of reversing it.

Reader reply:

> …it's my current understanding Congress may lawfully "strip[] jurisdiction to issue [a] writ [of habeas corpus" and "avoid[] the Suspension Clause mandate" so long as Congress "provide[s] [an] adequate substitute procedure[] for habeas corpus." *Boumediene v. Bush* (2008)…
>
> Given your statement "Congress and executive branch stripped it through 42 USC 247d-6d(b)(7) and similar provisions of emergency powers law[,]" the legal question is whether the "substitute procedure for habeas corpus" in 42 USC 247d-6d(b)(7) and similar provisions are "adequate[.]"

Aug. 9, 2024 - KW email

[Those] trails probably will run in parallel to the CICP and VICP alternate due process systems, set up by Congress to keep vaccine-injured plaintiffs out of the Article III courts.

Some attorneys in the Covid arena (Aaron Siri of Siri & Glimstad; Jeff Childers) have filed cases arguing the CICP program is not an adequate substitute for ordinary civil tort proceedings. Siri and Childers present the products as consumer products, not as weapons, and attempt to fit them into ordinary consumer product litigation parameters.

They argue that 7th Amendment right to jury trial, along with 14th amendment due process rights, are violated by CICP, with the injury being the taking of the plaintiffs' property interest in litigation.

The HHS Motions to Dismiss the Siri case include some of the broader, Constitution-preemptive arguments and precedents that HHS brings to bear to defend itself against such challenges.

The Notices of Removal and Motions to Dismiss the state-filed consumer product cases (Paxton/Texas v. Pfizer, for example) contain similar arguments, about the state-court and state-law preemption function of the public health emergency, medical countermeasure liability-exemption laws.

Zip file of some of the motions to dismiss attached…the motions to dismiss shed the most light on HHS/DOJ views of federal authority. The three cases in the zip file are:

1. *Smith v. HHS-HRSA*, an attempt to get a federal court to rule that CICP is an inadequate substitute for a jury trial. Siri has filed substantially similar cases in other federal districts, and Jeff Childers filed a substantially similar case in Florida in June 2024, *Moms v. HHS, HRSA*. I check on PACER for recent activity every 6-8 weeks, but have not checked recently to see if HHS filed a MtD Childers' case yet, or if court ruled on *Smith v. HRSA* yet.

2. *Texas AG v. Pfizer*, an attempt to get a state court to rule that Pfizer violated state consumer protection laws. Removed to federal court. Pfizer filed MtD in March 2024. Kansas AG filed substantially similar case in Kansas state court in June 2024. I haven't checked to see if Pfizer filed a Notice of Removal to have the Kansas case removed to federal court and/or consolidated with the Texas/Paxton case.

3. *Texas, Oklahoma AGs v. HHS* - States petitioned HHS to remove WHO acts from HHS' list of valid predicates for public health emergency determinations. HHS refused/ denied petition; their Oct. 2022 letter of denial is where Sasha Latypova found the info about use of 42 CFR 70 and 71 to detain cruise passengers at military bases in March 2020. Federal court upheld HHS decision, found states lack standing to challenge HHS policies. States did not appeal to circuit court.

<u>Related</u>

- 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.
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.' "…Local law enforcement and public health officials — acting under the legal authority they believe is delegated by HHS Secretary or Surgeon General federal quarantine orders and corresponding state-level quarantine orders — may at some point engage in door-to-door visits indicating an interest in conducting diagnostic tests, providing treatments, or escorting people to a nearby vehicle for transport to a hospital or medical holding facility…"
- June 27, 2024 - Intentional infliction of harm is not a legitimate government purpose; enabling it is not a permissible legislative object. Links to case documents for *Smith v. HRSA*, *Texas AG v. Pfizer*, *Moms v. HRSA* and more.

Aug. 20, 2024 - Court-ordered quarantine: involuntary arrest and detention by local health and law enforcement officers.

Washington state statutes, regulations, guidelines and forms.

A reader at Sasha Latypova's post (available for her paid subscribers this week, general readership next week)

- Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2[150] (Sasha Latypova)

commented with a link to a Washington State government website:

- Washington State Department of Health, Public Health Provider Resources, Emergency Preparedness, Isolation and Quarantine, Guidelines and Forms[151]

I downloaded the documents hosted at the WA-DOH site, converted them to PDFs, and provide links at the post[152] for readers interested in studying them.

Similar laws and administrative procedures are in place in every US state; readers are encouraged to look at your own state government websites for similar online resources.

The single most important thing to understand is that no one involved in requesting voluntary detention and petitioning courts to order involuntary detention (local health officers); reviewing petitions for involuntary detention or issuing court orders (state judges); or enforcing involuntary detention orders (police, sheriffs or military officers) is legally required to review and validate health officer assertions about the existence, transmissibility and virulence (harmfulness or ability to cause disease and death) of an alleged pathogen.

Detentions can be carried out without presentation of any validated evidence that a pathogen has been or can be physically isolated and identified; without any validated evidence that a pathogen has caused or can cause disease; without any validated evidence that a pathogen has been or can be transmitted; and without any validated evidence that the subject of the detention order harbors the alleged pathogen in his or her body.

All evidence provided by public health officers can — legally — be fabricated and false.

Washington state law (WAC 246-100-040), *Procedures for isolation and quarantine*, makes explicit that the non-emergency, generally-applicable procedures for detention shall be "superseded" or preempted by

> "state and federal laws and emergency declarations governing procedures for detention, examination, counseling, testing, treatment, vaccination, isolation, or quarantine for specified health emergencies or specified communicable diseases, including, but not limited to, tuberculosis and HIV..."

[150] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders-6d4
[151] https://doh.wa.gov/public-health-provider-resources/emergency-preparedness/isolation-and-quarantine
[152] https://bailiwicknews.substack.com/p/court-ordered-quarantine-involuntary

In other words, even the non-substantive, inadequate due process applicable during alleged local outbreaks of alleged communicable diseases, will not apply during "health emergencies" as declared, without validated evidence, by state and federal public health officers.

Washington state law provides:

> "At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine...
>
> A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section..."

In some documents, Washington public health officials distinguish *isolation* from *quarantine* by specifying "isolation is used when a person already has symptoms," implicitly but not directly stating that quarantine is the physical arrest and detention of a person who has no observable symptoms of illness.

An example of the loose, non-falsifiable wording of these *de facto* arrest warrants is in the *Petition for ex parte order authorizing involuntary detention for quarantine or isolation when voluntary quarantine or isolation refused*.

> "The [county or municipality] Health Officer has determined, or has reason to believe, that the respondent(s) is/are, or is/are suspected to be, infected with, exposed to, or contaminated with [alleged pathogen], which could infect or contaminate others if respondent (s) is/are not detained and quarantined or isolated. The [county or municipality] Health Officer requested that respondent(s) voluntarily comply with isolation and quarantine requirements to protect the public health, safety and welfare. Respondent(s) failed to comply or refused to comply with infection control directives, including the directive for isolation or quarantine."

Following petition by a local health officer, any state court hearing will be held *ex parte*,[153] meaning without the presence or participation of the detainee and his or her lawyer, who therefore cannot provide evidence and argument disputing the "sole discretion" claims of the local health officer.

[153] https://www.law.cornell.edu/wex/ex_parte

Further, without establishing evidentiary standards for *reasonable basis,* the law provides:

> "The court shall issue the order if there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others."

Issuing the order is thus a non-discretionary act for the judge; the judge cannot substitute his judgment for the judgment of the local health officer.

Petitions to the court are to be confidential, not public, ostensibly to protect the private health information of detainees and the locations of quarantine facilities but really to block the public from understanding that local and state health and law enforcement officers are secretly kidnapping and assaulting people without valid evidence, probable cause, warrants or due process.

The first court order authorizes a 10-day detention, and the local health officer can apply for two 30-day extensions.

Washington state law further provides that, if detainees refuse to comply with a court order directing them to submit to involuntary detention, they can be imprisoned and/or fined up to $2,000 per day for contempt of court.

*

I corresponded recently with a reader interested in drafting habeas corpus petitions[154] for use by people facing arrest or already detained on public health and communicable disease pretexts. I published some of the habeas correspondence on Aug. 12, 2024.

There is useful information in the Washington State Department of Health forms for readers interested in drafting habeas petitions, about how state and local health officers will use state courts to enforce state-level Model State Emergency Health Powers Act (MSEHPA) laws, which their state legislatures adopted in compliance with federal public health emergency laws[155] and bribery schemes (i.e. CMS Medicare/Medicaid programs), which Congress adopted to fulfill terms of UN-WHO International Health Regulations and Bank for International Settlements/Federal Reserve/Treasury financial extortion schemes.

It's also important to think through, as early as possible, armed resistance exercised by American gun owners confronted at their homes and workplaces with quarantine requests and orders issued by local health officers, law enforcement officers and state judges.

I advocate for people having and buying guns for two reasons.

[154] https://www.law.cornell.edu/wex/habeas_corpus
[155] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/04/2024.03-repeal-state-public-health-emergency-emergency-management-communicable-disease-control-laws.pdf

One is that I think the US military junta [PHEMCE[156]] that has been in power since the January 2020 coup (carried out under federal public health emergency law) pays attention to purchasing patterns, and the more people they think have guns and are prepared to try to defend themselves, the more reasons given to the military leaders and the military officers who may be sent door-to-door, to pause, think and back off.

The second is that the more people actually do resist in an armed way on their doorsteps, as early in the attempted arrests as possible, the higher the cost1 of continuing the door-to-door programs, for the military and LEOs.

I'm acutely aware of Catherine Austin Fitts' and many others' observation, which I've also made, that with enough economic and social force, the federal military and local law enforcement officers won't need to use armed force in most cases.

A person who cannot spend time with family and friends who shun them, can't get into a grocery store to buy food and can't go to work, without complying, and can't obtain social support, food and shelter in some other way, will have to either die of loneliness and starvation quietly at home or homeless, or comply and be sickened, sterilized or killed by 'medical countermeasures.'

The likelihood of a courageous sheriff or judge showing up, and using legal principles to not arrest people, or to release people from detention, is very small.

The incentives for law enforcement officers and judges to cooperate with the federal military dictatorship are all in place, as are the disincentives for them to resist, and incentives and disincentives have been amply demonstrated to them for the last four years.

I also think it's worthwhile to write and publish solid and short habeas templates, as long as they accurately convey the kill box information[157] and don't pretend that the kill box laws are not in place, because every time someone reads such habeas petitions, considers the implications, thinks through trying to use them in an arrest scenario and then attempts to use them, more people become able to better see the kill box laws themselves, the underlying scientific, medical and other frauds, and Congress[158] and the state legislatures[159] as the source of the illegitimate, federal military HHS-CDC-DoD and local health officer authority and also the locus of repeal potential.

Preparing and distributing template habeas petitions is another form of public education, and if armed arrest scenarios start to play out, some number of people who have not been paying attention will start paying attention.

Being prepared to give them a very quick orientation to the post-Constitutional military dictatorship, as already established, is useful.

*

[156] https://bailiwicknews.substack.com/p/public-health-emergency-medical-countermeasures?utm_source=publication-search
[157] https://x.com/realdrjaneruby/status/1820629361021607964?s=46
[158] https://bailiwicknews.substack.com/p/top-10-us-federal-laws-congress-should
[159] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency

Don't test, don't trace, don't mask, don't isolate, don't vaxx.

And don't voluntarily go to any secondary location suggested by any kidnappers clothed in public health or law enforcement uniforms and citing public health laws.

> "FIGHT - With everything you have, every ounce of energy, every possible weapon at your disposal, FIGHT. Your chances of survival if you are taken to a secondary location decrease dramatically. If you are going to die, let it happen then and there, not on their terms. I know this is a horrible thing to think about, but they have a plan in place to do what they want with you, you must have a plan in place to deny them that. FIGHT." (OPS Security Group, *Self-Defense Tips and Tactics for Kidnapping Survival*[160])

Pray the Rosary.

[160] https://opssecuritygroup.com/blog-self-defense-tips-tactics-kidnapping-survival/

Quarantine law and state-level public health emergency law reporting and analysis:

- July 24, 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?
- Oct. 5, 2022 - State-level Mini-Me government-run bioterrorism programs. Turning Point Initiative, Model State Emergency Health Powers Act and progeny.
- Nov. 4, 2022 - Forced internment on communicable disease and public health emergency pretexts.
- Sept. 28, 2023 - On urging county, municipal and regional law enforcement and health officials to defy orders to capture and kill people under public health emergency pretexts.
- Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults.
- Nov. 30, 2023 - 50 of 50 States Already Have Rules in Place for Not Quarantine Camps.[161] (Conspiracy Sarah)
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.' - "...In April 2003, President Bush issued Executive Order 13295... At Section 1(b), Bush added common respiratory illnesses under the new name "SARS"... In April 2005, President Bush [added] "Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic..."
- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws.
- May 23, 2024 - Top 10 US federal laws Congress should repeal to end worldwide vaccination, mutilation and killing programs.
- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby[162] (Sasha Latypova)
- Aug. 12, 2024 - On habeas corpus, probable cause, warrants, detention and extrajudicial state killing under declared public health emergencies. "In the 2002 amendments in PL 107-188, Congress...added [to 42 USC 264] the "qualifying stage" "precommunicable," and "if the disease would be likely to cause a public health emergency if transmitted to other individuals" language... In the Jan. 19, 2017 Final Rule, (82 FR 6890) HHS...emphasized the "non-law enforcement," "border search," "special need, and "emergency civil commitment" character of apprehension and detention procedures carried out under public health pretexts."

[161] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules
[162] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders

Washington State Department of Health, Public Health Provider Resources, Emergency Preparedness, Isolation and Quarantine, Guidelines and Forms,[163] live links to backup copies of these documents at post.[164]

- 1, WA-DOH, What to Do When You Are Sick With COVID-19 or Another Respiratory Virus
- 2, WA-DOH, Isolation Quarantine Process Chart
- 3, WA-DOH, WAC 246-100-040, Procedures for Isolation and Quarantine, passed 2003
- 3.1, WA-DOH, RCW 43.20.050, Powers and duties of state board of health
- 3.2, WA-DOH, RCW 70.05.050, Qualifications of Local Health Officer LHO
- 3.3, WA-DOH, RCW 70.05.060, Powers and duties of local board of health
- 3.4, WA-DOH, WAC 246-100-011, Definitions
- 3.5, WA-DOH, WAC 246-100-045, Conditions and principles for isolation or quarantine
- 3.6, WA-DOH, WAC 246-100-050, Isolation or quarantine premises
- 3.7, WA-DOH, WAC 246-100-055, Relief from isolation or quarantine
- 3.8, WA-DOH, WAC 246-100-060, Right to counsel
- 3.9, WA-DOH, WAC 246-100-065, Consolidation
- 3.95, WA-DOH, WAC 246-100-070, Enforcement of local health officer orders
- 4, WA-DOH, LHO Request for Voluntary Quarantine
- 5, WA-DOH, Confidential Schedule, attachment to Ex parte petitions and motions to continue detention
- 6, WA-DOH, Involuntary Isolation or Quarantine, Summons, No attempt at voluntary compliance
- 6.1, WA-DOH, Involuntary Isolation or Quarantine, Ex parte petition for detention, no attempt at voluntary compliance
- 6.2, WA-DOH, Involuntary Isolation or Quarantine, LHO declaration in support, no attempt at voluntary compliance
- 6.3, WA-DOH, Involuntary Isolation or Quarantine, Court Order, no attempt at voluntary compliance
- 7, WA-DOH, Involuntary Isolation or Quarantine, Summons, individual refused to comply with request for voluntary compliance
- 7.1, WA-DOH, Involuntary Isolation or Quarantine, Ex parte petition for detention, individual refused to comply
- 7.2, WA-DOH, Involuntary Isolation or Quarantine, LHO declaration in support, individual refused to comply
- 7.3, WA-DOH, Involuntary Isolation or Quarantine, Court Order, individual refused to comply
- 8, WA-DOH, Motion for Continued Detention, if detainee has filed lawsuit challenging detention

[163] https://doh.wa.gov/public-health-provider-resources/emergency-preparedness/isolation-and-quarantine
[164] https://bailiwicknews.substack.com/p/court-ordered-quarantine-involuntary

- 8.1, WA-DOH, Motion for Continued Detention, LHO declaration in support, if detainee has filed lawsuit challenging detention
- 8.2, WA-DOH, Motion for Continued Detention, Court Order, if detainee has filed lawsuit challenging detention
- 9, WA-DOH, Motion for Continued Detention, Summons, if detainee has not filed lawsuit
- 9.1, WA-DOH, Petition for Continued Involuntary Detention, if detainee has not filed lawsuit
- 9.2, WA-DOH, Petition for Continued Involuntary Detention, LHO delcaration in support, if detainee has not filed lawsuit
- 9.3, WA-DOH, Petition for Continued Involuntary Detention, Court order, if detainee has not filed lawsuit
- 10, WA-DOH, Options for Noncompliance, Contempt of Court, imprisonment and fines
- 10.1, WA-DOH, RCW 7.21, Contempt of Court, imprisonment and fines
- 10.2, WA-DOH, RCW 70.05.120, Health orders, Violations, Remedies, Penalties

* * *

Aug, 21, 2024 Note on HHS addition of "protein" to biological product list

- Aug. 21, 2024 - Similarities between "spike protein" and synthetic anthrax toxin. Real bioweapons are not viruses but chemical weapons.[165] (Sasha Latypova)

HHS-FDA Final Rule, published Feb. 21, 2020, effective March 23, 2020, added a regulatory definition for biological product subcategory "protein" under 21 CFR 600 and PHSA 351(i)/42 USC 262(i):

> "21 CFR 600.3(h)(6) - A protein is any alpha amino acid polymer with a specific, defined sequence that is greater than 40 amino acids in size. When two or more amino acid chains in an amino acid polymer are associated with each other in a manner that occurs in nature, the size of the amino acid polymer for purposes of this paragraph (h)(6) will be based on the total number of amino acids in those chains, and will not be limited to the number of amino acids in a contiguous sequence."

85 FR 10057[166]

> "A. History of This Rulemaking
>
> The BPCI Act (2009) amended the definition of "biological product" in section 351(i) of the PHS Act to include a ‘‘protein (except any chemically synthesized polypeptide).’’
>
> After publication of the proposed rule, section 605 of the FCA Act (2020) further amended the definition of ‘‘biological product’’ in section 351(i) of the PHS Act to remove the parenthetical "(except any chemically synthesized polypeptide)" from the statutory category of "protein."

* * *

[165] https://sashalatypova.substack.com/p/some-similarities-between-spike-protein
[166] https://www.govinfo.gov/content/pkg/FR-2020-02-21/pdf/2020-03505.pdf

Aug. 22, 2024 - FDA's document-only, 2010 definition of 'viral vaccines;' FDA's 2007 recommendation that developers not assess whether vaccination causes autoimmune disease.

Aug. 22, 2024 Note 1

I do not believe that FDA "guidance for industry" documents are intended by FDA or construed by pharmaceutical manufacturers, as enforceable rules.

I believe they are written and published as part of the regulatory charade, and are one method through which FDA, DoD and pharmas coordinate the militarized fraud they are jointly perpetrating on the public.

I'm posting this 2010 FDA document-only definition of "viral vaccines" (FDA has not defined *vaccine,* or *viral vaccine*, in CFR regulations) because such definitions,

when viewed alongside the complete absence of physical standards and methods/techniques/equipment capable of determining product purity, safety and efficacy,

which have not been established by FDA or by FDA's allegedly private-sector partner, the US Pharmacopeia/National Formulary — see, for example, USP June 2020 *Standards for Quality Vaccines–General Vaccine Development and Manufacturing*,[167] indicating the non-existence of measurable standards and measurement techniques by the phrase "Not intended to convey requirements enforceable by regulatory agencies;"

May help more people understand that vaccines, from the batch and lot level at the factories, through the vial and dose level when administered to a person, are intrinsically heterogeneous, unstable and toxic.

There is no safe dose of vaccine material.

There never will be.

And these facts have been known for many, many decades by FDA officials, pharmaceutical company officials, military officers and US Pharmacopeia/National Formulary officials.

[167] https://www.usp.org/sites/default/files/usp/document/our-impact/covid-19/standards-for-quality-vaccines-general-development-and-manufacturing.pdf

FDA (February 2010) - *Guidance for Industry - Characterization and Qualification of Cell Substrates and Other Biological Materials Used in the Production of Viral Vaccines for Infectious Disease Indications*[168]

> "For the purpose of this document, viral vaccines are a heterogeneous class of preventive, and in some cases, therapeutic medicinal products that when administered are intended to elicit immune responses that could prevent and/or lessen the severity of one or more infectious diseases. These products include live attenuated preparations of viruses, inactivated (killed) whole or subunit virions, purified recombinant proteins, synthetic antigens, or live viral vectors expressing specific heterologous vaccine antigens…"

Related

July 26, 2024 - On FDA 'Guidance for Industry' documents as regulatory fraud coordination tools for US government and pharmaceutical co-conspirators.

> "…My understanding is that all FDA "Guidance for Industry" documents, going back to the mid-1980s, when they started issuing them [called "Points to Consider" at that time] are instructions to pharmaceuticals, from FDA, about how the pharmaceuticals should ignore FDA regulations (because the regulations are non-regulations), and how they should engage in performative acts designed to look similar to compliance, and how FDA will (on its own side) pretend to establish and enforce regulatory standards, but actually not establish or enforce them…"

*

[168] http://fda.gov/media/78428/download

Aug. 22, 2024 Note 2

Repeating points from previous note — FDA guidance for industry documents are to be understood as fraud coordination tools through which FDA and pharmas jointly withhold and cover-up from the public, knowledge that all vaccine material is intrinsically heterogeneous, unstable and toxic.

Here's another example of how the fraud coordination works, from a 2007 FDA publication.

FDA (November 2007) - *Guidance for Industry - Considerations for Plasmid DNA Vaccines for Infectious Disease Indications*[169]

> "Published preclinical studies indicate that DNA vaccination can activate autoreactive B cells to secrete IgG anti-DNA autoantibodies. However, the magnitude and duration of this response appears to be insufficient to cause disease in normal animals or accelerate disease in autoimmune-prone mice. These preclinical studies suggest that systemic autoimmunity is unlikely to result from DNA vaccination. Similarly, the absence of an immune response against cells expressing the vaccine-encoded antigen (including muscle cells and dendritic cells) suggests that an autoimmune response directed against tissues in which such cells reside is unlikely.
>
> Yet the possibility persists that DNA vaccines might idiosyncratically cause or worsen organ-specific autoimmunity by encoding antigens (including cryptic antigens) that cross-react with self. Thus, we no longer recommend that preclinical studies be performed to specifically assess whether vaccination causes autoimmune disease, but recommend that the general welfare of animals in preclinical immunogenicity and toxicity studies continue to be carefully monitored…"

[169] https://www.fda.gov/files/vaccines, blood & biologics/published/Guidance-for-Industry--Considerations-for-Plasmid-DNA-Vaccines-for-Infectious-Disease-Indications.pdf

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. Part 3 of series. (Katherine Watt)

> "Briefly, since the mid-1990s, citing authority derived from Congressional acts and Presidential executive orders, the Food and Drug Administration has been quietly eliminating its own regulatory functions through Federal Register rule-making notices and Guidance for Industry publications. FDA has essentially told biological product manufacturers: "We're not going to ask you what's in the products that you send out of your factories, and you shouldn't tell us what's in the products that you send out of your factories." 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…"

July 29, 2024 - Three true things that are really important to understand, and also very difficult to accept.

1. The infliction of deceptions, injuries, sterilizations and deaths is intentional. The harms are deliberately caused. Communicable disease and other public health emergencies (overpopulation, climate disruption) are faked. Public officials have known and lied about fake public health emergencies for a very long time. Products described as preventatives and treatments are neither. These products are toxic, poisonous. Manufacturers and regulators know about the toxicity and have known and lied about it for a very long time. The damage is not accidental; the harms and injuries and deaths are not side effects.

2. The US military, including the Public Health Service branch of the US military, and the other branches, organizes and runs the programs.

3. Under current US law, the deception, injury and death programs are legal. They are beyond legal challenge and legally unstoppable, because current US law authorizes them…

* * *

Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine.

Some recent correspondence between Sasha Latypova and me.

Some source documents are not linked in this post, just to save time. Readers interested can use the citations to track down the documents.

*

Thread started with Sasha's post:

Aug. 21, 2024 - Similarities between "spike protein" and synthetic anthrax toxin. Real bioweapons are not viruses but chemical weapons.[170] (Sasha Latypova)

> "…Let's look at the synthetic anthrax. First thing you need to remember, it is not a live organism and has little-to-nothing related to it, other than the historical research experiments and confusing names derived from it.
>
> As I repeat frequently, nobody can make any natural living thing in a lab, because the current "science" claiming to do so relies on the Newtonian/standard model - utterly incapable of explaining anything alive. So, let me assure you, that what is made in a lab is not the bacillus anthracis. It is a synthetic chemical allegedly resembling a small part of the *b.anthracis* believed to be responsible for the nasty business - a toxin. Importantly, it is a chemical substance that can be manufactured in quantity.
>
> An analogy for synthetic toxins would be making artificial quills of a porcupine or teeth of a shark. You don't need to have the whole porcupine or a shark attached to them, and you can make them sharper, longer, wider, double-edged, etc. to fashion them into a weapon. You can also devise ways of making the manufacturing process efficient, scalable and cost-effective.
>
> That's your "gain-of-function" in a nutshell. However, since the porcupine/shark is no longer part of the picture, the weapon doesn't walk out of the lab, and does not go into a bar to find a mate and make babies. I.e., it doesn't spread…"

*

[170] https://sashalatypova.substack.com/p/some-similarities-between-spike-protein

Aug. 21, 2024 - KW email to SL

Followed one of the links provided by a commenter at your latest,[171] picked up name of Charles Richet, awarded Nobel in 1913 for his work on anaphylaxis.

Skimmed his lecture, attached.[172]

Eugenics addressed in last page or two. Anaphylaxis and death from it, Richet says, is sad for the individual, but an important method for purifying the human race over time.

He mentions Milton Rosenau, who was the director of the Hygienic Lab between 1899 and 1909, key period for biologics manufacturing/mass poisoning system set-up, and also did a lot of research in dogs, guinea pigs, humans, others, on poisoning, toxins, vaccines, serums, anaphylaxis. He's a key figure in the early history.

Richet and Rosenau and their work also mentioned in 1967 book by Graham Wilson, *Hazards of Immunization*.

Aug. 21, 2024 - SL email to KW, excerpt:

…quoting Richet:

> "We are so constituted that we can never receive other proteins into the blood than those that have been modified by digestive juices. Every time alien protein penetrates by effraction [forcible entry[173]; injection], the organism suffers and becomes resistant.
>
> This resistance lies in increased sensitivity, a sort of revolt against the second parenteral injection [outside the intestines[174]; intravenous, intramuscular, or subcutaneous] which would be fatal.
>
> At the first injection, the organism was taken by surprise and did not resist. At the second injection, the organism mans its defences and answers by the anaphylactic shock. Seen in these terms, anaphylaxis is an universal defence mechanism against the penetration of heterogenous substances in the blood, whence they can not be eliminated."

SL:

I did not know that anaphylaxis is all allergy to foreign proteins. I thought it was only very an extremely severe reaction. Richet basically explains how any protein, if injected is detrimental to the body (and I believe to the microbiome). I would agree with this - no "biologics" should ever be used based on his research and based on what he said in this speech.

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[171] https://northerntracey213875959.wordpress.com/2022/02/26/anaphylaxis-the-real-bio-weapon/
[172] https://www.nobelprize.org/prizes/medicine/1913/richet/lecture/
[173] https://www.merriam-webster.com/dictionary/effraction
[174] https://www.merriam-webster.com/dictionary/parenteral#:~:text=of%202%20adjective-,par%C2%B7%E2%80%8Ben%C2%B7%E2%80%8Bter%C2%B7%E2%80%8Bal%20p%C9%99%2D,by%20way%20of%20the%20intestines

Aug. 22, 2024 - KW email to SL, excerpt

The protein info was interesting to me too, as a piece of evidence about how long the vaccinators have known that what they were doing was always harming the recipients, to a greater or lesser degree based on unpredictable aspects of the mix of stuff in the vial and the unique biology of the specific living organism.

I connected it with some early 1990s FDA guidance (that I had to buy from Mary Ann Liebert Inc. because I couldn't find it at FDA archives) called *Points to Consider in Human Somatic Cell Therapy and Gene Therapy*,[175] with references to "autologous, allogeneic or xenogeneic living cells" and Mike Yeadon and others' points about the powerful biological drive to distinguish self from non-self and reject non-self, and how the mRNA/DNA proteins, encased in the LNPs, get past so many of the defense mechanisms.

And I was interested in Richet's account of the etymology of the word anaphylaxis, as the opposite (*ana*) of protection (*phylaxis*) = deliberately rendering an organism hypersensitive.

Weaponized proteins.

Aug. 22, 2024 - SL email to KW, excerpt:

In general, I think this self-non-self differentiation is a fundamental law of nature. Every living thing is unique and irreplaceable and is a whole unit from beginning to end. There are no interchangeable parts. Sheldrake introduce the idea of "holons" to describe this.

Aug. 25, 2024, SL email to KW:

By the way, in Richet's 1913 book, *Anaphylaxis*, he calls the poison that he prepared by dissolving tentacles of Actinaria (I think it's the sea anemone) in glycerin "virus of Actinaria."

Bingo.

It's always been a poison. It's on p. 23 of the pdf file.

Aug. 26, 2024, KW email to SL:

Yes, that's why the original biologics regulation law in 1902 was called the Virus-Toxin Law.[176]

Early on, virus, toxin, antitoxin, serum and vaccine were used interchangeably…

I've been struggling to grasp and express the definitional overlaps and duplications/substitutions/elisions under 42 USC 262, *Regulation of biological products*, etc. for many months. *See* March 13, 2024 - Regulatory simulations at home and abroad: statutory and regulatory definitions for drugs, biological products, and biosimilars.

[175] https://www.liebertpub.com/doi/10.1089/hum.1991.2.3-251
[176] https://en.wikipedia.org/wiki/Biologics_Control_Act

By 1973, under the statutory authority of 42 USC 262, FDA had published some biological product definitions in a list that didn't include *vaccine*. [Congress didn't add the term *vaccine* to the statute list of biological products until 1970, and HHS-FDA has never defined *vaccine* in drug product manufacturing regulations.]

FDA defined several terms at 21 CFR 600.3, but did not define the term vaccine.

> "21 CFR 600.3 (h) - Biological product means any virus, therapeutic serum, toxin, anti-toxin, or analogous product applicable to the prevention, treatment or cure of diseases or injuries of man."
>
> 21 CFR 600.3(h)(1) - 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 protozos.
>
> 21 CFR 600.3(h)(2) - A therapeutic serum is a product obtained from blood by removing the clot or clot components and the blood cells.
>
> 21 CFR 600.3(h)(3) - A toxin is a product containing a soluble substance poisonous to laboratory animals or to man in doses of 1 milliliter or less...and having the property, following the injection of non-fatal doses into an animal, of causing to be produced therein another soluble substance which specifically neutralizes the poisonous substances and which is demonstrable in the serum of the animal thus immunized.
>
> 21 CFR 600.3(h)(4) - An antitoxin is a product containing the soluble substance in serum or other body fluid of an immunized animal which specifically neutralizes the toxin against which the animal is immune.

I later thought that maybe *vaccine* fell under that "analogous product" category.

- 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.[177]

21 CFR 600.3(h)(5) A product is *analogous*:

> (i) *To a virus* if prepared from or with a virus or agent actually or potentially infectious, without regard to the degree of virulence or toxicogenicity of the specific strain used.
>
> (ii) *To a therapeutic serum*, if composed of whole blood or plasma or containing some organic constituent or product other than a hormone or an amino acid, derived from whole blood, plasma, or serum.

[177] https://bailiwicknews.substack.com/p/deregulation-of-biological-product

> (iii) *To a toxin or antitoxin*, if intended, irrespective of its source of origin, to be applicable to the prevention, treatment, or cure of disease or injuries of man through a specific immune process…

But *vaccine* also falls under the *protein* category added in Feb. 2020 (85 FR 10057), just as the fake clinical trials for Covid-19 vaxxes were starting.

> 21 CFR 600.3(h)(6) - A *protein* is any alpha amino acid polymer with a specific, defined sequence that is greater than 40 amino acids in size. When two or more amino acid chains in an amino acid polymer are associated with each other in a manner that occurs in nature, the size of the amino acid polymer for purposes of this paragraph (h)(6) will be based on the total number of amino acids in those chains, and will not be limited to the number of amino acids in a contiguous sequence.

Which is what you're getting at with the spike protein, shark-tooth analogy.

The earliest published regulatory definitions I've found so far are the 1947 definitions in 42 CFR 73, which was the biological products section at that time, and is now the "select agents and toxins" section.

The biological products section was moved to FDA and renumbered 21 CFR 600 et seq in 1973, with the definitions basically the same as the 1947 version, and they remained basically the same (maybe some minor changes) up until Feb. 2020 when the *protein* definition was added.

The "select agents and toxins" section was added under the statutory authority of 42 USC 262a, by HHS at 42 CFR 73,[178] through the same 2002 law (Public Health Security and Bioterrorism Preparedness and Response Act, PL 107-188) that the "qualifying stage," "precommunicable" language was added to the quarantine sections at 42 USC 264, 42 CFR 70 and 42 CFR 71.

Just bought two 1910 JAMA articles by Milton Rosenau, second director of the Hygienics Laboratory. (Jan. 22, 1910, *Vaccine Virus*,[179] and Jan. 22, 1910, *The Federal Control of Vaccines, Serums, etc*.[180])

Haven't read them yet - I found the abstracts a month or so ago and filed them away because of his definition of *vaccine virus*, using the term "specific principle" to refer to the non-specific contents of a disease pustule erupting from calves that have been injected with disease-causing material.

Rosenau, 1910:

> "*Vaccine virus* is the in the material specific principle obtained from the skin eruption of calves [1] having a disease known as vaccinia.…
>
> This material scraped from the skin eruption is called vaccine "pulp." The fluid which exudes after the pulp is taken is called vaccine "lymph."

[178] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73
[179] https://jamanetwork.com/journals/jama/article-abstract/431147
[180] https://jamanetwork.com/journals/jama/article-abstract/431146

Both the pulp and the lymph are mixtures containing epithelial cells, serum, blood, leucocytes, products of inflammation, debris, bacteria, etc., in varying proportions…

The specific principle of vaccinia is unknown. The organism, whatever it is, exists chiefly in the epidermal lesions, and the pulp, therefore, contains more potent and concentrated virus than the lymph…"

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 - "…US military-public health officials have not only long understood the harmful effects of immunotoxicants, enabling the selection of effective xenobiotics for inclusion in vials of vaccines and other biological products, which are intentionally toxic poisons, and therefore legally classifiable as weapons. They have also long possessed knowledge of how to assess the efficacy (morbidity and mortality) of such vaccine-weapons, through biomarker assays…Summary at p. 2: '…This document presents a brief history and review of immunology, immunotoxicology, and biologic markers (Chapters 1 and 2). The effects of toxicants on the immune system can be expressed in two ways. Excessive stimulation can result in hypersensitivity or autoimmunity; suppression can result in the increased susceptibility of the host to infectious and neoplastic agents…' "
- 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 - "…All vaccines are heterogenous mixtures of immunotoxic nucleic acids, metals, lipids and other junk, and they're all inherently unstable and inherently destructive to the recipient organism…"
- Aug. 22, 2024 - FDA's document-only, 2010 definition of 'viral vaccines;' FDA's 2007 recommendation that developers not assess whether vaccination causes autoimmune disease.

* * *

Aug. 28, 2024 - On 'critical quality attributes' or CQAs

In recent months, as I've learned more about the non-regulatory, fraudulent character of FDA's purported oversight of biological product manufacturing, I've tried to convey a few key points.

Vaccine manufacturers, FDA and the FDA's regulatory partner — the US Pharmacopeia-National Formulary[181] — have never established any objective, measurable, verifiable physical, chemical or biological standards for gene-containing, cell-based products including but not limited to products labeled as vaccines.

Pharmaceutical manufacturers, FDA and USP-NF have never identified or developed techniques or equipment that can validly measure physical, chemical and biological characteristics of vaccines and related biological products.

And FDA has never enforced, on vaccine manufacturers, compliance with any objective, measurable, verifiable physical, chemical or biological standards for vaccines and related biological products, because such standards have never been established and do not exist.

I have argued that these failures are attributable to the inherent heterogeneity, instability and toxicity of biological material contained in vaccine packages.

In each vial and each dose, there is a wide variety of genetic material, along with other, non-biological substances such as metals.[182]

At every step along the path, from the raw materials and cell lines propagated in the factories, to the moment of injection and after the contents enter the living human or animal body, genetic material is prone to decay, fragmentation, sedimentation, protein-folding, and other transformations.

It is not in stasis; it is dynamic; it is unstable.

And the genetic material, because it is foreign to the person receiving it and living creatures are designed to respond defensively to invasions of foreign matter, is harmful to the recipients.

It is toxic — to a greater or lesser degree depending on infinite variables — to every person who receives any vaccine, each time such invasion occurs.

There is no way for anyone to know even the identity of the biological material in the vials, and thus also no way for anyone to know the purity, potency, safety or efficacy of genetic material whose identity is unknown.

All vaccines, up to and now including mRNA/LNP vaccines, have always contained genetic, cell-based material foreign to the recipient.

[181] https://en.wikipedia.org/wiki/United_States_Pharmacopeia
[182] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/05/2017.01.23-paper-gatti-montanari-new-quality-control-investigations-on-vaccines-micro-nanocontamination.pdf

All vaccines, up to and now including mRNA/LNP vaccines, have always caused harm to the recipients.

In the last couple of days, I've come across reinforcement of these points from several sources.

Without providing in-depth analysis, I'm offering some quotes and links for readers who want to study and think about these things more, to further develop confidence in decisions to stop taking all vaccines and stop all vaccination of babies and children.

The sources cited below support the conclusion that the inherent heterogeneity, instability and toxicity of vaccines has been known to manufacturers, fake-regulators and vaccination proponents for a very long time.

For more than 100 years, and still today, US and international government and non-governmental agents have advocated and coerced public submission to vaccination as an intentional program to deceive, harm and kill people.

Critical Quality Attributes

An important phrase to learn is "critical quality attributes."

I first heard it in June 2024 during a conversation with a pharmacist about the relationship between FDA and the US Pharmacopeia-National Formulary, and about USP-NF employees' efforts, in recent years, to grapple with mRNA/LNP vaccines and other novel genetic, cell-based products.

FDA has defined CQAs as

> "a physical, chemical, biological, or microbiological property or characteristic that should be within an appropriate limit, range, or distribution to ensure the desired product quality." (November 2009, FDA Guidance for Industry Q8 (R2) Pharmaceutical Development[183])

CQAs are related to all the things that Sasha Latypova has investigated and written about, concerning Chemistry, Manufacturing and Controls (CMCs), the complete non-applicability and non-enforcement of CMCs to Covid vaccines, including her December 2022 memo to Senator Ron Johnson.[184]

Again, without trying to contextualize the information, apart from a few brief comments, below are the sources I've come across in the last few days.

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[183] https://www.fda.gov/media/71535/download
[184] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/02/2022.12.18-latypova-memo-re-cgmp-intentional-noncompliance-12-p.pdf

1910 - *Vaccine Virus*,[185] paper by Milton J. Rosenau,[186] [second Director of Public Health and Marine Hospital Service Laboratory of Hygiene, 1899-1909], published by JAMA

> "Vaccine virus is the specific principle in the material obtained from the skin eruption of calves having a disease known as vaccinia [cowpox]…
>
> Both the pulp and the lymph are mixtures containing epithelial cells, serum, blood, leucocytes, products of inflammation, debris, bacteria, etc., in varying proportions.
>
> The specific principle of vaccinia [cowpox] is unknown…
>
> It is impossible to obtain vaccine virus free from the bacteria of the skin…
>
> The fact that a serum or vaccine is granted a license does not mean that it is a valuable curative or prophylactic; in fact, it may have little or no therapeutic value…"

Why vaccine virus should be in the Pharmacopeia…

> "The objection, that vaccine virus is an indefinite substance, the 'active principle' of which is not known, is no longer valid, for the Pharmacopeia contains many such substances, including the ferments, against which similar objection holds.
>
> The objection that vaccine virus cannot be "assayed" [quantitatively and qualitatively analyzed[187] to determine the presence, amount or functional activity of a substance] by the average druggist also lacks force when we recall that the potency and purity of vaccine virus in interstate traffic is cared for by the federal government under the law of July 1, 1902, which relieves the pharmacist of this responsibility…"

<u>KW comments:</u>

Rosenau asserted that the presence of other undefined substances in the Pharmacopeia, meant that pharmacists should have no problem handling and dispensing the undefined substances contained in vaccine packages.

Rosenau further asserted that, although the unknown and unknowable contents of vaccine packages couldn't be objectively analyzed by anyone, including dispensing pharmacists, pharmacists should not be concerned about it: the federal government had legally relieved them of responsibility for the contents of vaccines.

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[185] https://jamanetwork.com/journals/jama/article-abstract/431147
[186] https://www.ncpedia.org/biography/rosenau-milton-joseph
[187] https://en.wikipedia.org/wiki/Assay

2010 - Sequence-Based Classification of Select Agents, A Brighter Line: Committee on Scientific Milestones for the Development of a Gene Sequence-Based Classification System for the Oversight of Select Agents[188] (NASEM)

> "…Natural variation and intentional genetic modification blur the boundaries around any discrete list based on taxonomic names…
>
> The committee was specifically charged with identifying: the scientific advances that would be necessary to permit serious consideration of developing and implementing an oversight system for Select Agents that is based on predicted features and properties encoded by nucleic acids rather than a relatively static list of specific agents and taxonomic definitions.
>
> It is implicit in the charge that a "predictive oversight" system is not now feasible. It is also implicit that "gene sequence-based classification," is synonymous with "predict[ing] features and properties encoded by nucleic acids."
>
> However, it soon became clear that the committee was confronted by two quite different tasks, one of which is feasible and one is not. It is possible to *classify* a new sequence as belonging within a group of known sequences; it is *not* feasible to *predict* the function(s) that sequence encodes. Thus, it is essential to distinguish sequence-based *classification* from sequence-based *prediction* of biological function.
>
> *A sequence-based* prediction *system for oversight of Select Agents is not possible now and will not be possible in the usefully near future.*
>
> - Select Agent is not a biological term; rather it is a regulatory designation. Some properties historically considered in assigning an organism to the Select Agent list are not biological properties, and therefore, can never be determined from the organism's genome sequence.
> - High-level biological phenotypes—such as pathogenicity, transmissibility, and environmental stability—cannot plausibly be predicted with the degree of certainty required for regulatory purposes, either now or in the foreseeable future.
> - Reliable prediction of the hazardous properties of pathogens from their genome sequence alone will require an extraordinarily detailed understanding of host, pathogen, and environment interactions integrated at the systems, organism, population, and ecosystem levels. It is a prediction problem of the greatest complexity.
> - Biology is not binary. Microorganisms are not either "potential weapons of mass destruction" or "of no concern." No single characteristic makes a microorganism a pathogen, and no clear-cut boundaries that separate a pathogen from a non-pathogen. Pathogenic microorganisms are not defined by taxonomy; it is common for a given microbial species to have both pathogenic and non-pathogenic representatives. An agent has multiple biological attributes,

[188] https://nap.nationalacademies.org/catalog/12970/sequence-based-classification-of-select-agents-a-brighter-line

and the degree to which these are expressed fall along a spectrum for each biological characteristic; (1) consequently, agents present varying degrees of risk.

- For the foreseeable future, the only reliable predictor of the hazard posed by a biological agent will be actual experience with that agent…

…The scientific community does not have sufficient knowledge to create a novel, viable life form, even a virus, from the bottom up. Designing an infectious viral genome *de novo* by sequence requires the accurate prediction of protein structure and function, the design of protein-protein interactions and protein machines, all of which must produce progeny virions efficiently in an order of magnitude more complex host cell.

If we cannot predict protein structure and function on the basis of sequences with any accuracy, how can we design and synthesize novel viruses that will replicate, regardless of their disease potential?

KW comments:

There is no 'bright line'[189] or even the possibility of a bright line, distinguishing cell-based biological weapons — 'select agents and toxins,' in HHS regulatory language' (42 USC 262a[190]; 42 CFR 73[191]) from vaccines and other biological, genetic, cell-based products.

And because it is not feasible to predict biological functions of encoded sequences, for the purposes of classifying a sequence as a select agent or biological weapon, it is also not feasible to predict biological functions of encoded sequences in terms of their therapeutic value as treatments or prophylactics.

In other words, there is no scientifically-feasible foundation upon which vaccine manufacturers, regulators, advocates or users can make any valid, verifiable, credible, trustworthy claims about the identity, purity, potency, safety or efficacy of vaccines and other genetic products.

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[189] https://www.merriam-webster.com/dictionary/bright-line
[190] https://www.law.cornell.edu/uscode/text/42/262a
[191] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73?toc=1

2017 - Navigating the Manufacturing Process and Ensuring the Quality of Regenerative Medicine Therapies: Proceedings of a Workshop[192] (National Academies of Sciences, Engineering and Medicine)

> …Although regenerative medicine has great potential for producing both health and economic benefits, this relatively new field faces unique regulatory and manufacturing challenges. The reliance of regenerative medicine products on living cells and tissues, which are inherently dynamic, adds a fundamental complexity to the manufacturing and scale-up process that is not present in the manufacture of most non-biologic therapies.
>
> Since the variety of cells and tissues used in regenerative medicine is vast and the characteristics of cells can differ between in vitro and in vivo environments, defining and assessing the quality of products is challenging.
>
> In addition, it can be difficult to accurately measure or test for critical quality attributes (CQAs) (i.e., physical, chemical, biological, or microbiological characteristics that should be within an appropriate limit, range, or distribution in order to ensure the desired product quality (2) of cells because these attributes can change over time as they are affected by the cell maturation process and exposure to environmental stimuli.
>
> …[O]n June 26, 2017, the Forum on Regenerative Medicine hosted a public workshop in Washington, DC…to examine and discuss the challenges, opportunities, and best practices associated with defining and measuring the quality of cell and tissue products and raw materials in the research and manufac turing of regenerative medicine therapies. (4)
>
> The goal of the workshop was to learn from existing examples of the manufacturing of early-generation regenerative medicine products and to address how progress could be made in identifying and measuring CQAs.
>
> While there are increasingly more regenerative medicine products in the clinical pipeline and on the market, there is not yet consistency in the approaches to cell sourcing, product characterization, manufacturing processes, or logistics and delivery models…
>
> *Inherent Challenges to Preparing and Regulating Biologics*
>
> Many of the approaches and practices that the day's presentations and discussions would highlight are rooted deeply in the history of biologics development, said Jay Siegel, a forum co-chair and the chief biotechnology officer and head of scientific strategy and policy at Johnson & Johnson.
>
> Vaccine production is centuries old, he noted, with the use of antisera products to treat infections going back to the 1890s. Monoclonal antibodies and cell and gene therapies are examples of more recent biologic products used to treat disease.

[192] https://www.ncbi.nlm.nih.gov/books/NBK475688/pdf/Bookshelf_NBK475688.pdf

Although each of these biologics has its unique manufacturing obstacles, he said, they share common challenges, such as difficulty in characterizing the final product and the variations that inherently occur when living cells and tissues from several different sources are used.

Unlike the case with non-biologic drugs, there is no method to sterilize a cell-based biologic in its final packaging, Siegel said, and the cell-based biologics can be reactive, immunogenic, and relatively unstable.

Related

- 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. (Katherine Watt)
- July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity. (Katherine Watt) - "…SCOTUS is on board with the vaccine-mediated cull; they've already addressed it through Bruesewitz v. Wyeth (2011)…A key phrase from *Bruesewitz,* citing *Hurley v. Lederle* (1988), identifies the FDA as a "passive agency," which is code for non-regulatory, having no legal authority or historical record of setting or enforcing standards for vaccine design, identity, safety, or efficacy…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."
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine. (Katherine Watt)

* * *

Aug. 29, 2024 - Transcript, RFK Jr. interview of Sasha Latypova, March 15, 2023

KW Notes: RFK Jr. has not contacted me to discuss my legal research, and has not responded to my attempts to contact him. Apart from a few brief emails, which went unanswered, I stopped trying to contact attorneys more than a year ago [mid-2023], to focus on trying to help build confidence to refuse, among those who will be asked, again and again in the coming months and years, to take more poisons labeled as vaccines and to deliver their babies and children up for more poisons labeled as vaccines.

Stop taking all vaccines.

Stop all vaccination of babies and children.

Understand that there is no safe vaccine, and there never has been a safe vaccine.

Understand that vaccines are just poisons: intentionally harmful.

Understand that there will never be "safer" vaccines.

Understand that the makers, the regulators, the buyers and the promoters have always known that vaccines are just poisons.

Understand why and how your parents and grandparents and you and your children and grandchildren have all been deceived into taking poisons.

Become fiercely anti-poison.

*

Transcript, RFK Jr. interview of Sasha Latypova, March 15, 2023

- Video on Rumble[193]
- Transcript PDF[194]

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[193] https://rumble.com/v2df7hg-militarized-healthcare.html
[194] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/07/2023.03.15-rfk-jr.-latypova-interview.pdf

Robert F. Kennedy Jr.:

Hey everybody. I'm really happy that we have returned guest today, Sasha Latypova, is a former Pharmaceutical R&D Executive. She worked in the industry for 25 years and ultimately owned and managed several contract research organizations working on clinical trials for more than 60 pharmaceutical companies, including Pfizer, AstraZeneca, J&J, GSK, Novartis, and many others.

Latypova worked many years in cardiovascular safety assessments and interacted with the FDA and other regulatory agencies on these matters on behalf of her clients as part of the FDA Cardiovascular Safety Research Consortium.

Sasha sold her companies and retired from the industry before the pandemic. And Sasha has been speaking out on COVID and the mRNA vaccines and related matters since early 2021 as an independent researcher.

I'm going to say this to our reader, what you're going to hear today is immensely important and it puts a new dimension on the corruption that has occurred and that really, what I would call, coup d'état against democracy by forces that include not only the medical cartel but our military and intelligence apparatus as well and Sasha has done an incredible job of going into the weeds and documenting exactly how they've got away with what they've gotten away with. And this huge fraud that they have pulled off that has gulled virtually the entire regulatory community physicians and the public.

I want to say this at the outset, Sasha does not have a scientific or medical title. She's an MBA, but she brings a special expertise. She has a niche expertise, which is understanding the regulatory protocols and process that govern clinical trials. She was in charge of compliance for over 60 clinical trials. So she knows what the regulatory hurdles that are normal and that businesses have to comply with if they're going to bring a product, a drug, or a vaccine to market.

And during the early part of 2021, she began noticing some gaps in that process, let's say, and some irregularities about the way that the vaccines were brought to market and that caused her to do freedom of information requests and to really figure out what was going on and the fraud that she uncovered is monumental.

So I'm really going to try to stop talking and get Sasha to explain as she does incredibly articulately, eloquently and clearly exactly what happened.

So welcome, Sasha, one thing I want to say is the last time we had you here, you look like you're in a bunker now, the last time you were in a very luxurious house with a beautiful oil painting behind you of Daniel in The Lion's Den, which I just loved and I asked you about it and you said that it was your painting and I looked you up and your artwork is incredible. So you are a person of many, many talents.

I don't know where you are today, but you look good. The light looks good, but the background is not as great as it was when we saw you in your home.

Sasha Latypova:

Yes, thank you. Yes, I am actually in a very luxurious place. It's just the lighting here is set up as such that it throws the background in the dark. But yeah, not in the same place where Daniel is right now. And it's my favorite painting, I think. I love it. I love the way it turned out and I love what it told me when I was doing it. So I'm keeping that message.

Kennedy: You must feel like Daniel in the lion's den some days when you wake up.

Latypova: Yes.

Kennedy: Except the lions are trying to eat you.

Latypova: No, they're not. So the message of that painting is that, first of all, God's design is perfect, absolutely perfect. I wish more people understood it. And it has to do with both the truth and the human body and everything that has been created in the universe. You cannot improve on the truth and you cannot improve on the design of the human body or the cells or the DNA. And no matter what these fear mongers are telling you about the gain of function and all that nonsense, just understand that that's fear mongering and bluff.

They cannot overcome what God created. And that's why that story about the Daniel is told that way. And if you understand it, then you know that there's nothing to be afraid of. So that was the message that painting told me when I was making it and well, so that's sort of the philosophical underpinnings of all of this.

But yeah, so coming back to the criminals, let's talk about the criminal organization. You're correct. When I started looking into this in early 2020 and later, in 2021, when they started rolling out the so-called vaccines, I was still naive and under assumption most of my colleagues that these were pharmaceuticals, and the FDA was regulating them. And the CDC was supposed to be monitoring the safety signals, but somehow they missed them.

And a lot of people are still in that camp and trying to get CDC to pay attention to the things that it was never going to and has no mandate to pay attention to. And in fact has the opposite mandate, and I'll explain how. And so that was the problem. At the beginning I was looking at the various database of CDC and looking at the adverse events and deaths, especially serious adverse events and deaths associated with the so-called vaccines by lot numbers.

And that was the unique view because I understood how they're made. They're supposed to be made in the lots and lots have numbers and they're tracked. And in any normal safety surveillance system, this is what you do. You identify some kind of a problem, a clustering of deaths, you look up the lot numbers, you immediately recall them. And that's done by the manufacturer. All the manufacturers have those systems of surveillance and in fact, you get letters from your car dealers all the time saying, "Oh, this part was recalled or whatever."

But that's because the same safety surveillance system was triggered somehow. And they figured out that, "Okay, this part number needs to be taken off the market." The same happens with pharmaceuticals. The vast majority of recalls of pharmaceuticals or food, salad with salmonella, are recalled by the manufacturers all over the United States. Yet this never happened with these products.

In fact, there was one lot identified in Orange County, California for Moderna by Orange County, California Health Department on January 18th, 2021, they were calling an abnormal number of allergic reactions and nothing happened. So they flagged it, but there was no action taken. The lot continued to be distributed all over the United States ultimately caused something like 65 deaths and over 3,000 adverse events, serious adverse events.

And after something like this happens, what I need people to understand, you don't have to continue going and saying, "Oh, I need to demonstrate access mortality associated with this product." No, you don't. When something like this happened that I just described, it should be considered intentional murder and those responsible should be prosecuted.

At that point the law enforcement needs to be triggered into action to go after those responsible who are now responsible for 65 dead people all over the United States. Yet again-

Kennedy: Let me add, and I'm going to try not to interrupt you, but let me just add one other thing that you may have just neglected to say. But there have been surveys of which lots are injuring people. And my understanding is that something 90% of the injuries are the result of one or two or three or four. It's a very, very small number of lots, maybe 5% of the lots

Latypova: That was early data point, which is still true based on the raw output from the VAERS database. Well, in reality we also found is that CDC also manipulates the data through their contractors. So they manipulate the data very heavily so that it looks this way. In reality, actually the percentage is something like, I would say, 30% of the lots are accountable for 90% of the deaths. But because of data manipulation that CDC does, it looks more like 5% of the lots.

But yeah, it's neither here or nor there. We still see that there is a huge signal triggered, there's huge signal associated. Even if somebody just took a raw output and said, "Oh look, there are 5% of the lots. Let's look at them more closely. Let's recall them." The first thing to do is stop and recall. If this is done in the interest of public safety by everyone involved, the government, HHS, FDA, CDC, all the manufacturers, Pfizer, their subcontractors. Anyone has those systems in place, anyone can detect it. And once they detect it, the first thing to do is stop and recall.

None of this ever happened in the United States. It happened in Japan for a couple of lots of Moderna, but it never happened in the United States. Even after they flagged it, they continued selling it and they killed 65 people. So to me, that was enough. I didn't need to continue going and screaming at CDC, "Please look at my data."

I knew that they were criminals at that point and they were doing it intentionally. So I started looking as to, do I have a confirmation that these products are not good manufacturing practice compliance? And yes we do. We have direct documents from European Medicines Agency stating that Pfizer was not in compliance with good manufacturing practices at the time of authorization or conditional marketing approval actually in Europe.

They were not in compliance. And that was regulatory objection number one, which is a major red flag, formal objection by the regulator to the approval. And that should have been resolved before anything was being shipped. Yet two weeks after that notice was issued commercial lots of Pfizer, which had been manufactured long before that opinion was issued, got shipped in the US and internationally violating every import export rule, all other GMP compliance rules again.

So after that, you should say it's completely intentional, not only in the US, internationally. Again, nothing happens. I still am still confused as to why nothing happens. And everybody's asking everybody either on our side is asking you that question, "Why is there is no action? Why there's no action by the courts? No action?" We can't even bring them on charges for any of these very flagrant violations.

And then ultimately I ran into this brilliant analysis by my colleague now Katherine Watt, who writes Bailiwick News Substack, and she's compiled what I would say encyclopedia of reference and law reference on this topic of how the US government over time created this pseudo legal structure.

I'm not saying any of this is lawful, this is completely unconstitutional, what I'm just going to describe. But they made it legal on paper and that's what Katherine has tracked. And once I read it, the universe started making sense to me again because this is what they've done. This is the crime that they're committing, as we speak.

So what they put in place, and this has been done over time, so shows a lot of pre-planning and premeditation, they've created a framework of pseudo legal laws that they're using. And first of them is, well, there are several statues, six key statues that she describes, but I'm going to speak about just a few of them here.

The, Emergency Use Authorization Law, that's what's being used here in the US, it's a little bit different outside of US, but let's focus on the US. It's was put in place in 97 under Clinton. And it actually authorizes FDA to put drugs or devices on the market without proper testing or authorize an unauthorized use of a device or drug. And that was initially explained as very limited niche kind of application for desperate cases for terminal cancer for something that very, very critical criteria for EUA is that there is no other treatment option.

So that explains the suppression of hydroxychloroquine and ivermectin, which were perfectly workable, safe, and long used medications that were showing a lot of promise for treating COVID, And yes, we know now definitively they're quite effective at treating COVID.

Kennedy: And that is because, just to elucidate this for our listeners, the EUA provision regulation that was promulgated by the Clinton administration had safeguards in it. And it said, "Yes, you can take a medication that has no approval and you can distribute it and approve it for use without clinical trials, without any safety or efficacy testing. But you cannot do that if there is an existing drug that is approved for any purpose that is demonstrated to be effective against the target illness."

And so you can only use that EUA if no other drug or treatment exists. So it was very important if they wanted to use that EUA for their vaccines, they needed to first discredit or destroy any drugs that actually were effective against COVID. And very early on, they knew that hydroxychloroquine was effective against Coronavirus because NIH did studies that showed it was, it was devastatingly effective, both as a preventative and as a cure. And they knew that.

And Ivermectin was also devastatingly effective, but it would've killed their entire use of the emergency use authorization if there had been any acknowledgement that those drugs were. So they had to suppress them.

Let me just give the punchline to what you're about to tell us, which is that essentially there were a series of laws put in place that allowed the military to take over distribution of vaccines and under a provision that does not allow any clinical trials and does not allow any safety testing. And that essentially the safety testing that we did see, which was conducted by the pharmaceutical industry, was kabuki theater. Put on for the public with no regulatory implications. And that's why they were able to take all these shortcuts because it was meaningless theater.

Now I'm going to let you explain kind of the long version of that, but that's kind of where we're going.

Latypova: Yes, exactly. So it was a pretend authorization by a regulatory agency, FDA, that has no regulatory mandate to regulate countermeasures in the United States. Remember the FDA mandate is to regulate interstate commerce of medical products and food. So they are supposed to approve medical products, and these are not medical products, they're countermeasures.

So that legal framework that's being utilized here is essentially pretending that this is a health event and pretending that these are health products while using the laws that actually put them into a totally different space legally, or pseudo legally, I would say.

So in addition to the emergency use authorization, they're using another set of laws that are called that they're allowing them to contract under other transaction authorities. So Department of Defense. And they're not just overseeing the distribution of vaccines, by the way, that was sold to the public also.

They're actually, Department of Defense is fully in charge of the development of the clinical trials, of the execution of all this manufacturing, and ordering of them and distributing the money and taking the possession of the delivered product and distributing it and owning it until it is injected into a person. So they're using other transaction authority, which is a way for the government to contract, again, initially was very narrowly defined, given authority to NASA to do it in the 60s. Now 11 government agencies are using it and DOD is a particular frequent user of this method.

Kennedy: Other transaction authority. It's called OTA,

Latypova: OTA.

Kennedy: And it was essentially designed to allow the Pentagon to quickly buy weapons and weapons systems without paying attention to any existing regulatory authorities.

Latypova: Yes.

Kennedy: What they've done is they've taken that authority and they've applied it to the vaccines. So they're purchasing the vaccines under OTA as a demonstration product. It's not a medical product. So FDA has no authority over it. CDC has no authority over it. Military is actually manufacturing, they farm this out to hundreds of military contractors to do the manufacturing, to do the distribution, to do every aspect of it. And it's all a huge military operation.

And the involvement of the drug companies is kind of window dressing because the Pentagon did not want to put on the product product, "This is a Pentagon made, Defense Department made product." They essentially paid the pharmaceutical companies for their brand names so people would think they were getting something from Pfizer and Moderna.

But all of the back room and the distribution manufacturing is done by the military and the pharmaceutical companies were brought in to put their name on it and then to pretend to do clinical trials, which have no legal significance.

Latypova: Absolutely. Yeah, that's exactly right. So OTA allows them not only quickly order otherwise regulated products from regulated industry, private industry, without following the regulations. So that's critical and that's why do DoD loves it so much because not only they can do that, they can also hide a lot of technology and IP from public, from each other, from other government branches. So it's perfect for them. And also they don't have to follow any federal procurement accounting rules.

So that's why they're stated budget is 800 billion, but they can't find $8 trillion because they lost it and there's no accounting records for it. So that's how they do it. And they distribute humongous amounts of money through this and through their agency. It's technically HHS agency, but it's called BARDA, Biomedical Advanced Research and Development Authority.

But BARDA kind of distributes the money. So they've all contracted. These contracts became available, over 400 of them, for all countermeasures, not just vaccines, but vaccines got the largest chunk of money. So it's vaccines, therapeutics, diagnostics, even masks were included in that. So they give them a huge chunk of money.

The scope of work of these contracts, the primary scope of work, is large scale manufacturing demonstration. Demonstration meaning fake. It also use words, sometimes prototypes, sometimes it's prototype, demo countermeasure, large scale manufacturing demonstration. Those are typical scope of work in this project. And then they mention in a fluff language, they mention things like, "Oh, it's going to be subject to FDA rules and compliance." But then they also have these scope definition clauses where it says specifically out of scope, "And we're not paying for it, we're not

ordering it, is preclinical, clinical, development and manufacturing compliance." So that should be understood very clearly by everyone.

Department of Defense gave humongous amounts of money to all these pharma companies for for demonstration. Just a demonstration. And if you knew that you're going to inject your child with a Department of Defense prototype ordered under OTA and emergency use authorized, would you do it? I don't think so. So that was the biggest lie that was sold to the public. That, "Come get injected with the safe effective thing that manufactured by Pfizer," a prestigious pharmaceutical company, which is also a felon by the way. But people think that it's a pharma company.

Anyway, so that's how they did it. And they can invoke all this structure under public health emergency and continue invoking it under public health emergency because this whole thing clicks into place when they announce public health emergency based on absolutely no data and no evidence that any emergency exists. And they have been extending it and will continue extending it as long as we allow them to because of this, because they need it in place so that they can continue implementing this structure.

Kennedy: When they operate under OTA, there is no quality control because normally you would have quality control choke points. In other words, the government regulates quality control at the factory. And then again in the distribution system when you cross state lines, you have to show the lot number and you have to show that you complied with quality control and best manufacturing processes.

But now there is no, under OTA, there literally are no best management practices, there are no best manufacturing processes. And so we don't know what the ingredients are, we don't know how it was manufactured. We don't know where a lot of these were manufactured, and we just know nothing about these products, and nobody is actually looking at them. Is that?

Latypova: Yeah, that's accurate. I even have suspicion that reading these documents, and this is an educated guess, that Pfizer for example, also doesn't know exactly what's in those products because there are some indications, I'm not going to discuss this deeply right now, that Pfizer is also not necessarily knowing exactly what goes into what.

So there is a huge question mark as to whether there is mRNA in these products or no, sometimes there is. I know some of the researchers found evidence of RNA, but it was not conforming to the specification that Pfizer described. It was different lengths of mRNA, different strands of mRNA, and there were huge impurities, a thousand times greater than limit.

There were impurities of DNA and all kinds of other toxic materials were found such as metals, for example, very toxic metals and other large structures that are unexplained, but they're too large to be in an injectable product and that should be, again, basis for recall any of this.

So we don't know what exactly is in it, whether there is RNA, if there is RNA, what it's coding for, what it's not coding for, even when it's not coding for things. It has been designated, this RNA and small pieces of RNA have been designated as a biological weapon since 1997 at least. I found a number of government reports including a whole textbook by NIH that says so and has a whole chapter on this.

So we have these non-compliant biological materials distributed in these vials. We don't know exactly what, there are billions of vials, they're all over the place as far as some may be blanks and some may be super toxic. They're non-compliant we know for sure, they're biological materials. They have been designated as dual use. In fact, the contracts are saying they're dual use civil and military application. We have government reports describing them as a biological weapon and the use of them is indistinguishable from use as a biological weapon.

So I have a question to our government, what is it that they're exactly forcing on us? Somebody needs to start investigation and address it, but while we're doing investigation, it should be stopped. It should be stopped and recalled. So that that's my message.

Kennedy: Yeah. Let me ask you this. I know that BioPort, which is this crooked company that I'm very familiar with, that had a monopoly on the small pox vaccine and the anthrax vaccines. And they have this very corrupt relationship with Robert Kadlec who runs BARDA and BARDA runs the national strategic stockpile. They buy all the countermeasures. So he's looking at a multi-billion dollar budget that he can distribute to his friends and he gives most of the contracts to one company, BioPort.

Latypova: BioPort. Now it's called Emergent BioSolutions. They renamed themselves

Kennedy: He used to be their business partner, he was their employee, he's given them faithfully for the entire time he's been in government. He's been giving them these very lucrative monopolies over vaccines. And their product was found to be substandard, had all kinds of impurities, and very, very bad... Nobody understood what was in it. And they shipped it to Canada, as I recall, because they couldn't use it in the United States. So they gave it to the Canadians.

But the question I have is, how much of these vaccines are actually being manufactured by Pfizer and Moderna and how much of them are going to military contractors like Emergent BioSolutions, which used to be called, BioPort?

Latypova: Yes, there are hundreds of companies that are involved. So Pfizer, Moderna, and Janssen have been advertised as sort of the front but in fact there are hundreds and hundreds of both different vaccine manufacturers of different sizes and locations, also raw material suppliers and fill finish companies, which takes the product and then fills it into vials and does all the packaging and things like that.

So that's a network that had been established by the Department of Defense through various consortia. So here specifically is biological chemical, biological radiological, and nuclear consortium is involved, which contains about 300 companies. I'm not saying all of them are doing this, but a good chunk are involved and the whole thing, people are saying, "Well, but that means that all of these people, thousands of people, are in on this conspiracy" actually, it doesn't require thousands of people to be in on a conspiracy.

It is so compartmentalized, it's so split into small pieces and they did it immediately. Well, normally if you're doing something very, very novel as a manufacturer, you do everything from soup to nuts at the beginning and then you start outsourcing once you understand certain components of your product and you've defined inputs and outputs.

Here, they did the opposite. They went right away into huge scale, had broken into little everything. And now you have this a hundred companies making billions of vials. So for example, drug substances made at Rentschler, shipped to Andover or another like Kalamazoo, and they make a drug product, then they ship it to fill finish in Kansas. And I actually interviewed some of the insiders on the manufacturing floor.

They have no idea what they're doing there. Stuff comes from somewhere, they mix it, send it somewhere else. They don't know what's going on. So that's why-

Kennedy: ... comply with best manufacturing practices.

Latypova: And oftentimes people working, first of all. So Moderna for example, brag that their entire biologics manufacturing facility in Norwood, Massachusetts was built by the way in 2019 where they had no product to have a manufacturing facility for.

Yet, Anthony Fauci went and cut the ribbon and everybody was super proud and they said it's fully digital. Well, you know what fully digital means before you have any products that designed anything? Well, it means that there are no humans on the floor to ask questions or to ask about compliance or to ask what the ingredients are. And they frequently hire very inexperienced people and that don't train them.

And as Brook Jackson found, oftentimes they're not even aware that they're supposed to have a quality system, standard of written procedures, that they're supposed to be trained, that they're supposed to be signing off. So they hire people who don't know it, they don't tell them, and then they don't need to be on the conspiracy because they're not aware of the rules.

So that's how I'm telling everyone when I say FDA or when I say Pfizer, I don't mean that thousands of people who work there, I mean the leadership and general counsel who are a aware of the legal structure that's being utilized here and in fact invoking it in their defense right now. So that's what's going on.

Kennedy: One of the problems is they're trying to make billions and billions of units of this product in a three month time period. So they have to put in the orders, you have to get all of the supply chain in place, have the bottles, have the glass, have the syringes, have all of these. And it seems like they had to put this manufacturing process in place earlier. It's not something where you can go to the pharmaceutical industry and say to the pharmaceutical industry, "Stop making flu shots and start making COVID shots," and they can produce billions overnight, right? It's not that simple. Did the pharmaceutical industry have any part of this or how was it done?

Latypova: Yeah, so they had some part in this. So I have these contracts with DoD for COVID countermeasures, go back to Emergent BioSolutions in 2012. I'm sure they go earlier than that, but that's the ones that I have. And what appears to have happened is since at least that time, the Department of Defense was recruiting them through Industry Days, and they still do them, it's the public event.

So they would do this Industry Day, a recruiting event, they will invite them and say, "Oh, you can submit proposals for these kinds of grants." And it was all focused at that time they were calling it parainfluenza vaccine and that they need this manufacturing base. And it's a niche application that doesn't make sense for private manufacturers to invest in, but the government needs to help them out. And here's the purpose of BARDA, to give grants and technical support and establish this kind of a network, which they did.

And it's a gigantic network. They're saying niche, 50% of pharmaceutical industry money for R&D goes through this mechanism. So how is this niche? They're controlling the entire industry because it's single buyer buying 50%. But anyway, so since then they've established this gigantic network of manufacturers ostensibly for parainfluenza that they have exchanged IP throughout and manufacturing.

Because you can't just say, "Here, I need 10 billion doses of this completely new drug." It's an extremely complex manufacturing system. It's just as complex as making a new aircraft or making a brand new type of a vehicle. It has many parts and suppliers and procedures that you need to put in place. Raw materials need to be available. These are very expensive raw materials, these DNA templates, you need to grow them in cells so they fail frequently, you grow some batch and it fails. So you have to do it again.

So somebody estimated, just to produce what they claimed to have produced for these RNA products, you need to make about a kilogram of DNA as a template. It's a staggering number. You can't just make it overnight. And I guarantee you they didn't.

And also just even having these contracts in place for this amount of money all signed in, the signatures begin in early February. Well, that means that it was negotiated the year before because you can't just walk into the room and sign a 10 billion contract like this.

So all of that indicates that they sold the public a bunch of fluff, a story about the Cinderella overnight success, whereas this was pre-planned, they made the manufacturing facilities, they established their relationships, they established their raw material suppliers, they put in the place the contracts and relationships so that they can just turn it on when they wanted to. And they called them all and they said, "Oh, stop working on your influenza models. Switch over to COVID." That's what happened.

Kennedy: If you were to go to the automobile industry with a totally new product, which this is, nobody had ever done anything like this, you have to manufacture this, at 100 degrees below zero or something.

Latypova: The story keeps changing on that.

Kennedy: Nobody has a manufacturing facility that can do that. What if you went to an automobile company and said, "We have a total different kind of vehicle. Can you make 10 billion copies in three months?" Is it the same kind of thing?

Latypova: Yeah, it's the same kind of thing. They would tell you, "I can't do that. I don't even have raw materials for that thing to happen, nor not enough raw materials, not enough parking space, not enough staff, not enough production lines."

So that's why all of this story about, "Oh, Moderna made it in the weekend." That's nonsense. That's absolute nonsense. So they had this all pre-planned. The contracts show that the relationships go way back. There are material transfer agreements between NIH and Moderna going to 2015. There's all kinds of evidence that shows that this was pre-planned activity and the machinery was in place. And it's all companies that people are not aware of, like Emergent BioSolutions like Ology, they call it Ology, it used to be called Resilience, but it's basically government owned biologics manufacturing facilities that they bought from pharma companies. And now gave them gigantic amount of money to do this biologics manufacturing.

So all of this government owned, DoD owned, DoD managed through the defense contractor networks and with the same mechanisms that they use for weapons and also with the same mechanisms of not following any regulations as they do for weapons.

There is one more thing. So again, coming back to public health emergency, that's why they need it so desperately public health emergency essentially-

Kennedy: Let me ask you a question. Is this why they needed the public health emergency?

Latypova: Yes, they needed this, specifically the public health emergency, allows them to invoke these illegal laws that I just described, including the transactions authority, use of emergency use authorized countermeasures, under public health emergency, it does not constitute clinical investigation, which means it puts them outside of the FDA regulatory supervision. And then Other Transaction Authority allows them to order undisclosed prototypes. In this ward, undisclosed prototype, you can hide whatever you want, a tank, a missile, or a biological weapon.

Then what also happens under public health emergency is HHS secretary becomes *de facto* head of the government and a dictator. Again, nobody really knows, but there was Alex Azar, now it's Xavier Becerra, who deploys these things on the United States population on every man, woman, and child here. And he in his sole capacity, or she, whoever succeeds them, decides the criteria for this deployment is their personal decision, whether these particular things, countermeasure prototypes by Department of Defense may be effective. That's it. There's no other standard.

Kennedy: Let me just clarify what you're saying. Normally the protocols that you had to go through in your businesses, you would do a series of proposals. You design the clinical trials to make sure that they're going to show efficacy, that they're going to show safety. You do those clinical trials for a number of years, and then you go and show the results to FDA, and FDA has to make determinations about safety and efficacy and has to make determinations that the product is going to avert more harm than it causes, and the appropriate warnings and the side effects that you put on the manufacturer's inserts and all these thousand things that you have to do to get a product to market and get the inspections, et cetera.

Here, all of those are abolished. And the only determination is that the Secretary of HHS decides in his head with either some evidence or no evidence whatsoever that the product may be effective. That's it.

Latypova: That's it.

Kennedy: That's it. And even if the evidence then shows that it's not effective, if he can say, "Well, I still believe it's effective."

Latypova: Absolutely. He never has to-

Kennedy: It's on the market. Even if there's a mountain of evidence that says, "It's killing people, it's not effective." He can choose legally under his own decision making that, "I'm going to believe this is effective no matter what the evidence says. And as long as I believe it's effective legally, I can essentially mandate it for all Americans."

Latypova: Absolutely. There is no stopping criteria. He never has to reconsider the decision. And since there is no criteria to begin with, well, whatever made him believe so can continue making him believe so. And so that also explains why mainstream media, well the huge propaganda campaign of fear and lies, that mainstream media pushed on the American public and global public in cahoots, obviously with FDA and CDC and NIH.

That explains it because they need to maintain this theatrical performance pretending that there is no evidence, and so that the HHS Secretary can continue his delusion and deployment of these unauthorized, non-compliant biological materials on everyone.

Kennedy: As long as he keeps saying, "It's safe and effective," that's all he has to do?

Latypova: Mm-hmm.

Kennedy: He just has to mutter that line, "I believe it's safe and effective." And as long as he says it's safe and effective, it achieves the criteria, which is that it may be effective. That is all he has to show.

Latypova: That's all he has to do. That explains to you also why Janet Woodcock and Peter Marks with clear fear in their eyes, keep repeating this mantra on mass media all the time. And no matter what the experts bring, this is the best documented atrocity as far as the deaths and injuries in the human history by all sorts of experts. And I respect them very much. And they keep bringing these documents to these people and they look at them like this and they say, "It's safe and effective." But that's why. Because that's their role, to support the charade.

Kennedy: They just have to just keep repeating that mantra. And meanwhile, two of the highest officials who were in charge of FDA of making these determinations quit in a very, very dramatic way because they must have seen the hoax that was happening.

Latypova: Yeah, I'm not sure if they saw the hoax, but I know I read the emails of Marion Gruber and forget the person who was reporting to her. They both quit. So the issue was exactly that at the time of the so-called approval of this, the charade, that Peter Marks, by the emails is quite aware of, seems to me, because it's easy to tell people who freak out about the deadlines that were put on them, which were absolutely outside of the norm by a long stretch.

So you need to understand that any normal drug approval is thousands, if not a million pages of documentation, and terabytes of data that needs to be very carefully reviewed according to very standardized protocols and rigorous protocols that are written up. And then the staffers at FDA were pushed to the absolute limit. And this completely unreasonable deadlines were pushed on them specifically by Peter Marks and Janet Woodcock, who would then go and push people and say, "If you don't do this in this time, people are going to die and it's going to be your responsibility."

So a bunch of people quit. I know that was reported by Vanity Fair. Two people committed suicide because they took it seriously.

Kennedy: Two FDA employees.

Latypova: Two FDA staffers according to Vanity Fair article committed suicide during this process. I can understand why. People were just out of their mind driven with fear by media on one side and scary, scary virus stories. And on the other side, we have the top FDA officials telling them, "People are going to die because of you, because you're not reviewing this quickly enough, and you need to review it in two weeks." Where before it took six months. So that's what-

Kennedy: Or six years.

Latypova: Or six years. Yeah, well I mean just the review process of documentation itself. That's why also, for example, Pfizer submitted fake results. We've written a lot of it on Substack. They submitted fake what's called Western blots, which is the test that shows that this mRNA produces this spike protein. They just computer simulated them. And it's very obvious. There's a program that does it, and it was made obvious on purpose so that people wouldn't pass it as a real test. But they did. They submitted fake test to FDA, [inaudible 00:43:29] all three of them accepted them.

Kennedy: And FDA actually lied, as you pointed out, as they did a maternal rat study to look at if they gave this vaccine to rats, this is while they were testing whether it was safe to mandate to pregnant women, and in every litter of rats, there were individual pups who had these really horrible bone form deformities.

And it was a signal that was as loud as a signal that you can get that you ever see in medicine. These rats were horrendously deformed and yet FDA when it looked, and Moderna didn't even try to lie about it, Moderna submitted the rat study because it had to. And then FDA lied about it by saying, "There were no problems with the rat study."

It was just a huge enterprise of lying.

Latypova: Absolutely. So the FDA lied on the behalf of Moderna. Moderna accurately describe, I think it's their own report. Maybe it was even worse. I only saw their own summary. I didn't see the underlying data. But in their own summary, they admitted to this and FDA just said, "Okay, we are going to lie to the public." To all the pregnant women that we're going to inject.

And that's another the same people need to understand. So I am describing a very illegal structure that's made legal on paper. It's unlawful. The government is driving this. People misunderstand that this is just another instance of big pharma corruption. It's much, much bigger than that because the FDA and the US government expanded their immunity from prosecution under PREP Act to these people.

And they said, "Here's billions and billions of dollars very quickly, just do this under these DoD contracts and we're going to protect you, we're going to give you this protection that we have as a government to do these things to you as a private manufacturer as long as you follow orders and you don't ask any questions."

And that's exactly what's happening here because we also see the FDA lying in a lot of places, not just the rat study, but in a lot of places, FDA and regulators are lying on behalf of the manufacturers.

Also, the Department of Justice lawyers are showing up in court defending Pfizer's commercial interest. It's not Pfizer's commercial interest, it's the government's commercial interest. And also in the international contracts, as you remember, they have these predatory clauses where Pfizer takes possession of military bases and government state assets in case they get sued.

Well, I was asked why would private manufacturer, pharmaceutical manufacturer, want a military base? Well, because it's not the pharmaceutical manufacturers, it's the US government that wants that military base. That's what people need to understand.

It's a collusion, it's a merger of pharma with government, you can't treat it as just bad pharma, private company being bad. It's them together being bad. And that's a much, much worse problem we have.

Kennedy: All right. Well, I'm going to let you go, Sasha, but before I do, I'm an attorney, I try to figure out ways to sue people like this. And one of the frustrating things during this pandemic is that the PREP Act, the CARES Act, and the 1986 NCVIA Vaccine Act have all bestowed broad immunity from liability under all of these actors.

So they're getting away literally with murder, with mayhem, with mass murder. They're getting away with it because they have been given this shield of immunity from liability. You have an expertise in corporate liability, as a corporate liability officer, do you see any obvious place where somebody like me can file a lawsuit and get redress for some of these illegal acts?

Latypova: Yeah. So first of all, neither me nor my colleagues discourage anyone from doing just that, just going after Pfizer because of all the fraud that they have committed. I think the problem is we're all having, we don't know exactly what's going to crack that wall, but we have to attempt different ways.

Now, yes, we can try going after Pfizer, I'm just saying, here's the lay of the land. This is the defense they're going to invoke, they already invoked it in Brook Jackson's case, they're saying, "We did not defraud the government. We delivered the fraud that the government ordered." And that's-

Kennedy: In which case? Oh, in Brook Jackson.

Latypova: In Brook Jackson's, in April they filed motion to dismiss. And while the case may be dismissed, it hasn't been dismissed, but let's say in the future it gets dismissed because of this. That admission alone is priceless. And we need to elicit these admissions in court.

They need to tell us ultimately through whatever method we're going to go after, ultimately they need to tell us it's an explicit US government policy to commit mass murder and genocide. Or these were rogue actors, these people, Robert Kadlec, Peter Marks, Fauci, whoever, these specific individuals, they were rogue actors and acting outside of their authority.

Those are ultimately the admissions that we need to make from them publicly, and they need to repeat it over and over and over again so that everybody hears them.

Kennedy: Sasha, let me ask you one other thing. You know that Robert Barnes, the attorney who's been very, very active on these issues, along with me from the beginning, who's partnered with us on many, many lawsuits and who is directly involved in litigation against the federal government on some of these issues, he has come down criticizing some of the things that we've been talking about today, saying that, "Well, even though statutorily there is, because the military contracts are written the way that they are, that there is no statutory obligation to do the clinical trials, et cetera."

There is a contractual obligation because in each of those contracts with the entities, with the pharmaceutical companies in places like BioNTech, the manufacturers, et cetera, there's a contractual requirement that they do perform clinical trials.

And Barnes believes that that is equivalent to the statutory requirements. So how do you respond to that?

Latypova: Well, first of all, I'm not an attorney and I respect Robert Barnes a lot, and I support Brook Jackson's case, and I want it to win. I want people to understand why I'm saying what I'm saying is I really do want them to win, and I want this to stop, and I want this to be resolved and investigated properly.

Now, I disagree with the position on the contract, the position that the legal team has taken on the contracts. I disagree with it because I read these contracts quite thoroughly and they are very strangely written if your objective is legitimately to produce a good pharmaceutical, because I have negotiated, while I'm not an attorney, but I have negotiated numerous pharmaceutical research and development contracts, including several large ones with Pfizer. And I know how Pfizer writes contracts when they do mean to put a good product on the market and they want the suppliers to behave. And this is not how this contract is written.

And also, Pfizer is not the writer of this contract. This was written by the government, and I suspect Department of Justice lawyers or whoever crafted this. So it's written by the government, it's written in the government language, and it has very curious features.

So first of all, as far as I understand, I know I can't really argue statutory versus contractual, but as far as I understand the OTA, the Other Transaction Authority contracting method that's being used here, Department of Defense can use it, but they can only use it to buy prototypes. It's not the method to order legitimate pharmaceutical products, regulated pharmaceuticals.

So number one, we're already in trouble here because they can only buy prototypes. And in fact, the prototype language is all over this contract. That was always odd for everyone involved. Why are they talking about prototypes? But that's why, because OTA requires them. If they want to use OTA, which they want to use for variety of reasons, avoiding regulation, secrecy, and so forth, they have to buy prototypes.

That's what they're buying. They're buying prototypes, and they call them different ways. They call them countermeasures, they call them large scale manufacturing demonstrations, anything under the sun, but properly pharmaceutical defined products.

Another thing is that these contracts have curious omission of defined terms for anything that has to do with good manufacturing practice compliance. Anything that has to do with clinical trials or preclinical or anything like that. None of them are defined terms. And if you understand what defined term means, it's like if you really serious about something, you have to define it upfront in the front section of the contract that says defined terms, and then that serves as later on if you have a dispute or something went wrong, then you can go and enforce it. Otherwise, it becomes subject to eye of the beholder type of a deal and unenforceable.

And then when they do talk about good manufacturing practice, which they do, they mention them throughout this contract in variety of places, it's also very curious. Because in many places they make mistakes. They call them good manufacturing processes. They call them good manufacturing procedures, which is not what it is. The law says, "good manufacturing practices," and has specific citations that you have to make. Again, if you really mean it.

In one place, in the scope, they're saying specifically preclinical, clinical trial, and good manufacturing practice, or chemistry manufacturing controls rather, is out of scope and the government is not buying it and not paying for it. And then in the deliverable section, finally, they cited correctly as good manufacturing practices, 21 CFR part 210, but then it says that the deliverable itself is Pfizer is going to write a plan of how they're going to comply with it. It's just a plan that's a deliverable, not the compliance itself. And the acceptance criteria from the government is government is going to review that plan, nothing else.

So again, I'm not trying to hurt the case or defend Pfizer in any way. I'm not defending Pfizer. They're collaborating in this criminal enterprise in my opinion. But you have to understand the lay of the land, how the thing is structured, who is doing what. And my opinion is it's been structured together, it's led by the government, by Department of Defense. They want to use the frameworks that inappropriate for buying pharmaceuticals, and they're weaseling themselves out of those requirements in this way.

But then the main lie is then they, together with Pfizer and FDA, they're lying to the public that these are properly purchased, ordered pharmaceuticals, regulatory compliant, and the FDA is regulating them. That's the lie. So that's what needs to be understood when they're going after these contracts.

Kennedy: I feel like both you and Robert are my friends, and you're both people I respect enormously. But I feel like I have to come down on your point of view on this issue because there's a huge difference between a contractual obligation between two parties and a statutory obligation that is enforceable by multiple parties and gives rise to all kinds of duties and obligations to the general public.

If Pfizer violates a contract with the military, with the Pentagon or with the Department of Justice, only the Department of Justice has the right to redress and it gives the Department of Justice the ability to ignore breaches of contract and to overlook them. And we know that the Department of Justice does not have a regulatory enforcement arm that is expert in pharmaceutical product production or distribution.

So there's nobody sitting in the Department of Justice whose job it is who will lose their job if Pfizer screws up. And I know just having tried to get the Justice Department involved in pharmaceutical cases, even breach of contract and breaches of judicial settlements with the Justice Department, that is almost...

In fact, I've been begging the Justice Department for three years to get involved with a case where Merck has been just blatantly lying about the efficacy of the mumps portion of the MMR vaccine. They cheated on it. They lied to the regulators. They used rabbit blood and told them that it was human blood, and we know this all, and I've been trying wrestling with the Justice Department. They already have an enforcement contract. They have a judicial settlement, and they're not willing, and Merck is in breach of it, and they are not willing to go in and redress it and sue Merck or just say to Merck, "You violated. Here's your stipulated penalty." They won't do it.

So I think you're right. And then also, it's one thing to have a statutory obligation where you have a statutory obligation to do good manufacturing practices. And where there's somebody over at HHS who can walk into your factory any day without notice and say, "Hey, you've got rats in here," or, "You've got glass in your product," or, "the product is not homogeneous. Each of these batches is completely different." And all the things that they look for, and that are critical in this case where you're dealing with a product that has to be kept at the super freezing levels all the time, and if HHS has its statutory obligation and duty to enforce that, and they know they can walk in at any time without giving notice, it's very different than a contract between the Justice Department and Merck saying, "You got to do this," but nobody's going to going to be looking over your shoulder. Nobody's going to be walking into your plan.

To me, it's highly unlikely that they would comply with any of those obligations if you don't have that enforcement power. So I think I have to come down on your side on this one, Sasha, and I want to thank you again for joining us. You're amazing, you're an amazing resource, and I know the work that you've been doing exposing this has been very damaging to your own career, and it's unlikely that... So your livelihood has been in the pharmaceutical industry. I highly doubt whether you ever get hired again.

Latypova: I highly doubt it.

Kennedy: You're one of these amazing people who's just said, "This is wrong, and I don't care what the personal cost is. I'm going to expose this." So thank you. You are a true hero, Sasha. Thank you very much.

* * *

Aug. 30, 2024 - Note on multiple layers of deception and 'heroes'

Sage Hana:

Aug. 29, 2024 - Robert F. Kennedy, Jr, May, 2023: "Pfizer and Moderna don't really own those vaccines. They slap their labels on them, but it was a Pentagon project." How long can the Depopulation Herd-Culling Monster keep going and pretending like we don't know who they are?[195] (Sage Hana)

> "This is just excruciating to watch. I'm officially covering a horror movie now. A Zombie movie. If you refuse to see this now, it is a choice. You are choosing to go along and that is how you are being read-in to the Culling Operation."

Translation of Sage Hana, for readers who don't follow Hana regularly:

The bankers, long ago, put in place at least two layers of putative 'heroes,' because they prepared to provide leader-simulations for as many different factions of the population as possible.

The heroes provided by the bankers are caricatures; they are given scripts; they read their lines to false-shepherd, misguide, mislead, the portion of the audience assigned to them.

The killing floor destination for those who follow each script-reading misleader is the same, regardless of which one you follow.

The walls of the abattoir include belief that communicable diseases can pose existential and national security threats known as 'deadly global pandemics' (they can't); that such threats justify massive biological product research and development programs (they don't); and that vaccines produced through these R&D programs are medicines intended to prevent, treat or cure diseases (they aren't; vaccines are poisons intended to harm and kill).

It's important to understand the layers of deceit the bankers are using on you and not follow any false shepherds.

* * *

[195] https://sagehana.substack.com/p/robert-f-kennedy-jr-may-2023-pfizer?utm_source=publication-search

September 2024

Eterno Padre. Painting by Jusepe de Ribera

Sept. 4, 2024 - Sasha Latypova on "the second shot," anaphylaxis, vaccination and scientific paradigm shifts.

With her permission, I'm cross-publishing a report Sasha Latypova published yesterday:

- 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.[196] (Sasha Latypova)

I think Sasha is making major contributions to a paradigm shift in the sciences of disease causality (both short-term, self-limiting, "communicable" or "infectious" disease and chronic disease) and immunology, as such shifts were articulated by Thomas Kuhns in his 1962 book *The Structure of Scientific Revolutions*.[197]

And she's doing it without institutional support; with limited, if any, collaborator support; and without academic scientific credentials.

The knowledge gained by Charles Richet, Nicolas Arthus, Milton Rosenau, John Anderson, Bela Schick and their colleagues in the last decades of the 19th century and first decades of the 20th century could have been used to promote human health, fertility and longevity.

Instead, the knowledge was manipulated, mischaracterized, suppressed and weaponized in the form of vaccination programs — intentional, methodical "anaphylactising" or sensitizing of humans and animals against a wide range of substances — to weaken and degrade human health, fertility and longevity.

The knowledge was used to cause those harms with plausible deniability.

I hope many people will grasp what Sasha is painstakingly uncovering and help her develop the new paradigm.

I think more people understanding this material will help bring worldwide vaccination programs to a close sooner, so that new generations of babies and children can be born and grow up without being intentionally poisoned; so that those already poisoned can at least stop getting more poisons put into their bodies; and to maybe help support healing for the vaccine-injured.

*

[196] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators
[197] https://en.wikipedia.org/wiki/The_Structure_of_Scientific_Revolutions

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.

By Sasha Latypova

Remember this quote?

- April 6, 2023 "The second shot almost did me in. As in I almost died."[198] (Sage Hana, quoting Robert Malone, Jan. 13, 2022, How bad is my batch?[199])

The second shot, 21 days apart.

Why the second shot and why 21 days, exactly?

Let's take a look.

The anaphylaxis research history.

Charles Richet[200] (Wikipedia entry)

> Charles Robert Richet (25 August 1850 – 4 December 1935) was a French physiologist at the Collège de France and immunology pioneer. In 1913, he won the Nobel Prize in Physiology or Medicine "in recognition of his work on anaphylaxis". Richet devoted many years to the study of paranormal and spiritualist phenomena, coining the term "ectoplasm". He believed in the inferiority of black people, was a proponent of eugenics, and presided over the French Eugenics Society towards the end of his life.

I would like to acknowledge that I knew not much about anaphylaxis other than it is a dangerous, life-threatening allergic reaction. I witnessed it in a local grocery store pharmacy that administered covid vaccines. A young apparently healthy man (in his 30s) dropped on the floor immediately after the injection and was lying there when I walked in. Everyone was behaving like it wasn't a big deal. I wanted to be let off this planet.

While working on this article, I ran a quick CDC VAERS query. All vaccines for all time in VAERS (about 30 years) produced 12,200+ anaphylactic reactions and 2200+ shocks. Covid-19 vaccines produced 9,000+ anaphylactic reactions and 1000+ anaphylactic shocks.

mRNA injections are responsible for 11k of the total 12k reported anaphylactic reactions. However, that's not the entire story of anaphylaxis.

Katherine Watt pointed me to Charles Richet's Nobel Prize acceptance speech and to a couple of articles by this author (Northern Tracey).[201]

[198] https://sagehana.substack.com/p/the-second-shot-almost-did-me-in
[199] https://www.malone.news/p/how-bad-is-my-batch
[200] https://en.wikipedia.org/wiki/Charles_Richet
[201] https://northerntracey213875959.wordpress.com/2022/01/16/russian-roulette/

I suggest you read them. The author was way ahead of all of us on this topic.

Katherine published on our email exchange at the time:

- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine

As I mentioned in my email exchange with Katherine, Richet's own work clearly referred to the poison he made from tentacles of Actinaria (sea anemone) as the "virus of Actinaria."

This confirmed one more time what we already knew: viruses are not some sort of natural "seeds" of disease, randomly flying around and jumping strangers.

They are poisons - either natural toxins excreted by plants, bacteria and animals, or poisons made by people like Richet and now CDC/pharma. They do not transmit by air or casual contact.

What becomes apparent from reviewing Richet's 100+ year old research: the only thing you really need to worry about with respect to "viruses/poisons" is an injection of biologics (proteins) for the second time within the anaphylaxis window that starts typically after 20 days and lasting anywhere from months to years to the lifetime.

This can happen in nature from the second bite of an animal/insect carrying same biological toxin (a very low probability event nowadays), or from what is now forced by the government policy — from the needle wielded by a brainless money whore masquerading as a healthcare provider who is doing it for the 90th time in your or your child's life "because science."

The original biologics regulation law in 1902[202] was called the virus-toxin act. Early on, virus, toxin, antitoxin, serum and vaccine were used interchangeably, because the vaccinators knew what they were propagating in the labs and licensed establishments."

Biological poisons.

This led me to become intensely interested in Richet's work. I found his book describing the work on anaphylaxis published in 1913. I am including several quotes [screenshots in original[203]] from it, so you can read for yourself.

Richet alluded to vaccination being a failure from the first attempts, because, instead of producing expected immunity, it produced violent reactions or even death from minute (not considered dangerous) amounts of the toxin at the second exposure.

This happened in a random % of the population.

One example quoted anaphylaxis rates from injecting cattle with anthrax serum: approximately 10% became violently ill and many died.

[202] https://en.wikipedia.org/wiki/Biologics_Control_Act
[203] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators

The population who would react anaphylactically is *a priori* not distinguishable from others, because it is not known who is already sensitized to which biological substances.

1913, *Anaphylaxis* (Charles Richet):

> "Thus, before my experiments with the virus of Actinaria were made, the only precise scientific idea relative to the sensitivity of animals to second injections was that *sometimes* some animals, instead of being immunised by first injections, were sensitised, and that *sometimes* animals whose blood contained large quantities of antitoxin succumbed to weak doses of toxin."

This is still the case. There is no way to determine upfront who will be anaphylactically sensitized by an injection of a biologic (a protein).

The establishment healthcare denies this, proclaiming all vaccines "very safe."

This is categorically not true, as becomes very apparent once you read Richet's work related to injecting biological substances, even benign ones like milk or albumins (derived from wheat and other cereals).

Digesting a protein and injecting it directly into the blood stream are two entirely different things!

For example, it is safe to ingest snake venom for most people (provided no sores or abrasions in the mouth). I am not advising you try this, but sucking the venom out immediately post bite has been used as a bush medicine method. However, a snake bite delivering the same venom directly into the blood stream is an entirely different story.

You notice that Richet talks about the "second injection."

This refers to the nature of anaphylaxis: the first interaction with an injected toxin may be not even noticed, be well tolerated or may be at worst mildly irritating. After a period of 2-3 weeks, the second exposure, however, may become very dangerous or fatal.

The second exposure in most of Richet's experiments was by injection. However, with high enough sensitization by the first injection, the anaphylaxis could also result from environmental exposure or ingestion, depending on the degree of sensitization to the "allergen," or "toxigen" as he termed it.

Do you understand peanut allergy, gluten allergy, soy allergy, etc. now? The things that didn't exist before peanut oil, wheat albumins and other common food proteins became widely used in vaccines (and were proclaimed "generally safe" because it's just food).

Importantly, Richet has demonstrated that anaphylaxis, anaphylactic shock and the variety of allergic reactions are all the same phenomenon, stemming from the same thing — a sensitizing exposure by proteins reaching the blood stream and bypassing normal digestion.

Richet provided principles of anaphylaxis in his book.

1913, *Anaphylaxis*, Richet:

> Before dealing with the actual study of anaphylaxis I will mention the leading principles laid down in my papers of 1902.
>
> 1. A definite incubation period is necessary before anaphylaxis can be induced.
> 2. The anaphylactic state lasts many weeks.
> 3. There may be some similarity be- tween anaphylaxis and immunity.
> 4. Anaphylaxis is to a certain extent specific; that is to say, the second injection should be of the same nature as the first.
> 5. The symptoms of anaphylaxis are immediate and intense, while the symptoms of primary intoxication are mild.
> 6. The anaphylactising substance is thermostable.
> 7. The anaphylactising toxin affects the central nervous system, and the essential phenomenon is a disorganisation of this system, with a considerable fall in the arterial blood pressure.

He also summarized findings from other researchers working on anaphylaxis at the time [1903-1910].

Notice especially points 8 and 10 — this describes anaphylaxis from "vaccination" and subsequent allergic reactions, even to non-proteins (crystalloids):

Richet, *Anaphylaxis*, 1913:

1. Several primary injections of normal serum into an animal develop an anaphylactic state. A toxin is not required, therefore, to create anaphylaxis. Anaphylaxis follows the injection of non-toxic and harmless substances; it is alone necessary that they be of an albuminoid nature (Arthus, 1903).
2. Accidents observed in man, following injections of serum, are anaphylactic phenomena (Pirquet and Schick, 1903).
3. A single injection of antitoxic serum leads to anaphylaxis on a second injection of normal serum, even if the second dose is extremely small (Theobald Smith, 1906), even as much as 0.00001 cc. (Rosenau and Anderson, 1906). Normal serum has exactly the same effects in first injections as antitoxic serum (Otto, 1906).
4. It is possible by intercurrent injections to prevent the appearance of the anaphylactic state (Otto, 1906). This is anti-anaphylaxis (Besredka and Steinhardt, 1906).

5. Animals inoculated with a known micro-organism are, in a definite and specific manner, anaphylactised to the toxin of this micro-organism.

6. The specificity of anaphylaxis is so precise that it is possible for the purposes of forensic medicine to determine, by the presence or absence of an anaphylactic reaction, the type of animal whose blood has been injected, although an extremely weak dose was administered (Rosenau and Anderson, 1907; Besredka, Uhlenhuth, 1909).

7. There is a form of anaphylaxis termed *passive*; that is to say, the blood of anaphylactised animals injected into normal animals produces anaphylaxis in them after a large number of injections (Nicolle, 1906), occasionally *after a single primary injection* (Ch. Richet, 1907).

8. Anaphylaxis may be produced by mixing *in vitro* the serum of anaphylactised animals with antigen, and injecting the mixture into normal animals (Ch. Richet, 1907).

9. There is a definite relationship between the production of the anaphylactising toxigen, the formation of precipitate, and the deviation of the complement (Friedberger, 1909).

10. Animals sensitised by anaphylactising substances are, to a certain extent, sensitised to all poisons, even crystalloids (Ch. Richet, 1910).

These are the main points established between 1902 and 1910. In the course of this work the actual experiments on which the definite theory of anaphylaxis is established will be pointed out. Although this is intended to be a summary of the work on anaphylaxis to date, I may be allowed to include a number of facts observed by myself and as yet unpublished."

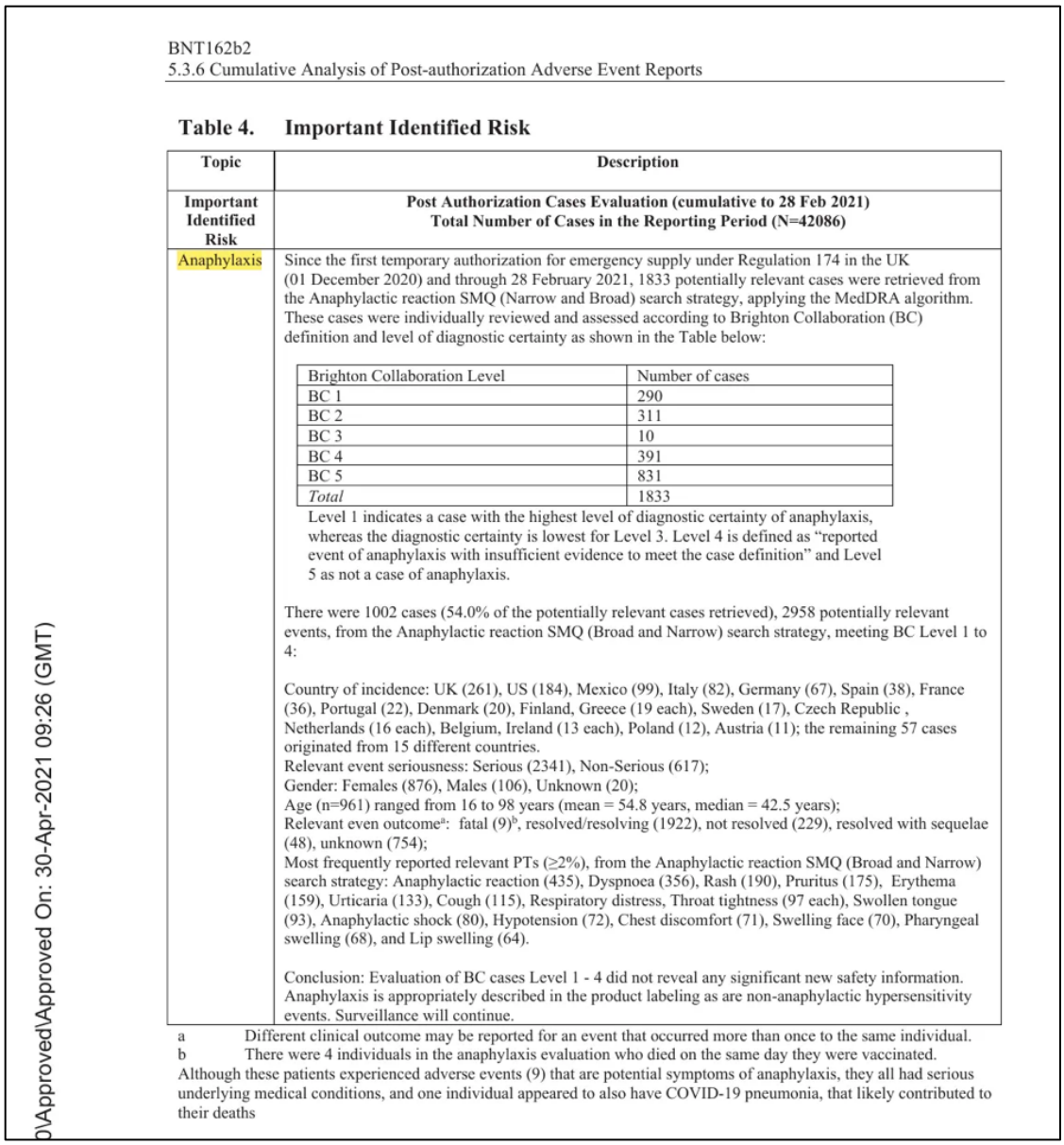
*

Richet found that the state of anaphylaxis sets in after a period of 2-3 weeks (it can vary), and depending on the initial toxin/protein, the sensitization state may last from weeks to years, and possibly be permanent.

At the time that he wrote the book, he mentioned that in people anaphylactic/allergenic state was observed up to 6 years, but it may be permanent.

Do you see now, why most vaccines are delivered in at least 2 doses, and they are separated by at least 21 days? They want to see if they induce severe anaphylaxis (i.e. life-threatening kind).

Here's Pfizer's "postmarketing experience" document, compiling adverse events as of February 2021 (first 2 months of vaccine rollout):



BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 4. Important Identified Risk

Topic	Description
Important Identified Risk	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Anaphylaxis	Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 1833 potentially relevant cases were retrieved from the Anaphylactic reaction SMQ (Narrow and Broad) search strategy, applying the MedDRA algorithm. These cases were individually reviewed and assessed according to Brighton Collaboration (BC) definition and level of diagnostic certainty as shown in the Table below:

Brighton Collaboration Level	Number of cases
BC 1	290
BC 2	311
BC 3	10
BC 4	391
BC 5	831
Total	1833

Level 1 indicates a case with the highest level of diagnostic certainty of anaphylaxis, whereas the diagnostic certainty is lowest for Level 3. Level 4 is defined as "reported event of anaphylaxis with insufficient evidence to meet the case definition" and Level 5 as not a case of anaphylaxis.

There were 1002 cases (54.0% of the potentially relevant cases retrieved), 2958 potentially relevant events, from the Anaphylactic reaction SMQ (Broad and Narrow) search strategy, meeting BC Level 1 to 4:

Country of incidence: UK (261), US (184), Mexico (99), Italy (82), Germany (67), Spain (38), France (36), Portugal (22), Denmark (20), Finland, Greece (19 each), Sweden (17), Czech Republic , Netherlands (16 each), Belgium, Ireland (13 each), Poland (12), Austria (11); the remaining 57 cases originated from 15 different countries.
Relevant event seriousness: Serious (2341), Non-Serious (617);
Gender: Females (876), Males (106), Unknown (20);
Age (n=961) ranged from 16 to 98 years (mean = 54.8 years, median = 42.5 years);
Relevant even outcome[a]: fatal (9)[b], resolved/resolving (1922), not resolved (229), resolved with sequelae (48), unknown (754);
Most frequently reported relevant PTs (≥2%), from the Anaphylactic reaction SMQ (Broad and Narrow) search strategy: Anaphylactic reaction (435), Dyspnoea (356), Rash (190), Pruritus (175), Erythema (159), Urticaria (133), Cough (115), Respiratory distress, Throat tightness (97 each), Swollen tongue (93), Anaphylactic shock (80), Hypotension (72), Chest discomfort (71), Swelling face (70), Pharyngeal swelling (68), and Lip swelling (64).

Conclusion: Evaluation of BC cases Level 1 - 4 did not reveal any significant new safety information. Anaphylaxis is appropriately described in the product labeling as are non-anaphylactic hypersensitivity events. Surveillance will continue.

a Different clinical outcome may be reported for an event that occurred more than once to the same individual.
b There were 4 individuals in the anaphylaxis evaluation who died on the same day they were vaccinated. Although these patients experienced adverse events (9) that are potential symptoms of anaphylaxis, they all had serious underlying medical conditions, and one individual appeared to also have COVID-19 pneumonia, that likely contributed to their deaths

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This table is not all cases of anaphylaxis, of course, but only the most severe form — the shock.

Anaphylaxis is all allergic reactions and autoimmune disease, but these things are very easy to deny as they take a while to manifest and are not immediately deadly. The industry has developed perfect gaslighting strategies: "genetic mutations," "toxic food," "stress," "novel syndromes," and even better — glorification of chronic illness via movies, advertising, non-profits and other economic activity feeding off vaccine-induced destruction of natural health.

In case of mRNA vaccines, they absolutely knew that they are killing people with anaphylaxis, but since that was the goal of the military weapon, the shots have not been removed and continue being pushed on the public.

Another interesting observation made by Richet is that white mice and some of the breeds of rats do not experience anaphylaxis. No wonder these animals are now the staple of pharmaceutical research!

While Richet himself seemed to be very much pro-vaccination, his main conclusions about anaphylaxis speak soundly against it.

It is impossible to design a safe vaccine, because it is impossible to predict anaphylactic reactions. Each individual is unique, a product of heredity and interactions with environment. Introduction of foreign, non-self proteins is an assault on this natural equilibrium and can only result in a disaster.

Richet, *Anaphylaxis*, 1913:

> "Partly as the result of the food that has been taken, and partly as the result of multiple microbic infections which have attacked him and most often pass unnoticed, each individual is profoundly different from his neighbour, each has been prophylactised or anaphylactised to different degrees against different sub- stances.
>
> Each is himself, and not another. Each has his idiosyncrasies, or, to put it better, his humoral individuality, as well as his psychological individuality, to differentiate him.
>
> Previous impressions, so variable in different persons, render each person's intelligence peculiar and personal. In the same way humoral impressions, if such an expression is permissible, induce in each individual a humoral personality just as characteristic of him as his intellectual personality."

*

That vaccination in people induces anaphylaxis was known early on.

Richet, *Anaphylaxis*, 1913:

> "Since the earliest use of sero-therapeutic injections definite phenomena have been observed to follow them, and naturally, as I was the first to use them, I was the first to describe them (*Bull. de la Soc. de Biologie*, 1891, 17th January): they included erythema, pruritus, more or less generalised urticaria, with slight fever and malaise. Later other observers saw and described them.
>
> But until Pirquet and Schick in 1903 drew attention to it no relation had been observed between these sero-therapeutic manifestations and the fact that they were not primary. It had not been recognised that they only occurred after second or third injections; that is to say, that they were anaphylactic phenomena.
>
> Pirquet and Schick called these symptoms serum disease, and they have given a detailed description of it."

And was given the name "allergy," possibly to hide the fact that it's vaccine-induced anaphylaxis.

Richet, *Anaphylaxis*, 1913:

> "The delayed reaction observed in predisposed individuals, who are exceptional from the eighth to the twelfth day, usually the tenth, appears sooner in reinjected individuals, that is to say, about the fifth or sixth day. The reaction is then always hastened, although never immediate.
>
> The following table, dealing with ninety-one cases of anaphylaxis, is given by Pirquet and Schick.
>
> Pirquet and Schick have called this phenomenon of reaction of an organism to a foreign substance allergy, but it seems to me unnecessary to introduce this word along with anaphylaxis."

Interval between the First and Second Injection.	Reaction only Immediate.	Reaction Delayed.	Reaction both Immediate and Delayed.
From 10 days to 1 month	21 (87%)	0	3 (13%)
From 1 month to 6 months	21 (63%)	5 (15%)	7 (22%)
Over 6 months . .	2 (6%)	30 (88%)	2 (6%)

These psychos would even kill themselves, and still not get the message:

Richet, *Anaphylaxis,* 1913:

> "Although the symptoms may be intense and sometimes even alarming, most frequently they end by recovery. Nevertheless there have been fatal cases. A well-known physician who had given himself an injection of antiplague serum, repeated it a year later, and died in a few hours of fainting fits, coma, and asphyxia. Doerr states that there are nearly twenty published fatal cases, but he added that in some instances death was probably as much due to the diphtheria as to the serum."

*

Substances that induce anaphylaxis — colloids.

Richet, 1913:

> "Crystalloids do not induce anaphylaxis, but colloids, almost without exception, are capable of inducing it."

Colloids vs crystalloids

Colloids and crystalloids are two types of fluid solutions used for intravenous (IV) infusion in medicine. The primary distinction between them lies in their particle size, composition, and behavior in the body.

Colloids

- Consist of large particles (0.5-100 nm) that do not pass through semi-permeable membranes, such as capillary walls
- Examples: gelatin, albumin, hetastarch, dextran
- Act as plasma volume expanders, maintaining blood volume and pressure
- Have a high oncotic pressure, which helps to draw fluid into the vascular compartment
- May cause anaphylaxis in some patients
- More expensive than crystalloids
- Suitable for patients with severe fluid loss, trauma, burns, or sepsis

Crystalloids

- Consist of small particles (less than 0.5 nm) that can pass through semi-permeable membranes
- Examples: normal saline (0.9% NaCl), lactated Ringer's solution, 5% dextrose in water
- Act as isotonic or hypertonic solutions, expanding extracellular fluid volume
- Have a lower oncotic pressure, which can lead to fluid accumulation in tissues
- Less likely to cause anaphylaxis
- Generally less expensive than colloids
- Suitable for patients with mild to moderate fluid loss, dehydration, or electrolyte imbalance

In general, small molecule drugs do not cause anaphylaxis.

Vaccines are, of course, colloids as they contain a mixture of proteins and lipids in suspension.

Properly matched blood transfusions do not generally produce anaphylaxis. However, since all blood banks are now contaminated with mRNA-injected blood, it is not possible to say that they are safe. I personally would not accept blood, except from a known donor.

Richet proposed that a "toxigen" which developed after the initial sensitizing injection in the blood was responsible for subsequent state of anaphylaxis.

Richet, *Anaphylaxis*, 1913:

> "...the word toxigen, besides having been given to this substance first, has this further advantage, that it indicates the essential fact of passive anaphylaxis —that is to say, that toxigen without being toxic itself can give rise to an exceedingly powerful poison on coming into contact with antigen."

“Infectious disease” explained by anaphylaxis

The phenomenon of anaphylaxis may help explain both the natural outbreaks of what appears as “contagious illness” in human history and the skyrocketing chronic illness in the modern western populations.

It is known that the bacteria implicated in diseases like cholera or the plague are commonly present in the intestinal tracts of many people and do not seem to cause any issues. Then, how does an epidemic of the plague or cholera occur?

Imagine living in a crowded, rapidly growing European city around 15th - 17th century:

This is one of the main streets in Amsterdam, with raw sewage flowing in the middle, domestic animals sharing lower floors of the buildings, no plumbing, sanitation or refrigeration of food. The rats are very common. They bite and the bites carry common proteins found in that area’s sewage.

Once enough people in the same area have been bitten for the first time, some weeks go by, anaphylactic state develops, and then the rats bite some of the same people again. If enough of these events occur, an “epidemic” of the plague/smallpox/cholera starts in this community.

Hygiene, plumbing, water sanitation, refrigeration and air conditioning were the most significant technological innovations that defeated epidemics by removing the chances of injection of anaphylactizing toxigens by common pests.

So, instead, we now have the establishment “healthcare” assaulting the society like the medieval sewer rats with poisoned needles.

All vaccines contain two main sources of injury — the proteins that are used to formulate them, including the toxins ("viruses") and the vehicle which frequently contains other common proteins like albumins (gluten allergy), egg proteins, soy, corn, casein (milk intolerance), etc.

There are also "contaminants" and "adjuvants" such as toxic metals, and more recently with introduction recombinant vaccines — DNA plasmids that transfect cells.

The mRNA shots are even worse as they contain numerous toxic vectors.

Now imagine a baby getting 70+ different shots, most in several doses.

It is guaranteed that the baby will get anaphylactized to many commonly encountered proteins, and that a chronic inflammation/allergy will result. Anaphylaxis, being an intestinal reaction, is also tied to destruction of microbiome, which I will address in later articles. Practically all chronic conditions, especially in children, can be tied back to vaccine-induced anaphylaxis.

Many people state that food that we eat and the environment are full of toxins. While this may be true, especially for some locations and some socioeconomic groups, the food and environmental toxicity pales in comparison to what happens when the toxins, especially proteins are injected directly into the bloodstream.

I am in full support of improving the quality of food and cleaning up the environmental pollution, but if we need a policy to combat the chronic disease epidemic, there is one straightforward answer that all politicians and most experts today soundly ignore — the catastrophic damage to health induced by vaccines.

I would like to end with the quote from Richet:

Richet, 1913 Nobel Prize Lecture:

> "We are so constituted that we can never receive other proteins into the blood than those that have been modified by digestive juices. Every time alien protein penetrates by effraction [forcible entry;[204] injection], the organism suffers and becomes resistant.
>
> This resistance lies in increased sensitivity, a sort of revolt against the second parenteral injection [outside the intestines;[205] intravenous, intramuscular, or subcutaneous] which would be fatal.
>
> At the first injection, the organism was taken by surprise and did not resist. At the second injection, the organism mans its defences and answers by the anaphylactic shock. Seen in these terms, anaphylaxis is an universal defence mechanism against the penetration of heterogenous substances in the blood, whence they cannot be eliminated."

[204] https://www.merriam-webster.com/dictionary/effraction
[205] https://www.merriam-webster.com/dictionary/parenteral#:~:text=of%202%20adjective-,par%C2%B7%E2%80%8Ben%C2%B7%E2%80%8Bter%C2%B7%E2%80%8Bal%20p%C9%99%2D,by%20way%20of%20the%20intestines

Related

- Nov. 18, 2022 - Immunomodulation and fear modulation.
- Oct. 28, 2023 - Whatever is in the biochemical weapons bearing Pfizer and other pharma labels, is there because US SecDefs and their WHO-BIS handlers ordered it to be there.
- Jan. 9, 2024 - Biologic Markers in Immunotoxicology
- Feb. 26, 2024 - On whole-of-government criminal conspiracies: pandemic preparedness, biological and chemical weapons contracting, and EUA countermeasures.
- 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 (Katherine Watt)
- May 28, 2024 - On the ugliness of corrupted law as a barrier to seeing it.
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine.

* * *

Sept. 5, 2024 - Note on targeting of pregnant women for poisoning by vaccination

Important re-post by Sasha Latypova of her work on targeting of pregnant women for vaccination/poisoning below.

- Sept. 5, 2024 - Re-Publishing the Article on Poison-19 Shots in Pregnancy Updated article, first published September 2, 2022 on Trial Site News.[206] (Sasha Latypova)

At this point in my legal history research, I think the first nationwide (rather than state-level) deployment of mass vaccination for intentionally maiming and killing people, including maiming and killing babies in their mothers' wombs, was the 1955 polio campaign.

Reading Congressional acts a few months ago, noticed children and "expectant mothers" targeted in PL 84-377, "An Act to provide grants to assist States to meet the cost of poliomyelitis vaccination programs, and for other purposes."

"Eligible person" defined as "any individual who has not attained the age of twenty years and any expectant mother."

* * *

[206] https://sashalatypova.substack.com/p/re-publishing-article-on-poison-19

Sept. 6, 2024 - Note on vaccine confidence as shell game: no 'pea' under regulatory shells.

Toby Rogers:

> Think about how powerful vaccines are *as an idea*. The biological product itself is worthless. But *as an idea*, vaccines have the unrivaled ability to hypnotize people and convince them to abandon their core values.
>
> Vaccines make scientists and doctors completely abandon science and medicine. Randomized controlled trials? *Who needs those?* Postmarket surveillance? *Why would we do that?* Automated reporting of side effects? *What, are you some kind of nutter?*
>
> Vaccines make the left completely abandon their understanding of capital. The left pretends that vaccines descend like magic from the sky with no relationship to corporate power or profit. The left conceives of vaccinologists as a priestly class (without the pedophilia) unbothered by worldly concerns like paying the mortgage or keeping up with the Joneses.
>
> Vaccines make the right completely abandon their theory of the state. The state, that previously could do nothing right, when it comes to vaccines, the state is seen as pure, efficient, on the side of the people, and infallible.
>
> Vaccines are a cult in a vial, an idea as powerful as religion and yet proclaimed to be secular. The *idea of vaccines* hits about as hard as high-grade heroin. The *idea of vaccines* quite literally causes people to lose their minds and their lives. I've never seen anything quite like it.

Mike Yeadon:

> It’s SO powerful because people have been lied to for decades, possibly centuries.
>
> Viruses as described have never been scientifically shown to exist. Illnesses they supposedly cause are not contagious - this has actively been proven.
>
> As a veteran of pharma, it occurred to me a couple of years ago that of all the categories of pharma products, only vaccines cannot be questioned or criticized.
>
> Why is this?
>
> I think it’s because the entire field was a psy-op from the start. The intention was always to use this access to people’s bodies in order to control & harm them.

Katherine Watt:

> My current short-form version of the legal component of the scam, going back to the 1902 Virus-Toxin Act (which was silent on product definitions, purity, potency and branding standards, and testing and enforcement procedures, but authorized foreign and interstate commerce in biological products dubbed viruses, toxins, antitoxins, serums); and to 1906 Pure Food and Drug Act (which did establish definitions, standards and testing and enforcement procedures for small molecule drug products):
>
> Vaccine and biological products confidence and use is promoted through a shell game in which there's 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.
>
> The observable operations of the small-molecule drug manufacturing regulation system are important as a cover or illusion-maintenance/distraction device to obscure the non-existence of the biological products as identifiable, isolated substances, and the non-existence of a real manufacturing regulation system.

* * *

Sept. 7, 2024 - On 'non-law enforcement activity' carried out by law-enforcement officers and law-enforcement methods.

Reader sent a link to a template federal habeas corpus petition to me and to Sasha Latypova: Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241[207]

Sasha Latypova's reply to the sender:

> My understanding is that this form will be rejected because the CDC/HHS will claim that it's not a federal imprisonment and not in the context of any crime, but "public health," i.e. the classic Nazi "for your safety."
>
> Quoting from the form:
>
> "Who Should Use This Form.
>
> You should use this form if
>
> - You are a federal prisoner and you wish to challenge the way your sentence is being carried out (for example, you claim that the Bureau of Prisons miscalculated your sentence or failed to properly award good time credits);
> - You are in federal or state custody because of something other than a judgment of conviction (for example, you are in pretrial detention or are awaiting extradition); or
> - You are alleging that you are illegally detained in immigration custody."

My reply to the sender, expanded:

Thank you. As I've written previously, I do think drafting habeas petition templates specific to quarantine and isolation orders issued by state and federal public health officers under communicable disease control pretexts is a good idea, for public education purposes.

People challenging state and federal quarantine and isolation orders placing them "in federal or state custody" would need to focus on the "something other than a judgment of conviction" provision, and try to make the case that quarantine and isolation detention is a form of criminal punishment imposed without commission of a crime, or on presumption-of-guilt for the presumed, non-proven and non-provable crime of susceptibility to alleged infection with allegedly transmissible, allegedly disease-causing pathogens.

I want to emphasize that, if/when habeas petitions are filed, the public health officers will probably defend their actions by insisting that what they're doing is not criminal prosecution.

It's "non-law enforcement activity," and therefore habeas due process is inapplicable, because habeas is only applicable to detention for alleged criminal acts.

[207] https://www.uscourts.gov/sites/default/files/AO_242_0.pdf

They'll cite to federal and state quarantine and isolation statutes, federal HHS and state health regulations and the case law since 1989 around "special needs doctrine," and the bare assertion, by the governments, that quarantinable communicable disease outbreaks are occurring, creating the "special needs" conditions.

Judges will probably find those arguments and factual assertions about the existence of disease, disease-causing pathogens, and the transmissibility of asserted pathogens, to be dispositive.

They'll deny the petitions as moot without further fact-finding, and uphold the detentions.

Related

- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense.[208] (Sasha Latypova)
- Aug. 12, 2024 - On habeas corpus, probable cause, warrants, detention and extrajudicial state killing under declared public health emergencies.
- Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2 (Sasha Latypova)[209]
- Aug. 20, 2024 - Court-ordered quarantine: involuntary arrest and detention by local health and law enforcement officers.

* * *

[208] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[209] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders-6d4

Sept. 7, 2024 - Comment exchange on scientific fraud, history.

Sept. 7, 2024 comment posted on Aug. 10, 2024 Sage Hana post by Currer:

> I cannot see what is wrong or suspicious about this early diphtheria research. Diphtheria is caused by a bacillus, and not all diphtheria cases will present identically, but subclinical or mild infections can be diagnosed by finding the diphtheria bacillus. Bacteria may be able to lie dormant in the body because they are complete cells with a nucleus, unlike respiratory viruses which are obligate parasites and must reproduce using host tissues - which will trigger an immune response and symptoms.
>
> Please don't make the mistake of projecting the current abuse of scientific research back too far into the past. Much early research was life-saving and genuine. You risk discrediting the validity of your work and analysis. Much of this overreaction is due to shock, and sudden loss of trust in our perceived reality. I can see this reaction occurring in many of the people who like yourself, have been brave enough to speak out. Sadly I do not think Mike Yeadon's judgement is reliable any longer, he seems to me to be having a breakdown. (I do not blame him for this)
>
> I believe that the planned, conscious, manipulation of medical science only became really important since the second world war, once this science had further developed its theoretical and experimental techniques. Prior to that, medical science was quite limited in reach and importance.
>
> In fact for science to be abusable, most scientific work has to be valid, accurate and true. There has to be a factual reality to and valid potential in science for it to be open to manipulation and weaponisation.

Sept. 7, 2024 - KW reply

> I understand the points you are making, and agree that as the process of untangling what's true from what's false continues, some of what was published and relied upon for medical interventions pre-World War II may turn out to have truthful aspects.
>
> I don't agree that pre-WW II scientific and medical disciplines weren't developed enough to be subject to intentional abuse for purposes of deceit and harm. As with so many other aspects of the scam, it's difficult to articulate, in large measure because the omissions and mischaracterizations are more significant to the deceit project than the true statements around which the omissions and mischaracterizations are arrayed. That deceit process — in scientific research; in medical diagnosis and cause of death data collection; in law; in scientific, medical and general-audience publishing, in other disciplines — began long before WW II.
>
> By WWII it had become much more efficient and centralized, and since WW II, the centralization and efficiency have increased.

Sept. 10, 2024 - 1901-1910: Federal government licensing of virus and toxin propagation establishments; criminalization of traffic in adulterated or misbranded drugs.

Part 3 of series on US federal quarantine and biological product law, 1798 to 1972

By Lydia Hazel and Katherine Watt

Part 2 ended with:

> *1901 - Congress provided money and land to MHS Hygienic Laboratory for new building and for purchase of books and journals.*
>
> On March 3, 1901,[210] through a funding act and a margin note — "Marine hospitals. Laboratory authorized." — Congress appropriated money and land for the Laboratory of Hygiene that had been in operation since 1887, originally in Staten Island NY, and had been relocated to Washington DC in 1891.
>
> Congress gave the Marine-Hospital Service $35,000 and authorized transfer of five acres in Washington DC [Old Naval Observatory parcel[211]] from the Navy to the Secretary of the Treasury, "for the erection of the necessary buildings and quarters for a laboratory for the investigation of infectious and contagious diseases, and matters pertaining to the public health, under the direction of the Supervising Surgeon-General."
>
> Between 1900 and 1910, more biological products were propagated within and used in the United States, added to the smallpox and rabies vaccines and diphtheria and tetanus antitoxins already in use. The new additions included antibacterial antisera, thyroidectomized goat serum, and horse serum (1903 – 1907).[212]

July 1, 1902 - Congress and President Theodore Roosevelt passed "An act to increase the efficiency and change the name of the US Marine-Hospital Service" - PL 57-236[213]

In July 1902, Congress passed "An act to increase the efficiency and change the name of the US Marine-Hospital Service" to the Public Health and Marine-Hospital Service (PHMHS).

The 1902 reorganization and renaming law had nine sections.

> At Section 1, Congress changed the name and transferred all the duties of the Marine-Hospital Service — "care of sick and disabled seamen and all other duties now required by law" — to the new PHMHS, still under the supervision of the Treasury Secretary.

[210] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1901.03.01-56th-congress-ch.-853-p.-1137-treasury-department-appropriations-hygienic-laboratory-set-up-with-35000-and-5-acres-1-p.pdf
[211] https://en.wikipedia.org/wiki/Old_Naval_Observatory
[212] https://history.nih.gov/display/history/Biologics
[213] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1902.07.01-pl-57-236-name-change-to-public-health-and-marine-hospital-service-directors-duties-32-stat-712-3-p.pdf

At Section 2, Congress set the salary of the PHMHS Surgeon-General at $5,000 per year and dropped the modifier "supervising" from his title.

At Section 3, Congress authorized the Surgeon-General to "detail" commissioned PHMHS medical officers for duty in Washington DC to any of five PHMHS divisions, including marine hospitals and relief; domestic quarantine; foreign and insular quarantine; personnel and accounts; sanitary reports and statistics; and scientific research.

At Section 4, Congress authorized the President, "in his discretion, to utilize the PHMHS in times of threatened or actual war to such an extent and in such manner as shall in his judgment promote the public interest."

At Section 5, Congress established a nine-member advisory board for the Hygienic Laboratory that had been authorized a year before, to consult with the PHMHS Surgeon-General "relative to the investigations to be inaugurated, and the methods of conducting the same."

The advisory board would include three government officers appointed from the Army, Navy and Bureau of Animal Industry by, respectively, the Surgeon-Generals of the Army and Navy and the Secretary of Agriculture; the Hygienic Laboratory director (Milton J. Rosenau at the time); and five people "skilled in laboratory work in its relation to the public health, and not in the regular employment of the Government."

Section 6 authorized the PHMHS Surgeon-General, with the Treasury Secretary's approval, to appoint directors for three Hygienic Laboratory divisions: chemistry, zoology and pharmacology, and referred to the January 1889 law as governing the appointment of a director for the Hygienic Laboratory from among the commissioned medical officer corps.

Section 7 authorized the PHMHS Surgeon-General to organize conventions of state and territorial boards of health, quarantine boards and State health officers, and required him to organize at least one annual conference.

Section 8 directed the PHMHS Surgeon-General to establish a federal registry for "mortality, morbidity, and vital statistics" and create, distribute and collect forms for state health authorities to complete and return to the PHMHS for use in preparing national health reports, to "secure uniformity."

Section 9 authorized the President to prescribe rules and regulations for the conduct and internal administration of the PHMHS, and required the Treasury Secretary to file annual reports to Congress.

Main points to understand:

In 1902, Congress created a 9-member advisory board for the Hygienic Laboratory to provide input on "infectious and contagious diseases and matters pertaining to public health" (text from the March 1901 funding act authorizing the Hygienic Lab) "relative to investigations...and methods."

Congress did not assign biological product manufacturing regulation drafting or enforcement to the Hygienic Lab advisory board or to the Hygienic Lab employees.

Through the Virus-Toxin law, also passed July 1, 1902, outlined below, Congress assigned biological product manufacturing rule-making to a three-member board of Surgeon-Generals subordinate to the Treasury Secretary, and assigned enforcement to the Treasury Secretary and officers to whom he delegated authority.

In 1902, Congress set up a centralized data-collection system to collect information about births, deaths, diseases and causes of death.

This is important because the false attribution of disease and death to communicable pathogens is the primary means by which public health officers drive public fear of epidemics and pandemics, and thereby drive submission to products that the same government health officers falsely characterize as preventatives for so-called vaccine-preventable diseases.

By centralizing data collection, authorizing the Secretary of Treasury to create the forms to be used by state and local authorities, and funding publication and distribution of reports, Congress gave federal officers control over public perception of falsifiable and routinely-falsified communicable disease threats.

The centralization of information -- enabling government control, coordination and falsification of disease and death evidence -- began in 1902 with the law reorganizing and renaming the Marine-Hospital Service. Government control, coordination and falsification of disease and death data is currently carried out by government officers working at the Centers for Disease Control and Prevention (CDC), one of several federal offices whose functions originated in the Hygienic Lab.

July 1, 1902 - Congress and President Theodore Roosevelt passed "An act to regulate the sale of viruses, serums, toxins, and analogous products," the Virus-Toxin law, also known as Biologics Control Act - PL 57-244[214]

On the same day that Congress reorganized the functions and changed the name of the Public Health and Marine-Hospital Service, Congress also passed "An act to regulate the sale of viruses, serums, toxins, and analogous products in the District of Columbia; to regulate interstate traffic in said articles, and for other purposes."

[214] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1902.07.01-biologics-control-act-pl-57-244-32-stat-728.pdf

Congress passed the 1902 Virus-Toxin law ostensibly motivated by the deaths of 22 children in 1901 caused by tetanus-containing diphtheria antitoxin and smallpox vaccines: 13 children in St. Louis, MO who received diphtheria antitoxin, and nine in Camden, NJ who received smallpox vaccine. (Early smallpox vaccine manufacturing in the United States: Introduction of the "animal vaccine" in 1870, establishment of "vaccine farms" and the beginnings of the vaccine industry,[215] Esparza et al, June 19, 2020, *Vaccine*).

The 1902 Virus-Toxin law had eight sections and went into effect six months from passage: Jan. 1, 1903. The law covered sale in the District of Columbia; interstate commerce in US-propagated products; export of US-made products to foreign countries; and import of foreign-made products into the United States.

> Section 1 prohibited international and interstate sale, barter and exchange of "any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention and cure of diseases of man" unless the products had been "propagated and prepared at an establishment holding an unsuspended and unrevoked license, issued by the Secretary of the Treasury."
>
> Section 1 required packages to be "plainly marked with the proper name of the article;" 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."
>
> Section 1 required the Treasury Secretary to notify the owner or custodian of a product if the establishment license had been suspended or revoked, and if no notice given, then sale, barter and exchange could continue, even without a license.
>
> Section 2 prohibited falsification or alteration of package labels.
>
> Section 3 provided that Treasury Department officers "may, during all reasonable hours enter and inspect any establishment."
>
> Section 4 established a three-member board comprised of the Surgeon-Generals of the Army, Navy and Marine-Hospital Service, subject to Treasury Secretary approval, and conferred authority to the board "to promulgate from time to time such rules as may be necessary...to govern the issue, suspension and revocations of licenses." Section 4 also conditioned licensing of foreign establishments on the owners allowing the optional inspections authorized by Section 3.
>
> Section 5 authorized and directed the Treasury Secretary to enforce the statute and any regulations issued by the Surgeon-Generals' board; authorized the Treasury Secretary to issue, suspend and revoke licenses; and authorized the Treasury Secretary to assign enforcement duties to other Treasury Department officers.
>
> Section 6 prohibited interference with Treasury Department agents implementing the law.

[215] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7294234/

Section 7 established as punishment for violations, fines not to exceed $500 or imprisonment up to one year.

Section 8 repealed all other Congressional acts inconsistent with the Virus-Toxin law provisions.

Key points to understand:

The 1902 Virus-Toxin law covered "any virus, therapeutic serum, toxin, antitoxin, or analogous product," but did not define any of those terms by measurable physical or chemical attributes.

The products were defined only by the clause: "applicable to the prevention and cure of diseases of man."

Vaccine was not listed as a product class subject to the 1902 Virus-Toxin law.

Congress didn't add the term *vaccine* to federal biological product law until 1970 (PL 91-515[216]), 68 years after the Virus-Toxin law, 26 years after the 1944 Public Health Service Act, and 15 years after the nationwide, Congressionally-funded polio vaccination program began in 1955 (PL 84-377[217]) with vaccines inflicted primarily on children and expectant mothers.

To date (2024), Congress and federal regulatory agencies have still not defined *vaccine* in measurable physical or chemical terms in any statute or regulation.

The 1902 Virus-Toxin law covered licensing of establishments only; it was silent on the licensing of individual products.

The 1902 Virus-Toxin law did not prohibit "manufacture" of viruses, toxins and other biological products without a license; it prohibited "sale, exchange and barter" of such products.

The 1902 Virus-Toxin law did not require labels to contain information about the identity, volume, concentration or purity of any substances or mixtures of substances in product packages.

The 1902 Virus-Toxin law did not set forth physical or chemical compliance standards for product identity, purity, or potency, or direct the Treasury Secretary or the three-member Surgeon-Generals board to establish or enforce compliance with physical or chemical standards.

The 1902 Virus-Toxin law did not define "specific results" and only required package labels to include the proper name of the article.

The 1902 Virus-Toxin law did not prohibit adulteration or misbranding of virus, toxin and serum package contents.

[216] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/12/1970.10.30-pl-91-515-phsa-sec-351-42-usc-262-regulation-of-vaccines-blood-blood-components-allergenic-products-84-stat-1306.pdf
[217] https://www.govinfo.gov/content/pkg/STATUTE-69/pdf/STATUTE-69-Pg704.pdf

In contrast to the Pure Food and Drug Act passed in 1906 (summarized below), the 1902 Virus-Toxin law did not make reference to the US Pharmacopeia, which had been founded in 1820.[218]

> "...11 physicians came together to take action to protect patients from being harmed by the inconsistent and poor-quality medical preparations of the day. The first standards were "recipes" that guided the preparation of medicines, which were often made in apothecaries relying heavily on botanicals for their therapeutic benefit. As the practice of health and medicine evolved and the modern pharmaceutical industry emerged, USP standards changed from "recipes" to a set of quality specifications for medicines along with analytical tests to be performed to assess quality attributes."

The 1902 Virus-Toxin law did not authorize the three-member Surgeon-Generals board, or the PHMHS Surgeon-General, to enforce the laws, rules and regulations.

The 1902 Virus-Toxin law did not require inspections on any set schedule. It only established the optional right of Treasury Department officers to inspect establishments.

The 1902 Virus-Toxin law did not require manufacturers or sellers to submit specimens of products to federal laboratories for compliance testing; did not establish a federal laboratory responsible for testing of specimens; did not establish procedures for federal investigators to report non-compliant specimens to district attorneys for criminal prosecution of the manufacturers or sellers; and did not impose a duty of prosecution on district attorneys.

Most provisions of the 1902 Virus-Toxin law were incorporated into the 1944 Public Health Service Act (PHSA, PL 78-410[219]) at Sections 351 and 352, codified currently at 42 USC 262, Regulation of biological products; 42 USC 262a, Enhanced control of dangerous biological agents and toxins; 42 USC 263, Preparation of biological products by [Public Health] Service; and 42 USC 263-1, Education on biological products.

June 30, 1906 - Congress and President Theodore Roosevelt passed "An act for preventing the manufacture, sale, or transportation of adulterated or misbranded or poisonous or deleterious foods, drugs, medicines, and liquors, and for regulating traffic therein," also called the Pure Food and Drug Act - PL 59-384[220]

The Pure Food and Drug Act had 13 sections, and went into effect Jan. 1, 1907.

> Section 1 prohibited "manufacture" of "any article of food or drug which is adulterated or misbranded" within any Territory or the District of Columbia. Manufacture within States was not mentioned. Violators would be guilty of misdemeanors, subject (for first violations) to fines up to $500, up to one year imprisonment or both.
>
> Section 2 prohibited introduction of any adulterated or misbranded "article of food or drug" into any State, Territory or District of Columbia, from any other State, Territory or the

[218] https://web.archive.org/web/20230518220835/https:/www.usp.org/200-anniversary/usp-building-trust-for-200-years#i
[219] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1944.07.01-public-health-service-act-pl-78-410-58-stat-682.pdf
[220] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1906.06.30-pure-food-and-drug-act-pl-59-384-34-stat-768.pdf

District of Columbia, or to or from any foreign country. Violators who shipped, received, delivered, sold or offered for sale, exported or offered for export "adulterated or misbranded foods or drugs" would be guilty of misdemeanors, subject to fines of $200 to $300 and imprisonment up to one year, with an exemption for food or drugs "prepared or packed" in compliance with the laws of foreign countries, as long as the exempted food or drugs weren't sold or offered for sale domestically in the United States.

Section 3 directed the Treasury Secretary, Agriculture Secretary and Commerce and Labor Secretary to make rules and regulations, including rules governing "the collection and examination of specimens manufactured or offered for sale" in Territories, District of Columbia, States, or passing through ports, exempting food and drugs manufactured and used within one State (those that didn't cross State borders).

Section 4 directed that the Department of Agriculture Bureau of Chemistry would carry out the "examinations of specimens," or at least direct and supervise examinations, to find out if the articles of food and drugs were adulterated or misbranded. Congress directed the Agriculture Secretary to notify the manufacturer if examiners found adulterated or misbranded specimens, and to set rules through which manufacturers could be heard if they wanted to challenge the findings. If, after a hearing, the Agriculture Secretary still believed the articles were adulterated or misbranded, Congress directed him to "certify the facts to the proper US district attorney with a copy of the results of the analysis or the examination...authenticated by the analyst or officer" under oath. Congress directed the regulators (Treasury, Agriculture and Commerce-Labor secretaries) to prescribe rules for the public to be notified of any ensuing court judgment.

Section 5 established the duty of the district attorneys to prosecute violators "in the proper courts...without delay" upon presentation of the certified evidence, to enforce the criminal penalties outlined in Sections 1 and 2.

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."

Congress defined "food" as "all articles used for food, drink, confectionery, or condiment by man or other animals, whether simple, mixed, or compound."

Section 7 defined the term "adulterated." For drugs sold under USP-NF names and monographs, a drug would be deemed adulterated under either of two conditions.

A drug would be deemed adulterated 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" but provided that drugs listed by name in the USP-NF would not be deemed adulterated as long as the "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.

A drug would also be deemed adulterated if the product's "strength or purity fall below the professed standard or quality" stated on the package under which it was sold.

Section 7 also defined the term "adulterated" for confectionery and food, but those definitions are not summarized here.

Section 8 defined "misbranded" as applying to all drugs, articles of food, or "articles which enter into the composition of food" enclosed in packages with any statements about the article, ingredients or substances that were "false or misleading in any particular," including false statements about the State, Territory or country in which the article was produced.

Section 8 further defined "misbranded" drugs as those that were "an imitation of or offered for sale under the name of another article" and drugs 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."

Section 8 also defined "misbranded" food, and listed exemptions from misbranding, but those definitions and exemptions are not summarized here.

Section 9 provided that "dealers" of food and drug articles could be exempt from prosecution if they had obtained a "guaranty signed by the wholesaler, jobber, manufacturer" or other supplier of the products, asserting that the products were not adulterated or misbranded, as long as the guaranty listed the name and address of the supplier and made clear that the supplier would bear legal responsibility if specimen testing found evidence of adulteration or misbranding.

Section 10 provided "libel for condemnation" procedures, not summarized here.

Section 11 directed the Treasury Secretary to collect and supply "samples of food and drugs" being imported into the US and to provide notice to the owner of such imported products to appear before the Agriculture Secretary and introduce testimony. Section 11 provided for the Treasury Secretary to forbid entry to products found to be adulterated or misbranded, with exceptions covering "penal bonds."

Section 12 defined "Territory" as including the insular possessions of the United States, and "person" as singular and plural, including corporations, companies, societies and associations.

Section 13 set Jan. 1, 1907 as the date of effect.

Key points:

The 1906 Pure Food and Drug Act indicates that Congress members understood the public dangers posed by adulterated and misbranded pharmaceutical products. They were capable of establishing definitions for terms including *drug*, *adulteration* and *misbranding*. They were capable of assigning responsibility for establishing physical and chemical standards, assays and testing

methods to a non-governmental organization (US Pharmacopeia-National Formulary). They were able to establish procedures for collecting and testing specimens and able to designate federal government agencies and officers to collect and test specimens, and testify under oath as to their adulterated or misbranded status. They were able to set up procedures for district attorneys to prosecute violators who manufactured adulterated and misbranded products.

Domestic and foreign manufacturing and foreign and interstate traffic in "virus, therapeutic serum, toxin, antitoxin, or analogous product" were not governed by the 1906 Pure Food and Drug Act.

Viruses, serums, toxins, antitoxins and analogous products were governed by the 1902 Virus-Toxin law, and therefore not subject to physical and chemical standards, specimen collection, specimen testing or criminal prosecution for adulteration or misbranding.

Most provisions of the 1906 Pure Food and Drug Act were incorporated into the 1938 Food Drug and Cosmetics Act (FDCA, PL 75-717[221]), and are currently codified at several sections in Title 21, Chapter 9, Section 301 et seq.[222]

Congressional funding

As laid out in Part 2 of this series, during the 19th century, funding for the Marine-Hospital Service came from taxes levied first on seamen as wage taxes, and then on cargo, through tonnage taxes levied on ship owners.

The tonnage tax financing system was repealed in 1905, when Congress began making regular appropriations to the institution that was, by that time, called the Public Health and Marine-Hospital Service. (1904-1943 Congressional funding acts,[223] compilation, at p. 6 of 121 pp. PDF)

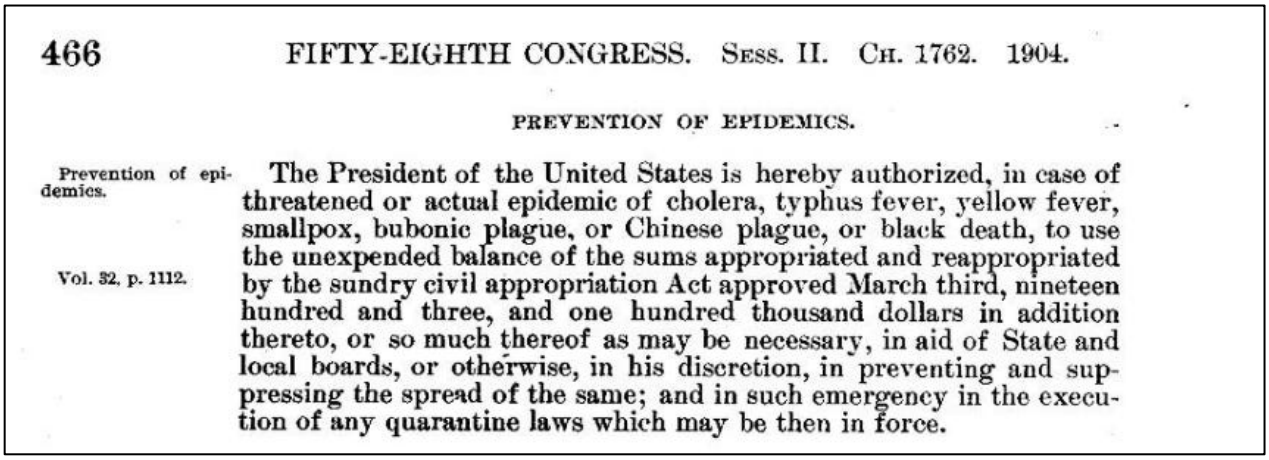
In 1878, Congress passed the first federal quarantine law covering quarantine of passengers, crew and goods on ships arriving in US ports from foreign ports.

In 1890, Congress authorized the Marine-Hospital Service to take charge of interstate quarantine — control of people and goods attempting to cross state borders. Congress expanded MHS quarantine powers in 1893.

Between 1904 and 1910, Congress made annual appropriations to the Public Health and Marine-Hospital Service, under Treasury Department appropriations, for several divisions and programs: Office of the Surgeon-General, including medical examinations and treatment at marine hospitals; Quarantine Service; Prevention of Epidemics; printing costs for publishing communicable disease reports (about $500 per year), and money for purchasing books and journals (also about $500 per year)

[221] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1938.06.25-food-drug-cosmetics-act-pl-75-717-52-stat-1040.pdf
[222] https://www.law.cornell.edu/uscode/text/21/chapter-9
[223] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1904-to-1943-congressional-funding-for-phs-quarantine-epidemic-disease-prevention-121-p-compilation.pdf

Through the Prevention of Epidemics section, Congress authorized and funded the President to provide money "in aid of State and local boards [of health]" in case of "threatened or actual epidemics" of named diseases.



466 FIFTY-EIGHTH CONGRESS. SESS. II. CH. 1762. 1904.

PREVENTION OF EPIDEMICS.

Prevention of epidemics.

The President of the United States is hereby authorized, in case of threatened or actual epidemic of cholera, typhus fever, yellow fever, smallpox, bubonic plague, or Chinese plague, or black death, to use the unexpended balance of the sums appropriated and reappropriated by the sundry civil appropriation Act approved March third, nineteen hundred and three, and one hundred thousand dollars in addition thereto, or so much thereof as may be necessary, in aid of State and local boards, or otherwise, in his discretion, in preventing and suppressing the spread of the same; and in such emergency in the execution of any quarantine laws which may be then in force.

Vol. 32, p. 1112.

The Prevention of Epidemics program was the forerunner of what became known as the Federal-State Cooperation program in the 1944 Public Health Service Act (PHSA Part B, Section 311 et seq, PL 78-410, 56 Stat 693,[224] currently codified at 42 USC 243 et seq.,[225] including "public health emergencies" provisions added in 1983 (PL 98-48[226]), repealed and replaced in 2000 (PL 106-505[227]); the "targeted liability protections for pandemic and epidemic products and security countermeasures" (liability exemptions) added in 2005 through the PREP Act (PL 109-148[228]), and many related provisions.

In 1904, Congress appropriated $335,000 for Quarantine Service and $100,000 for Prevention of Epidemics.

In 1905, Congress repealed the cargo tonnage tax source of PHMHS funding and directly appropriated $200,000 for the Public Health and Marine-Hospital Service, along with $340,000 for Quarantine Service and $100,000 for Prevention of Epidemics.

In 1906, Congress gave Treasury $1,185,000 for the PHMHS, including pay and quarters for officers, pay for all other staff, hospital maintenance costs, medical examination and treatment costs, books and journals, and a line item for the Hygienic Laboratory of $15,000. Congress also gave the Treasury Department $340,000 for Quarantine Service and $200,000 for Prevention of Epidemics.

In 1907, Treasury received $1,162,750 for PHMHS, including $15,000 for the Hygienic Lab; $350,000 for Quarantine Service; $200,000 for Prevention of Epidemics.

[224] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1944.07.01-public-health-service-act-pl-78-410-58-stat-682.pdf
[225] https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-II/part-B
[226] https://uscode.house.gov/statutes/pl/98/49.pdf
[227] https://uscode.house.gov/statutes/pl/106/505.pdf
[228] https://uscode.house.gov/statutes/pl/109/148.pdf

In 1908, Treasury received $1,299,750 for PHMHS, including $15,000 for Hygienic Lab maintenance and $10,000 to equip a new Hygienic Lab building; $400,000 for Quarantine Service; and $500,000 for Prevention of Epidemics.

In 1910, Treasury received $1,156,100 for PHMHS, including $15,000 for the Hygienic Lab; $400,000 for Quarantine Service, and authorization for the President to use "unexpended balance of sums...approved March 4, 1909" for Prevention of Epidemics, to fund state and local health board projects to prevent alleged epidemics.

1910 JAMA papers by Milton J. Rosenau, Director of PHMHS Hygienic Laboratory

In 1910, seven years after the Virus-Toxin law went into effect on Jan. 1, 1903, Milton J. Rosenau, the second director of the Hygienic Laboratory (1899-1909), published two papers in the Journal of the American Medical Association: *The Federal Control of Serums, Vaccines, Etc.*[229] and *Vaccine Virus*.[230]

In the first paper, Rosenau described an inspection and licensing program that he claimed was operated by the staff of the Hygienic Laboratory division of pathology and bacteriology, including purchase of samples from manufacturing establishments and "on the open market" for "examination as to potency and purity."

Rosenau further claimed that the licensing process applied to individual products and that "general licenses authorizing the manufacture of any and all biologic products are not issued," even though the 1902 law only addressed the licensing of establishments and did not define or authorize the Treasury department to adopt or enforce product standards.

After describing inspectors inquiring into "methods of manufacture," the "competency" of employees and the "efficiency of the material equipment," Rosenau concluded: "At present every confidence may be had in all biologic products made under government license."

The last section of Rosenau's paper on federal control is titled "Government Guarantee" and states:

> "The government does not guarantee that each vaccine point or each package of antitoxin will produce its full therapeutic effect and be free from all danger. This would be impracticable with the extent and variety of the business in biologic products now carried on in this country and abroad..."

In the second paper, Rosenau described *vaccine virus* as "the specific principle in the material obtained from the skin eruption of calves having a disease known as vaccinia [cowpox]…" and stated "both the pulp and the lymph are mixtures containing epithelial cells, serum, blood, leucocytes, products of inflammation, debris, bacteria, etc., in varying proportions."

[229] https://jamanetwork.com/journals/jama/article-abstract/431146
[230] https://jamanetwork.com/journals/jama/article-abstract/431147

Rosenau admitted "the specific principle of vaccinia [cowpox] is unknown;" stated that "it is impossible to obtain vaccine virus free from the bacteria of the skin;" and stated "the fact that a serum or vaccine is granted a license does not mean that it is a valuable curative or prophylactic; in fact, it may have little or no therapeutic value."

He stated: "it is evidently the province of the medical profession to determine for itself whether a certain substance has therapeutic value or not. The chief concern of the government is to protect the practitioner against sophistications, impurities, faults or mislabeling."

Rosenau did not point out to JAMA readers that the 1902 Virus-Toxin law was silent on identity, purity and labeling of products by physical and chemical composition and ingredients; the 1902 law did not prohibit adulteration and misbranding; and the 1902 law did not establish prosecutorial procedures.

Rosenau ended his paper with an argument for adding *vaccine virus* to the US Pharmacopeia, from which it is possible to infer that US Pharmacopeia officials were resisting such efforts:

> "The objection, that vaccine virus is an indefinite substance, the 'active principle' of which is not known, is no longer valid, for the Pharmacopeia contains many such substances, including the ferments, against which similar objection holds.
>
> The objection that vaccine virus cannot be "assayed" [quantitatively and qualitatively analyzed[231] to determine the presence, amount or functional activity of a substance] by the average druggist also lacks force when we recall that the potency and purity of vaccine virus in interstate traffic is cared for by the federal government under the law of July 1, 1902, which relieves the pharmacist of this responsibility…"

Again: the words *potency*, *purity* and *vaccine* do not appear in the July 1902 Virus-Toxin law, nor do the words *adulteration* or *misbranding*.

These papers confirm that Rosenau understood that *vaccine virus* was "an indefinite substance" that could not be identified, purified or subjected to any measurable standards for product identity, purity or potency; that no such standards had been established by federal officers or by the US Pharmacopeia acting as a private-sector product quality monitor in partnership with government agencies; that no tests had been developed or were being used by Hygienic Lab workers to test *vaccine virus* specimens for compliance with non-existent identity, purity and potency standards; and that no criminal prosecution of propagation, sale and use of adulterated or misbranded *vaccine virus* was authorized or carried out.

The real purpose of the 1902 Virus-Toxin law was to create initial false public confidence in vaccines.

One of several real purposes for the Hygienic Laboratory and two of its successor organizations today (NIH and FDA) was to serve as front organizations that have never and still do not establish physical or chemical standards, or safety or efficacy standards, for vaccines; have never and still do not conduct product testing to verify manufacturer and public health officer claims as to product

[231] https://en.wikipedia.org/wiki/Assay

identity, purity, potency, safety or efficacy; and have never and still do not support criminal prosecution for manufacture, distribution and use of vaccines and related products.

The Hygienic Lab, NIH and FDA have merely pretended to regulate biological products, to falsely generate and maintain public confidence in vaccines, which were then and are still today, demonstrably heterogeneous, unstable and toxic products.

Since 1902, the biological product regulatory acts that public officials have lied about conducting, they could not and did not conduct in reality.

In the early days, they failed to establish and enforce physical and chemical standards because they lacked the necessary scientific knowledge, methods and equipment, although they demonstrably knew, from anaphylaxis studies, that foreign cells and cell products, especially proteins, when injected into the bloodstream, are inherently harmful to recipients.[232]

In more recent decades, purported regulators did not and do not establish and enforce physical and chemical standards because scientific knowledge, methods and equipment have developed to the point where the results of any tests would disclose the inherent heterogeneity, instability and toxicity of products they need to deceive the public into believing to be pure, stable and beneficial.

Related

- 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
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine
- Aug. 28, 2024 - On 'critical quality attributes' or CQAs

* * *

[232] Sept. 3, 2024 - https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators

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

Video links - Sept. 6, 2024 - Anaphylaxis by vaccines, Rumble[233] BitChute[234] Substack[235]

Full transcript

- 2024.09.06 Anaphylaxis by vaccine, Jane Ruby and Sasha Latypova[236] (PDF)

Latypova reporting on anaphylaxis by vaccine

- 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.[237] (Sasha Latypova)

*

Jane Ruby, Introduction

What if all the so-called epidemics like plague, cholera, and smallpox are the body's natural reaction and resistance to foreign proteins that are only ever in play because they're introduced by injection vaccines and their additives? That would mean that the entire spectrum of human illness: autoimmunity, obesity, diabetes, and other chronic illnesses, could all be traced and tied to a specific reaction in the body, intentionally induced by the real mechanism of action of vaccines...

It may be important to take a new look at the term *anaphylaxis*, a term normally reserved for a serious allergic reaction that has a rapid onset and is life-threatening and requires immediate medical attention...

In reviewing the work of 1913 Nobel Prize winner Charles Richet, biotech expert and analyst Sasha Latypova, and legal expert Katherine Watt have a broader take on this condition because they believe it may be at the center of what is injuring people and killing them in this mass genocide operation...

Sasha, let me start out by first asking you how you and Katherine Watt became interested in even digging into this topic and why you think it's important right now.

[233] https://rumble.com/v5dx2yd-all-vaccines-prime-illness-by-injection-of-food-proteins.html
[234] https://www.bitchute.com/video/vcqVWfc3NENd
[235] https://sashalatypova.substack.com/p/anaphylaxis-by-vaccines-discussion
[236] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2024.09.06-anaphylaxis-by-vaccine-jane-ruby-and-sasha-latypova-transcript.pdf
[237] https://bailiwicknews.substack.com/p/•%09https:/sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators

Sasha Latypova

Right. So as you know, maybe, Katherine has been working on a very large project, going back through vaccine-related laws in the United States all the way back to the 1700s. So she and another collaborator are writing, she calls it "the beast," a report on how all these laws and all this framework has been put in place and specifically looking at definitions. [Part 1, Aug. 5, 2024; Part 2, Aug. 12, 2024; Part 3, Sept. 10, 2024]

As you know, definitions are very important of — what is *vaccine*, what is what, what is *virus*…because definitions in law are basically everything. And so that work is ongoing.

And as part of this work, she came across Charles Richet's Nobel Prize. And she sent me originally his 1913 Nobel Prize acceptance speech[238], a lecture, which I read, and I was shocked by it.

And then I decided to research it further and I actually went into archives and I found his book...[*Anaphylaxis*[239]]...I read his book and I kind of understand what he did and the conclusions that he made. He also cites other authors working in the same area at the same time.

Jane Ruby: Tell us a little bit about who this guy is...

Sasha Latypova: At the turn of the 20th century...there were a lot of these gentlemen scientists...people who had independent financial means and they were interested in different topics of science...The original story says that the Prince of Monaco invited him on his yacht, which is a huge ship that was traveling in the Mediterranean, and they went to research the jellyfish, the Man-o'-War, the very dangerous jellyfish. And so from then on, when they returned, he started working with different poisons that he made from similar things.

Getting Man-o'-War was kind of difficult. So he created what he himself called virus of Actinaria. It turns out the virus of Actinaria is basically tentacles of sea anemone that are dissolved in glycerin.

At that time, viruses were — the definition of viruses was poison. So he made poison and he described how he made it. And he called it *virus*, which was the scientific nomenclature at the time.

This whole mythology about *virus* being this particle that infects and flies around and you get it from casual contact. That wasn't there. It was already well understood that that doesn't happen. And viruses are something you inject to poison.

That's what he was doing in his laboratory experiments. He mostly worked on dogs. He poisoned a lot of dogs. And other people that he collaborated with or knew about worked with rodents. Well, actually rabbits and guinea pigs and sometimes other animals. Turns out white mice and some breeds of rats do not experience anaphylaxis. So isn't it surprising how they're the staple of pharmaceutical research?...

[238] https://www.nobelprize.org/prizes/medicine/1913/richet/lecture/
[239] https://annas-archive.org/md5/cbf8666b6f20327802abe4e4d5787adc

In addition to his interest in anaphylaxis and vaccination or early attempts at vaccination, he was a eugenicist...He thought that black people were inferior. And he was actually a president of eugenics society in Europe and I think in France... It's a little bit of a digression, but it's important to understand. So this stems from Darwinism, by the way, and there was a lot of scientific debate at the time. The main concern of these rich people who were also doing science, because there wasn't a centrally-funded science at the time, was..."How do we prevent these poor classes that are dirty and inferior from overbreeding?" And actually Darwin was against that, but not because he was for some humanitarian goals. His position was, "If we prevent them from overbreeding then we don't have the competitive evolutionary selection."

These ideas come from...the richer classes, more well-to-do classes who themselves called themselves "well-bred," from trying to limit and prevent overbreeding of poor classes, which they associated with infectious diseases, epidemics, general dirty stuff, crime...That was their attempt to limit it. And that's why they devised all these methods.

Richet was working on it, although he didn't, in the book at least, he doesn't say explicitly his goals. He just kind of lays out the scientific stuff. I think they were working on figuring out how can we both prevent epidemics and limit the reproduction of the dirty classes. Obviously, now this is all expended on all of us.

Now it seems that the globalists kind of view us in the same way that at the time they were viewing poor working classes. So they view all the world as overpopulated. "We're getting, you know, resources are constrained," which is not true. "And we need to limit the population." And this is the mechanism by which they have been limiting population systematically.

Jane Ruby: ...I think a lot of people understand now that this whole vaccine program for the last couple of centuries has been to injure, create medical conditions and to take down over time, keep culling off the population.

But what I think you're zeroing in on with Katherine is this may be the main mechanism of action by introducing foreign proteins...

Sasha Latypova: So let's talk about what *anaphylaxis* is. I also was under impression that anaphylaxis is only shock, the life-threatening condition where somebody immediately drops on the ground and you need antihistamines or EpiPen.

Now, it turns out Richet, who received Nobel Prize for it, himself said it's not just that.

And actually, at the time, there were some other scientists calling it *allergy*. And he said, "This is wrong. You shouldn't call it allergy because it's the same phenomenon…"

He has demonstrated that anaphylaxis is anything from mild rash to shock. And it has the same underlying mechanism.

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.

Proteins are, people don't quite understand what they are, but proteins are large molecules, large biological chemical structures, as opposed to small chemicals like salt or some small drug that you typically get as a pill. Proteins are large structures. They can be food proteins. They can be toxins from plants or animals... Injections of proteins, even milk and food proteins, produce the same result as injecting poison of Actinaria, as [Richet] was practicing with...

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. You can actually even ingest snake poison. That's used in bush medicine. I don't recommend it. But if you don't have abrasions or sores in the mouth, you can suck out poison, and it's safe...

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.

Jane Ruby It's the injecting into the compartment...Once you put something directly into the main, the vascular system...you're going to go everywhere. And like you said, there's a huge surveillance system operating naturally. And when the body sees a protein, that's not its own printing, it reacts.

And so you're saying anaphylaxis is any of the reaction to that, but they know this, the mechanism of action I think you've discovered that's relevant is they, knew this in the 17 and 1800s maybe, or they were coming to know it and they are using it actively. This is a slow kill, I think as Katherine has said. Right?

Sasha Latypova: Yeah, so 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.

So state of anaphylaxis requires to inject one injection and then the second one sets it off.

So, and in my article, I said, you know, "the second shot," why the second shot is so important. So the first shot will, after some period of time, he showed that it's around 20 days.

That's vaccine doses at 21 days.

So he showed that it's around 20 days. It can vary depending on the poison and the species. So you inject them once, they may not react. It may be just totally fine for them, you don't see any results, maybe somebody develops like mild rash or something.

And then 21 days later you inject even minute dose...what is considered completely not dangerous, tiny, tiny dose of the same substance and some of the animals — but it's unpredictable which ones — will go into violent illness, bad allergic reactions, or even shock and death.

And he's done it so many times, and he's shown you cannot predict this. There is nothing. And since then, the science still cannot predict this. We don't have any ability to say how a person will react to what everyone thinks is a safe ingredient, like peanut oil, or casein or yeast or, like these albumins that are made from wheat and cereal and soy and corn.

Are we surprised that everybody's having those allergies now? No, because these were vaccine ingredients. These were people who were *anaphylactized* over time with this.

Another sinister point of this whole vaccinology, is that they over time have developed, let's say, they call it "safer," but they're just less detectable anaphylactizing agents than what Richet was using...things that won't produce as many overt shocks, but will be underlying, sensitizing the population to commonly-occurring proteins like wheat, like peanut oil, like other nuts, you know, foodstuffs, now meat...

Pretty much everything you encounter or eat then becomes a mild poison to you. And because you're doing it continuously, it creates chronic inflammation, allergies, autoimmune diseases, destruction of microbiome, because the anaphylaxis is actually intestinal reaction. And so leaky gut...cancer pathways over time, obesity, especially in children, it's all related to that because their gut is now completely either destroyed or completely, I would say, out of whack. They can't properly digest food. So they grow obese, even from not such a bad diet.

And then…they gaslight you into, "Oh, you have this...genetic mutation, you have a hereditary autoimmune condition or you have, you know, your diet and lifestyle. Oh it's toxic food."

Now notice all over the place we have, on Tucker Carlson and everywhere: "Toxic food, we have to deal with toxic food."

It's not toxic food.

It's this.

Everyone is anaphylactized to normally occurring proteins...

Jane Ruby:...You need an initial exposure to a foreign protein to then have a more severe reaction, whether or not you have it the next time around. Because it takes time for the body, it probably puts a lot of energy into developing, setting up surveillance..."I know that thing over there is foreign protein, so I'm going to imprint that memory, whatever that is..." But then the next time you're exposed to it and your body goes into hyperdrive...

What you're suggesting by this work and this analysis is that this is a programmed intentional priming and programming...

Let's just talk about the *adjuvants* for a minute. All of these injections since 1950s when they were injecting, they've always had adjuvants, additives... These things that don't seem to make sense.

For the most part, society has brushed it off. Aluminum, polysorbates. Now these antibiotics... Why are all these things added? The top-level response is, "Well, because we need to jump-start your immune system..."

Is that primarily one, maybe a major way that introduces foreign proteins...and "anaphylactize" the body?

Sasha Latypova: The adjuvants are also very, very sinister. ...I also found some older documentations and even articles in like *New York Times* discussing this issue. This is before pharma was advertising directly with them. So they were actually doing journalism on this topic.

For example, peanut allergy. It was introduced in Merck vaccine and the peanut oil was an adjuvant [NYT, Sept. 19, 1964[240]]...and it started producing allergic reactions. It was recognized at the time that this is anaphylaxis to the peanut oil. They continued by renaming it into Adjuvant 65, so that nobody can say what it is. And since then, FDA is giving [adjuvants that are food proteins] designations. It's called GRAS, generally [regarded] accepted as safe...or things that are considered, you know, common and safe.

For example, mRNA vaccines contain cholesterol. So what is going to happen if you are sensitized to cholesterol in your own bloodstream?...

...Some agents like the peanut oil are so anaphylactizing that after the first exposure, people become then sensitive to even breathing the oil that comes out of the peanut. And so they become so sensitive to this...

Once something like this is detected...[pharmas and FDA] go find some other anaphylactizing agent that's less detectable, for example, *albumins*, which produce gluten allergy over time, or rice or corn or soy, depending on what they're derived from.

And then you get gas-lit...It's very difficult to diagnose autoimmune condition or gluten intolerance. ...People go nuts through like these elimination diets, trying to figure out what's going on. What's an anaphylactizing agent?

And nobody tells them that this is from the vaccine...

Jane Ruby: Here's how I know you're on to something. Peanuts have been around for thousands of years. Why only in the last 50 years or so has this peanut allergy escalated to where you can't even breathe the molecules in an airplane or anywhere?

So it's intentional. It's part of the plan.

[240] https://www.nytimes.com/1964/09/19/archives/peanut-oil-used-in-a-new-vaccine-product-patented-for-merck-said-to.html

Sasha Latypova: Part of the plan. I know. Where I grew up, we had no allergies whatsoever. And I keep telling people, again, about toxic food and toxic chemicals in the environment. I'm not proposing to have toxic chemicals. I'd love to clean up any pollution and keep everything clean. And organic food, I also love it.

But I'm telling you, I grew up for 20, 30 years in a place where we could light the creeks on fire because we had all this industrial pollution dumping into the water where we were taking the water for drinking. And we had leaded gasoline. We had, the agriculture was full of chemicals, just, they were dumping straight chemicals. It's Soviet agriculture.

The food, everybody ate sugar, fat. The only oil for cooking was seed oil and margarine because butter was too expensive. And we had not a single overweight kid. We had no allergies. I didn't know about food allergies at all, that they exist. We had no asthma, despite the air being a total, total awfulness. And no autism. I didn't know it existed. Actually, when I first saw *Rain Man*, I was like, "What is it? What does this guy have?"

Jane Ruby: Because you didn't have vaccines?

Sasha Latypova

Well, there were maybe three or four vaccines...When I come here and everybody is — and I go to the grocery store, here you can buy actually pretty decent food. Okay, avoid those middle aisles where all this, like, petroleum products are. But if you buy groceries, like normal groceries, it's all fine.

It's not toxic food. And it's not toxic environment. The environment most of the time is actually quite good.

So what is this whole propaganda? It's again, it's part of gaslighting. It's gaslighting into why "it's all this food that we need to worry about and spend money on," as opposed to removing the cause of anaphylaxis to the food...

Jane Ruby: We've been under attack for a long time. When I first had Katherine on a year or so ago [June 17, 2022[241]], I thought she misspoke when she said it's been going on for centuries. And I thought she must've meant decades. And she said, "No, no, I mean centuries."

Obviously, the answer is to avoid these. And certainly for people with new babies and young children, they're trying to get people. You understand now why they're trying to get pregnant women or even you see the CDC language. "If you're thinking about being pregnant, if you could get pregnant."

[241] https://rumble.com/v18tt0k-u.s.-laws-all-secretly-changed-to-enable-mass-genocide.html

Sasha Latypova: They're definitely trying to attack the pregnant women and children. I just republished my older article[242] where I showed that it was definitely concerted attack. The pregnant women were specifically identified in contracts with DOD...for these mRNA vaccines, they're mentioning "We have 4 million pregnant women in the United States." And actually it's much less now after they've injected everyone. I think the latest number was 3 million, something...They really reduced the rate of pregnancy with this. But at the time they were writing contracts they said "four million pregnant women,"...as a target...

Why are you writing a contract for ...completely new technology, nothing has been done with it...before clinical trials and you're already targeting it to pregnant women? I was shocked at the time. Then I knew it was part of the plan.

Jane Ruby: Right. Part of the plan…I knew it was a crime because nobody in their right mind, you don't even have to be in the pharma industry. It's been talked about for generations that pregnant women have to be careful...

I'm a little focused right now on the drive to get the polio vaccine. There hasn't been a reported case of an indigenous wild, in-the-wild acquired polio, obviously, since I think, online I read 1979. So again, we have a non-issue, but there's this World Health and CDC push right now. And it bifurcates into the oral polio and the injection since 2000 in the United States. Is it in these adjuvants, that they're adding these protein sensitizers?...

Sasha Latypova: Depending on how they authorize this...if they declared, in a particular location, they declared public health emergency of polio...We have PREP Act declarations....I don't think they included polio specifically, but they included poisoning by pesticides and nerve agents, which I think what polio is today, because there is no virus. If there was a virus, it was eliminated. God knows when, 70s. But I don't believe there is a virus of polio. I think it's primarily poisoning by pesticides like DDT. Originally it was DDT and then later different other pesticides. And so we even have a PREP Act declaration for it.[243] So depending how they put this vaccine on, it can contain pretty much anything...

They can put just about anything into these vaccines because of almost bulletproof liability protection, especially in the US...There's no oversight of vaccines. That's what my colleague Katherine demonstrated. And that's what she's writing about. There's no effective regulation of vaccines. They are not regulated as pharmaceutical products.

They were not regulated at all until 1973. So they were just cooked up by CDC and distributed from disgusting things. Let's not go there yet. But in 73, FDA finally got mandate to regulate them, sort of. But we have traced all those regulations and they are completely ineffective. And nobody ever does any enforcement, especially now. There's no enforcement of any of those regulations. They're basically operating a system of, Katherine calls it, empty mailboxes,[244] where pharma companies write up their own reports, send them to the FDA. FDA sends them back, "Okay, you can go ahead, inject this vaccine..."

[242] Sept. 5, 2024 - https://sashalatypova.substack.com/p/re-publishing-article-on-poison-19
[243] https://www.govinfo.gov/content/pkg/FR-2022-12-23/pdf/2022-28013.pdf
[244] https://bailiwicknews.substack.com/p/on-fda-buildings-as-virtual-mailboxes?utm_source=publication-search

And in fact, FDA is even actively helping them. There are labs inside of FDA that develop these additives and develop different assays for pharma companies and share them with pharma companies. One of their labs actually works on SV40...how much of SV40 you can put in with what...

When you start reading and looking at it, you can't avoid the conclusion that they are working specifically to poison people.

Jane Ruby: The Covid shots were the door that opened to the rest of the vaccine reality, that it's part of the mass inoculation, eugenics, injuring people...

Sasha, how do we get the country and the world to see that vaccines are actually the vehicle?...Let's just start with our country in the United States to stop taking vaccines because they are the bioweapon. They've always been a bioweapon, not just Covid.

Sasha Latypova: I think the education about anaphylaxis, that it's not just a shock, that it's actually all these food allergies can be traced back to the vaccine ingredients.

I think that that will give a lot of ground for people to understand, because just about any family I know... you can point to the vaccine injury or several, with respect to...having food allergies, having gluten intolerance, autoimmune conditions, obesity, and all sorts of things.

So my goal is to try to popularize this and to try to explain to people: this is what's going on. This is why you have all these things, because you have been injected directly into the bloodstream with the foreign protein.

And Richet said in his Nobel Prize acceptance speech and also in his book that the human body is constituted in such a way that it cannot accept foreign proteins directly. We are unique. Each human is unique, in a unique chemical balance with itself and the environment. And it's a product of time...we're so unique that we need to have our own self-proteins made from digestion. There's no other way. If you start introducing these foreign proteins...

The industry gaslights you into: "We synthetically make DNA. We synthetically make RNA. It's just like yours." No, no, no. It's not like yours. The only DNA and RNA that you can accept is what you yourself make. Nothing else will substitute it.

And so what happens is that once that it's introduced, your body revolts and attacks those agents and attacks itself. You're inducing, as if you were making a transplant, you start rejecting it.

Number two...anaphylaxis also explains those epidemics of what is considered infectious diseases.

Instead of just saying "viruses haven't been isolated," which, I agree, they haven't. But that's not sufficient. It doesn't provide comfort to people [who ask] "But what makes us sick?...What about the disease?" That becomes a stumbling block for a lot of people. They can't accept the narrative and they're saying, "Well, I need the explanation of what goes on."

Here's the explanation. Anaphylaxis explains the same thing. Anaphylaxis explains the plague and cholera very well because those diseases also happened at the time when people were crowding in the cities without sanitation, without plumbing, refrigeration, or air conditioning. So the animals were living in the same buildings, some small buildings with humans in cities. The sewage was flowing through the streets. There were rats and other pests like fleas and lice and all sorts of stuff.

And when — you can get anaphylaxis naturally, and people know it, for example, stung by a bee a couple of times, stung by Man o' War [jellyfish]. So those can still happen. It's very rare probability.

But at the time it was high probability because you have your sewer rats running around or lice or fleas biting people continuously...If enough people get in the same community, get anaphylactized by that rat, [then] bit them twice with the same protein that came from the local sewer. Guess what? The plague starts. Because normally people carry the plague bacteria and cholera bacteria in their intestines and it's no problem. But this is when you get anaphylactized by an animal or an insect bite. And enough people in the area have gotten that exposure. That's when you have the epidemic.

So removing those vectors, making sanitation, pure water, air conditioning, refrigeration, removes all those problems.

Jane Ruby: Right. But it also brings back the problem of too many people on the planet, which is a myth, a myth about resources...It defeats the eugenicist attempt. They don't want clean water and clean air and they don't want you to live healthy and longer.

Sasha Latypova: Yeah. So notice that all of those concerns started percolating when all of these previous problems went away. Right around that time, the Club of Rome and the Trilateral Commission and all that, they started writing their documents when they realized, "Oh, wait, now we have people living healthy, living long. We can't have that."

So they started writing all these plans and putting all this vaccination programs in place. And this is when this all started. So instead of the sewer rats, now we have CDC doing the same exact thing.

Jane Ruby: And the pharma companies...Take a moment or two to speak from your perspective about the relationship between the pharmaceutical industry, especially the bigger players that are obvious in this Covid thing, that are now also feeding at the trough of all...like Novavax, coming out with their new variant-related shot, and testing it in six-month-old babies, two shots and a booster.

I've often said that the pharma industry is really part of the DOD, not just our government, but the Department of Defense. Some of your thoughts on that and how they could get an institutional review board to stamp, if they did, a study with babies.

Or I guess they don't have to because it's a vaccine, they don't need human subjects review on giving babies three shots?...

Sasha Latypova: There are several factors here. So pharmaceutical industry ran out of returns on investment a long time ago, sometime around 2014. And this was because of patents expiring in traditional drugs.

They all started moving into the biologics, which is all these proteins...because of the IP [intellectual property] issues.

But now the biologics are also expiring of patents, although it's not as dramatic as the drugs because it takes longer time to develop a biosimilar...

They're all freaking out about that. The only major source of funding that they've had since 2020 or even before, like 2017, the only major source of funding is federal government through the military such as DARPA and BARDA giving them contracts to mostly make these poisoning systems: vaccines.

Vaccines is like a huge thing and then there are some minor other stuff. By 2020 it became, about 50 percent of the R&D [research and development] funding or even more in pharma coming from BARDA, through these contracts where you don't have to comply with pharmaceutical law.

Well, can you imagine? If a private business has a choice: "I can get free money from the government and don't have to comply, or I have to raise money from private investors, have all kinds of compliance, including SEC, but I also have to comply with every letter of the pharmaceutical law." The answer is very simple.

So they are all dropping normal programs and they are running into these military programs because the government is dangling these dollars in front of them. And they will do anything, you know, jump how high. They will do anything and they don't care.

And a lot of the time these components are coming directly from the DOD for these mRNA vaccines, for example. They don't even know what they're mixing, but they're doing it anyway.

More recently, I'm going to publish on this, but the federal government started even giving money to places like pharmacy chains, like Walgreens, to specifically hunt pregnant women and children....for participating in these clinical trials like Novavax, right? So you're saying, well, who is going to give their baby up for this experimentation? Well, guess what? Walgreens in poor neighborhoods offering $3,000 for your baby to be injected.

Jane Ruby: Yeah, it's a bribe. It's a bribe.

Sasha Latypova: It's a bribe.

Jane Ruby: It's more than an over-inducement. No human subject review board would let you write an informed consent with a $3,000 stipend because nobody could—. You're right. If you can't make your mortgage payment, you're like, "I'll just take the baby and it must be safe. You know, let them give this to the baby."

Sasha Latypova: "It's a vaccine. It's safe. You know, the, Paul Offit says it's safe. CDC says it's safe. These anti-vaxxers, they're just stupid people, uneducated, right?" And there we go and they bring their babies into the Walgreens for clinical trials...

[For discussion of transfer and shedding from Covid-vaccinated to Covid-unvaccinated, see full transcript.[245]]

Jane Ruby: And probably one of the most dangerous things that we always believed was dangerous, not that that's a new revelation, is a blood transfusion from an injected person, especially someone who's taken two, three, four or five shots and whatever's going on in their body, but it's in their main compartment. This dance going on and rejecting and anaphylactizing. And then you take, as an uninjected person, directly into your vascular system, right in the system.

Sasha Latypova: Exactly. This was shown by Richet and it's in his book...

He has stated that previous research, his own research in 1910 and his colleagues has demonstrated that if you inject the blood from the animal that has been, they call it *passive anaphylaxis*. So if you inject the blood from the animal who has been anaphylactized into a healthy animal, you will create anaphylaxis.

But the medical establishment today and Red Cross, everyone denies this. This work received Nobel Prize. This was known 100 years ago.

Jane Ruby: But now you know why the Red Cross has never screened, has said "Not to worry." They're a federal agency. They're part of the operation.

Sasha Latypova: They're making huge amounts of money on this, first of all. And then, yeah, it's another vector by which they are going to get all those anti-vaxxers. Now, I personally would not accept blood transfusion...Only from, like, known, identified donor. But other than that, no.

Jane Ruby: I think the Jehovah's Witnesses, if that's the religious group that, I think they were on to something...And the Amish don't, I believe, as well...You don't know what you're getting when you directly take someone else's blood into your blood compartment. Very, very dangerous.

[For discussion of how to find work by Sasha Latypova and Katherine Watt at Substack; censorship by Twitter, Facebook, LinkedIn, YouTube, see full transcript.[246]]

Jane Ruby:...This has opened up a whole new can of worms that I want to continue to talk about and help you get the word out, Sasha, because I think it speaks to the broader issue of warning people. None of these are good. None of these are necessary. In fact, they're an attack on you. Any last words from you on this? What do you want people to know?

[245] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2024.09.06-anaphylaxis-by-vaccine-jane-ruby-and-sasha-latypova-transcript.pdf
[246] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2024.09.06-anaphylaxis-by-vaccine-jane-ruby-and-sasha-latypova-transcript.pdf

Sasha Latypova: I want everyone to please share this information with your friends and relatives who are still thinking about "injecting is fine and the vaccines are safe..."

Explain to them that this anaphylaxis phenomenon explains the infectious disease and explains the epidemic of chronic illness that we're experiencing. They have the same cause. And so that's very critical for people to understand...

Jane Ruby: This is good news then for parents who maybe stumbled into it. They have a three, four, five-year old. They had, they got nailed the first year or two, but then they crossed over with everything that's happening. And now they've stopped. I mean, it's better than those who continue.

Sasha Latypova: It's better than those who continue. I have a friend who had a baby. She's two-and-a-half now. And they were forced into one shot in the hospital, but then refused everything else. The baby — while the parents are both fairly short, like five, seven, five, eight — the baby is 97th percentile, very tall, very beautiful, very talkative, hit all the milestones early.

It's a joy. The child is a joy. How wonderful healthy children are. I mean, I demand photos every day from them. I can't stop admiring how healthy and beautiful this child is. And everyone can have children like that. Imagine our society. Imagine what we can do. Imagine how smart people can be and creative. And we can have a joyful, harmonious world if we stop this evil.

Related

- Covid-19 Vaccines and Induced Anaphylaxis[247] (John Lukach, 2021; Amazon edition, Sept. 30, 2021: Curious: Start the Conversation[248])
- June 9, 2021 - Proteins, Spikes and Bio-weapons.[249] (Tracey Northern)
- Jan. 16, 2022 - Russian Roulette[250] (Tracey Northern)
- Feb. 26, 2022 - Anaphylaxis – The Real Bio-Weapon[251] (Tracey Northern)
- 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 13, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars.
- Aug. 21, 2024 - Similarities between "spike protein" and synthetic anthrax toxin. Real bioweapons are not viruses but chemical weapons.[252] (Sasha Latypova)
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine
- 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.[253] (Sasha Latypova) Cross-posted at Bailiwick.[254]

[247] https://fakeologist.com/wp-content/uploads/2022/01/Covid-19-Vaccines-and-Induced-Anaphylaxis-FINAL.pdf
[248] https://www.amazon.com/Curious-Start-Conversation-J-Lukach/dp/B09HG2RWPX?ref_=ast_author_mpb
[249] https://northerntracey213875959.wordpress.com/2021/06/09/proteins-spikes-and-bio-weapons/
[250] https://northerntracey213875959.wordpress.com/2022/01/16/russian-roulette/
[251] https://northerntracey213875959.wordpress.com/2022/02/26/anaphylaxis-the-real-bio-weapon/
[252] https://sashalatypova.substack.com/p/some-similarities-between-spike-protein
[253] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators
[254] https://bailiwicknews.substack.com/p/sasha-latypova-on-the-second-shot

Sept. 14, 2024 - Scientifically unsupported and insupportable Presidential designation of quarantinable communicable diseases; habeas corpus petitions.

Correspondence with a reader.

As reported at Bailiwick Sept. 7, 2024,[255] Sasha Latypova and I have been corresponding with a reader who is interested in drafting habeas corpus petition templates for use by those facing federal or state apprehension and detention on public health emergency (quarantine) pretexts.

Among other things, we've explained our support for drafting and circulating habeas petitions — for public education purposes, including educating state and federal judges, state lawmakers and Congress members — and our view that habeas corpus petitions will be rejected by courts, as Latypova put it, "because the CDC/HHS will claim that it's not a federal imprisonment and not in the context of any crime, but 'public health.' "

That is, courts will dismiss habeas and other legal challenges to quarantine orders, and uphold the challenged quarantine orders. The cases will be dismissed on standing, jurisdiction and mootness grounds, because the courts will defer to state and federal enabling laws, unless and until state legislatures, Congress and state and federal courts repeal and/or nullify the enabling laws. [Information about state-level repeal[256]; Congressional repeal[257] of public health laws.]

The reader is continuing to study the issues. Further correspondence, edited for clarity, is below. There will probably be additional installments of this series; the correspondence is ongoing.

Reader:

The availability of habeas corpus relief for an apprehended individual to challenge their quarantine, isolation, or conditional release is the issue.

That is, does habeas relief even apply?

The anticipated HHS-CDC argument that "it's not a federal imprisonment and not in the context of any crime" may be vulnerable as follows.

In *Boumediene v. Bush*, 553 U.S. 723 (2008),[258] a decision admittedly not directly on point and thus not binding, the persons for whom SCOTUS held habeas corpus *was* an available remedy, were *not* federally imprisoned for any crime.

Instead, they were "aliens designated as enemy combatants...detained at...Guantanamo Bay..." Some had been "apprehended on the battlefield in Afghanistan, others in places as far away from there as Bosnia and Gambia."

[255] https://bailiwicknews.substack.com/p/on-non-law-enforcement-activity-carried
[256] https://bailiwicknews.substack.com/p/repeal-state-public-health-emergency
[257] https://bailiwicknews.substack.com/p/ending-national-suicide-act
[258] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2008.06.12-boumediene-v-bush-scotus.pdf

So, arguably, there is an argument that habeas extends beyond the context of imprisonment for crime, especially since a person who is merely "reasonably believed to be infected..." is such a low threshold, I'd argue it's unconstitutionally vague.

The argument that habeas is an available remedy for an apprehended, quarantined individual is buoyed by the applicable CFRs, which refer to habeas as a remedy four times, so HHS-CDC would have a hard time arguing habeas relief cannot be availed.

The more difficult aspect is the criteria by which the underlying threshold determination by CDC medical officers is made under 42 CFR 70.1, General definitions,[259] *Reasonably believed to be infected, as applied to an individual*, defined as

> "specific articulable facts upon which a public health officer could reasonably draw the inference that an individual has been exposed, either directly or indirectly, to the infectious agent that causes a quarantinable communicable disease, as through contact with an infected person or an infected person's bodily fluids, a contaminated environment, or through an intermediate host or vector, and that as a consequence of the exposure, the individual is or may be harboring in the body the infectious agent of that quarantinable communicable disease."

I understand the arbitrary/nothing criteria under which the HHS Secretary may declare a 'public health emergency.'

But, when it comes to apprehending individuals, have you come across language in a quarantine order such as: "The people in the row in front of you on your flight from SFO to JFK yesterday just died of Marburg."

Are the criteria listed somewhere?

In the March 2020 quarantine orders from the cruise ship, do the orders contain "specific articulable criteria?"

Or is "specific articulable facts upon which a public health officer could reasonably draw the inference," 42 CFR § 70.1, all there is?

I ask because one place to challenge an apprehension and continued detention is to attack the underlying factual claim.

I take Katherine's point that "Judges will probably find those arguments and factual assertions about the existence of disease, disease-causing pathogens, and the transmissibility of asserted pathogens, to be dispositive. They'll deny the petitions as moot without fact-finding, and uphold the detentions," given the deference courts give the executive branch, and I take her point about the language in *South Bay Pentecostal v. Newsom* (courts should not second-guess executive and legislative branches on issues fraught with scientific and medical uncertainties).

[259] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70/section-70.1

But I have two thoughts in response.

First, this is where the last four years of piled up evidence about how wrong the testing procedures have been (PCR), how wrong and exaggerated mortality predictions have been, how wrong and discredited CDC has been, and all the rest, all would come into play to be used to challenge the "factual assertions" underlying the order of apprehension, quarantine.

Second, I need to read SCOTUS's recent repeal of the Chevron doctrine about deference to agencies' statutory interpretation, to see if it helps.

KW:

On whether there are specific scientific or medical criteria for public health emergency declarations and all government acts (such as quarantine orders) taken pursuant to PHE declarations, my understanding is that there are not, and there have never been, and none have ever been legally required to support governmental acts.

This gets into the interplay between

1. Scientific issues (i.e., whether 'viruses,' as physically and chemically undefined, invisible, non-isolatable, transmissible, allegedly disease-causing particles of matter, exist);

2. Non-validated and non-validatable diagnostic tests, which cannot be validated because the alleged causative agent pathogens cannot be identified or isolated;

3. Federal and state 'public health emergency' statutes (legislative) and regulations (executive-administrative) which do not define terms such as *virus* or *vaccine* by physical or chemical characteristics; but do authorize government conduct to quarantine, isolate and use diagnostics and products on allegedly exposed or infected persons; and do preempt fact-based challenges.

4. Federal and state case law (judicial) which blocks fact-finding on 1 and 2, to block challenges and uphold the laws and regulations.

In other words, arguments attacking government regulations as "unconstitutionally vague" cannot get a hearing, because *by statute* the emergency is presumed to exist upon HHS secretary declarations and determinations, which require no demonstration of any objectively measurable criteria, and the emergency status cannot be terminated by anyone other than HHS secretary.

On SCOTUS overturning Chevron through Loper, I did a brief analysis, main point of which is

"In my opinion (pending further review) the *Loper* decision doesn't help for PREP Act challenges, because *Chevron* and *Loper* are about cases in which Congressional legislative intent is arguably ambiguous. PREP Act and the other chemical and biological warfare enabling acts are clear and unequivocal (not ambiguous) expressions of Congressional intent to block judicial review, and preempt Congressional authority and state and local authority.

Some details and examples of the clear Congressional intent to block all law-based attempted exits from the legal kill box in the post:

- July 12, 2024 - Preliminary analysis of Loper v. Raimondo[260] (Katherine Watt)

The fact that HHS-CDC refer to habeas in the Jan. 19, 2017 Notice of Final Rule should not, in my view, be interpreted as HHS, CDC, or DOJ lawyers' belief that the remedy is applicable, or as their belief that courts will consider or apply the remedy.

From what I understand from having read HHS-CDC's work across many decades of Federal Register notices, they put those references in to suggest constitutional law is operative to cursory readers, but they know — and judges know — that it is not operative, because they know how it has been suspended: through the public health emergency and preemption statutes and the prior case law upholding those statutes.

Federal Register entries are part of the deception and misdirection toolkit.

Elements of each notice are true, and other elements are lies, deliberately included to continue to obscure the legalized crimes from public view.

Reader:

The CDC quarantine order screenshot embedded in Sasha's article linked here (1) Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby[261] (substack.com) states: "Based on the attached medical declaration, I find:..."

Have either of you acquired one of the medical declarations, that supposedly support the order?

I'm looking at how to challenge the "specific articulable facts upon which a public health officer could draw the inference that an individual has been exposed," 42 CFR § 70.1, that must support a "reasonable belief" that must exist before apprehension may be authorized under 42 CFR § 70.6, so I'd like a look at how CDC articulated the basis for the apprehensions and detentions.

KW:

Attaching a zip file of the documents I have from the Children's Health Defense FOIA sequence that began in April 2024.

The first production by HHS-CDC, May 2024, was a 50-page collection of quarantine order extensions.

- 2020.03 HHS CDC Quarantine orders Extensions, 2024.05.23 Response 1 to CHD FOIA original 2024.04.23, Grand Princess Diamond 42 CFR 70.6 DGMQ 50 p[262]

[260] https://bailiwicknews.substack.com/p/preliminary-analysis-of-loper-v-raimondo
[261] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[262] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-extensions-2024.05.23-response-1-to-chd-foia-original-2024.04.23-grand-princess-diamond-42-cfr-70.6-dgmq-50-p.pdf

On appeal, CHD requested the original orders, even if those were group orders that didn't specify individuals.

That led to the second production by CDC, July 2024, 85 pages.

- 2020.03 HHS CDC Quarantine orders Original, 2024.07.17 Response 2 to CHD FOIA appeal 2024.06.13 Grand Princess Diamond 42 CFR 70 DGMQ 85 p[263]

I haven't looked again (yet) at these documents with habeas strategy in mind, but want to emphasize that the regulations built in a group-notice system.

In a Nov. 30, 2005 Federal Register Notice of Proposed Rule, HHS-CDC indicated a plan to number the group notice provision as 42 CFR 70.18.

- 2005.11.30 70 FR 71892 Control of Communicable Disease Notice of Proposed Rulemaking 42 CFR 70 42 CFR 71 withdrawn 2016.08.15[264]

Through the Jan. 19, 2017 Final Rule, it ended up as 42 CFR 70.16(m).[265]

- 2017.01.19 82 FR 6890 Control of Communicable Disease Final Rule re NPRM 81 FR 54230[266]

If I understand it correctly, it's a version of collective presumed guilt, that covers quarantine of individuals without individual medical assessments as to exposure, risk, etc.

See "All persons," for example, at p. 25 of the 85-page collection,[267] dated March 8, 2020 and signed by Nicole S. Cohen.

This is also related to state-level public health and quarantine laws. For example, a Texas law that allows law enforcement to barricade neighborhoods and prohibit residents from leaving and entering the quarantined area.

- March 28, 2024 - Repeal state public health emergency, emergency management, and communicable disease control laws. (Katherine Watt) - "T.C.A. § 81.085(i) - Authorizes commissioner to "impose an area quarantine coextensive with the area affected" by a communicable disease outbreak; authorizes health department officers to demand individuals disclose "immunization status;" and authorizes law enforcement officers to "use reasonable force to secure a quarantine area and...prevent an individual from entering or leaving the quarantine area."

[263] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-original-2024.07.17-response-2-to-chd-foia-appeal-2024.06.13-grand-princess-diamond-42-cfr-70-dgmq-85-p.pdf
[264] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2005.11.30-70-fr-71892-control-of-communicable-disease-notice-of-proposed-rulemaking-42-cfr-70-42-cfr-71-withdrawn-2016.08.15-54230.pdf
[265] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-70/section-70.16
[266] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf
[267] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03-hhs-cdc-quarantine-orders-original-2024.07.17-response-2-to-chd-foia-appeal-2024.06.13-grand-princess-diamond-42-cfr-70-dgmq-85-p.pdf

One more document collection attached: CDC documents, February and March 2020, about "risk assessment." I haven't looked closely at these. I downloaded them in May 2024 for future reference and was intrigued by PUI status - "person under investigation."

- 2020.02.03 CDC Interim Guidance Risk Assessment Management of Persons with Potential Exposure[268]
- 2020.02.03 CDC Transcript Coronavirus Messonier [269]
- 2020.02.08 CDC Interim Guidance Risk Assessment Management Persons Exposure[270]
- 2020.02.27 CDC Person Under Investigation PUI Guidelines[271]
- 2020.03.07 CDC Interim Guidance Risk Assessment Management Persons Exposure[272]

Reader:

To my original question asking for a sample medical declaration, the 85-page compilation CDC provided to CHD on July 17, 2024, helps a lot in terms of illustrating some of the conclusory statements I suspected a medical declaration might contain, as follows:

Paragraph 10: "The scientific evidence" "indicates clearly that."

Paragraph 16: "Additionally, I base my reasonable belief on information analyzed from epidemiologic and other data regarding the nature and transmission of COVID-19 on cruise ships."

Those conclusory statements in the declaration arguably do not meet 42 CFR § 70.1's standard requiring "specific articulable facts upon which a public health officer could draw the inference that an individual has been exposed," because the scientific evidence (specific articulable facts) is neither cited nor appended, so how can it be challenged by the individual under federal quarantine?

Thus, the medical declaration is legally deficient.

Thus, the 42 CFR § 70.14(a) federal order authorizing quarantine made in reliance on a legally deficient medical declaration is also legally deficient. That's how the argument would go, anyway.

I'm also looking at 42 CFR § 70.16's review process of an individual's quarantine status. Subsection 70.16(g) provides for the individual or his/her authorized advocate "to examine the available medical and other records" "that pertain to that individual."

Following up, do you have more information about how a disease becomes classified as a "quarantinable communicable disease?"

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[268] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.03-cdc-interim-guidance-risk-assessment-management-of-persons-with-potential-exposure.pdf
[269] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.03-cdc-transcript-coronavirus-messonier.pdf
[270] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.08-cdc-interim-guidance-risk-assessment-management-persons-exposure.pdf
[271] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.02.27-cdc-person-under-investigation-pui-guidelines.pdf
[272] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/09/2020.03.07-cdc-interim-guidance-risk-assessment-management-persons-exposure.pdf

KW:

Diseases become classified as "quarantinable communicable diseases" by Presidential Executive Order.

Please read this post for an orientation:

- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.' (Katherine Watt)

Non-specifically defined SARS was added to the list by Bush in 2003; influenza was added by Bush in 2005; Obama expanded the nonspecific definition of SARS in 2014; Biden added measles in 2021.

Executive Orders

- 1946.03.26 EO 9708 communicable disease list
- 1954.05.28 EO 10532 communicable disease list
- 1962.12.12 EO 11070 communicable disease list
- 1983.12.22 EO 12452 communicable disease list
- 2003.04.04 EO 13295 Bush SARS
- 2005.04.01 EO 13375 Bush influenza
- 2014.07.31 EO 13674 Obama SARS
- 2021.09.17 EO 14047 Biden Measles

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 inclusion on the list of diseases in presidential executive orders.

Sasha Latypova:

That's why I view the fight online about isolation of SARS-Cov-2 as largely a distraction. The "pandemic viruses" are declared by presidential EOs and require no science whatsoever.

KW:

More of the legal background on the lack of any scientific criteria for "quarantinable communicable disease" and the centralization of power in HHS Secretary control, below.

The 1944 Public Health Service Act, at Section 361, PL 78-410,[273] 58 Stat 703 [42 USC 264(b)] provided that

> "regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive orders of the President upon the recommendation of the National Advisory Health Council and the Surgeon General."

The National Advisory Health Council was formed in 1902, through PL 57-236[274] (act to rename Marine-Hospital Service as the Public Health and Marine-Hospital Service and reorganize its functions) as a nameless 9-member advisory board appointed to advise the director and employees of the Hygienic Lab (under Treasury Department) about research investigations and methods.

In 1930 (PL 71-106;[275] PL 71-251[276]), Congress changed the name of the Hygienic Lab to the National Institute of Health; expanded the membership of the advisory board to 14 by adding five "representatives of the public health profession;" named the board the National Advisory Health Council; and tasked the board with "advising the Surgeon-General...in respect to public-health activities."

In 1939, the Public Health Service was transferred from the Treasury Department to the newly-created Federal Security Agency, under the direction of the FSA Administrator.

In 1953, under the Congressional Reorganization Act of 1949 (PL 81-109) and President Eisenhower's Reorganization Plan No. 1 of 1953 (18 FR 2053[277]), the FSA was abolished and its functions transferred to the new Department of Health, Education and Welfare, with the HEW Secretary taking over the FSA Administrator's powers.

[273] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1944.07.01-public-health-service-act-pl-78-410-58-stat-682.pdf
[274] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1902.07.01-pl-57-236-name-change-to-public-health-and-marine-hospital-service-directors-duties-32-stat-712-3-p.pdf
[275] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1930.04.09-pl-71-106-act-to-provide-for-coordination-of-public-health-activities.pdf
[276] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1930.05.26-pl-71-251-act-to-change-name-of-phs-hl-to-nih-create-fellowships-accept-donations-re-disease-cause-prevention-cure.pdf
[277] https://archives.federalregister.gov/issue_slice/1953/4/11/2053-2054.pdf#page=1

In 1966, also under the Congressional Reorganization Act of1949 (PL 81-109), President Johnson (Reorganization Plan No. 3 of 1966, 31 FR 8855[278]) transferred the Surgeon-General's functions to the Secretary of Health, Education and Welfare. The Office of Surgeon-General was abolished through the same 1966 reorganization plan and then re-established as a subordinate office under the HHS Office of Assistant Secretary for Health in 1987 (52 FR 11754[279]).

In 1979, (PL 96-88) Congress set up the Education Department as a separate federal agency, and redesignated the US Health, Education and Welfare Department as the Health and Human Services Department and the HEW Secretary as the HHS Secretary.

In 2002 (PL 107-188[280]), at 116 Stat. 626, Congress eliminated the "prerequisite for National Advisory Health Council recommendation before issuing quarantine rules" and downgraded the Surgeon-General's role from "recommendation" provider to the President, to provider of "consultation" to the HHS Secretary.

Through that Public Health Security and Bioterrorism Preparedness Act of 2002, Congress amended 42 USC 264(b) [Public Health Service Act Section 361(b)], "Executive Orders Specifying Diseases Subject to Individual Detention by striking ''Executive orders of the President upon the recommendation of the National Advisory Health Council and the Surgeon General'' and inserting ''Executive orders of the President upon the recommendation of the [HHS] Secretary, in consultation with the Surgeon General."

In other words, between 1930 and 2002, the National Advisory Health Council and Surgeon General shared statutory responsibility (more or less), with the President and the Treasury Secretary, which became the Federal Security Agency Administrator, which became HEW Secretary, which became HHS Secretary, for designating quarantinable communicable diseases.

Whether the actual NAHC or any Surgeon-Generals did any substantive work or attempted to provide any valid scientific grounding for Presidential EOs, I don't know. I've found no documents to support the conclusion that they did.

Nor have I found any documents to support the conclusion that Presidents or HHS Secretaries have ever attempted to provide any valid scientific grounding for Presidential EOs.

There's a growing body of work (by Stefan Lanka, Jamie Andrews, Mike Stone, Mark and Sam Bailey and others) demonstrating that communicable disease science (i.e. 'virology') and public health policy and practice (including quarantine, isolation and vaccination) have been based on predominantly fabricated, manipulated and mischaracterized data.

That body of work supports the conclusion that the Surgeon-Generals, NAHC members, Treasury, FSA, HEW and HHS Secretaries and Presidents have never and still don't provide valid scientific grounding for Presidential EOs designating 'quarantinable communicable diseases,' because they couldn't and can't.

[278] https://archives.federalregister.gov/issue_slice/1966/6/25/8851-8855.pdf#page=5
[279] https://archives.federalregister.gov/issue_slice/1987/4/10/11752-11755.pdf#page=3
[280] https://www.congress.gov/107/plaws/publ188/PLAW-107publ188.pdf

Regulatory amendments were made over time to build up layers of obscuring language, to keep the knowledge that the quarantine and vaccination programs are based on falsifiable and falsified scientific conclusions, away from the public targeted for systematic poisoning through vaccines.

In some of the Federal Register notices, there are comments from objectors, who realized that the wording was so loose, anything could be designated as a quarantinable communicable disease.

Example of the CDC's FR language obscuring the nonspecific, common illnesses of SARS and influenza having already been added in 2003, 2005 and 2014 is in Jan. 19, 2017 Final Rule (82 FR 6890[281]), at pp. 16-17:

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

Reader:

...While I understand the overall enormity of the problem (Surgeon General's power to set up detention camps), in cold terms the assignment of Presidential function/power to the HHS secretary is just about who approves the Surgeon-General actions. Do you agree?...

After the 2002 elimination of the "prerequisite for National Advisory Health Council recommendation before issuing quarantine rules" there are now no criteria at all — besides "consultation" with a two-org-chart-tiers-down-subordinate (the Surgeon-General) — constraining/limiting/vetting the HHS Director's choice of what disease he/she recommends the President add to the list of quarantinable communicable diseases. Is that correct?

And when one combines that recommendation power, with the power to set up detention camps, 42 USC 267(a), with the power to apprehend, 42 USC 264, and thus fill those detention camps, we have a problem, to make a spectacular understatement, and nobody besides you two and a few others are really talking about it or grasping it. Is that about right?

[281] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/01/2017.01.19-82-fr-6890-control-of-communicable-disease-final-rule-re-nprm-54230-cites-skinner-v.-railway-1989-urine-asymptomatic-1.pdf

KW:

Briefly, re: your questions to me about Presidential delegation of authority to Surgeon General and HHS Secretary, I think the main significance lies in Congress unconstitutionally transferring legislative authority to the President, and the President then unconstitutionally transferring his illegitimate legislative authority to the appointed, unelected civil administrator, while Congress also purported to formally strip the judiciary of its judicial review authority over the acts of three other federal parties: Congress, President and HHS Secretary; and Congress purported to preempt the authority of state and local governments and state and local law, which are also unconstitutional Congressional acts.

I traced some of this history back to a 1939 Congressional act, the Reorganization Act of 1939 (PL 76-19), which created self-executing conditions for President and Cabinet secretaries to reorganize functions of federal agencies, and abolish and consolidate agency divisions, that Congress could only block after the reorganization plans were announced, by mounting majority votes in both houses.

It's an example of the inversion of "separation of powers" doctrine to enable concentration of power in executive/administrative branch. Congressional oversight and judicial review are construed as overstepping bounds and unduly interfering in executive functions.

Specific to the public health emergency history, the Reorganization Act of 1939 is when Congress authorized the President to create the Federal Security Agency, and transfer functions and divisions formerly under Treasury Secretary, including the Public Health Service, to the new FSA administrator. FSA later became Department of Health, Education and Welfare, and then became HHS...

HHS power to determine, declare and/or extend public health emergencies (PHEs) is a different section than the quarantine power and power to designate quarantinable communicable diseases, although they are related, for example, in the mechanism through which liability waivers are attached to products that are authorized or approved under declared/determined/extended PHE conditions. If the PHE conditions are lifted, then the liability waivers derived from the PHE status are eliminated, although they also have redundancy built in, so that the other liability waivers remain in force and achieve the same effects.

The PHE power is mostly covered in 42 USC 247d-6d,[282] *Targeted liability protections for pandemic and epidemic products and security measures* and 21 USC 360bbb-3,[283] *Authorization for medical products for use in emergencies* as added and amended through the Project Bioshield Act, PREP Act and related Congressional acts.

Specifically 42 USC 247d-6d(b), *Declaration by Secretary* and 21 USC 360bbb-3(b), *Declaration of emergency or threat justifying emergency authorized use*.

[282] https://www.law.cornell.edu/uscode/text/42/247d-6d
[283] https://www.law.cornell.edu/uscode/text/21/360bbb

At 42 USC 247d-6d(b)(6), *Factors to be considered*, the enumerated "factors" are: "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."

Also important are the provisions

1. blocking all judicial review, whether by mandamus or otherwise, of "any action by the Secretary under this subsection" (42 USC 247d-6d(b)(7);

2. limiting Congressional oversight to receipt of occasional reports (42 USC 247d-6d(b)(8); and

3. preempting state and local law (42 USC 247d-6d(b)(9)

There are tentacles and redundancies built into other sections as well, that I can help you locate as you continue your orientation.

But those are the main two, and their significance lies mostly in what Congress remained silent about: Congress did not define or require any valid scientific data, or scientific data review or validation procedure, to support the HHS secretary's determinations and declarations.

Related

- Feb. 2, 2022 - January 19, 2017 Federal Register: US Health and Human Services final rulemaking, WHO International Health Regulations, and human liberty.
- 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.
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'
- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense.[284] (Sasha Latypova)
- Aug. 12, 2024 - On habeas corpus, probable cause, warrants, detention and extrajudicial state killing under declared public health emergencies. (Katherine Watt)
- Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2[285] (Sasha Latypova)
- Aug. 20, 2024 - Court-ordered quarantine: involuntary arrest and detention by local health and law enforcement officers.
- Sept. 7, 2024 - On ‘non-law enforcement activity’ carried out by law-enforcement officers and law-enforcement methods

[284] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[285] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders-6d4

Some references

- 2002.06.12 Public Health Security and Bioterrorism Preparedness and Response Act PHSBPRA 107-188 added qualifying stage precommunicable
- 2005.11.30 70 FR 71892 Control of Communicable Disease Notice of Proposed Rulemaking 42 CFR 70 42 CFR 71 withdrawn 2016.08.15 54230
- 2008.06.12 Boumediene v Bush SCOTUS
- 2011 Federal Register Guide to Agency Rulemaking Direct Final Rule
- 2012.12.26 77 FR 75880 Control Communicable Disease 42 CFR 70 Direct Final Rule Interstate Scope Definitions quarantinable communicable disease defined first time
- 2012.12.26 77 FR 75885 Control Communicable Disease 42 CFR 71 Direct Final Rule Interstate Scope Definitions quarantinable communicable disease defined first time
- 2012.12.26 77 FR 75936 Control Communicable Disease 42 CFR 70 NPRM Interstate Scope Definitions
- 2013.02.25 77 FR 75939 Control Communicable Disease 42 CFR 71 NPRM Foreign Scope Definitions
- 2013.02.25 78 FR 12621 Control Communicable Disease 42 CFR 70 Confirmation and Effective Date Direct Final Rule
- 2013.02.25 78 FR 12622 Control Communicable Disease 42 CFR 71 Confirm and Effective Date Direct Final Rule
- 2013.02.25 78 FR 12702 Control Communicable Disease 42 CFR 71 withdraw NPRM 75939
- 2016.08.15 81 FR 54230 Control Communicable Disease Public Health Emergency 42 CFR 70 42 CFR 71 NPRM withdrawal of 2005 70 FR 71892 NPRM
- 2017.01.19 82 FR 6890 Control of Communicable Disease Final Rule re NPRM 81 FR 54230
- 2020.02.13 Draft HHS SARS-COV Apprehension Order 42 CFR 70 42 CFR 71
- 2020.02.03 CDC Interim Guidance Risk Assessment Management of Persons with Potential Exposure
- 2020.02.03 CDC Transcript Coronavirus Messonier
- 2020.02.08 CDC Interim Guidance Risk Assessment Management Persons Exposure
- 2020.02.27 CDC Person Under Investigation PUI Guidelines
- 2020.03.07 CDC Interim Guidance Risk Assessment Management Persons Exposure
- 2020.03 HHS CDC Quarantine orders Extensions, 2024.05.23 Response 1 to CHD FOIA original 2024.04.23, Grand Princess Diamond 42 CFR 70.6 DGMQ 50 p
- 2020.03 HHS CDC Quarantine orders Original, 2024.07.17 Response 2 to CHD FOIA appeal 2024.06.13 Grand Princess Diamond 42 CFR 70 DGMQ 85 p

* * *

Sept. 16, 2024 - Note on War Research Service, US Army Biological Warfare Laboratories, other federal programs

I pulled a set of Wiki pages on scientists over the last few months, connected to the War Research Service (WRS)[286] set up 1942-1944 to do biological warfare research (Ft. Detrick etc.), administratively hidden within Federal Security Agency (that later became Dept. of Health, Education and Welfare and then Health and Human Services) and the FSA's Public Health Service.

WRS ostensibly disbanded 1944 but programs really just submerged further into the public health syndicate through the Public Health Service, (NIH, NIAID, FDA, CDC, BARDA, ARPA-H) and DoD (AMRIID, JPEO-CBRND, DARPA, etc.)

Wikipedia has entries for other search terms that will probably enable building of more connections between bacteriology, virology, immunology, pathology, microbiology and other scientific research projects, and mass vaccination/poisoning and other public health programs, from about 1916 onward:

- National Defense Research Committee
- War Bureau of Consultants
- US Army Biological Warfare Laboratories, including "pilot plants."
- US Biological Weapons Program
- US Biological Defense Program
- US Army Chemical Corps

* * *

[286] https://en.wikipedia.org/wiki/War_Research_Service

Sept. 16, 2024 - Note on lack of definition for term *disease*

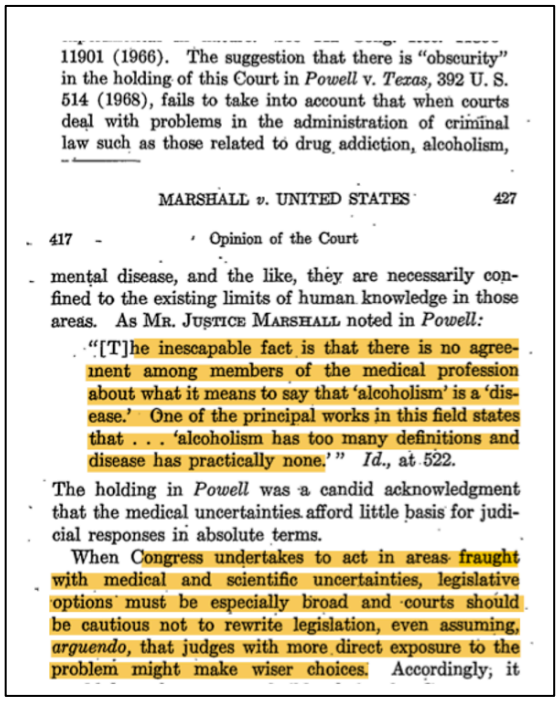
A 1974 SCOTUS ruling in *Marshall v. US*, a case about whether a thrice-convicted felon should be eligible for an experimental narcotics treatment program, is the source for Chief Justice John Roberts' ruling in 2020 *South Bay Pentecostal v. Newsom*, that "When [state legislators and executive/administrative] officials "undertake[ ] to act in areas fraught with medical and scientific uncertainties," their latitude "must be especially broad."

The 2020 *South Bay Pentecostal* ruling reinforced precedent of judicial non-review, which is also reinforced by provisions of 2005 PREP Act through which Congress explicitly prohibited judicial review of HHS Secretary acts pursuant to 'public health emergency' preparedness and response.

The Marshall court, citing 1968 *Powell v. Texas* decision, observed:

> "…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 states that 'alcoholism has too many definitions and disease has practically none.'…"

The lack of definition for the term *disease* (including *communicable disease*) is related to the lack of definitions (by measurable physical or chemical attributes) for the terms *virus* and *vaccine*.



11901 (1966). The suggestion that there is "obscurity" in the holding of this Court in *Powell* v. *Texas*, 392 U. S. 514 (1968), fails to take into account that when courts deal with problems in the administration of criminal law such as those related to drug addiction, alcoholism,

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mental disease, and the like, they are necessarily confined to the existing limits of human knowledge in those areas. As MR. JUSTICE MARSHALL noted in *Powell:*

"[T]he 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 states that . . . 'alcoholism has too many definitions and disease has practically none.'" *Id.*, at 522.

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. Accordingly, it

* * *

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

- 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. 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 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.
- 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.

Sept. 24, 2024 - Biological select agents and toxins.

Information for readers building mental maps of legalized crimes related to quarantine (42 CFR 70 and 42 CFR 71) and quarantinable communicable diseases (42 USC 264).

42 CFR 73, *Select agents and toxins*[287] affecting humans, is relevant because of the way that diagnostic testing, biological weapons, biological defense and vaccination programs are all components of a single biological warfare research, development, manufacturing and deployment system, with different programs hidden in different sections of the laws (statutes and regulations) and connected to each other through more or less obscured language, especially waivers, exemptions, preemptions, suspensions and exclusions from other laws that would — without the waivers and exemptions — enable criminal prosecution of the actors for their acts of toxin-mediated mutilation and homicide.

In other words, the laws legalize poisoning.

The *select agents and toxins* regulations codified at 42 CFR 73 are authorized by Congress under 42 USC 262, 42 USC 263 and several other statutes.

These programs are also known as BSAT programs, "biological select agents and toxins," and are non-regulated/fake-regulated under HHS-CDC Division of Select Agents and Toxins (DSAT) and the US Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS).

Current definition of biological agent, as amended by Congress in June 2002:

> "*Biological agent* means 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; deterioration of food, water, equipment, supplies, or material of any kind; or deleterious alteration of the environment."

Current list of HHS-designated *select agents and toxins*, is at 42 CFR 73.3.[288]

Congress has authorized corresponding statutes covering microorganisms and microorganism products (toxins) that harm plants and animals, codified at 7 USC 8401 and 8411 and regulated at 9 CFR 121,[289] *Possession, use, and transfer of [animal] select agents and toxins* and 7 CFR 331,[290] *Possession, use and transfer of [plant] select agents and toxins*.

Overlap select agents and toxins are biological agents (microorganisms) and microorganism components that are listed in both 9 CFR 121.4 (animal) and 42 CFR 73.4 (human).

[287] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73
[288] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73/section-73.3
[289] https://www.ecfr.gov/current/title-9/chapter-I/subchapter-E/part-121
[290] https://www.ecfr.gov/current/title-7/subtitle-B/chapter-III/part-331

Current list of *overlap select agents and toxins* is at 42 CFR 73.4.[291]

Linked below [live links at online post] are downloaded PDF versions of relevant Congressional acts, US Code sections (statutes) and Code of Federal Regulations provisions (regulations).

They're derived from the 1902 Virus-Toxin law (licensing manufacturers of poisons intended for use on humans) and 1913 Virus-Serum-Toxin Act (products for use on livestock) as developed through the 1944 Public Health Service Act, 2002 Public Health Security and Bioterrorism Preparedness and Response Act and related Congressional acts and agency rule-making.

Laws authorizing and governing research, development, production and use of harmful biological agents and toxins on human, animal and plant targets are also related to at least two biological weapons statutes: 18 USC 175-178,[292] *Biological weapons*, a federal crime statute with exemptions for HHS/PHS, USDA and DoD programs, and 50 USC 1511-1528,[293] *Chemical and Biological Warfare Program*.

*

[291] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73/section-73.4
[292] https://www.law.cornell.edu/uscode/text/18/part-I/chapter-10
[293] https://uscode.house.gov/view.xhtml?path=/prelim@title50/chapter32&edition=prelim

Some references

Congressional acts:

- 1990.05.22 PL 101-298 Biological Weapons Antiterrorism, biological agent definition, 18 USC 175
- 1996.04.24 PL 104-132 Antiterrorism Effective Death Penalty, Regulatory control of biological agents, 42 USC 262 note
- 2002.06.12 PL 107-188 Public Health Security and Bioterrorism Preparedness and Response Act, select biological agents toxins, see 116 Stat 637 to 662

US Code sections (statutes)

- 7 USC 8401 and 8411 Regulation of certain biological agents toxins, plant and animal, USDA APHIS HHS CDC interagency cooperation overlap agents
- 18 USC 175 Biological Weapons, exempting HHS select agents toxins under 42 USC 262a
- 42 USC 262a Enhanced control of dangerous biological agents and toxins select agents, as added 2002.06.12, implemented through 42 CFR 73, 9 CFR 121, 7 CFR 331 and related
- 50 USC 1511 to 1528 Ch. 32 Chemical Biological Warfare biological agent definition

CFR sections (regulations)

- 7 CFR 331 Select Agents and Toxins, plant health, plant products, USDA Agriculture under 7 USC 8401, biological agent definition, analogous to 42 CFR 73 HHS select agents under 42 USC 262a
- 9 CFR 121 Select Agents and Toxins, animal health, animal products, USDA Animals and Animal Products under 7 USC 8401 APHIS, biological agent definition, analogous 42 CFR 73 HHS select agents 42 USC 262a
- 21 CFR 600 to 680 Biologics Subchapter F, license manufacture under 42 USC 262 and related
- 42 CFR 73 Select agents and toxins, human, HHS CDC 42 USC 262a as added 2002.06.12

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Related

- April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.'
- March 12, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars.
- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense. (Sasha Latypova)
- July 24, 2024 - Congress, through 18 USC 175, legalized HHS/PHS/military production and use of biological weapons, by classifying them as 'select agents and toxins.'
- Aug. 12, 2024 - On habeas corpus, probable cause, warrants, detention and extrajudicial state killing under declared public health emergencies.
- Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2 (Sasha Latypova)
- Aug. 20, 2024 - Court-ordered quarantine: involuntary arrest and detention by local health and law enforcement officers.
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine.
- 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. (Sasha Latypova)
- Sept. 7, 2024 - On ‘non-law enforcement activity’ carried out by law-enforcement officers and law-enforcement methods
- Sept. 9, 2024 - Anaphylaxis by vaccines - discussion with Dr. Jane Ruby (Sasha Latypova)
- Sept. 14, 2024 - Scientifically unsupported and insupportable Presidential designation of quarantinable communicable diseases; habeas corpus petitions.
- Sept. 23, 2024 - Vaccine-induced food allergies: turning [even organic and healthy] food into poison (Sasha Latypova)

* * *

Sept. 26, 2024 Note on Estate of Watts v. US Secretary of Defense Lloyd Austin

Sept. 19, 2023 repost of Jan. 2023 analysis…

- Sept. 19, 2023 - On sovereign immunity. Re-post: Dual-use government officials of concern. Related to CHD case Estate of George Watts Jr. v. Lloyd Austin, Secretary of US Department of Defense.

...includes my views on the George Watts case —which has just been dismissed on grounds that American government officials have "sovereign immunity" to poison and kill subjects — and also information on federal government officials' immunity from RICO prosecution.

For more on the Watts case dismissal, see Sasha Latypova's report:

- Sept. 26, 2024 - George Watts v DOD case dismissed by federal court claiming "sovereign immunity." The court ruled that the government is above the law and can kill you or your child by lying and forcing injections of poison on them under fake pretenses of a "public health crisis."[294]

* * *

[294] https://sashalatypova.substack.com/p/george-watts-v-dod-case-dismissed

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 Northern Tracey.

Below is a translation of roughly the first half of a report published in German in July 2020.

- July 12, 2020 - Die Fehldeutung der Antikörper[295]/The Misinterpretation of Antibodies (Corona_Fakten)

The full report was translated and republished in November 2020 by Northern Tracey, without live links or clear formatting of quoted sections.

- Nov. 2020 - The Misinterpretation of Antibodies[296] (Northern Tracey)

Because the originals are both a bit difficult to read for a few different reasons, I've edited roughly the first half of the translated, original report, to hopefully improve the clarity of the information. Readers interested in the second half can use the two links to investigate further.

Information about historic mischaracterization of antibodies by governmental scientific and public health officers relates to the hypothesis that vaccination is the intentional induction of anaphylaxis by repeated injection of foreign proteins, and that US-government directed and funded worldwide vaccination campaigns have been historically and still are intentional mass deception and mass poisoning events camouflaged as public health communicable disease-prevention campaigns.

Intentional mischaracterization of what antibodies are and how they function in living creatures are important parts of the medical-scientific and regulatory cover-ups carried out concurrently with mass vaccination/poisoning events.

Corona-Fakten, Stefan Lanka, Tracey Northern, Sasha Latypova and others challenging principles of immunology, toxicology, pharmacology, pathology, bacteriology, microbiology and related fields have identified the inherently self-contradictory premises of vaccination.

Stop taking vaccines.

Stop vaccinating babies and children.

*

[295] https://telegra.ph/Die-Fehldeutung-der-Antik%C3%B6rper-07-12
[296] https://northerntracey213875959.wordpress.com/2020/11/26/the-misinterpretation-of-antibodies/

Related

Nov. 4, 2022 - A Latypova and a Watt talk about DOD-controlled, BigPharma-manufactured, FDA-authorized bioweapons[297] (Video links) Transcript[298] by Dave Ratcliffe, Ratical.org

Sasha Latypova:

…Yes. The contract that Warner [Mendenhall] was mentioning, that's the contract between CDC and the vaccination centers. It's actually—people can read it that specifies this whole language about federal property until it's injected. Oh—and this whole diversion language [pp. 4-5, June 2021 provision, Sept. 2022 download[299]]. Which I found ridiculous. I think ostensibly they wrote it because, "Oh my God, these are in such short supply, we need to vaccinate," as you said, they needed this blitz as fast as possible. Inject everyone, because people will realize sooner or later they're being lied to. And so they were, "Okay, they're in such a short supply, you cannot divert them because every little vial counts."

But here we are, couple years later, there are hundreds of millions of unused vials, hundreds of millions. So there's no shortage of them.

And by the way, anything approved for market, formally approved by the FDA for market, and they come in fully approved, is — I worked in clinical trials. You can order it through licensed provider and do experiments with it, do studies with it as a third party independent researcher. It's totally valid and okay.

And everybody does it for competitive reasons and other things. So that was always positive. When I told my colleagues about it, they were like, "What? No, we do this all the time, but with approved products, we do research." And I said, "No, you can't. This is a federal property."

Katherine Watt:

And also the internat— two things about that. One is, you also have written about, and I have written about the international contracts,[300] which specifically put in there that no third party independent testing of the contents can be done.

But the bigger picture of the combination of the adverse effects from the fraudulent trial, that are helping people understand somewhat of what's in them and the analysis of the smuggled vials before injection, which is also helping people figure out, gets to your bigger point that you make all the time: that nothing in the vials corresponds to what's on the label.

[297] https://bailiwicknews.substack.com/p/a-latypova-and-a-watt-talk-about
[298] https://ratical.org/PandemicParallaxView/ALwKW-DomesticBioteroProg-110422.html
[299] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/02/2021.06.11-hhs-cdc-re-us-gov-crime-diversion-of-vaccines-prohibited-dl-09.2022.pdf
[300] https://bailiwicknews.substack.com/p/biotech-idolatry-dod-pfizer-contracts

So we actually have literally no idea what is in any of these things. The only way we can get back to and reverse engineer and find out is by looking at how does it damage people and what does it, what are the properties of it when you look at it under a microscope or whatever...

That's such a big aspect of the thing that people think that they know what they've taken and they actually don't even know what they've taken.

Sasha Latypova:

No. Nobody knows what they've taken. Also, I try to caution my colleagues who are taking, as you know, face value, what's written in, let's say scientific journal about mRNA injections. They assume that it's produced as it's described in scientific literature. It couldn't be farther from the truth. Then they make all kinds of assumptions. Oftentimes they're very, very well-written papers and very thoroughly researched if you assume that this is the product. Right. But what we're finding in reality —

Katherine Watt:

—You can't make that assumption.

Sasha Latypova:

It's a huge problem because I also work with networks of physicians who are trying to understand how to treat patients and without understanding what they got injured by, we can't really figure out how to treat them properly. I mean, we know certain things. We know that for the most part, it's poisoning of the blood and there's particular characteristics that are exhibited in the blood. But that's also the more convenient way to test people without huge equipment and expensive labs and so on, versus a blood draw, right. That's all we can do so far and try to manage symptoms with various trial and error of simple programs and generic products. But that's nowhere near where this needs to be. We need full disclosure. We need full understanding of what's in those vials, who got injured by what, so that we can properly treat the vaccine injured.

Katherine Watt:

Which is made even more complicated by the fact that it probably wasn't the same stuff in each of the vials. And it goes back to the part where I think, I don't know if it was CDC or FDA or who, but somewhere in the U.S. government shortly after the rollout said you should not do antibody testing of people who have taken the shots, because that's not going to show you anything that would be useful to know. And maybe they even put a financial thing, like we will not cover tests.

But that, I think that helps reinforce the point that they didn't want people to be able to do pre- and post-injections of their own blood work to see what was in their blood before and what was in their blood after…

*

Titer/titre, definition (Merriam-Webster[301]):

> 1) the strength of a solution or the concentration of a substance in solution as determined by titration[302]:
>
> 2) a measure of the concentration of a substance (such as an antibody) in a blood sample that is obtained by subjecting the sample to serial dilutions (as with saline) to determine the maximum dilution at which the sample retains a specific activity (such as neutralizing an antigen) and that is often expressed as a ratio (such as 1:200)

July 12, 2020 - Die Fehldeutung der Antikörper[303]/The Misinterpretation of Antibodies (Corona_Fakten)

Written and published in German by pseudonymous Corona_Facts (on Telegram at Corona_Fakten[304])

A closer look at antibodies is more important today than ever. After showing in my other articles that there is no proof of the existence of a pathogenic virus, because none of the claimed pathogenic viruses have fulfilled Koch's postulates, the "antibody" card has now been played by the vaccination advocates.

Their claim (which has been drilled into heads for decades) that antibodies are the indirect proof of a pathogen, or offer protection against a pathogen X, is based on an error.

This assertion has been repeatedly exposed as false. Since being asked again and again what these antibodies are, I would like to show in this article that antibodies are no proof of protection, nor that they work specifically as in the key-lock theory.

What is a titer increase?

Dr. Stefan Lanka[305]:

> "The increase is nothing more than the body's reaction to poisoning [adjuvants]. When the body is poisoned, holes are torn in the cells by these poisons and the cells are destroyed. The body's reaction when cells break down is to form sealing substances (globulins), small protein bodies that immediately expand in acidic environments, become flat and cross-link with their hydrogen sulphide groups (in which energy is stored) with other proteins and other things. These cause blood to clot and wounds to heal and they seal our cells when toxins are injected into the body.

[301] https://www.merriam-webster.com/dictionary/titer
[302] https://www.merriam-webster.com/dictionary/titration
[303] https://telegra.ph/Die-Fehldeutung-der-Antik%C3%B6rper-07-12
[304] https://t.me/Corona_Fakten
[305] https://www.youtube.com/watch?v=KexlGm1ixW8&t

> Even if you get a blow on a muscle, (forming a bruise) or a blow on the kidney (especially sensitive), or the liver, there is an immediate increase in titer. The body reacts to this by sealing the damaged cells and sealing growing cells. It's like a house that leaks until the windows are in and sealed.
>
> They called this an antibody and even a specific antibody, which is not true. The binding property of these hydrogen sulfide-type proteins is non-specific, they bind to all sorts of things. You can manipulate this in the laboratory by changing the acid level, adding detergents that change the mineral concentration to achieve a binding or not.
>
> The blood of a pregnant woman is full of globulins to seal the placenta, which is constantly growing, to accommodate the baby. The blood of a pregnant woman has to be diluted 40 times to avoid a massive positive result in tests, such as an HIV test."

*

The approval of vaccines is limited solely to so-called "seroconversion."

All vaccines for Europe are approved by the EMA (European Medicines Agency) in London. Their demand for proof of effectiveness[306] is limited solely to so-called seroconversion.

Seroconversion shows the formation of measurable antibodies in the blood of vaccinated persons, which are equated to a protective effect.

However, when assessing immunity or the effectiveness of vaccinations, this decisive limitation is again put into perspective by the fact that (almost) all current vaccinations are developed primarily to form antibodies.

[5] *Correlates of Protection Induced by Vaccination*, Plotkin SA, Clinical and Vaccine Immunology. July 2010, p. 1055–1065[307]

> "Although mucosal and cellular immune responses are clearly important to protection by some vaccines, most vaccines licensed today depend for their efficacy on serum antibodies."

See also, [6] *Immunologic correlates of protection induced by vaccination,* Plotkin SA, 2001. The Pediatric Infectious Disease Journal. 20(1):63–75[308]

This is very important for the development and approval of vaccines, as they have to prove their efficacy in this context – which is done without exception (and in many cases exclusively) by determination of provoked antibodies.

[306] https://www.aerztezeitung.at/fileadmin/PDF/2017_Verlinkungen/State_Entwicklung_Impfstoffe.pdf
[307] http://cvi.asm.org/content/17/7/1055.full.pdf+html
[308] https://europepmc.org/article/med/11176570

Even long-standing STIKO [German Standing Committee on Vaccination] members do not always seem to be aware of this correlation when they question the usefulness of titres after vaccinations – after all, the proof of efficacy of the respective vaccinations is based on the detection of precisely these antibodies.

According to Prof. Ulrich Heininger, STIKO member:

> "For none of the generally recommended so-called basic vaccinations is a routine control of the vaccination success planned or even advisable..." [7-Heininger, 2017[309]]

or the blanket statement regarding the measles vaccination,

> "that a positive laboratory result does not certify protection" [8 - Heininger 2016[310]].

If the latter were the case, the vaccination could not have been certified as effective and therefore approved...

However, in medicine we have known for decades that circulating antibodies are not synonymous with protection against a disease, a fact that can be understood even by laypeople using short examples.

If antibodies do indicate protection, how do the following statements of the Robert Koch Institute (RKI), STIKO and Arzneitelegram [German medical journal] fit in?

1. The Arznei [Medical] Telegram April 2001 states: [1[311]]

> "Vaccine-induced titre increases are also unreliable substitutes for efficacy.
>
> What benefit or harm the vaccinated person can expect cannot be deduced from such findings."

2. The RKI (Robert Koch Institute) writes: [2 - Epidemiological Bulletin (EpiBull) No. 30 2012 p.299[312]]

> "For some vaccine-preventable diseases (e.g. pertussis) there is no reliable serological correlate that could be used as a surrogate marker for existing immunity.
>
> Furthermore, the antibody concentration does not allow any conclusion to be drawn about a possible existing cellular immunity."

[309] https://www.rosenfluh.ch/media/arsmedici/2017/04/Impfungen-und-Antikoerpertiter.pdf
[310] http://www.kinder-undjugendarzt.de/download/47.(65.)Jahrgang2016/KJA_4-2016_Web.pdf
[311] https://www.arznei-telegramm.de/html/2001_04/0104041_01.html
[312] https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2012/Ausgaben/30_12.pdf?__blob=publicationFile

3. Prof. Ulrich Heininger, a long-standing member of the STIKO (permanent vaccination commission) writes [3 - *Child vaccination manual. The competent decision-making aid for parents*, 2004[313]]

> "It is neither necessary nor useful to determine efficacy by blood sampling and antibody determination after a vaccination has been carried out. On the one hand, even an antibody determination does not provide a reliable statement about the presence or absence of vaccination protection, and on the other hand, it is simply too expensive."

4. RKI, 2008 - Sick in spite of vaccination? [4 - Epidemiological Bulletin 2008; 24:193-195[314]]

An example of this was a 14-year-old boy who had received sufficient basic immunization in childhood and a booster against tetanus six months earlier when he developed tetanus.

Laboratory tests revealed antibodies so high that, according to the definition of antibody titres, he should have been protected. But he was not.

This example shows that the theory of antibodies as "protective magic bullets" is wrong.

The RKI then coined the term "non-protective" antibodies.

5. Prof. Heininger - STIKO (2017) [7 - Heininger U. 2017. Ars medici. 2017(4):172-75[315]]

> "The most important thing right from the start: For none of the generally recommended so-called basic vaccinations is a routine control of the vaccination success planned or even advisable."

6. Prof. Heininger - STIKO (2016) [8 - Heininger U. 2016. Children and adolescent doctor. 47(4):227[316]]:

> "...there are not only false-negative IgG antibody results (which would not bother us if the child received an MMR vaccination as a consequence), but unfortunately also false-positive results.
>
> This must be put to parents so that they understand that a positive laboratory result does not certify protection and that they are much better advised to give their child a second dose of MMR."

So again confirmation that a positive laboratory result is insignificant.

The question arises again and again as to how you know that antibodies offer circulating protection when the highest authorities themselves say that a titer increase cannot prove protection exists.

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[313] https://www.amazon.com/Handbuch-Kinderimpfung-kompetente-Entscheidungshilfe-Eltern/dp/3720524965
[314] https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2008/Ausgaben/24_08.pdf?__blob=publicationFile
[315] https://www.rosenfluh.ch/media/arsmedici/2017/04/Impfungen-und-Antikoerpertiter.pdf
[316] http://www.kinder-undjugendarzt.de/download/47.(65.)Jahrgang2016/KJA_4-2016_Web.pdf, page not found as of Oct. 23, 2024

When people have high antibody levels, do they still fall ill?

If no one can say exactly at what titer level there is real protection, why is the approval of a vaccine based on that exact reading?

Personally, this makes me more than a little suspicious.

The following points are of crucial importance in this discussion:

First, we cannot always be sure that the question of immunity can be clarified by means of an antibody determination for each vaccine (see below).

Second, the antibodies that show up in routine tests are not automatically those that provide protection (immunity), but sometimes only those that indicate that (apart from the measured protective antibodies that are not decisive for immunity, and which are certainly not measured) protective antibodies have been produced.

The measured ones are then a so-called surrogate parameter of immunity.

This complicated hypothesis is based, on one hand, on the fact that the immune response produces numerous different antibodies with different functions and, on the other hand, that the determination of the actually-decisive antibodies in some vaccinations would be too time-consuming for routine diagnostics.

Or to put it simply, the connection between antibodies and immunity is a myth.

Third, each 'immunity' is based on statistics and therefore relative whether it protects in the individual case or not.

The true reasons for the state of the body being "symptom-free" lie buried in other justifications.

[6] Plotkin SA. 2001. The Pediatric Infectious Disease Journal. 20(1):63–75[317]

> "Thus protection is a statistical concept. When we say that a particular titer of antibodies is protective, we mean under the usual circumstances of exposure, with an average challenge dose and in the absence of negative host factors."

Fourth, the question of protection from what exactly, is meant from the point of view of orthodox medicine, is also crucial.

For example, it is claimed that in the case of HiB and measles, much lower antibody levels protect against contracting the disease oneself (protection from disease) than is necessary to prevent transmission to others (protection from infection).

[317] https://europepmc.org/article/med/11176570

As there is still no scientific proof of the measles virus, the question naturally arises as to how the claim of protection from measles by antibodies can be claimed when the pathogen has not yet been proven. It's a fallacy.

So the horse is being put before the cart here: "I'm measuring some 'antibodies,' so I'm indirectly claiming to have a pathogen."

The measurable antibody titers after vaccination only shows the conflict of the immune system with the antigens, which are mostly coupled to adjuvants. Without these adjuvants there would be no antibody formation.

Here it becomes clear that the immune system is much more complex and does not function exclusively through antibody formation.

Herpes sufferers develop circulating antibodies against the herpes virus. Nevertheless, herpes can flare up again and again by weakening the immune system... And this occurs even when herpes antibodies are detectable.

Someone who is HIV-positive is also not happy about having circulating antibodies against HIV.

The hypothesis of antibodies does not work from start to finish.

If they can offer protection, how is it that people who have a sufficient titer still fall ill?

And how is it possible that the logic of antibodies in HIV was turned 180 degrees, such that high antibodies are deemed counterproductive?

Link to RKI Frequently Asked Questions[318] page

> Q: What should be done if there are no antibodies against measles after a double vaccination?
>
> A: "If two vaccinations against measles are documented, protection against measles can be assumed with a high degree of probability, even in the absence of or borderline antibody levels."

No antibodies are required; protection through vaccination is always assumed, without providing any evidence for this. The phantom is always assumed, you don't even want to think in other directions. This is not science.

To claim an "antibody" you need a "body"

[318] https://www.rki.de/SharedDocs/FAQ/Impfen/MMR/FAQ_Uebersicht_MSG.html#:~:text=Sind%20zwei%20Impfungen%20gegen%20Masern,Impfung%20h%C3%A4lt%20wahrscheinlich%20lebenslang%20an.

As I have already pointed out in my other articles, there is still no evidence of [measles virus[319]] | [SARS[320]] alleged pathogenic viruses.

So if I don't have any evidence for a body, how can I claim to have defined specific antibodies and above all, how in God's name can I test for them?

You know the answer: it is simply not possible.

What does all this mean for the vaccinated person?

Since there is no scientific research on how often this phenomenon occurs where vaccinated individuals develop 'non-protective antibodies,' the possibility of disease still remains for each vaccinated individual.

A complete vaccination record and also the detection of antibody titres, as is often done for example with rubella or hepatitis B, is no guarantee.

Could the non-protective antibodies, invented off the cuff, explain the situation where after vaccination (e.g. against measles, mumps, rubella or whooping cough etc.) the vaccinated individual may have antibodies, but still fall ill (with measles, mumps, rubella or whooping cough etc.)?

Could they be the reason (apart from the alleged mutations that undermine vaccination protection) for the epidemics despite high vaccination rates, in which, more often than not, a large percent of the sick were sufficiently vaccinated?

Circulating antibodies alone therefore do not provide reliable protection; this has been orthodox medical knowledge for many decades.

On the other hand, the proof of efficacy in the approval of vaccines is based solely on the proof of the allegedly (sometimes?) protective antibody titres.

[319] https://telegra.ph/Gerichtsprotokolle-best%C3%A4tigen-Es-existiert-kein-wissenschaftlicher-Nachweis-f%C3%BCr-das-Masernvirus-07-06
[320] https://telegra.ph/Alle-f%C3%BChrenden-Wissenschaftler-best%C3%A4tigen-COVID-19-existiert-nicht-07-03

DIMDI, the German Institute for Medical Documentation and Information: Antibody titre is only a supplementary measurement.

A half truth from orthodox medicine – but still!

DIMDI, Cologne 2009, *Surrogate endpoints as parameters of benefit assessment*[321]

> "Antibodies are surrogate endpoints, i.e. substitute measurement quantities invented on the basis of random correlations...
>
> The use of surrogate endpoints is [...] not unproblematic.
>
> In the past, there have been many situations in which relying on surrogate endpoints was misleading or had fatal consequences despite strong correlation with the clinical endpoint.
>
> This problem has been known for more than 30 years. [...] Some products that were approved on the basis of surrogate endpoints had to be withdrawn from the market at a later date because the benefit-risk balance was reversed in studies with mortality or morbidity endpoints."

So we have been dealing with problematic "substitute markers" for decades, which have repeatedly led to completely wrong results and assumptions.

Despite strong correlation (correlation is no scientific proof, only an indication) these were misleading and had fatal consequences.

It is time to correct this false hypothesis about antibodies.

Working aid on the topic of antibodies:

Stefan Lanka and Veronika Widmer from The Vaccination Lie: Does Vaccination Make Sense?[322] (July 2005)

> …Commentary on (wrong) question:
>
> What are antibodies?
>
> Correct question:
>
> *What is measured if antibodies are claimed?*
>
> According to Pschyrembel, antibodies are "a possible reaction of the immune system," "Antibodies do not occur naturally."

[321] https://impfen-nein-danke.de/u/hta250_bericht_de.pdf
[322] https://archive.org/details/Dr.StefanLanka-MachtImpfenSinn/page/n5/mode/2up

Was this formulation chosen because it is known that people with a high “antibody titre” can fall ill in the same way as people without “titre” remain healthy?

Today’s school of medicine distinguishes between the formation of foreign antibodies (pathogenic bacteria, toxins from viruses) and the body’s own antibodies (tumour cells).

While we are told that after a vaccination the organism is protected by the formation of antibodies, conventional medicine also describes cases in which the presence of antibodies has adverse effects on the organism. For example, conventional medicine refers to allergies, AIDS, transplant rejection and autoimmune diseases.

The Robert Koch Institute explains that: An increased total immunoglobulin concentration in the serum indicates in the majority of cases an allergic disease. However, elevated levels can also occur in cases of parasite infestation or malignant tumours, for example.

In the case of inhalation allergies, IgE levels are moderately to greatly increased, depending on the symptoms and the number of allergens causing the allergy. A normal IgE does not rule out an allergy.

If antibodies are diagnosed after a vaccination, conventional medicine tells us that the person concerned is now protected.

However, it is concealed that people are ill despite the presence of antibodies and people without antibodies remain healthy.

HIV-antibodies detected by a test produce a diagnosis of fatally ill – or at least – will become fatally ill.

Rubella antibodies detected by a test provide a diagnosis of – protected – to the affected person.

A contradiction in terms.

“Anti” bodies have never been detected.

Bodies, the immunoglobulins, which among other things play a role in the coagulation and cross-linking of proteins, have, however, been proven.

The word “anti” assumes that the immunoglobulins can only bind to certain proteins. All experiments ever performed, however, rule this out.

Whether or not binding takes place depends on the environment and state of the proteins: Whether acidic or basic, i.e. oxidized or reduced.

Every scientist who has carried out such experiments or studied them knows this.

Antibody tests: The procedure in the laboratory

First, the blood is separated from its cells and the larger proteins. This is done, for example, by a centrifuge. 99% of all tests performed are carried out with the patient's serum, the remaining blood liquid.

Now the laboratory technician is told what is to be detected by the antibody test. For this purpose, the so-called supernatant is then filled with corresponding, pharmaceutically produced, patented substances whose composition is kept secret (the government and the Paul Ehrlich Institute under its supervision keep strict secrecy).

If there is a measurable reaction, the test is evaluated as "positive." Up to now, it has been claimed that if antibodies were detected, immune protection has been proven.

The indirectly and not quantitatively determined amount of "antibodies" is then called a titer.

In the case of AIDS, however, a death sentence is pronounced, if necessary, because it was claimed that the antibodies are now indicative of the presence of the AIDS virus.

So it is not surprising that there is no scientific standard for titres and that the measurements are never comparable. It is even less surprising then that there are no scientific criteria whatsoever as to when a titer can, should, may etc. be called "immune protection."

The laboratory technician is told that the test kit contains one or more proteins exactly corresponding to the shape of the microbe. If the laboratory technician would think about it, he would realize that under the appropriate conditions the form of the proteins could not correspond to that of the claimed microbe, because the proteins are no longer in their natural environment. This is called denaturation of the proteins.

According to the delusional logic of compulsion, these unknown proteins are then named "antigens" by which the antibodies can be detected. The test kit also contains: e.g. dyes and substances that serve to produce a "positive" signal for reproduction. The apparatus, into which the whole thing is then placed, is calibrated again with substances whose composition is kept secret and which are monitored by the aforementioned Paul Ehrlich Institute.

The fact that there are about 5% people in the entire population in whose blood, under laboratory conditions, little or no immunoglobulins can be detected, is not discussed and not investigated. These people are then called "non-responders" after vaccination and are poisoned with more and more vaccines according to delusional logical compulsion.

Blood group AB was invented for these 5% and according to compulsive logic, blood groups A and B, in addition to blood group 0 (40% of the population), for which little or no proteins that could clump in the test tube are found under the appropriate laboratory conditions.

The contradictions that arose from the dogma of blood groups were first dismissed by the discovery of a rhesus factor and later by the continuous introduction of thousands of sub-blood groups.

Stefan Lanka: Facts that refute claims about antibodies and a specific immune system.

1. Because there are so-called autoimmune diseases and so-called allergies that occur at lightning speed. In psycho-neuro-immunology this is called facilitation.

Comment: It cannot be the case that "specific" antibodies react against the "foreign" and then suddenly against "your own" proteins.

2. Changing "foreign" intestinal bacteria exist side by side with immune cells that are supposed to carry out the specific defense.

Comment: If there were specific antibodies, intestinal colonization would not be able to change.

3. Humans, mammals, bony fish and sharks exist. They produce immunoglobulins.

Comment: If there were specific antibodies, the offspring would be destroyed and breast milk would be toxic.

4. New proteins appear during the development of humans and animals, during shock and with age.

Comment: Since according to the immune hypotheses, which have never been verified but always falsified, "foreign" and "own" proteins are recognized in the thymus in early childhood and "antibodies," if the forming immune cells are sorted out against "own" proteins, proteins that appear later, such as hormones during puberty etc., would automatically lead to allergies, autoimmune diseases, destruction and death. This is not the case.

In principle, there cannot be "anti" bodies against viruses that do not exist. Here, the claim of the existence of specific antibodies and specific tests clearly turns out to be a crime and, consequently, genocide.

Comment: Since immunoglobulins are detected that are able to bind other proteins, there is "body." But not "anti." But globulins that first complete themselves in the oxidized, i.e. acidic environment (via reduced S-H groups, which in the oxidized state combine to form disulfite groups (–S-S-) and thus bind the protein chains together, which first makes up the complete immunoglobulin) are then able to bind proteins that are intended for transport, conversion or recycling.

Comment from Karl Krafeld:

> An antibody can only be claimed if the body has been proven. Evidence (including through tests) of many virus antibodies is claimed without the virus being scientifically proven.
>
> Orthodox medicine knows its own nonsense that it habitually spreads: "Antibodies form in infectious diseases and the detection of antibodies is evidence of protection against the disease."
>
> According to orthodox medicine, HIV positivity should be the best protection against AIDS.
>
> Every test measures what the test measures, but no one knows exactly what the test measures.
>
> The tests react quite unspecifically to proteins, according to the coffee grounds reading principle: Is Eduscho or Tschibo better for coffee grounds reading?
>
> In any case, no test can detect antibodies if the underlying body has never been detected…

*

Note from KW - To read the rest of the June 12, 2020 Corona-Fakten analysis, please see Tracey Northern's translation[323] or the German original.[324]

Related

- Aug. 21, 2024 - Similarities between "spike protein" and synthetic anthrax toxin. Real bioweapons are not viruses but chemical weapons.[325] (Sasha Latypova)
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine.
- 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.[326] (Sasha Latypova)
- Sept. 9, 2024 - Anaphylaxis by vaccines - discussion with Dr. Jane Ruby[327] (Sasha Latypova)
- Sept. 12, 2024 - On vaccination as intentional induction of chronic and acute anaphylaxis. (Katherine Watt, condensed transcript of Latypova-Ruby discussion).
- Sept. 14, 2024 - Scientifically unsupported and insupportable Presidential designation of quarantinable communicable diseases; habeas corpus petitions.
- Sept. 23, 2024 - Vaccine-induced food allergies: turning [even organic and healthy] food into poison[328] (Sasha Latypova)

[323] https://northerntracey213875959.wordpress.com/2020/11/26/the-misinterpretation-of-antibodies/
[324] https://telegra.ph/Die-Fehldeutung-der-Antik%C3%B6rper-07-12
[325] https://sashalatypova.substack.com/p/some-similarities-between-spike-protein
[326] https:/sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators
[327] https://sashalatypova.substack.com/p/anaphylaxis-by-vaccines-discussion
[328] https://sashalatypova.substack.com/p/vaccine-induced-food-allergies-turning

October 2024

Apparition of the Virgin of the Pillar to
St. James and his disciples. Franciso Goya

Oct. 4, 2024 - Note on connections between financiers and lawmakers behind 1902 Virus-Toxin law

Interesting 2016 paper sheds more light on the connections between the financiers and lawmakers behind the 1902 Virus-Toxin law and the 1913 Federal Reserve Act, and the scientific developments in late 1800s, early 1900s around injection-induced anaphylaxis.

1902 law was pushed by "The Big Four…Nelson W. Aldrich of Rhode Island, Orville H. Platt of Connecticut, William B. Allison of Iowa, and John C. Spooner of Wisconsin."

Early Developments in the Regulation of Biologics,[329] Terry S. Coleman, *Food and Drug Law Journal* (2016)

> ...Although the archives have been purged of [Public Health Service] documents related to the legislation, the circumstantial evidence that the bill was a joint undertaking of the industry and PHS is overwhelming.
>
> The Republican-controlled The Republican-controlled Fifty-Seventh Congress was conservative, allied with big business, and hostile to governmental regulation of business.
>
> Nevertheless, the bill flew through Congress with amazing speed and almost invisibly—there were no committee hearings, no request for a report from the Administration, no "active steps" by PHS to further its adoption, no public statements or speeches about the bill, no floor debate, and no recorded votes, and both Houses passed the bill in the closing days of the session in June 1902.
>
> It is inconceivable that the Congress of 1902 would have passed a bill that the New York Times called "a dangerous expansion of Federal authority" and reflecting "the principle of paternalism" in this extraordinarily expedited manner unless the biologics industry was begging for immediate federal regulation.
>
> The actions of The Four [Nelson W. Aldrich of Rhode Island, Orville H. Platt of Connecticut, William B. Allison of Iowa, and John C. Spooner of Wisconsin] with respect to the 1902 Act can be contrasted with their actions with respect to the Food and Drugs Act, which was before Congress at the same time but was opposed by some industries. The Four blocked the Food and Drugs Act for years.

* * *

[329] https://www.fdli.org/wp-content/uploads/2017/01/FDLJ-71-4-early-developments-in-regulation-biologics-5221114-open.pdf

Oct. 5, 2024 - Note on why Robert F. Kennedy Jr. and other prominent figures divert public understanding away from vaccines as drivers of chronic disease, infertility and premature death

On why "fiercely pro-vaccine" RFK Jr. and others on the narrative-management team can't urge people to stop taking vaccines and stop vaccinating babies and children, but instead must deflect to "vaccine safety" discussions, food toxicity, environmental chemicals, etc.

While there are other sources of toxins that cause or exacerbate disease, vaccines are by far the most useful to those who want to continue poisoning lots of people for a long time, because they are extremely concentrated; they bypass or damage barriers to poisoning (skin, nasal passages, lungs, liver, kidney, etc.); and they're covert: people don't know they're being poisoned and poisoning their own children because they think vaccines are medicines.

They have one more major advantage: they can be directly linked to digital identification and digital currencies, by linking economic and educational participation to compliance with vaccine schedules.

For those reasons, and a few others, the killers will try very hard to maintain "vaccine confidence" worldwide.

See also: Peggy Hall's list of questions for RFK and her other posts on RFK, Bigtree, Kirsch et al.

- Sept. 3, 2024 - Questions for Kennedy[330] (Peggy Hall)
- Oct. 7, 2024 - Let them eat [organic, sustainably farmed, local, gluten-free] cake![331] (Sasha Latypova)

* * *

[330] https://peggyhall.substack.com/p/questions-for-kennedy
[331] https://sashalatypova.substack.com/p/let-them-eat-organic-sustainably

Oct. 9, 2024 - 1911-1943: Continued non-existence of legal provisions directing federal agencies to establish and enforce biological product definitions and standards.

Part 4 of series on US federal quarantine and biological product law, 1798 to 1972

By Lydia Hazel[332] and Katherine Watt

Part 3 Summary:

> The 1902 Virus-Toxin law, also known as the Biologics Control Act, authorized a three-member board (Supervising Surgeon-General of the Public Health and Marine-Hospital Service; Surgeon-General of the Army; and Surgeon-General of the Navy) to promulgate rules addressing licensure of manufacturing establishments only, not products.
>
> Congress was silent as to the identity, purity, potency, safety and therapeutic efficacy of factory-propagated, undefined products including viruses, toxins, antitoxins and serums. Congress was silent as to specimen collection and analysis, and did not designate a laboratory to conduct testing of samples. Congress was silent as to product recall, seizure and destruction procedures.
>
> Congress required labels to contain the proper name of the "article" and the address of the establishment, but did not require labels to contain information about ingredients, volumes, concentrations, or other measurable physical or chemical properties.
>
> Congress did not identify district attorneys, or any other law enforcement officers, or impose a duty to prosecute violators.
>
> Products propagated in virus and toxin establishments were not covered by the provisions of 1906 Pure Food and Drug Act, which defined drugs 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;" required submission of "specimens" to the Department of Agriculture Bureau of Chemistry for analysis; and imposed, upon district attorneys, a duty to criminally prosecute violators.

Part 4 of this series provides summaries of important Congressional, Presidential and Cabinet secretary acts and Supreme Court decisions that took place between 1911 and 1943. Funding acts in the timeline below are denoted with double-asterisk** symbols.

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[332] Lydia Hazel holds degrees in Latin (BA) and linguistics (MA), with minors and concentrations in mathematics, phonetics/phonology, and philology. Her professional background is teaching English as a Second Language. She raised four children, unvaccinated since 1993, after Hazel investigated vaccines when Hepatitis B vaccines were added to the CDC-recommended childhood immunization schedule. She lives in Illinois and is the author of the Medical Countermeasures Awareness Act posted at Bailiwick in February 2024 [https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/02/medical-countermeasures-awareness-bill.pdf] Email: lydiahazel@aol.com.

After each summary, we've provided a few key points, and plan to publish further analysis after the five-part series has been published in full.

Readers are encouraged to think about how these earlier forms of scientific, medical and regulatory deception — federally authorized and funded toxin research, federally-licensed toxin manufacturing, and interstate and international trafficking in toxins camouflaged as medicinal products — have been rendered more visible, in their more developed forms, through the fabrication of the Covid-19 pandemic and public health and vaccination programs ostensibly mounted in response to it.

Several other laws enacted during this period are not covered here, but are related to financial, medical, scientific, and legal government-authorized, government-funded criminal enterprises as constructed by Congress, US Presidents, Cabinet secretaries and federal judges. The related statutes, court decisions and executive orders include the 1913 Federal Reserve Act; 1917 Espionage Act; 1917 Trading with the Enemy Act; 1921 Joint Resolution Declaring that certain Acts of Congress, joint resolutions, and proclamations shall be construed as if the war had ended and the present or existing emergency expired," *excluding* Trading with the Enemy Act and others; 1925 Act to Amend the Judicial Code; 1933 Emergency Banking Act; 1933 House Joint Resolution 192; 1938 *Erie v. Tompkins* Supreme Court decision.

How US government sources describe the effects of the 1902 Virus-Toxin law

Immunize.org Vaccine History Timeline[333]:

> "The standards imposed by the 1902 [Virus-Toxin] Act resulted in bankruptcy for one-third of the companies manufacturing antitoxins and vaccines while benefiting the manufacturers already in compliance. In total, 10 firms held licenses with the Laboratory of Hygiene [in operation since 1887] following the 1902 Act."

NIH history[334]:

> "In 1902 two acts contributed significantly to the emergence of the Hygienic Laboratory as a center for research within the federal government...the act launched a formal program of research by designating the pathological and bacteriological work as the Division of Pathology and Bacteriology and by creating three new components that represented the most fruitful areas for research at that time: the Divisions of Chemistry, Pharmacology, and Zoology. The importance of these new programs was underscored by the provision that the PH-MHS could hire scientist researchers with Ph.D.'s to head them. Up until this time, the professional staff had been limited to physicians..."

Note

The 1902 Virus-Toxin law did not include the words *pathology* or *bacteriology*. By 1910, Milton Rosenau, the director of the Hygienic Laboratory, referred in a JAMA paper to the 'division of pathology and bacteriology' and made two contradictory claims: that the division's employees

[333] https://www.immunize.org/vaccines/vaccine-timeline/
[334] https://history.nih.gov/display/history/The+Move+to+Washington

examined samples of antitoxins and vaccine virus "for potency and purity" and that "*Vaccine virus* is the specific principle in the material obtained from the skin eruption of calves [1] having a disease known as vaccinia.…This material scraped from the skin eruption is called vaccine 'pulp.' The fluid which exudes after the pulp is taken is called vaccine 'lymph.' Both the pulp and the lymph are mixtures containing epithelial cells, serum, blood, leucocytes, products of inflammation, debris, bacteria, etc., in varying proportions…The specific principle of vaccinia is unknown."

1911 to 1943 - Congress, SCOTUS, Presidents and Cabinet secretaries

From 1911 to 1943, Congress continued funding Public Health Service programs, including research at the Hygienic Lab; treatment of patients at marine hospitals; operation of quarantine stations and medical inspection of aliens arriving on foreign ships at US ports; and federal payments to state and local health boards for "prevention of epidemics." Compilation of Congressional funding acts, 1904-1943[335].

**In 1911, Congress funded maintenance of marine hospitals, adding: "Provided, that there may be admitted into said hospitals for study, persons with infectious or other diseases affecting the public health, and not to exceed ten cases in any one hospital at one time."

1911 - Supreme Court ruled, in US v. Johnson, on applicability of 1906 Pure Food and Drug Act misbranding provisions to claims about therapeutic or curative value of drugs. - US v. Johnson, 221 US 488[336]

Between 1907, when the 1906 Pure Food and Drug Act entered into force, and 1910, officers of the US Department of Agriculture and district attorneys applied the law to "nearly 30 cases" in which drug manufacturers falsely claimed their products had curative properties. In each case, "either no defense [was] made, or pleas of guilty had been entered."

One of the manufacturers challenged his prosecution for interstate delivery of packages of medicine "bearing labels that stated or implied that the contents were effective in curing cancer, the defendant well knowing that such representations were false."

The District Court quashed the indictment, prompting the US government to appeal to the Supreme Court.

Johnson didn't dispute that the label statements alleging curative properties were false. He argued that Section 8 of the 1906 Pure Food and Drugs Act "confined" the term 'misbranded' to "representations concerning the identity of the drug, its physical constituents, or chemical ingredients" and did not cover to claims for curative properties.

After a lot of textual analysis, by a 6-3 decision, the Supreme Court held that Johnson and the lower court were correct.

335 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1904-to-1943-congressional-funding-for-phs-quarantine-epidemic-disease-prevention-121-p-compilation.pdf

336 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1911.05.29-scotus-us-v.-johnson.pdf

Held:

> "The term "misbranded" and the phrase defining what amounts to misbranding in § 8 of the Food and Drugs Act ... are aimed at false statements as to identity of the article, possibly including strength, quality and purity, dealt with in § 7 of the act, and not at statements as to curative effect; and so *held* that a statement on the labels of bottles of medicine that the contents are effective as a cure for cancer, even if misleading, is not covered by the statute."

The majority opinion and the dissent are worth reading for insights into how federal courts construed "matters of scientific opinion," as addressed in medical treatment contexts and "all health and quarantine laws," and "the constitutional power of Congress to prohibit use of the instruments of interstate commerce to the injury of the public."

Key point:

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.

1912 - An Act to change the name of the PHMHS to the PHS - PL 62-265[337]

In August 1912, Congress changed the name of the Public Health and Marine-Hospital Service to the Public Health Service; transferred existing PHMHS laws and regulations to the PHS; authorized PHS, including the Hygienic Laboratory, "to study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage and the pollution either directly or indirectly of the navigable streams and lakes of the United States;" and authorized PHS to "from time to time issue information in the form of publications for the use of the public."

At Section 2, Congress increased the pay scale for the Surgeon General, Assistant Surgeon General and other officers.

Key points:

Congress did not define the term *public health*.

Congress did not expand on the 1902 Virus-Toxin law; the terms *viruses*, *toxins*, *serums* and *analogous products* remained undefined. Congress did not transfer responsibility for drafting of biological product regulations from the control of the three-member Surgeon-Generals board Congress had designated in 1902.

[337] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1912.08.14-pl-62-265-act-to-change-name-phmhs-to-public-health-service.pdf

Congress did not authorize the PHS Surgeon General or Hygienic Laboratory Director to set or enforce regulations governing virus and toxin product identity, concentration, weights, volumes or other physically or chemically measurable properties, and Congress did not define adulteration or misbranding for virus and toxin products, or authorize criminal prosecution for adulterated or misbranded virus and toxin products.

1912 - An Act to amend section eight of the 1906 Pure Food and Drug Act - PL 62-301[338]

In response to the 1911 *US v. Johnson* Supreme Court ruling, Congress amended the 1906 Pure Food and Drug Act to further define the term *misbranding*.

Congress added a third paragraph to Section 8 of the 1906 law, deeming an article misbranded "If its package or label shall bear or contain any statement, design or device regarding the curative or therapeutic effect of such article or any of the ingredients or substances contained therein, which is false or fraudulent."

Key point:

The provisions of the 1906 Pure Food and Drug Act, including the 1912 amendment deeming false or fraudulent claims as to curative or therapeutic effect to be misbranding, were not applicable to viruses, toxins and other biological products propagated at establishments licensed under the 1902 Virus-Toxin law.

The 1902 Virus-Toxin law did not address, define or set up procedures to identify and prosecute adulteration or misbranding of biological products.

As of 2024, Congress has still not addressed, defined or set up procedures to identify and prosecute adulteration or misbranding of biological products, nor have any of the federal agencies to which Congress has delegated regulatory authority.

** In 1913, Congress funded the Public Health Service; promoted the director of the Hygienic Laboratory to receive the pay and allowance of a PHS senior surgeon; authorized PHS to conduct "field investigations of public-health matters...diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage, and the pollution of navigable streams and lakes;" and funded construction of new buildings at the Hygienic Lab for "research work, disinfection, experiments and housing animals."

**In 1913, Congress added to the program providing federal payments to state and local health boards, another program for "cooperating with state and local authorities," called "Interstate quarantine service."

[338] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1912.08.23-pl-62-301-sherley-amendment-sec-8-pure-food-and-drug-act-misbranding-response-to-1911-scotus-johnson-case.pdf

1913 - An Act to amend section eight of the 1906 Pure Food and Drug Act - PL 62-419[339]

In 1913, Congress amended the 1906 Pure Food and Drug Act again.

The original act deemed an article misbranded if (among other definitions)

> "...Third. If in package form, and the contents are stated in terms of weight or measure, they are not plainly and correctly stated on the outside of the package."

In 1913, Congress added a conditional clause:

> "Provided, however, That reasonable variations shall be permitted, and tolerances and also exemptions as to small packages shall be established by rules and regulations made in accordance with Section 3 of this act."

Key points:

The provisions of the 1906 Pure Food and Drug Act, including the 1913 amendment authorizing "reasonable variations" in weight and measure of packaged drugs, were not applicable to viruses, toxins and other biological products propagated at establishments licensed under the 1902 Virus-Toxin law.

The 1902 Virus-Toxin law did not address, define or set up procedures to identify and prosecute adulteration or misbranding of biological products.

As of 2024, Congress has still not addressed, defined or set up procedures to identify and prosecute adulteration or misbranding of biological products, nor have any of the federal agencies to which Congress has delegated regulatory authority.

1913 Virus-Serum-Toxin Act, licensing biological products to be used on domestic animals - PL 62-430, 37 Stat. 832[340]

In 1913, as part of an act funding the US Department of Agriculture, Congress set up a licensing scheme prohibiting preparing, selling, bartering or exchanging any

> "worthless, contaminated, dangerous, or harmful virus, serum, toxin, or analogous product intended for use in the treatment of domestic animals..."

This law was later codified at 21 USC 151-159, and USDA promulgated regulations at 9 CFR Chapter 1, Subchapter E, Parts 101 to 124.

Because it was part of a funding act, the livestock product law was not divided into sections; it was simply a lengthy paragraph.

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[339] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1913.03.03-pl-62-419-act-to-amend-1906-pure-food-and-drug-act-weight-tolerances.pdf
[340] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1913.03.04-virus-toxin-serum-act-agriculture-37-stat-832-domestic-animals.pdf

Condensed:

> ...For...expenses for scientific investigations in diseases of animals...and...for investigations of tuberculin, serums, antitoxins, and analogous products, $78,680...
>
> ...After July 1, 1913, it shall be unlawful for any person, firm, or corporation to prepare, sell, barter, or exchange in the District of Columbia...Territories...or any place under the jurisdiction of the US...or ship or deliver for shipment from one State or Territory or DC to any other State...Territory or DC, any worthless, contaminated, dangerous or harmful virus, serum, toxin, or analogous product intended for use in the treatment of domestic animals...
>
> No person, firm or corporation shall prepare, barter, exchange or ship any virus, serum, toxin or analogous product manufactured within the US...unless and until the...product shall have been prepared under and in compliance with regulations prescribed by the Secretary of Agriculture, at an establishment holding an unsuspended and unrevoked license issued by the Secretary of Agriculture...
>
> Importation...without a permit...and importation of any worthless, contaminated, dangerous or harmful virus, serum, toxin or analogous product...are hereby prohibited...
>
> Secretary of Agriculture is...authorized to cause the Bureau of Animal Industry to examine and inspect all...products...which are being imported or offered for importation...to determine whether such viruses, serums, toxins, and analogous products are worthless, contaminated, dangerous, or harmful...and if it shall appear that any such [product] is worthless, contaminated, dangerous, or harmful...the same shall be denied entry and shall be destroyed or returned at the expense of the owner or importer...
>
> Secretary of Agriculture is...authorized to make and promulgate...rules and regulations...to prevent the preparation, sale, barter, exchange, or shipment...of any worthless, contaminated, dangerous or harmful virus, serum, toxin, or analogous product for use in the treatment of domestic animals, and to issue, suspend, and revoke licenses for the maintenance of establishments for the preparation of viruses, serums, toxins and analogous products...
>
> Secretary of Agriculture is authorized to issue permits for...importation...of products...which are not worthless, contaminated, dangerous or harmful...
>
> Licenses issued...to establishments where such...products are prepared...shall be issued on condition that the licensee shall permit the inspection of such establishments and of such products and their preparation...
>
> The Secretary of Agriculture may suspend or revoke any permit or license issued under...this Act, after opportunity for hearing has been granted to the licensee or importer, when the Secretary...is satisfied...that such license or permit is being used to facilitate or effect the preparation, sale, barter, exchange, or shipment...or importation...of any worthless, contaminated, dangerous or harmful virus, serum, toxin, or analogous product...

> Any officer...of the Department of Agriculture duly authorized...may, at any hour during the daytime or nighttime, enter and inspect any establishment...
>
> Any person, firm, or corporation who shall violate any of the provisions...shall be deemed guilty of a misdemeanor, and...upon conviction...punished by a fine of [up to] $1,000 or by imprisonment [up to] one year, or by both...
>
> There is hereby appropriated...for the purposes and objects of this Act...$25,000...
>
> For construction of buildings at bureau experiment station at Bethesda, Maryland, and bureau experiment farm at Beltsville, Maryland, $16,500...
>
> The Secretary of Agriculture is authorized to prepare and sell at cost such pathological and zoological specimens as he may deem of scientific or educational value to scientists or others engaged in the work of hygiene and sanitation...

Key points:

Congress did not define *virus*, *toxin*, *antitoxin* or *analogous product* in measurable, verifiable physical or chemical terms, and did not cite to or delegate authority to the US Pharmacopeia or National Formulary compendia to define these products in measurable, verifiable physical or chemical terms.

Congress did not define the terms *worthless*, *contaminated*, *dangerous*, or *harmful*.

Congress did not address product labeling or require any information to appear on product labels, did not address or define safety or efficacy, and did not prohibit adulteration or misbranding.

Congress did not require manufacturers to submit product specimens to the Bureau of Animal Industry, and did not require the Bureau of Animal Industry to collect or test specimens, or develop assays (tests) to identify product contents or determine weights, volumes, concentrations, purity, potency or other properties of ingredients.

Similarities between 1902 Virus-Toxin law (human) and 1913 Virus-Serum-Toxin Act (domestic animal):

- Product definition and identity. Both laws were silent on defining products by identity, ingredients and physical or chemical attributes.
- Safety and efficacy. Both laws were silent on defining safety and effectiveness.
- Establishment inspections. Both laws were silent on what intervals, if any, establishments were to be inspected, describing inspections with the optional "may," not the mandatory "shall."

- Specimen collection and analysis. Both laws were silent on the submission, collection and analysis of product specimens.

- Duty to prosecute. Both laws were silent on delegation of duty to report infractions (noncompliance with undefined standards) to any prosecutorial body, and silent on duty to prosecute.

- Sale, barter or governmental purchase, distribution and use. Both laws were limited to products intended for sale and barter, and silent on products intended for governmental purchase, distribution and use.

Differences between 1902 Virus-Toxin law (biologic products for human use) and 1913 Virus-Serum-Toxin Act (biologic products for domestic animal use):

- Terms denoting noncompliance. For human products (1902), the basis of infraction was not defined in measurable physical or chemical terms; instead, the law prohibited products that had been produced in an unlicensed establishment, or bearing a label not containing the proper name of the product, the address and license number of the manufacturer and a "date beyond which the contents cannot be expected beyond reasonable doubt to yield their specific results," with no definition of the term *specific results*, or procedures for assessment. For animal products (1913), the basis of infraction was also not defined in measurable physical or chemical terms; instead, the law prohibited (without definition) "worthless, contaminated, dangerous or harmful" products.

- Import permits; licenses. Foreign manufacturers of human products (1902) were to be granted establishment *licenses*. Foreign manufacturers of animal products (1913) were to be granted *permits*.

- Inspectors. The 1902 law designated unidentified agents of the Treasury Secretary as establishment inspectors. The 1913 law designated agents of the Department of Agriculture Bureau of Animal Industry.

- Inspection of imports. Under the 1902 human products law, imported products "may" be inspected at their foreign place of manufacture. Under the 1913 animal products law, all imported animal products were to be inspected at point of entry, not their place of manufacture.

- Hearings. Manufacturers and importers of animal products were entitled to hearings regarding pending permit or license suspension/revocation. Manufacturers of human products were not. However, if Treasury failed to notify a virus or toxin manufacturer that his establishment license had been revoked or suspended, he could continue producing and distributing viruses and toxins.

Similarities between the 1906 Pure Food and Drug Act (non-biologic drug products for human use) and 1913 Virus-Serum-Toxin Act (biologic products for animal use):

- Inspection intervals. The 1906 human drug law and the 1913 animal virus and toxin law were both silent on setting specific intervals for inspection of manufacturing establishments or specimens.

- Bureau tasked with inspection. The 1906 human non-biological drug law named the USDA Bureau of Chemistry as the authorized inspecting laboratory. The 1913 animal products law named the USDA Bureau of Animal Industry as the authorized inspecting laboratory for animal viruses, serums and toxins.

- Products not intended for sale or barter. The 1906 human drug law and the 1913 animal virus and toxin law were both silent as to regulation of products not intended for sale or barter, and not intended to cross state/territory/DC borders for interstate trafficking or import and export across national borders.

- Hearings. The 1906 human drug law and 1913 animal virus and toxin law both provided procedures for hearings for alleged violators to challenge allegations of noncompliance.

Differences between the 1906 Pure Food and Drug Act (non-biologic drug products for human use) and 1913 Virus-Serum-Toxin Act (biologic products for animal use):

- Product definition and identity. Under the 1906 human drug law, drugs were defined by reference to physical and chemical composition and analytical testing procedures published in the US Pharmacopeia-National Formulary compendia. Under the 1913 animal viruses and toxins law, products were not defined by physical or chemical standards or analytical tests.

- Basis for prohibition. For human drugs (1906), the bases for prohibition were that a product was found to be *adulterated* and/or *misbranded*, and both terms were defined. For animal viruses and toxins (1913), the bases for prohibition were undefined qualities of the product, i.e., *worthless* or *harmful*.

- Product regulation; facility regulation. Under the 1906 human drug law, Bureau of Chemistry inspectors were authorized to collect and test specimens of individual products to assess adulteration or misbranding. Under the 1913 animal virus and toxin products law, manufacturing facilities could be inspected by Bureau of Animal Industry officers, but individual products were not subject to specimen collection or analysis.

- State, Territory and DC authority. Under the 1906 human drug law, the health officers for States, Territories and the District of Columbia were authorized to submit specimens collected within their jurisdictions, for analysis by the USDA Bureau of Chemistry. The 1913 animal virus and toxin law was silent on the authority of State, Territory and D.C. officers to collect and submit samples for analysis.

- Rulemaking authority. The 1906 human drug law authorized the Secretaries of Treasury, Agriculture, and Commerce and Labor to promulgate regulations. The 1913 animal virus and toxin law authorized the Secretary of Agriculture to promulgate regulations.

- Criminal prosecution. The 1906 human drug law directed inspectors to report violations to the District Attorney for prosecution, with the Secretary of Agriculture certifying the facts, under oath, as found through specimen examination, and charged the DAs to prosecute. The 1913 animal virus and toxin law was silent on procedures for criminal prosecution of violations.

- Testing imports. The 1906 human drug law authorized the Treasury Secretary to collect and submit samples of imported human drugs for analysis to determine adulteration or misbranding. The 1913 animal virus and toxin law was silent on Secretary of Agriculture authority to collect samples of imported products for analysis to determine if they are worthless or harmful.

**In 1915, Congress funded a special study of pellagra.

**In 1916, Congress funded "studies of rural sanitation" and added, for the first time, a $10,000 line item for "Biologic products: to regulate the propagation and sale of viruses, serums, toxins and analogous products."

**In 1917, Congress funded "biologic products" regulation with $20,000 and added "infantile paralysis" to the list of diseases eligible for federal payments to state and local health boards under the *Prevention of Epidemics* program.

**In 1918, Congress provided $30,000 for the PHS biologic products regulation program.

***1919 - Congressional funding act authorized PHS to "prepare" curative and diagnostic biological products*

In 1919, Congress funded a new PHS Division of Venereal Diseases (authorized by Act approved July 9, 1918) and provided $20,000 for purchase of equipment and furniture for new Hygienic Lab buildings.

In 1919, Congress added influenza to the list of diseases eligible for federal payments to state and local health boards under the *Prevention of Epidemics* program, and added to the "biologic products" regulation line item ($35,000 that year), the phrase:

> "and for the preparation of curative and diagnostic biologic products."

Key points:

From 1919 to the present, the Public Health Service has been Congressionally-authorized to "prepare" viruses, toxins and related biological products within federal facilities, referring to the products as being "curative" and "diagnostic."

These PHS products are prepared under the 1902 Virus-Toxin law and its successor statutes and regulations, which have never established physical or chemical standards for product identity, purity or other measurable attributes; have never defined adulteration or misbranding or set measurable standards for safety and efficacy; have never prohibited preparation and use of adulterated, misbranded, toxic products; have never established or enforced specimen collection and testing procedures; and have never established or enforced product recall, seizure, analysis, destruction or prosecutorial procedures.

**In 1920, Congress authorized PHS officers to be credited with service in the Army, Navy, Marine Corps and Coast Guard in computing longevity pay, and prohibited PHS from using money for "advertising in newspapers, magazines or periodicals for any purpose other than the procurement of bids."

**In 1921, Congress added “arsphenamine” to the list of biologic products. By 1921, the annual biologic product appropriation for regulation of licensed establishments and preparation of products by PHS Hygienic Lab employees was $50,000.

1921 - Sheppard-Towner "act for the promotion of the welfare and hygiene of maternity and infancy." PL 67-97[341]

In 1921, Congress passed "An Act for the promotion of the welfare and hygiene of maternity and infancy." It was a precursor to Title V of the Social Security Act of 1935 (*Grants to states for maternal and child welfare*), and conditioned federal grants to State governments, on State government participation in federal programs.

Due for renewal in 1926, the Act faced opposition from several different organizations, was extended for two years, and expired in June 1929.

Summary:

> Section 1 - Congress authorized annual appropriations to be given to the States, "for the purpose of cooperating with them in promoting the welfare and hygiene of maternity and infancy."

[341] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1921.11.23-pl-67-97-sheppard-towner-maternal-infant-precursor-to-social-security-act-track-births-and-children-bribes-to-states.pdf

Section 2 - Congress authorized $480,000, followed by $240,000 per year for five years, to be "equally apportioned," plus $1 million per year for five years, apportioned at $5,000 per state, with the balance "in the proportion which their population bears to the total population" and conditioned the population-based money on the State legislatures appropriating equal sums.

Section 3 - Congress created a Board of Maternity and Infant Hygiene, comprised of the Chief of the Children's Bureau of the Department of Labor, Surgeon General of the Public Health Service, and Commissioner of Education, and assigned administration of the Maternity and Infant Hygiene programs to the Chief of the Children's Bureau, whose duties included "to make or cause to be made such studies, investigations and reports and will promote the efficient administration of this Act."

Section 4 - Congress required participating States to have their legislatures accept the federal act provisions, and designate or authorize creation of State agencies with which the federal Children's Bureau could cooperate. Congress further authorized governors of States whose legislatures didn't pass state laws to accept (by executive act) the federal provisions and designate or create corresponding State agencies, while "awaiting legislative action."

Section 5 - Congress authorized up to 5 percent of annual additional appropriations to be spent by the Children's Bureau for administrative expenses.

Section 6 - Congress authorized the Children's Bureau to employ assistants, clerks and other staff from the Civil Service Commission, and to purchase supplies, equipment, and incur travel expenses.

Section 7 - Congress required the Children's Bureau to apportion the additional money -- by population -- within 60 days after each Congressional funding act, to report estimates to the Treasury Secretary and to certify the apportioned amounts to the Treasury Secretary and the State treasurers.

Section 8 - Congress required States "desiring to receive the benefits" to submit detailed compliance plans to the Children's Bureau, with a provision that State plans should forbid State officers "entering homes, etc." to remove children "over the objection of the parents."

Section 9 - Congress forbade Children's Bureau officers from entering any home "over the objection of the owner thereof, or to take charge of any child over the objection of the parents," and added "Nothing in this Act shall be construed as limiting the power of a parent or guardian...to determine what treatment or correction shall be provided for a child or the agency or agencies to be employed for such purpose."

Section 10 - Congress charged the Children's Bureau to monitor the State appropriations and certify to the Treasury Secretary the State contributions and the federal money apportioned to each State. The certificate was to record that the State legislature and/or governor had accepted the provisions of the federal Act; that the State agency had submitted plans for carrying out the federal Act's provisions; the amount appropriated by the State legislature; and the amount of federal money to which the population of the

recipient State was entitled. The Children's Bureau certificate would trigger the disbursement, by the Treasury Secretary, of the federal payments to the States.

Section 11 - Congress required State agencies to provide reports to the Children's Bureau about their operations and expenditures and authorized the Children's Bureau board to withhold the certificates (described in Section 10) from any State whose agency "has not properly expended the money paid to it," provided that the Children's Bureau gave notice to the State agency stating the State's specific compliance failures.

Section 12 - Congress prohibited use of the money for purchasing, building or repairing buildings or equipment, or for purchase or rental of buildings or lands, and prohibited use of the State-appropriated money for "the payment of any maternity or infancy pension, stipend or gratuity."

Section 13 - Congress required the Children's Bureau to perform the duties under the supervision of the Secretary of Labor, and required the Labor Secretary to provide annual reports to Congress.

Section 14 - Congress stated that the Act should be "construed as intending to secure to the various States control of the administration of this Act within their respective States, subject only to the provisions and purposes of this Act."

Key points:

The Sheppard-Towner maternity and infant hygiene act of 1921 linked State receipt of federal money to State compliance with federally-directed programs, and to State collection and reporting of detailed population and birth rate information to federal authorities.

The Sheppard-Towner Act was an important step in the undermining of federalist principles: separation of powers between federal and State governments. The Sheppard-Towner Act and the Social Security Act of 1935 both used bribery to entrap families and State governments brought to financial instability through inflation-deflation, boom-bust cycles orchestrated by central bankers through monetary policy decisions, but attributed to natural economic forces.

**In 1922, Congress added Rocky Mountain spotted fever to the list of diseases eligible for federal payments to state and local health boards under the *Prevention of Epidemics* program

**In 1923, Congress authorized the Immigration Service to permit the PHS to use Ellis Island Immigration Station hospitals for care of PHS patients.

**In 1924, Congress authorized PHS to spend money under the *Prevention of Epidemics* program for "purchase of newspapers and clippings from newspapers containing information relating to the prevalence of disease and the public health."

**In 1927, Congress authorized a survey of the "salt-marsh areas of the South Atlantic and gulf States, to determine the exact character of the breeding places of the salt-marsh mosquitoes."

***1927 - USDA Bureau of Chemistry name changed to Food, Drug and Insecticide Administration* - 44 Stat. 976, at p. 991 and 1002[342]

In 1927, through a funding act, Congress transferred the Department of Agriculture Bureau of Chemistry's regulatory functions — including its duties to collect and examine specimens of manufactured drugs for compliance with the 1906 Pure Food and Drug Act — to a new USDA division called the Food, Drug, and Insecticide organization.

The Bureau of Chemistry's non-regulatory research program was renamed the Bureau of Chemistry and Soils, "for conducting the investigations contemplated by the Act of May 15, 1862 [Act to establish Department of Agriculture], relating to the application of chemistry to agriculture; for the biological investigation of food and drug products and substances used in the manufacture thereof, including investigations of the physiological effects of such products on the human organism; [and] to cooperate with associations and scientific societies in the development of methods of analysis."

Congress directed the new Food, Drug and Insecticide Administration "to cooperate with associations and scientific societies in the revision of the United States Pharmacopoeia and development of methods of analysis..." and established:

> "Hereafter the examinations of specimens of foods, drugs, insecticides, Paris greens, lead arsenates, and fungicides provided for by section 4 of the Food and Drugs Act of June 30, 1906, and by section 4 of the Insecticide Act of 1910,[343] shall be made in the Food, Drug, and Insecticide Administration or in such other branches of the Department of Agriculture as the Secretary of Agriculture may direct."

In 1930, through another funding act, Congress shortened the name of the division to the Food and Drug Administration - 46 Stat 392, at p. 422[344]

Key points:

Congress did not authorize the Food, Drug and Insecticide Administration, or the Food and Drug Administration, Bureau of Chemistry and Soils, or any other USDA division, to regulate viruses, toxins, vaccines or other biological products to identify adulterated or misbranded products under the 1902 Virus-Toxin law, which law did not define or prohibit adulteration or misbranding of viruses and toxins.

Congress also did not charge the USDA divisions with collecting, testing, analyzing or providing sworn testimony as to the physical or chemical properties of viruses, toxins, vaccines or other biological products.

[342] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1927.01.18-pl-69-552-appropriations-to-usda-bureau-of-chemistry-reorganized-as-food-drug-and-insecticide-administration-42-stat-1002.pdf
[343] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1910.04.26-pl-61-152-insecticide-act-of-1910.pdf
[344] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1930.05.27-pl-71-272-appropriations-to-usda-change-food-drug-insecticide-administration-name-to-fda-at-p.-423.pdf

**In 1928, Congress began authorizing traveling expenses for PHS officers to "attend meetings of associations for the promotion of public health" and for the transportation of personal effects for PHS officers, pharmacists and nurses "upon permanent change of station."

**In 1929, the list of diseases identified in Congressional funding acts as authorizing Presidents (in their discretion) to fund state and local health boards, included "threatened or actual epidemic of cholera, typhus fever, yellow fever, typhoid fever, smallpox, bubonic plague, Chinese plague or black death, trachoma, influenza, Rocky Mountain spotted fever, or infantile paralysis."

1929 - Act to establish narcotic farms, precursor to NIH Division of Mental Hygiene - PL 70-672[345]

In 1929, Congress passed an Act "to establish two US narcotic farms for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs who have been convicted of offenses against the United States, and for other purposes" and placing the institutions under the control of the Treasury Secretary and under the medical supervision of the PHS Surgeon General, through a new Narcotics Division.

Summary:

> Section 1 - Congress defined narcotic as "opium and coca leaves and the innumerable alkaloids derived therefrom, the best known...being morphia, heroin and codeine...cocaine...Indian hemp...and peyote..."
>
> Congress defined "addict as "any person who habitually uses any habit-forming narcotic drug...so as to endanger the public morals, health, safety or welfare, or who is...so far addicted...as to have lost the power of self-control with reference to his addiction..."
>
> Section 2 - Congress assigned the Attorney General, Treasury Secretary and Secretary of War to select sites for two institutions" to house convicted addicts and "addicts who voluntarily submit themselves for treatment." (The two facilities were later built in Lexington, Kentucky and Fort Worth, Texas.)...
>
> At Section 5, Congress created a Narcotics Division within the PHS Office of the Surgeon General, to be directed by a physician in charge of the "management, discipline and methods of treatment" of addicts.
>
> At Section 6, Congress authorized the Treasury Secretary to promulgate regulations, and directed the Surgeon General to provide State representatives "the benefit of his experience...through the publication and dissemination of information on methods of treatment and research in this field...to the end that each State" would provide similar facilities within their jurisdictions.

[345] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1929.01.19-pl-70-672-establish-two-narcotic-farms-45-stat-1085.pdf

> At Section 9, Congress authorized the Treasury Secretary to "establish industries, plants, factories or shops [within the narcotic farms] for the manufacture of articles, commodities and supplies" for the US Government.
>
> At Section 10, Congress prohibited parole until the Surgeon General certified that the inmate is no longer a narcotic addict, and at Section 11, Congress directed Surgeon General examination of all inmates within one month of the expiration of their sentences.
>
> At Sections 15 and 16, Congress prohibited "escape or attempt to escape from a narcotic farm," punishable by up to 5 years imprisonment in addition to the original sentence, and prohibited assisting such escape attempts, punishable by up to three years imprisonment.

In June 1930, Congress changed the name of the PHS Narcotics Division to Division of Mental Hygiene (PL 71-357[346]) and authorized and directed the Surgeon General to "make such studies and investigations...of the abusive use of narcotic drugs; of the quantities of crude opium, coca leaves, and their salts, derivative and preparations....as are necessary to supply the normal and emergency medicinal and scientific requirements of the United States; and of the causes, prevalence, and means for the prevention and treatment of mental and nervous diseases..."

This law is relevant to the history of federal quarantine and biological product law for several reasons. It created a pool of incarcerated subjects for drug research projects; it deepened federal-state financially-incentivized cooperation in alleged public health program operations; and it supported the attribution of mental and neurological disorders to factors other than injection of foreign biological material into humans and other mammals, creating an effective mechanism for suppressing public understanding of the connection between neurological disorders and vaccination.

The model — setting up and funding PHS and NIH divisions and institutes to allegedly look for causes of chronic diseases and thereby direct attention away from their induction by vaccination — has been replicated for many other disorders, including cancer, Sudden Infant Death Syndrome and autism.

**In 1930, the year the Hygienic Laboratory was renamed as the National Institute of Health (see below), Congress funded design and construction of the two narcotic farms and reduced the infectious disease list (diseases authorizing Presidents to supply funds to state and local health boards for prevention of epidemics) from the specific list (cholera, typhus, etc.) to the general form: "threatened or actual epidemic of infectious or contagious disease."

**In 1930 Congress also funded "educational exhibits...the preparation of public-health exhibits designed to demonstrate the cause, prevalence, methods of spread, and measures for preventing disease dangerous to the public health..." including "acquiring, transporting, and displaying exhibit material."

[346] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1930.06.14-pl-71-357-bureau-of-narcotics-treasury-department.pdf

1930 - An Act to provide for coordination of public-health activities of the Government - PL 71-106[347]

In April 1930, Congress passed "An Act to provide for the coordination of the public-health activities of the Government, and for other purposes."

Through this law, Congress gave the Treasury Secretary power to establish new divisions within the Public Health Service, and expanded, named (as the National Advisory Health Council) and added to the duties of the Hygienic Lab advisory board, a second function: to "advise" the PHS Surgeon-General "in respect to public-health activities."

Congress did not define *public health* and Congress did not assign the staff of the Hygienic Laboratory or the National Advisory Health Council any specific duties to draft or enforce regulations governing the propagation of viruses, toxins, vaccines and other biological products.

Summary:

> Section 1 - Congress authorized the Treasury Secretary to detail PHS officers to any federal executive department or "independent establishment which is carrying on a public-health activity...to cooperate in such work," and to pay PHS officers for such work.
>
> Section 2 - Congress authorized the PHS Surgeon General to detail PHS employees to "educational and research institutions" to study and disseminate information on "scientific problems relating to public health;" and to make federal PHS facilities available to health officials and scientists. Congress authorized the Treasury Secretary to establish additional divisions in the Hygienic Lab in Washington DC, "as he deems necessary," and set up facilities to coordinate research and "demonstrations of sanitary methods and appliances."
>
> Section 3 - Congress set up the structure of the Public Health Service to include administrative offices, and "field service" offices, the latter including "scientific offices and research laboratories."
>
> Sections 4 and 5 - Congress authorized the President to set up regulations for the appointment of medical, dental, sanitary engineer and pharmacist officers.
>
> Section 6 - Congress authorized the Treasury Secretary to order officers in the PHS reserve corps to active duty for training and assessment of "fitness" for the regular corps.
>
> Section 7 - Congress authorized the President, upon notice by the Treasury Secretary, to appoint non-commissioned officers to positions requiring "highly specialized training and experience in scientific research" when commissioned officers were not available.
>
> Sections 8 and 9 - Congress addressed pay for officers older than 45 disabled in the line of duty, examinations, promotions, length of service, pay and allowances.

[347] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1930.04.09-pl-71-106-act-to-provide-for-coordination-of-public-health-activities.pdf

Section 10 - Congress authorized the President to prescribe titles for commissioned officers, designated Assistant Surgeon Generals as "medical directors;" removed the prior limit on the number of active-duty senior surgeons and Assistant Surgeons General at large; and increased the pay of the PHS Surgeon General to match the Army Surgeon General.

Section 11 - Congress authorized the Treasury Secretary to appoint all officers and employees of the PHS other than commissioned officers, with a provision barring the Treasury Secretary from setting up qualification rules giving preference to candidates from any specific school of medicine.

Section 12 - Congress authorized PHS officers disabled "on account of sickness or injury incurred in line of duty" to receive medical, surgical and hospital services.

Section 13 - Congress named the 9-member advisory board to the Hygienic Laboratory (established in 1902 "for consultation relative to the investigations to be inaugurated, and the methods of conducting the same") the National Advisory Health Council; expanded its size to 14 members; authorized the PHS Surgeon General and Treasury Secretary to appoint the five additional board members, "from representatives of the public-health profession;" and tasked the board to "advise" the PHS Surgeon-General "in respect to public-health activities."

Key points:

Through this law, Congress gave the Treasury Secretary power to establish new divisions within the Public Health Service, and expanded, named and added to the duties of the Hygienic Lab advisory board.

Congress did not define the term *public health*.

Congress did not assign the National Advisory Health Council any specific duties to draft or enforce regulations governing the propagation of viruses, toxins and other biological products.

In 1944, through the Public Health Service Act of 1944, Congress assigned duties to the NAHC to provide "recommendation," along with the PHS Surgeon General, to the President for specifying (by Executive Order) communicable diseases, the prevention of which would authorize "apprehension, detention or conditional release of individuals" under quarantine regulations.

In 2002, Congress eliminated the "prerequisite for National Advisory Health Council recommendation before issuing quarantine rules" and downgraded the PHS Surgeon General's role from "recommendation" provider to the President, to provider of "consultation" to the HHS Secretary, who had taken over the Surgeon General's functions through another series of amendments, reorganizations, and authority transfers.

1930 - Hygienic Laboratory name changed to National Institute of Health; private research funding system established - PL 71-251[348]

One month later, in May 1930, Congress changed the name of the Hygienic Laboratory to the National Institute of Health and created in it a system of fellowships and donation authorizations for "ascertaining the cause, prevention and cure of disease affecting human beings."

Summary:

> Section 1 - Congress changed the name of the Hygienic Laboratory of the Public Health Service to the National Institute of Health, and transferred all "laws, authorizations and appropriations" to the new institute. Congress authorized the Secretary of the Treasury to use the existing Hygienic Lab site in Washington DC and to acquire more sites. Congress directed the Surgeon General to select, as administrators and employees, "persons who show unusual aptitude in science," and authorized appropriation of $750,000 for construction and equipment of additional buildings.
>
> Section 2 - Congress authorized the Treasury Secretary to accept "gifts made unconditionally by will or otherwise for study, investigation, and research in the fundamental problems of the diseases of man" and for purchase of land and construction and equipment of buildings, with the proviso that "conditional gifts may be accepted if recommended by the Surgeon General and National Advisory Health Council," to be held in trusts, invested by the Treasury Secretary in US securities, and the principal or income spent for NIH purposes. Donations over $500,000 for research would be "acknowledged permanently" by the establishment of memorials, and the Surgeon General was authorized to establish NIH fellowships from donated funds.
>
> Section 3 - Congress authorized the Surgeon General to appoint individual scientists (other than commissioned PHS officers) to NIH duties, and authorized the Treasury Secretary to promulgate regulations. Congress authorized the Surgeon General to designate fellowship scientists to conduct research in "other localities and institutions in this and other countries" during their fellowships.
>
> Section 4 - Congress authorized the Treasury Secretary, with recommendations from the Surgeon General, under regulations approved by the President, to designate titles and fix compensation; to fix compensation for clerical and other assistants under civil service laws; and to spend funds for personal services, rents, reference books periodicals, exhibits, printing and binding.
>
> Section 5 - Congress directed that NIH facilities be made available to "bona fide health authorities of States, counties, or municipalities for purposes of instruction and investigation."

[348] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1930.05.26-pl-71-251-act-to-change-name-of-phs-hl-to-nih-create-fellowships-accept-donations-re-disease-cause-prevention-cure.pdf

Section 6 - Congress established that the NIH Director would have the rank, pay and allowance of a PHS medical director.

Key points:

Congress set up a mechanism for unconditional and conditional private financing of federal public health research, and the employment of non-governmental scientists.

Congress further linked the public health functions of State, county and municipal governments to federal scientific and medical research programs.

**In 1931, Congress renamed the Narcotics Division as the Division of Mental Hygiene.

**In 1934, Congress funded, under the Division of Mental Hygiene, Narcotic Farm, Lexington, Kentucky, "expenses incurred in pursuing and identifying escaped inmates and of interment or transporting remains of deceased inmates."

1935 - Federal Register Act - PL 74-251[349]

Through the Federal Register Act, Congress elaborated on the process for executive legislation, further eroding the separation of powers doctrine and transferring legislative authority to the executive branch.

Summary:

Section 1 - Congress charged the US Archivist to create a new division in the National Archives Establishment, to print and distribute documents listed in Section 5, and authorized the President to appoint a director of the Division.

Section 2 - Congress required document sources (President, federal agencies, etc.) to provide an original and two copies of the documents listed in Section 5. The Division Director was required to log the documents by date and hour; make one copy immediately available for public inspection; store the original in the National Archives and send a copy to the Government Printing Office for printing.

Section 3 - Congress directed the Government Printing Office to publish all the documents listed in Section 5 "in a serial publication designated the 'Federal Register,' " to be published and distributed daily, and to contain the documents filed with the Division the previous day.

[349] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1935.07.26-pl-74-220-federal-register-act-5-p.pdf

Section 4 - Congress defined *document* to mean "Any Presidential proclamation or Executive order and any order, regulation, rule, certificate, code of fair competition, license, notice, or similar instrument issued, prescribed, or promulgated by a Federal agency." Congress defined *Federal agency* to mean "the President...or any executive department, independent board, establishment, bureau, agency, institution, commission, or separate office of the administrative branch...but not the legislative or judicial branches..."

Section 5 - Congress listed the documents to be published in the Federal Register, including "all Presidential proclamations and Executive orders," with exceptions for those with "no general applicability...or effective only against Federal agencies or persons in their capacity as officers, agents, or employees;" documents the President determined "have general applicability and legal effect;" documents required to be published in the Federal Register by Act of the Congress; and other documents authorized by regulations prescribed with the President's approval, but not "comments or news items of any character."

Section 6 - Congress established a permanent Administrative Committee of three members: the Archivist, a Department of Justice officer appointed by the Attorney General, and the Public Printer. Congress charged the committee with prescribing regulations to carry out the Federal Register Act provisions, including how agencies should submit certified copies of regulations and other documents, which documents should be published, the number of copies, prices to be charged for copies, and other details.

Section 7 - Congress established that no documents published "shall be valid as against any person who has not had actual knowledge thereof" until the originals or certified copies had been filed and made available for public inspection, but availability of public inspection would "be sufficient to give notice...to any person subject thereto." Congress established that publication in the Federal Register created a "rebuttable presumption" that all the filing requirements had been fulfilled, and directed that the contents of the Federal Register "shall be judicially noticed" and cited by volume and page number.

Section 8 - Congress established that publication of notice in the Federal Register — for example, notices of public hearings — would be "deemed" as properly given to all persons residing within the continental United States if published within the Congressionally required time prescribed, or not less than 15 days if no time period prescribed by Congress.

Section 9 - Congress authorized the Treasury Department to take receipt of payments made for copies of the Federal Register, and charged the printing and distribution costs to the appropriations to the Government Printing Office. Congress authorized free use of the US mails for copies mailed by the US Government.

Section 10 - Congress made the provisions of Section 2 effective 60 days after approval (approval was July 26, 1935) and ordered publication to begin three days after that.

Section 11 - Congress required each agency, within six months after approval, to compile all the documents that had been issued before passage of the Federal Register Act and "still in force and effect and relied upon by the agency," and submit the compilations to the committee named in Section 6. Congress required the committee to report on the pre-Federal Register Act regulations and other documents to the President within two months after that, and required the President to determine "which of such documents have general applicability and legal effect" and authorize publication of a special edition of the Federal Register to publish those pre-Federal Register Act documents.

Section 12 - Congress exempted "treaties, conventions, protocols, and other international agreements, or proclamations thereof by the President."

Section 13 - Congress repealed all other acts to the extent they were in conflict with the Federal Register Act.

Key points.

Congress formally transferred legislative authority to President, Cabinet secretaries and agency officers, by setting up a system for executive branch legislation, further undermining the separation of powers between legislative and executive branch.

1935 Social Security Act - PL 74-271[350]

Congress passed the Social Security Act in August 1935, under the full title: "An Act to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes."

When first enacted, the Social Security Act had 11 titles, or sections, including: Title I, *Grants to States for Old-Age Assistance*; Title II, *Federal Old-Age Benefits*; Title III, *Grants to States for Unemployment Compensation Administration*; Title IV, *Grants to States for Aid to Dependent Children*; Title V, *Grants to States for Maternal and Child Welfare*, including Maternal and Child Health Services (Part 1), Services for Crippled Children (Part 2), Child-Welfare Services (Part 3), Vocational Rehabilitation (Part 4); Title VI, *Public Health Work*; Title VII, *Social Security Board*; Title VIII, *Taxes With Respect to Employment*; Title IX, *Tax on Employers of Eight or More*; Title X, *Grants to States for Aid to the Blind*; and Title XI, *General Provisions*.

There are now 21 titles, codified at 42 USC Chapter 7, Subchapters I through XXI.[351]

Summarizing only Title VI, Public Health Work, of the original 1935 Social Security Act:

[350] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1935.08.14-pl-74-271-social-security-act-49-stat-620.pdf
[351] https://www.law.cornell.edu/uscode/text/42/chapter-7

Section 601 - Congress authorized $8,000,000 "for the purpose of assisting States, counties, health districts, and other political subdivisions...in establishing and maintaining adequate public-health services, including...training of personnel..." starting with the fiscal year ending June 30, 1936.

Section 602 - Congress authorized the PHS Surgeon General, with Treasury Secretary approval, to allot the money to the States on the basis of three factors: population, "special health problems" and financial needs. Congress conditioned payments on State health authorities presenting plans to the Surgeon General, and obtaining Surgeon General approval for such plans.

Section 603 - Congress authorized $2,000,000 for the PHS to spend "for investigation of disease and problems of sanitation," including printing and binding of research findings, and travel expenses for PHS employees to travel to States, upon State request, to carry out investigations. Congress required the Treasury Secretary to provide reports to Congress on public health projects annually.

Key Points:

As noted above, the 1921 Sheppard-Towner Act for maternity and child welfare programs undermined federalist principles separating powers between the Federal and State governments, by offering states Federal money — "Grants to States" — on condition that the States adopt and implement Federal policies.

The Sheppard-Towner Act also undermined family, community and religious support networks to transfer the dependency of distressed families from extended family, friends, neighbors and local civic and religious organizations, to State and Federal officers distributing subsidies funded by payroll taxes on employers and employees.

The Sheppard-Towner Act expired in 1929, but most of its provisions were incorporated into the 1935 Social Security Act at Title V.

By linking federal payouts to population data, public health officers created incentives for State use of centralized registries and classification systems for disease diagnosis and cause of death determinations.

1936 - Act to extend PHS services to more seamen - PL 74-483[352]

In 1936, Congress extended Public Health Service "medical relief" to seamen "not enlisted or commissioned in the Military or Naval Establishments" but "employed on US Government vessels (other than those of the Panama Canal) of more than five tons' burden and on State school ships," and to State school ships' cadets.

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[352] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1936.03.21-pl-74-483-act-to-extend-phs-services-to-more-seamen.pdf

1937 - During NIH reorganization, Division of Pathology and Bacteriology renamed Division of Biologics Control - NIH accounts of NIH history.[353]

As reported above, in a January 1910 JAMA paper, PHS Hygienic Laboratory Director Milton J. Rosenau referred to the 'division of pathology and bacteriology' as the division responsible for inspecting establishments manufacturing viruses, toxins, serums and analogous products under the 1902 Virus-Toxin law and the 1902 "Act to increase the efficiency and change the name of the...Marine-Hospital Service."

Rosenau's claim is not supported by the text of the 1902 laws, which identified three divisions within the Hygienic Laboratory (chemistry, zoology and pharmacology); vested inspection authority with the Secretary of the Treasury, and vested rule-making authority with a three-member Surgeon-Generals board subject to Treasury Secretary approval.

In 1930, Congress renamed the PHS Hygienic Laboratory as the PHS National Institute of Health and authorized the Treasury Secretary to reorganize and establish new divisions in the Public Health Service.

The Division of Pathology and Bacteriology was renamed the Division of Biologics Control in 1937, during "a reorganization of NIH into eight divisions," according to NIH accounts of NIH history[354]:

> "The Division of Biologics Control was established in 1937 at NIH from the laboratory that had responsibility for biologics.
>
> In 1944, the division became the Laboratory of Biologics Control.
>
> And in 1955, the Division of Biologics Standards (DBS) was formed as an independent entity at the NIH, but as the continuation of the previous division and laboratories."

Ostensible responsibility for regulation of viruses, toxins, serums and analogous products remained with the Division of Biologics Standards from 1955 until the DBS was administratively transferred to the Food and Drug Administration in 1972 and renamed the Bureau of Biologics.

**In 1936, Congress changed the name of the Narcotic Farm to The United States Public Health Service Hospital, Lexington, Kentucky; added a program called *Grants to States for public-health work*, for "assisting States, counties, health districts and other political subdivisions of the States in establishing and maintaining adequate public-health services, including the training of personnel," under provisions of the Social Security Act; and continued funding *Diseases and sanitation investigations*.

**In 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.

[353] https://history.nih.gov/display/history/Building+29+and+29A+Biologics+Exhibit+Home
[354] https://history.nih.gov/display/history/Building+29+and+29A+Biologics+Exhibit+Home

1937 - National Cancer Institute Act - PL 75-244[355]

In August 1937, Congress passed the National Cancer Institute Act. The summary is included here because it relates to government and private institution interest in, and knowledge of, the cancer-causing effects of injecting foreign cells and cell-products (toxins) into humans and other mammals, also known as vaccination.

Congress did not define the term cancer in the 1937 law. Since 2009, FDA has defined cancer as "a constellation of more than 100 different diseases, each characterized by the uncontrolled growth and spread of abnormal cells," citing American Cancer Society, 2004. (*See* January 2009 FDA Guidance for Industry: Evidence-Based Review System for the Scientific Evaluation of Health Claims[356] at p. 8)

Summary of National Cancer Institute Act:

> Section 1 - Congress established a PHS division called the National Cancer Institute, to "conduct researches, investigations, experiments, and studies relating to the cause, diagnosis and treatment of cancer," and to help other public and private organizations.
>
> Section 2 - Congress authorized and directed the PHS Surgeon General to carry out the research programs, to promote coordination of research projects conducted by other "agencies, organizations and individuals, to "procure, use and lend radium;" to provide training; to provide fellowships; to obtain advice from cancer researchers in the US and abroad, and to cooperate with State health agencies "in the prevention, control, and eradication of cancer."
>
> Section 3 - Congress created the National Advisory Cancer Council to have six members appointed by the Surgeon General, with Treasury Secretary approval, "from leading medical or scientific authorities who are outstanding in the study, diagnosis, or treatment of cancer," to serve three-year terms.
>
> Section 4 - Congress authorized the National Advisory Cancer Council to review research projects and approve projects that "show promise;" to collect information about studies being carried out in the US or any other country, and publish such information; to review applications from public and private universities, hospitals and laboratories requesting grants for cancer research; to recommend "conditional gifts" for approval by Secretary of the Treasury; and to make recommendations to Surgeon General for carrying out the National Cancer Institute Act.
>
> Section 5 - Congress authorized the Surgeon General to purchase radium; make it available for research projects; and to lend it to institutions studying "the cause, prevention, or methods of diagnosis or treatment of cancer;" to provide training facilities for diagnosis and treatment of cancer; to establish and maintain research fellowships "to procure the

[355] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1937.08.05-pl-75-244-national-cancer-institute-act-repealed-replaced-1944.pdf
[356] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/01/2009.01-fda-guidance-evidence-based-review-system-scientific-evaluation-health-claims.pdf

assistance of the most brilliant and promising research fellows;" to secure help and advice from experts from the US and abroad; to make grants for research projects; and to adopt additional means to carry out the research projects.

Section 6 - Congress authorized the Treasury Secretary to accept unconditional gifts for research and acquisition of land and construction and maintenance of buildings, and to accept conditional gifts if recommended by the Surgeon General and National Advisory Cancer Council. Congress directed the gifts to be held in trusts and invested in securities of the US, with principal or income expended for cancer research. Congress authorized donations of $500,000 or more to be acknowledged with permanent memorials.

Section 7 - Congress authorized $750,000 for construction and equipment of a building for cancer research and $700,000 per year to support research, traveling expenses, medical books, passenger-vehicles, and printing and binding of publications.

Section 8 - Congress authorized the appointment of commissioned PHS officers to carry out the research programs, and authorized the Surgeon General, with Treasury Secretary approval, to "make such rules and regulations as may be necessary."

Provisions of the 1937 National Cancer Institute Act were incorporated into the Public Health Service Act of 1944 and subsequently expanded.

1938 - Federal Food Drug and Cosmetics Act - PL 75-717[357]

In 1938, Congress passed the Federal Food, Drug and Cosmetic Act. The new law consolidated and expanded on the 1906 Pure Food and Drug Act, incorporating most provisions of the 1906 law — including its definitions for adulterated and misbranded drugs, labeling provisions, and procedures for specimen collection, testing and criminal prosecution — into Chapter 2, *Definitions*; Chapter 3, *Prohibited acts and penalties;* Chapter 4, *Food*; Chapter 5, *Drugs and Devices;* Chapter 6, *Cosmetics;* Chapter 7*, General Administrative Provisions;* Chapter 8*, Imports and Exports*.

The 1938 law added a section (FDCA Section 505, codified at 21 USC 355) governing "new drugs" and setting up application and review procedures to be carried out by the Secretary of Agriculture.

At Chapter 8, Miscellaneous, Congress explicitly stated:

> "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."

[357] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1938.06.25-food-drug-cosmetics-act-pl-75-717-52-stat-1040.pdf

Congress cited to a reprint of the 1902 Virus-Toxin law published in the 1934 edition of the US Code as a chapter titled *Viruses, Serums, Toxins, Anti-Toxins, Etc*.[358]

Key point:

The application, inspection, testing, review and compliance enforcement provisions of the 1938 Federal Food, Drug and Cosmetic Act pertaining to product definition, identification, labeling, purity, adulteration and misbranding were inapplicable to manufacturing, licensing, and interstate and international trafficking of viruses, toxins, vaccines and other biological products.

**In 1938, Congress funded the new National Cancer Institute within the PHS, under the National Cancer Institute Act.

1939 Reorganization Act - PL 76-19[359]

In early April 1939, Congress passed the Reorganization Act of 1939, ostensibly motivated "by reason of continued national deficits beginning in 1931," [following the stock market crash of October 1929 and subsequent economic depression and New Deal programs] making it "desirable to reduce substantially Government expenditures."

The law, not summarized in detail here but available for reader review (PL 76-19[360]), transferred a form of legislative authority from Congress to the President, by authorizing unilateral "transfer, consolidation, or abolition" of federal executive agencies and functions, "more speedily...than by the enactment of specific legislation."

The second part of the act set up complex Congressional rules to make it politically difficult for Congress to debate or reject any reorganization plan prepared by a President, such that transmitted plans were virtually guaranteed to go into effect.

Congress authorized the President to determine the changes needed "to increase...efficiency;...to group, coordinate and consolidate agencies;...to abolish...agencies as may not be necessary; and...to eliminate overlapping and duplication of effort..." and required the President to transmit plans to Congress before Jan. 21, 1941.

In late April 1939, President Roosevelt transmitted Reorganization Plan No. 1 to Congress, followed by Reorganization Plan No. 2, transmitted to Congress in May 1939.

[358] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1934-version-us-code-title-42-chapter-4-section-141-to-148-viruses-serums-toxins-anti-toxins-etc.-cited-in-1938-fdca-as-not-amended-modified-repealed-by-fdca.pdf
[359] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1939.04.03-pl-76-19-reorganization-act-established-federal-security-agency-transferred-public-health-service-from-treasury-to-fsa.pdf
[360] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1939.04.03-pl-76-19-reorganization-act-established-federal-security-agency-transferred-public-health-service-from-treasury-to-fsa.pdf

By Joint Resolution adopted June 7, 1939, (Pub Res. 76-138[361]), Congress accepted the two reorganization plans, which went into effect July 1, 1939 and were published in the Federal Register the same day (4 FR 2727 and 2731[362]).

Through Reorganization Plan No. 1 of 1939 and Executive Order 8248 (4 FR 3864[363], Sept. 8, 1939), Roosevelt created the Executive Office of the President and the Federal Security Agency (FSA), and transferred the Public Health Service and its divisions and functions, from the Treasury Department to the new executive agency. Other agencies transferred to the new Federal Security Agency included the US Employment Service (from Department of Labor); Office of Education (from the Department of the Interior); National Youth Administration (from the Works Progress Administration), and the Civilian Conservation Corps. The FSA was simultaneously consolidated with the Social Security Administration.

Through additional reorganization acts and reorganization plans, the Federal Security Agency was abolished in 1953[364] and its functions were transferred to the Department of Health, Education and Welfare (HEW). The functions of the Public Health Service and the PHS Surgeon General were transferred to the HEW Secretary in 1966[365]. In 1979[366], Congress and President Carter passed an act to create the Department of Education, and changed the name of the HEW Department to the Department of Health and Human Services.

Key Points:

The Reorganization Act represents one example of acts through which Congress abdicated its lawmaking authority and its oversight (checks and balances) duties, gutting the separation of powers between the legislative and executive branches.

It's one of the key acts through which Congress created the so-called "Deep State" of permanent civil administrators.

[361] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1939.06.07-pub.-res-76-138-house-senate-joint-resolution-accepting-reorganization-plan-1-and-2.pdf
[362] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1939.07.01-reorganization-plan-1-1939.04.25-and-2-1939.05.09-federal-security-agency-roosevelt.pdf
[363] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1939.09.12-4-fr-3864-roosevelt-executive-order-8248-executive-office-of-the-president-fr.pdf
[364] https://archives.federalregister.gov/issue_slice/1953/4/11/2053-2054.pdf#page=1
[365] https://archives.federalregister.gov/issue_slice/1966/6/25/8851-8855.pdf#page=5
[366] https://www.govinfo.gov/content/pkg/STATUTE-93/pdf/STATUTE-93-Pg668.pdf

1940-1943 - Biological Warfare Laboratories set up within Federal Security Agency

Although not covered in detail here, readers may be interested in learning more about the establishment, between 1940-1943, within the Federal Security Agency[367] established in 1939 (later renamed Health, Education and Welfare Department, now Health and Human Services Department) of the National Defense Research Committee[368], Office of Scientific Research and Development[369], War Bureau of Consultants[370], War Research Service[371] (biological warfare), and US Army Biological Warfare Laboratories[372] (Camp Detrick), and how the federal government officers and agencies involved in those war programs were related to federal vaccination programs as developed from the late 1940s through the present.

1940 - FDA transferred from Department of Agriculture to Federal Security Agency. (54 Stat. 1234[373] at 1237)

Under Roosevelt's Reorganization Plan No. 4 of 1940, promulgated under the 1939 Reorganization Act passed by Congress, President Roosevelt transferred the Food and Drug Administration and all of its functions, except its functions under the Insecticide Act of 1910 and the Naval Stores Act, to the Federal Security Agency, under the direction and supervision of the Federal Security Administrator, and renamed the Chief of the Food and Drug Administration as the Commissioner of Food and Drugs.

Key Points:

Reorganization Plan No. 4 was silent as to whether any laboratory would take on the functions formerly carried out by the USDA Bureau of Chemistry, including collection and testing of drug specimens, which again, did not include collection and testing of virus and toxin specimens, which were not subject to regulation under the 1938 Food Drug and Cosmetics Act or the 1906 Pure Food and Drug Act.

** In 1941, Congress funded a new PHS program called *Emergency health and sanitation activities (national defense)*, "to assist State and local health authorities in health and sanitation activities (1) in areas adjoining military and naval reservations, (2) in areas where there are concentrations of military and naval forces, (3), in areas adjoining Government and private industrial plants engaged in defense work and (4) in private industrial plants engaged in defense work..." and another one called *Training for nurses (national defense)*.

[367] https://en.wikipedia.org/wiki/Federal_Security_Agency
[368] https://en.wikipedia.org/wiki/National_Defense_Research_Committee
[369] https://en.wikipedia.org/wiki/Office_of_Scientific_Research_and_Development
[370] https://en.wikipedia.org/wiki/War_Bureau_of_Consultants
[371] https://en.wikipedia.org/wiki/War_Research_Service
[372] https://en.wikipedia.org/wiki/United_States_Army_Biological_Warfare_Laboratories
[373] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1940.04.11-reoorganization-plan-no.-4-transfer-of-fda-from-usda-to-fsa-52-stat.-1237.pdf

**In 1943, Congress funded a new States Relations Division within the PHS, under the Social Security Act of 1935, consolidating federally-funded state-level programs including *Grants to States for public-health work* (established 1936); *Interstate quarantine service* (1890, 1913) and *Prevention of epidemics* (1904).

1943 - Public Health Service Act of 1943 (PL 78-184[374])

On Nov. 11, 1943, Congress and President Roosevelt passed an act "relating to the organization and functions of the Public Health Service, and for other purposes."

The November 1943 law (which was followed by the July 1944 adoption of the Public Health Service Act of 1944, to be covered in Part 5 of this series) laid out the new organizational structure, "powers and duties," and programs.

Summary of Public Health Service Act of 1943:

> Section 1 - Public Health Service in the Federal Security Agency will include Office of the Surgeon General, National Institute of Health (the Hygienic Laboratory established in 1887), and two bureaus: The Bureau of Medical Services and Bureau of State Services.
>
> Congress authorized the PHS Surgeon General, under the supervision and direction of the Federal Security Administrator, to assign all the previously authorized functions of the PHS to the four offices and to establish new "divisions, sections and other units," to "abolish existing divisions, sections and other units," and, from that point on, to "establish, transfer and consolidate divisions, sections, and other units, and reassign their functions for the efficiency of the Service."
>
> Section 2 - Congress directed that the NIH Director would detail, from the regular corps, the "chiefs" of the two new bureaus (medical services and state services) and the Chief Medical Officer of the US Coast Guard, and that while serving in those positions, they would be classified as Assistant Surgeon General with corresponding pay and allowances.
>
> Section 3 - Congress laid out terms for temporary details for officers to serve as division chiefs, and authorized ---- in the Office of Surgeon General -- a Dental Division and a Sanitary Engineering Division.
>
> Section 4 - Congress authorized -- "in time of war or national emergency determined by the President" -- temporary promotions with increased pay and allowances, and exempted promoted officers from having to renew their oath of office or take a new oath.

[374] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/08/1943.11.11-pl-78-184-public-health-service-act-pt.-1-organization-and-functions-57-stat-587.pdf

Section 5 - Congress set up a system for review of the records of commissioned officers above the level of Assistant Surgeon every three years, and for separation from the Public Health Service for officers found to be unqualified.

Section 6 - Congress set up a continuity plan "in case of the absence or disability of the Surgeon General and the Assistant to the Surgeon General."

Section 7 - Congress amended Sec. 9 of the April 9, 1930 reorganization act to add a paragraph authorizing appointments to a junior grade corresponding to second lieutenant in the Medical Department of the Army, eligible for promotion to Assistant Surgeon grade after one to two years and an examination.

Section 8 - Congress defined the terms "full military benefits," and "limited military benefits," and authorized commissioned officers of the Public Health Service, regular and reserve, to receive full or limited benefits, depending on whether they served "in time of war," while detailed to the Army, Navy or Coast Guard and other factors. Congress further authorized the President, "in time of war...by Executive order" to declare the commissioned corps of the PHS "a part of the military forces of the United States"

Section 9 - Congress authorized PHS commissioned officers to receive benefits for injury or death as civil officers and employees of the United States.

Section 10 - Congress authorized surviving beneficiaries of dead commissioned PHS officers to receive six months' pay and benefits under Sec. 9.

Section 11 - Congress authorized the Federal Security Administrator to transfer funds between appropriations to carry out PHS reorganization, with the approval of the Director of the Bureau of the Budget.

Key points:

Congress transferred all authority to reorganize the Public Health Service to the Surgeon General and Federal Security Administrator, including establishing, transferring and abolishing divisions, and "reassigning functions."

Congress reinforced the status of the Public Health Service as a federal military program.

Congress reinforced that one core function of the federal Public Health Service was "State Services."

BRIEF ANALYSIS:

For this report, the authors are not offering analysis of the parallel developments in speed of telecommunications (enabling disease-outbreak allegations to reach ports before ships); centralization of general and scientific publishing, data collection and statistical disease and cause-of-death classification systems; scientific research into methods of inducing cancer, autoimmune disease, neurological disorders, gastrointestinal disorders and other chronic, life-limiting conditions; transfer of lawmaking authority from legislative to executive branches, weakening of judicial authority by legislative enactment, and federal preemption and bribery to weaken state and local authority.

We'd like to focus reader attention on careful review of the Congressional authorization acts and Presidential reorganization acts demonstrating the consistent non-presence of provisions directing federal agencies to establish biological product definitions; to establish measurable, enforceable standards for product identification; labeling; purity; potency; safety; efficacy; or to establish procedures for specimen collection, analysis, recall, seizure, and destruction.

As a result of this non-presence, no federal agency has ever published or enforced rules governing biological product identity, labeling, purity, potency, safety, efficacy or specimen collection, analysis, recall, seizure, and destruction procedures.

The earliest version of regulations pertaining to biological products for human use, published in the Federal Register, under executive branch authority as transferred by Congressional statutes, addressing manufacture of viruses, toxins, serums and analogous products, that the authors had located as of October 9, 2024 is a 1940 version, published in the Federal Register on Oct. 17, 1940 (5 FR 4107[375]) and codified at 42 CFR 22.1 to 22.115, Viruses, Serums, Toxins, and Analogous Products[376].

[375] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1940.10.17-5-fr-4107-virus-toxin-serum-biologic-42-cfr-22.pdf
[376] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1940-version-42-cfr-22-virus-serum-toxin-as-published-1940.10.17-5-fr-4107.pdf

Careful review of the 1940 human-use biological product regulations codified at 42 CFR 22, and all successor regulations, including

- 42 CFR 73, *Biologic products*[377] (1947)
- 21 CFR 273, *Biological products*[378] (1972-1973)
- 21 CFR 600-680, *Biological products* (1973[379] to present[380])
- 42 CFR 73, *Select agents and toxins*[381] (2002 to present)

demonstrates the consistent non-presence of mandatory provisions (mandatory meaning provisions that are not discretionary, waived, exempted, preempted, suspended, or otherwise rendered inapplicable to biological products including all vaccines) that are essential for the regulation of any product intended for consumption by or injection into human beings:

- product definitions enabling product identification by physical or chemical attributes;
- physical or chemical product identification standards and identification testing protocols;
- safety standards apart from short-term survival tests for animals including rabbits, mice, guinea pigs.
- any safety standards for human product recipients;
- any efficacy standards for human product recipients;
- specimen collection and testing procedures;
- assignment of specimen collection and testing duties;
- product recall, seizure, analysis, and destruction procedures;
- assignment of recall, seizure, analysis and destruction duties;
- criminal prosecution procedures;
- assignment of criminal prosecution duties.

In other words, virus and toxin manufacturers and regulators have not done the biological product regulatory standard-setting, regulatory compliance and regulatory compliance enforcement that no law has ever required them to do.

Manufacturers have pretended to comply with standards that do not exist, and regulators have pretended to enforce compliance with standards that do not exist.

Why have they jointly engaged in such massive, coordinated, legalized deceit?

To jointly conduct legalized, deniable, interstate and international traffic in heterogeneous, unstable mixtures of poisons — vaccines — for the purpose of intentionally sickening, mutilating and killing people.

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[377] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1947-version-of-42-cfr-73-biologic-products-see-12-fr-6769-previously-42-cfr-22-renumbered-1947-to-42-cfr-73-renumbered-1972-to-21-cfr-273-renumbered-1973-to-21-cfr-600.pdf

[378] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1972-version-of-42-cfr-73-biological-product-just-before-transferred-to-21-cfr-273-and-then-21-cfr-600.pdf

[379] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/1973.11.20-38-fr-32048-fda-biological-product-regulation-baseline-21-cfr-600-to-680-42-usc-262.pdf

[380] https://www.ecfr.gov/current/title-21/chapter-I/subchapter-F

[381] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73?toc=1

[Update Oct. 10, 2024 - Following leads from a 2016 paper by Terry S. Coleman: *Early Developments in the Regulation of Biologics*[382] (Food and Drug Law Journal, Vol 71, No . 4, pp. 544-607), on Oct. 10, 2024, we located six regulatory publications published before the Federal Register Act:

- 1903.02.21 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[383]
- 1909.05.11 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[384]
- 1919.02.12 PHS Treasury Regulations for the Sale of Virues, Serums, Toxins and Analogous Products[385]
- 1923.08.01 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[386]
- 1934.03.13 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[387]
- 1935.02.25 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[388]]

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[382] https://www.fdli.org/wp-content/uploads/2017/01/FDLJ-71-4-early-developments-in-regulation-biologics-5221114-open.pdf
[383] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1903.02.21-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf
[384] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1909.05.11-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf
[385] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1919.02.12-phs-treasury-regulations-for-the-sale-of-virues-serums-toxins-and-analogous-products.pdf
[386] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1923.08.01-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf
[387] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1934.03.13-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products-1.pdf
[388] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1935.02.25-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf

Oct. 11, 2024 - Learning curve.

The US Department of Health and Human Services (1979-present), previously Health, Education and Welfare (1953-1979), previously Federal Security Agency (1939-1953), with military and corporate partners, has now mass-poisoned four generations of children with vaccines: Boomers (born roughly between 1946-1964), Gen-X (1965-1980), Millennials (1981-1996) and Gen Z (1997-2010).

They've mass-poisoned most of Gen-Alpha (2011-present) and are coming for the rest.

Stop taking vaccines.

Stop vaccinating babies and children.

*

For readers who are also somewhere on this learning curve, below is a summary of how I got from what I believed in January 2020, to what I understand now.

1. In January 2020, I believed the government stories about infectious diseases and vaccines.

2. By March or April 2020, after learning about the symptoms (in most cases similar to seasonal, mild, brief upper respiratory illness) allegedly caused by the allegedly novel pathogen, I was questioning government responses — "lockdowns" and occupancy restrictions, church, school and business closures, mask mandates and more — as disproportionate, abusive and unconstitutional.

3. I learned that federal courts had been knocked out of commission and were unable to engage in fact-finding or apply legal standards of evidence to review of government policies. (Sept.-Oct. 2020)

4. I learned that a person with knowledge of drug research and development and nothing to gain by speaking out (Mike Yeadon), found vaccine development projects as publicly described by government officers and pharmaceutical company officials to be deeply disturbing, and predicted that the product, as described in official publications, would be extremely toxic. (Oct.-Dec. 2020).

5. I watched the Covid vaccination campaign, injuries and deaths unfold and continued studying legal and scientific issues. (Dec. 2020-Jan. 2022)

6. Between January and May 2022, I learned about the World Health Organization International Health Regulations and about US domestic public health emergency laws implementing WHO-IHR provisions. I learned about the non-existence of scientific or legal standards of evidence to support government officer claims about pathogens, emergencies and products. I learned HHS Secretary pronouncements are, legally: unilateral, unreviewable and require no validated scientific support. I learned about government officers', product fake-regulators' (FDA) and pharmaceutical officials' knowledge of the non-existence of applicable scientific or legal standards of evidence, and about military contracts for vaccine procurement and distribution, through Brook Jackson's case.

7. During 2022 and 2023, I met Sasha Latypova (July 2022) and deepened my understanding that public health emergency/biodefense programs are drawn from a playbook[389] that had been used several times already in recent decades (SARS, MERS, H1N1). I realized that playbooks are written to be used repeatedly and the PHE/biodefense playbook would be used again, and therefore people should be warned not to use or take any emergency "medical countermeasures" (isolation and social-distancing advice, masks, diagnostic tests, vaccines, medications).

8. I also learned that government and pharmaceutical officers would incorporate the same alleged new substances and manufacturing processes allegedly used to make Covid vaccines, into all emergency and routine vaccines henceforth, and that government officers had reduced or eliminated even the purported scientific evidentiary standards used to authorize use of the emergency Covid vaccines, which standards I knew to be non-existent, pretextual, inapplicable, unenforceable, and unenforced. I understood that people should be urged not to accept or use any vaccines at all, routine or emergency, on babies, children or adults.

9. I learned (in December 2023) the phrase "Direct Final Rule" as describing federal administrative agency regulations published in the Federal Register that go into effect on an expedited schedule. Direct Final Rules can be contrasted with standard Notice of Proposed Rulemaking, comment period, and Final Rule sequences, which are also useless for stopping bad laws from taking effect but allow for the compilation of public records of public objections. Direct Final Rule procedures are available for agency decisions deemed, by the agency, to be "non-controversial." For example, if no one files a "significant adverse comment" within 30 days of a Direct Final Rule notice, the rule itself goes into effect 60 days from the date the Direct Final Rule notice was published. I learned the Direct Final Rule process was used from Dec. 2012 to Feb. 2013 to revise HHS-CDC interstate and foreign quarantine rules by adopting new definitions, including a definition for the term "quarantinable communicable disease."

10. In Dec. 2023, I also learned that FDA attempted to use the Direct Final Rule process in January 2018 to eliminate biological product establishment inspection duties for FDA inspectors. I learned that the Direct Final Rule had been withdrawn and the new Final Rule issued April 2019, effective May 2019. I knew (by Dec. 2023) that even if inspectors had entered vaccine manufacturing facilities in 2020, or in the years following 2020, FDA had never developed or promulgated any scientific evidentiary standards for vaccines, so the inspectors would have had no scientific evidentiary standards available to apply to the procedures and products being manufactured in the factories anyway.

11. I began to understand that the non-existence of scientific and legal evidentiary standards pre-dated Covid, and that the standards that don't exist for emergency and non-emergency products manufactured during and since Covid, also didn't exist for vaccines and other biological products manufactured before Covid. I wanted to find out when and how the evidentiary standards — and the legal forums for evidence review and substantive decisions (regulatory agencies, courts) — had been eliminated, or whether they had ever existed at all.

[389] https://bailiwicknews.substack.com/p/playbook-for-poisoning-populations

12. I learned (March 2024) about the 1995 Clinton-Gore policy document *Reinventing the Regulation of Drugs Made from Biotechnology*, and then found dozens of regulatory amendments made between 1995 and 2019 (and ongoing) to carry out the deregulation program laid out in the 1995 document and related Congressional statutes and Presidential executive orders.

13. I learned about the 1955 nationwide polio vaccination campaign targeting children and expectant mothers, and the "Cutter incident;" 1968-1969 influenza pandemic; 1971-1972 Congressional GAO study of NIH Division of Biologics Standards' (non-)regulation of "ineffective" influenza vaccines; 1972 transfer of biological product (non-)regulation from NIH to FDA; and 1976-1977 swine flu vaccine program, injuries and government payouts.

14. I learned about how each event was handled by Congress with show hearings and fake-investigations but no vaccination program shutdowns or statutory repeals, and how they were handled by regulatory agencies with program transfers, reorganizations and renaming but no vaccination program shutdowns or substantive scientific standards or enforcement. I learned that Congress and the fake-regulators work only to protect and expand vaccination/mass-poisoning programs, suppress vaccine hostility and maintain vaccine confidence, and how the events following the 1955 polio campaign led to the 1986 National Childhood Vaccine Injury Act.

15. I learned more about the 1944 Public Health Service Act provisions governing biological product non-regulation, and more about the development of biological product non-regulation from the 1902 Virus-Toxin law that was incorporated into the 1944 Public Health Service Act, and more about the development of scientific fraud in virology, immunology, and related fields from 1798 and throughout the 1800s.

Stop taking vaccines.

Stop vaccinating babies and children.

Pray the Rosary.

*

Efficacious Novena to the Sacred Heart of Jesus, by St. Margaret Mary Alacoque

(Oct. 7 - Nov. 5, 2024 Novena[390] urged by the US District Superior of the Society of St. Pius X)

I. O my Jesus, Thou hast said: 'Truly I say to you, ask and you shall receive, seek and you shall find, knock and it shall be opened to you.' Behold I knock, I seek and ask for the grace of *the welfare and protection of our country*.

Our Father. Hail Mary. Glory Be.

Sacred Heart of Jesus, I place all my trust in Thee.

II. O my Jesus, Thou hast said: 'Truly I say to you, if you ask anything of the Father in my name, he will give it to you.' Behold, in Thy name, I ask the Father for the grace of *the promotion of true liberty and peace*.

Our Father. Hail Mary. Glory Be.

Sacred Heart of Jesus, I place all my trust in Thee.

III. O my Jesus, Thou hast said: 'Truly I say to you, heaven and earth will pass away but my words will not pass away.' Encouraged by Thine infallible words I now ask for the grace of *uprooting the social and moral evils plaguing our country*.

Our Father. Hail Mary. Glory Be.

Sacred Heart of Jesus, I place all my trust in Thee.

O Sacred Heart of Jesus, for whom it is impossible not to have compassion on the afflicted, have pity on us miserable sinners and grant us the grace which we ask of Thee, through the Sorrowful and Immaculate Heart of Mary, Thy tender Mother and ours.

Say the Hail, Holy Queen and add: St. Joseph, foster father of Jesus, pray for us.

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[390] https://sspx.org/en/news/join-us-district-novena-leading-elections-47822

Oct. 12, 2024 - Deliberate induction of anaphylaxis by vaccination

Sept. 10, 2024 discussion by James Delingpole and Sasha Latypova, condensed transcript

Induction of anaphylaxis by vaccination

Sept. 10, 2024 discussion by James Delingpole and Sasha Latypova

Video links

- Sept. 10, 2024 - Anaphylaxis by vaccination (Substack[391])
- Sept. 10, 2024 - Anaphylaxis by vaccination (Rumble[392])
- Sept. 10, 2024 - Anaphylaxis by vaccination (BitChute[393])

Full transcript

- Sept. 10, 2024 - Anaphylaxis by vaccination, James Delingpole and Sasha Latypova[394] (PDF)

James Delingpole

Sasha Latypova, welcome back to The Delingpod…just remind everybody who you are and what you do.

Sasha Latypova

My name is Sasha Latypova. I'm now an independent writer on Substack, and I write a publication called Due Diligence and Art, and it has to do mostly with health, public health fraud, and countermeasures and COVID vaccines, which are countermeasures and all sorts of associated issues. But also as part of my work, I look at all kinds of related topics and trying to understand the history, trying to understand what happened. In my previous life, I was a pharmaceutical executive and I worked for about 25 years in pharma R&D, running clinical trials for all kinds of companies, including Pfizer, was a client for many years. And, I got to learn—

[391] https://delingpole.substack.com/p/sasha-latypova-5fa
[392] https://rumble.com/v5gnghp-sasha-latypova.html?e9s=src_v1_ucp
[393] https://old.bitchute.com/video/wBPxIONXILPF/
[394] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/2024.09.10-latypova-delingpole-transcript-re-anaphylaxis.pdf

JD: How many innocent people have you killed, do you think?

SL: None. Actually, zero. My work, especially last, I would say — well, I had several companies. Initially, we were doing imaging data analysis in imaging trials. Looking at standard imaging techniques, but making them more accurate for purposes of drug development, which was, if you image cancer in oncology, or you image arthritis in the knee, we were working on better techniques of measuring those images.

Then the last decade or so, I worked with a company that did cardiovascular safety screening. So we were actually preventing the drugs from killing people by excluding them from pipelines of pharmaceutical companies.

Because we could tell early from animal data or from early human data that this drug is going to be potentially dangerous for arrhythmia. So we would screen them out so that they won't go on the market and kill people.

And in our clinical trials, it was so, so tightly controlled and monitored. It was absolutely, no, we never had even severe adverse event or anything like that.

And so that's why I was shocked when I started looking into this area, into vaccines and realizing it's completely unregulated. It's not regulated at all as I was expecting it to be regulated.

And so that was the main finding, and that's why I and my colleague Katherine [Watt] are now writing about this, about how these products are not regulated and how they're actually systematically poisoning people by pretending that these are pharmaceuticals and they're not regulated like pharmaceuticals.

JD: If only the public knew. I mean, I used to be a journalist, Sasha, and I have to say, I had maybe this romantic notion of what journalists are supposed to do. But that story would have been very high on my list of perfect stories.

If I had to imagine one, it would be like, a whole industry is, in the guise of public health, literally and deliberately poisoning people on a massive scale, and nobody knows about this or nobody's stopping them.

SL: No. And when I talk to anybody, I mean, I usually don't provide my opinions unsolicited, just kind of like, in a social setting, I just talk about weather and normal topics and I pretend everything is good.

But, even occasionally when people ask me and I give them like one sentence, I see this wall coming and they're like, "You, lady, you're crazy and you're just one of those conspiracists."

And I'm like, "okay, fine, I'll spare your feelings," and we continue talking about the weather.

But you probably run into the same situation over and over again, right? But I'm like, "Hey, first of all, I'm not crazy. Second of all, I am professional. You are not. I have spent decades working in the industry. I know what it is supposed to be."

Just like in journalism, you're supposed to be covering newsworthy things, be honest, ethical. You're not supposed to stage your events. You're not supposed to turn away, not help somebody who is being killed in front of you, for the purposes of taking that shot.

But it's being done all the time and the same thing happens in pharmaceutical industry.

But it's worse because it's systematic. People are being forced into it. The experts and professionals are being brainwashed into this. While we have uncovered and, you know, my colleague Katherine is writing actually a huge report. She calls it a "beast." She's working with another researcher [Lydia Hazel] on this. They're going back through entire U.S. pharmaceutical law to the 1700s and tracing this and showing how vaccines have never been regulated, there was never intent to regulate them.

In fact, they always have created the space where they're pretend-regulated, they're fake-regulated, so that the public thinks that they're safe.

JD: Yeah. It's extraordinary how far back it goes. I mean, I was looking at another Substack today on Louis Pasteur. Complete fraud. Faked all his —

SL: Total, yeah, yeah.

JD: And he was probably a pedophile. And was probably a high-level Freemason as well. But that doesn't get mentioned in the hagiographies about Louis Pasteur. We named pasteurized milk after him. He saved so many lives.

SL: Yeah. So we now can bulldoze the farms of the farmers who dare to sell like a pint of raw milk to somebody, right? And send FBI agents to just, in the US —

JD: You mentioned that. Do you realize that the first, I think, possibly the only piece of legislation that when Lord Rothschild was in the Houses of Parliament, guess what he got involved with?
SL: Raw milk?

JD: Yeah, raw milk. He wanted raw milk to be pasteurized or sterilized or something. It's just weird.

SL: It's, yeah, just so bizarre. When you start looking at these historical examples, and the reason I contacted you is because one of the historical examples Katherine and I ran into, and this became a huge epiphany for me, is Charles Richet, who was a French researcher in that time.

So he worked in early 1900s. In 1913, he was given Nobel Prize for this work. And he is credited with the work on anaphylaxis, although he wasn't the only one, but he received the Nobel Prize. That, to me, opened so much, kind-of like, "Aha, of course, you know, why didn't I see this before?"

But basically, when you look at this work and then when you look what preceded and what went after, you kind of understand a few things.

First of all, everybody who is, let's say, closely familiar with this history and work, cannot think that it's possible to vaccinate. It's impossible to vaccinate for anything. And Richet has demonstrated it conclusively and was given Nobel Prize for it.

JD: That's probably a bad sign, by the way, isn't it? I'm very suspicious of anyone who gets the Nobel Prize because that prize is dodgy-as, isn't it?

SL: The prize is dodgy. And it's interesting that he was given the Nobel Prize while he never himself said it's impossible to vaccinate. But when you read his work, you know it's impossible to vaccinate. But I think they gave him the prize because he figured out how to poison everyone by sensitizing them to the most commonly occurring things in their environment. It's the most ingenious way of poisoning.

JD: He was a bad guy.

SL: Yes, he was. He was a committed eugenicist, which at that time, you know, everyone should realize eugenicism was a fashionable society attitude. So all the well-to-do classes were subscribing to it. The good breeding was always, you know, promoted. And at the time, the sentiment was, "Well, how can we help the poor classes being less dirty and less numerous?"

JD: Make them less numerous, a.k.a. kill them.

SL: Because the sight of them is so offensive to us when we ride our horses through the park. So what can we do? What can we do about it?

And what can we do about it became into "Let's figure out how to control their overbreeding because they tend to reproduce too much and they tend to live in crowded conditions and they tend to have poor hygiene and no sanitation."

So instead of working on those issues, they will decide, "Oh, let's vaccinate them." And actually the same thing continues with Bill Gates in Africa and India for the same reason.

But all of these thoughts extended now to us, to normal people.

Now all of the globalists and this, "elites," I don't call them elites, but they all think of us that way. That's what people need to understand. Eugenics never went away. They all still think that way.

They all still think that they should poison us and limit our reproduction because we're polluting the earth now. We're causing the climate change, whatever those ideas are, but they're brainwashing themselves and their followers into thinking that this is actually acceptable. It's acceptable to poison people. It's acceptable to sterilize people. It's acceptable to lie to people. Because it's for the greater good. So what started with Richet continues today.

JD: That's really interesting. I don't think I've ever heard this theory before. I mean, but it's immediately very persuasive.

So Richet worked out that there is this thing called an anaphylactic shock or anaphylactic reaction which occurs about 21 days after an initial traumatic experience like an injection or a bite or something or a sting. Is that right?

SL: Yes. So he originally started working on it. He was funded by the Prince of Monaco. So the Prince of Monaco took him on his yacht to study a jellyfish in Portugal, I think the Man-o'-war, because the stings of it are very dangerous and produce anaphylaxis.

They went to study that jellyfish and when they came back, Richet started working on a substitute for jellyfish, which is like a sea anemone. He collected the tentacles of the sea anemone and dissolved them in glycerin. Then in his book, [*Anaphylaxis*[395]], he calls this the virus of Actinaria.

It was very clear from the very beginning, the viral theory wasn't anything about these particles that randomly fly around and jump strangers and cause infectious diseases. It was all about poisoning. Poisons were called viruses. So he made poison. He describes how he made, took the tentacles, put in glycerin, dissolved: "Oh, this is my virus that I'm going to study now in animals."

He studied it in dogs mostly and poisoned a lot of dogs, documented everything very pedantically. If you read it, you can see that he figured out that yes, if you inject some poison which may be even not noticed at the beginning, they may have no reaction or they may have some mild reaction like a rash or something.

And then a certain number of days goes by, and typically it's 20 days, Then after that, on the 21st day, 22nd day, you inject them. Even the minute dose, which is not considered dangerous at all, may create in some percentage of them a very violent illness or even death. And he called it anaphylactic shock.

Now, what he also discovered, is that it doesn't have to be poison. In subsequent experiments, him and other people have shown that it doesn't have to be a poison at all or something considered poisonous. It could be something considered benign, like milk, for example, can produce the same effect as this tentacles of Actinaria.

JD: How do you do it with milk?

SL: Just the same thing, you inject milk.

JD: Sorry, sorry, it's got to be injected, yes.

[395] https://annas-archive.org/md5/cbf8666b6f20327802abe4e4d5787adc

SL: Yeah, inject it, inject it. So the whole point is any protein, especially of mammalian origin, but not only because all kinds of proteins can be produced from things like food, like milk, like wheat, like corn, soy, peanuts, other nuts, gelatin, cholesterol now, so like all kinds of proteins, which are considered safe things because we eat them, if injected into the bloodstream, produce this effect.

That was known in 1913. That's what he was given Nobel Prize for.

JD: The same year that the Federal Reserve was created.

SL: Oh, yes. And I think they gave him a prize because Nobel Prize tends to have, especially medicine and physiology, but in other things, tends to reward weapons. It was weapons or things that can be used as weapons. So he created a perfect poisoning weapon, or he created the theory of the most perfect poisoning weapon is, you weaponize the person's body against itself when it interacts with normal environment.

JD: So, sorry to sidetrack you, but we were discussing earlier, weren't we, that milkshake I was drinking, and I told you it's got peanut butter in it to give me a bit of protein. And you said you're not allergic to peanuts. And I know that the generation younger than me, massive, massive amounts of peanut allergies.

People have to carry EpiPens around in case their child gets exposed to peanuts on an airplane or whatever and they die. And it's awful. You hear terrible stories. Is that caused by — do they put peanut oil in the vaccines or something?

SL: In the vaccines, yes. Yes, exactly. So this allergy is 100% vaccine-induced. I am also, I'm 53. I was growing up in the Soviet Union. Vaccine schedule was very short, maybe three, four vaccines. I did not know that you can have food allergies. I had no idea.

I came to the US and I was 26 years old. Up until 26 years old, I have no idea that food allergies are a thing. I never heard of a peanut allergy, even though we had peanuts. I did not know that children could have cancer, wasn't a thing. I did not know about autism. The first time I saw the *Rain Man* movie, I was shocked. I was like, "What does this guy have? What is it?"

Because I've never experienced it. And I went to large schools and I only saw one kid with Down syndrome and it was very, very mild because he was studying normally with other kids. And even learning English, foreign language.

JD: Is Down syndrome another vaccine injury?

SL: Yes, it's vaccination of mothers, primarily. So that was my only experience with any sort of developmental abnormality in children, was this kid. Nobody was overweight. Obesity, forget it. A little bit plump kid would be called overweight and bullied.

JD: Good old-fashioned.

SL: But we ate sugar all the time and fat all the time. We only had seed oils. There's nothing else. It was only seed oils and margarine and butter was too expensive. And we drank water from the river that was polluted by 200 industrial plants. There was leaded gasoline exhaust everywhere. And we ate fruit from the trees. We didn't care. So when people today talk about toxic food in the West, toxic food and toxic environment and everybody is poisoning us with these processed foods, it's gaslighting and misdirection from vaccines.

JD: That's really interesting. Wow, that is amazing what you're saying. It's one of the reasons I so like you, because you cut through, I mean, you're not afraid of bulldozing your way through these pieties, these sacred cows, if you can bulldoze a sacred cow, even of awake people.

There are things that awake people believe as a sort of religious faith. One of them is seed oils are the worst, most toxic thing in the world. And another is, sugar is, gives you cancer and everything else besides. The little baby cancers eat it all up and they love it. What else? I mean —

SL: Well, once you have cancer, eating sugar will feed cancer and you need to do like starvation diets and stuff like that to eliminate cancer. But if you're normal, if you're unvaccinated, your child isn't vaccinated, you can eat whatever you like that's...A reasonably varied diet will never give you cancer, and you shouldn't be afraid of seed oils. I grew up only with seed oils. There was no other oil. It was only sunflower oil in Ukraine, that produces lots of sunflowers and sunflower oil is the only thing that everybody uses for cooking, eating, anything, it doesn't give you cancer.

JD: It does if you've been jabbed.

SL: If you've been jabbed, yes, you will be anaphylactized to something.

And that's something, and what they also developed, when Richet was doing his experiments, they were pretty crude. At the time it was kind of like, "Let's test all these substances and see, you know, how much of anaphylaxis they produce and so forth."

Early vaccines were notoriously, so what he discovered, number one, people need to remember, is that it is impossible to predict anaphylactic reaction or anaphylactic state. It's impossible to predict which, if you inject a group of 100 people, which 20% of them will be anaphylactized. We don't know. And we still don't know. There is no way to predict it upfront.

Second most important thing is that, at the time that he discovered it, a bunch of other researchers called milder reactions "allergy." And he was against it. He said, "It's the same phenomenon. You shouldn't call it a different name."

But of course, they went ahead and started calling it allergy because they want you to get away from the idea that this is an anaphylactic reaction. So today, all the experts, if you ask them, or people from the street, if you ask them, "What is anaphylaxis?" they say, "Oh, it's a shock. It's when somebody just, you know, drops down because their blood pressure dropped, very quickly." And that's that.

But it's not just that. It's anything, anything from mild rash to dropping dead…And the problem is that over time, the vaccine industry figured out how to hide anaphylaxis in mild allergic reactions. But they're not—

JD: Even stuff like hay fever?

SL: Yes. It's anaphylaxis.

JD: Because I get hay fever. I always used to wonder, Sasha, I used to wonder when I was reading, say, Thomas Hardy novels set in the countryside or, sort of, imagine sort of shepherds frolicking in pastoral poetry. And I used to think, "Well, how did they cope with hay fever? What did they do?" Because there must have been an awful lot of pollen around in those days. And of course, you've kind of answered the question. They didn't have that problem because—

SL: They didn't have the problem. It started developing the hay fever. I'm reading now, some colleagues send me references, so I'll have another article on this. But it appears that hay fever also originates kind of at the beginning of early attempts at vaccinations, and it didn't seem to happen before. So yes, it's also a form of anaphylaxis, a milder one.

Now, because it's to pollen, it's not actually as bad as mammalian source proteins or food source proteins like wheat and corn and soy. And those reactions, while they can be mild and very difficult to trace, and especially the deniability factor goes up if your reactions are kind of developing over time way after you got vaccinated. So you can never tie it back to this.

So when your child develops a food allergy, like gluten allergy, first of all, you don't even realize what it's allergy to. They might start having migraines. They might start having some stomach ache or some diarrhea or some lethargy or some like, these very strange symptoms that you don't know. Maybe it was like he was tired today, so forth. So then you start running around through, it becomes worse over time. You start running around through specialists. They tell you all kinds of BS [bullshit].

Then you start doing all these crazy elimination diets to try to figure out what is it, right? And then 10 years later, your child has an autoimmune condition like RA [rheumatoid arthritis] or lupus, which happened to my husband, for example, and it was a vaccine 10 years ago.

But now, of course, the vaccine industry says, "Oh, no, no, no. It's your rare gene, genetic mutation. It's hereditary." So victim blaming starts. It's your bad genes or it's your bad food habits because you're eating seed oils and sugar or maybe because you live near the power line. It's those bad power lines. We should have less of those and we should cram everyone into the cities and remove the infrastructure, right?

Those are the common ways of how they gaslight you to look away from those injections.

JD: I can believe this. So do they put, I mean, so the gluten allergy, for example, how does that, how do you, what do they put in the injections that give you gluten allergy?

SL: So the gluten allergy is so pervasive now because a lot of vaccines contain albumins. And albumins actually are used widely in different other injectables. Typically, and you can look at it, you can see it online. Actually, it will give you this answer.

Richet said colloids cause, typically called colloids, chemical name for colloids, cause anaphylaxis and crystalloids do not cause anaphylaxis.

Colloids is something like milk or wheat albumin. Albumins are derived from wheat and used in a bunch of injections as vehicle. They cause anaphylaxis.

Crystalloids like table salt, like some small, small, drug that can be crystallized as a salt and dissolvable in water, those typically do not cause anaphylaxis.

Wheat is used to make albumins and also rice and corn and other cereals. And these albumins are often included into vaccines as vehicle, as adjuvants, as they're also included, albumin is used in infusions if there is a trauma and big blood loss. It actually helps to sustain the person, but they can produce anaphylaxis, and it even says as a warning that they can produce anaphylaxis.

Because these wheat and corn and soy proteins have been routinely in the vaccines and peanut oil, peanut oil, even *New York Times* wrote about it when they used to do journalism like long time ago [NYT, Sept. 19, 1964[396]]... They wrote about it, that it was in Merck vaccine. It was found that it causes peanut allergies, severe peanut allergies.

So what do they do? Well, they rename it into Adjuvant 65 so that you don't know what it is. And they continue using it. And they do the same thing with these other proteins. They name them with different other names that you can't identify. And they say, "Oh, these are generally considered safe." And FDA also gives them a pass. That's how they don't regulate any of this. These are food. So they're generally considered safe. [GRAS - generally recognized as safe]

And so, of course, go ahead and inject them.

JD: Do you know what's really sad? If I showed this video, this podcast to most of my normie friends and relatives.

SL: They disown you even more?

JD: Well, they just go, "Who is this mad Ukrainian woman with her nonsense about, that she's made up because she's weird and she's from behind the Iron Curtain." They'd make any number of excuses why they wouldn't believe what you're saying because they wouldn't —

SL: But I mean, I can give you a whole bunch of English sources from not behind the Iron Curtain.

JD: No, but it wouldn't be about the sources. They would find some way of persuading themselves that you were an unreliable witness because the programming is so strong.

SL: It is so strong.

JD: Everyone knows that vaccines are a medical miracle. We've been fed this for generations.

[396] https://www.nytimes.com/1964/09/19/archives/peanut-oil-used-in-a-new-vaccine-product-patented-for-merck-said-to.html

SL: I also thought about it quite a bit. I myself became shocked at how many people have this extreme brain programming, I would say, on this topic. For example, I was hugely disappointed, people who I highly admire as the sharpest, the most critical thinkers out there, most recently, for example Rupert Sheldrake. If you've heard of him.

JD: I wanted to get him on the podcast.

SL: Can you get in touch with him? I really would like to ask him this question. Because I love the guy. I, absolutely, I think he's one of the smartest people in the world living today. And the most critical thinker too, because, I read a couple of his books. I listened to his TEDx lecture that got censored by TEDx. And he figured out some amazing things. Like, for example, that the speed of light is not constant. Did you know that?

JD: I didn't know that.

SL: Well, it turns out it's not. And other physical constants are also not constant. So the speed of light apparently is changing. And up until 1973, I think, it was recorded by many labs. They would measure it every now and then, and they would record that it actually went down by 20 miles and then it went up again.

You know, in 1973, the British Metrology Office or Institute did a brilliant thing and decided to hard code it. They said, "Oh, well, the meter is now a product of the speed of light. And therefore, we can never measure the speed of light accurately anymore. And we have to deem it constant."

Rupert Sheldrake actually went and talked to them and figured it all out. And there's, like, numerous things like that. He calls bullshit on DNA science, which I completely agree with.

JD: I wanted to ask you about that next, when you finished your story about Rupert Sheldrake.

SL: So anyway, I was like "Yes" when I was reading his book about DNA. I was like, "You're beautiful, you figured all of this out." Then in his book, you get to the medicine and vaccines and he thinks vaccines are the best. And I was like "Oh my God. I can't, my world has been shattered now."…

My question was why people fall for this, like even the smartest people like Sheldrake, why do they fall for this? And my theory today is that it's a coping, it goes very fundamentally to the coping mechanism with our own mortality.

There are productive ways and empowering ways of thinking about your own mortality, but there are also very unhealthy ways, obviously. And they typically devolve into a couple of things like a death cult with sacrifices, with human sacrifices, with animal sacrifices. Or a technocracy cult that says, and that's the cult that wants to replace God with technology and the expert priest class.

They're telling you, "Forget this whole thing about, what they tell you about the source of, God is the source of life and humans being unique and having a soul."

So they want to remove the idea of the soul completely out and say, "Well, your human body is nothing different than a bunch of rocks. It just has a different chemistry and we'll figure this all out and find all these particles and figure out how they work and then we'll fix it and then we will bestow immortality."

So I think because these concepts, they cover both religious and atheist ideas, and they promised us, "Oh, we'll fix everything." So many people fall for it.

JD: I"ve just had a disturbing thought. Isn't there a Coldplay song called *Fix You*? I think there might be. The programming is deep.

SL: Yes. And what people need to realize, there is nothing to fix. You are made perfect.

JD: I know. I'm so pissed off about this. I'm thinking about the perfect self that got destroyed when my mother got persuaded to give me all these injections which gave me hay fever, irritable bowel syndrome, probably completely messed up my teeth, gave me all the kind of, all the stuff that goes wrong with me all the time. It's annoying, isn't it?

SL: It's annoying. Even worse thought, I can give you, is me as a mother destroying the health of my daughter. Knowing this, I have to live with this for the rest of my life.

JD: It's horrible.

SL: Because I was lied to just like your mother was lied to. And I believed them.

JD: And, you know, do you know what, when I, in the very, very early days of the plandemic, when I was still thinking, I still believed in, there was a killer virus going around and I thought, "I know, I'll get prepared." And so I actually went and got my children to have, I think I'd read something about cytokine storms and I'd read something about how what really got you was the pneumonia or something. So I made them get pneumonia vaccines and I got one myself and I was thinking, "I'm really clever. I'm going to survive this apocalypse and so are my children because I've got them vaccinated." It's awful how they do these tricks with us.

SL: It is awful and also, the second part of anaphylaxis, what's interesting about it, thinking about anaphylaxis, it also, this theory helps you explain the infectious disease in general, or what's considered infectious disease.

As you know, there's this raging debate about viruses haven't been isolated, viruses don't exist. I agree, they haven't been isolated. And I agree that they don't exist as sort of flying around random particles that infect people.

So the anaphylaxis may explain both what was Covid epidemic or whatever, in those places where there was some unique symptoms of Covid, what was it likely? Which was probably they anaphylactized people through flu injections that were given in that fall.

And then it can explain also ancient or medieval plagues and so forth, like cholera and the plague and smallpox and other typical diseases at the time. They're also forms of anaphylaxis, except those are natural forms of anaphylaxis.

So you can have natural anaphylaxis by, and we are familiar, you can be stung by a bee. And if it's within, if you have like a couple of stings within a certain period of time, you may get anaphylactic reaction...Or this, you know, Man o' War jellyfish. And there are some other things that people become anaphylactized to naturally through insect bites or animal bites.

And what happened with the plagues? Well, they're natural forms of anaphylaxis by mostly rats or fleas and lice that bite people and people living in close proximity to each other with the open sewer where the rats are getting these proteins, these toxic proteins, and then bite people.

And if this happens often enough within specific area, you may start an epidemic of cholera where before, you can study what's in people's guts, and you can see that cholera is there. It just doesn't cause anything. But it does cause it, cause the epidemic, when you anaphylactize them through these mechanisms.

JD: Well, it wouldn't be hard being bitten by fleas more than once in the space of...

SL: Two times with a pre-specified window and enough people bitten around you, and you all start having the symptomatic illness.

Same thing with smallpox, likely, there are other vectors, like for example, horse flies. Horses were huge in the cities, again, crowded conditions, sewer, open sewer, horse manure, the other sewage, flies are like crazy.

The reason why, for example, New York has all these high walk-up steps and buildings was just so that the manure wouldn't like pour into the windows. And it was a huge problem in New York City, horse manure, until they invented the car.

The car actually helped us with the epidemics. The refrigeration and the air conditioning so you [could] close the windows. And of course plumbing and water sanitation. So those things removed all of those vectors from the cities, especially where people lived in crowded conditions. And so they stopped all of those epidemics.

And notice that at around like 1950s, when all of this basically got under control, people started being healthier, living longer. We have baby boom.

Now, oops, all of these globalists all of a sudden become intensely interested in vaccination programs. And they start writing all these plans about population control and all that because they're realizing, "Oh, my God, now we're going to have a population growth." And then they started putting in all these control programs.

JD: I noticed this when I was researching my book on global warming. In the second half— I read some of the literature. There was a book by Harrison Brown, who was a very popular environmentalist in the 1950s. And what really shone through these books, which were lapped up by the kind of people who founded the Club of Rome, who were all these kind of "elites," well, we don't call them elites, but very, very rich people.

And what shines through, and through the statements of Prince Philip, the Duke of Edinburgh, the wife of the Queen, they are repelled by the mass of humanity. They really do think that we ordinary folk are like vermin that need to be...needs to be made extinct. And that's what they believe, and have believed since forever.

SL: Yeah. And this attitude, you can see it everywhere. You can see it from the aristocracy in the older times, or these elites today, or our public health officials.

The same attitude comes across from Francis Collins, who was the head of NIH. These people, I think,... He is the one who said, this is a quote, I was talking to Senator Johnson on this matter a couple of years ago. And at the time, Senator Johnson was asking Francis Collins somewhere in the hallway of Congress, like, we have 3000 deaths recorded in VAERS from these COVID vaccines, right? This is terrible. Yeah, it is. At that time, 3,000. Now we have 40,000 recorded or something. And that's just the recorded. They're underreported by about 100x.

But at the time, it was maybe a few months into the rollout of the vaccine program. He looked at VAERS. He saw 3,000 deaths recorded. He stopped Francis Collins somewhere on the way and said, "Do you know about this? What's going on? This is terrible." And Francis Collins' reply was, "People die." And he went off.

[For discussion of Francis Collins and satanic bloodlines, see full transcript.]

[For discussion of Orthodox Christianity, repentance and forgiveness, see full transcript]

SL: …It is a good church, but I mean, yeah, I want people to also be able to understand, you can have a really good church community, you can have a really good priest who understands the religion deeply and is a good person, but you also have to remember always, you are in a man-made institution.

And you're interacting with the man-made institution your relationship, well, within Christianity and Orthodox Christianity your relationship with God is your personal relationship. The priest may provide advice, but you're not obligated to, a lot of, unfortunately, a lot of religious institutions devolve into cults also.

So they all suffer from the same problem is that people delegate authority and delegate their critical thinking and decisions for themselves to somebody, whether it's the church, the priest, the doctrine, the scientific doctrine, technocracy, aristocracy, anyone, anyone but yourself.

I think also another very good book, although the guy is sort of Marxist, but he wrote a really good book, Erich Fromm, if you have read it. The most important one is *Escape from Freedom* and actually not all of it, but maybe just the beginning parts...He identified this idea and he was writing about the Nazi Germany and how did it happen that all these people supported fascism?

The same question we have now with Covid, how is it possible that all these smart people support this totalitarian nonsense?

Same way the Nazi Germany supported totalitarian nonsense back then, is because majority of people would prefer to delegate thinking and decisions on what to do, to others. It can be to church or it can be the church of science but it's the same, the result is the same. You have delegated to somebody and you became controlled by somebody.

JD: I agree with what you're saying but the route that you and I take, the alternative route, means you're constantly having to read and question everything and it's quite exhausting.

SL: Well, it does take a lot more resources. So from the resource allocation or use perspective, yeah, you want to be a little bit lazy and outsource some things, right, and have others do it for you who you trust. You think, if you trust somebody, you can delegate that thinking to them. Well, it turns out you can't.

The only advice I give people and I give my children, I give anybody who asks, is how to, there's sort of a very simple rule for yourself that you can practice, is "Don't repeat the words of others, ever."

Even if you agree, especially if you agree, don't repeat their words. Use your own words.

If they said something and you liked it, don't repeat it. Find out a way to say it yourself. That's it. That's all you have to do. And that applies to religion. It applies to science. It applies to your normal life. Especially if some important area of your life. If you hear something and you like it and you agree with it, don't repeat it. Find your own words. If you disagree with it, figure out why. And also find your own words to disagree with it. And that way you stay free. That's the critical thinking part, actually. There's nothing else to it.

JD: Fine. You know, I see that. I see that by changing somebody's words, you've got to go through a mental process, which is a process of interpretation in your own eyes.

[For discussion of poetry, see full transcript]

JD: Anyway, I wanted to ask you about, somebody else told me this, that DNA is just complete bollocks. It's just made-up rubbish. Is that true?

SL: It is true. So, for example, you can read Rupert Sheldrake's chapters on it and in his *Science Delusion* book, which I love. That's probably the best summary of how ridiculous it is you can find. But there are other sources I can also send you. And basically, so the DNA, do you know that the DNA helix—

JD: All I know, you can fill in the blanks. All I know about DNA is that some people called Watson and Crick got a Nobel Prize for it. That they built this sort of double helix model which... And that this DNA sort of carries our identity, our genes or something. That's all I know.

SL: The Watson and Crick Nobel Prize was given for a one-page paper, which I have. It's published online. It's a one-page paper where they have a lot of assertions, assumptions, and a very fuzzy image of a salt of DNA, which is not the same as DNA. It's a salt of DNA. They basically kind of made it up. At the time, there were other models for DNA, and they just said, "Oh, those are bad. Ours is good."

There's still other, people come up with different other models that will explain DNA. And you should understand that model is a model. It's not necessarily a presentation.

JD: I hate models.

SL: Right. It could be useful for hypothesis building or testing different theories, but it doesn't represent reality. For example, Ptolemaic model of the universe with the Earth in the middle still works. It predicts the movements of celestial bodies.

JD: Well, because it's true. That's why.

SL: It works just as well as the heliocentric model because they're both models.

The DNA with this double helix, now everyone prays to it as if it's the truth. It's not the truth. It has never been observed in reality. It's not possible to observe. We don't have metrology or instruments to observe DNA in real life. So all the experimentation subsequent to this proposed model was built to kind of comport with the model. And if it wasn't, if somebody was proposing something different, then it was just not funded.

By this kind of survival bias, you have the whole industry aligned to study and come up with methods of showing that this model is actually true when it's not true.

So they started studying it and building tools to kind of say "We can extract nuclear DNA."

I have a whole list of articles on how this nuclear DNA extraction originated. It's ridiculous, and it goes back to the 1800s, showing that it's just as idiotic like extraction and isolation of viruses. It's the same thing.

It's cooking hundreds of chemicals with uncontrolled processes and then claiming that you've extracted something from the nucleus.

Anyway, so the point is that the DNA is a model. This whole idea of genes controlling and programming things, it's a metaphor. It comes from technology, from mechanics, from software....[DNA models] don't control and program anything.

The human genome project, as Sheldrake described very well in his book, the Human Genome Project wasted billions of dollars and decades of time and produced nothing, absolutely nothing. They can't explain the difference between a chimpanzee and a human.

JD: Right. I remember reading all this stuff about how soon they were going to be able to edit out of our genome or our genes these, sort of, faulty things that gave us these genetic conditions like, I don't know, sickle cell anemia or something. Was it all rubbish or just made up?

SL: Of course it's rubbish. And they repeat it. And they repeat this rubbish every 10 years or so because people forget that they already said that.

But I've been in the industry. I've heard this, "We're going to have customized genetic targeting and editing." I heard it 20 years ago. It never happened. And it still didn't happen. And they still don't know how to do it. They can't edit anything.

As I said, the system, the human or biological, human, animal system, anything alive, is perfect in its state.

The genes, as they are measured by the existing diagnostics that are optimized to measure the genes, whatever you call measured genes, they might as well be a product of your interaction with the environment, a product of your life as the cause of it.

Because, as I tell people, all of the biology and medicine science today fundamentally relies on Newtonian and standard model of physics, which is inappropriate for biology. Newtonian and standard model of physics is only appropriate and designed for mechanical things, for making mechanical things. You can make an airplane very well with it, you can make a gun, you can make a train, you can make a car, and they all work perfectly.

You can't explain life with them because life is causal. Life has a beginning and end.

And mechanical things go, they assume that time is a delusion, as Einstein said, and it's not a delusion. They assume time is a delusion. It goes both ways, backward and forward. It doesn't matter which way. And that's why they can't separate physical, like, biological causes from effects.

And that's why they're saying they just declare the genes are causes, but there's no evidence of it. They may be effects.

JD: You did a substack on this recently on 23andMe.

SL: Which is going out of business. Because it's useless.

JD: Isn't that the website that you go to discover that you're descended from, you're partly, I don't know, a 10th Jewish and you're a 15th Navajo, is it that one?...And you're Scandinavian and you're Genghis Khan is your, I don't know, Atilla the Hun is your great, great, great, great. Isn't that how it works?

SL: Yeah, but not really. There are more, I'd say there are more precise ways of finding whether you descended from Genghis Khan, but they're also not. They're like from the forensic, more of a from a forensic DNA.

So the type of the DNA analysis that 23andMe does, it's not forensic. It's just association, basically large-scale associations from historical databases.

It literally is not useful for anything other than icebreaker conversations. You go to somebody on the first date, you can discuss your ancestry.

JD: But didn't they, I mean, wasn't it a massive data harvesting operation? If I'd signed up to find out if I was descended from Attila the Hun, would that mean they've got my data and they can now use it to develop a weapon to kill me?

SL: No, they can't do that. I can allay those concerns. It's not possible to do. All they were doing is a Ponzi scheme, which now ran out. Because you can't really use this data. The data they've collected is not useful for anything. People were saying, "They can build new viruses to target your ethnic profile."

Remember early on, there was this whole thing about Covid was optimized. SARS-CoV-2 virus was optimized to kill black people and save the Ashkenazi Jews. Right? It's total nonsense. It's total nonsense. I read that paper. The paper has very tiny statistical effects and as usual in genetics, other things have much, much greater predictive effects.

For example, gender and age typically trump any genetic differences. If you read that paper, they found some tiny statistic and they were assuming Covid virus was flying around in the first place. It wasn't. It doesn't exist. Like the whole thing doesn't exist. The toxin part, the spike protein exists, but the whole virus doesn't.

I gave you that analogy before. The virus is like a shark and the spike protein is like a tooth. The teeth we can find, the shark is not there and never was.

But they were saying this whole shark will eat black people and will avoid Ashkenazi Jews. That's not true because if you look at the gender differences, then a black woman was much greater protected from that shark than an Ashkenazi man. Because the gender has much, much bigger difference than any of those little statistical looks that they found with doing these databases.

JD: Yes also loads of people got, died in Israel, maybe from vaccine injury.

SL: For example, there might have been some familial differences. Heredity does exist and there may be some familial differences that maybe somebody expresses fewer ACE2 receptors, whatever...that may still happen. But as far as like racial, no, they can't target it. They can't target anything racially.

JD: I think you mentioned this last time, that the bioweapons labs, with which your native, the land of your birth is riddled....All run by the CIA, aren't they?

But you're suggesting that the stuff they're researching is just completely worthless. Are they a psyop? Are they there just to make us scared of these diseases floating around?

SL: Yes, so the bioweapons narrative in general is very, very important to the US Department of Defense, especially, and its allies and this whole pandemic preparedness racket, as I call it. So pandemic preparedness enterprise is a huge international enterprise that started way back. They invested trillions of dollars and through the Covid exercise, they got their returns and they plan to continue to do next over and over and over again.

The whole, making people believe, first of all, in infectious disease.

And if we dispel that myth, they still want you to believe that, "Okay, fine, these viruses maybe don't exist in nature, but bad guys, random scientists in the labs can easily make these genomes for about $100."

This is what Ralph Baric advertises. And a lot of our biodefense, even on the health freedom side, a lot of people are saying, "Oh, no, you must believe in these bioweapons and these bad people and these bad biolabs in Ukraine are making these awful bioweapons," forgetting that every major and minor U.S. research institution is just as bioweapons lab as those Ukrainians. Actually, they have more equipment, more money, more samples. And Fort Detrick, the DOD bioweapons lab, is continuously operating since 1943, making bioweapons.

So, okay, Ukraine is bad, yeah, but what about Harvard? What about MIT? What about Johns Hopkins? What about like all those at the Philadelphia [inaudible]? All of those institutions are bioweapons labs by the same definition of the Ukrainian ones. And the Ukrainian labs came under CDC control and DOD control around 2005, I think, when they signed a treaty, some sort of assistance treaty. US and Ukraine signed an agreement that all these former Soviet biological research facilities are now under oversight of CDC and DOD. So these Ukrainian labs have been DOD labs also for a very long time.

JD: So does that mean...Because you're absolutely right. I'm very suspicious of people, well, suspicious of the intelligence at best, of the people on our side of the argument, the people who are supposedly skeptical about what's going on in the world, and yet they buy into, “deadly virus, escape from the lab in Wuhan, and we've got to take it seriously, and look, even the US government is talking about it now.”

And you're thinking, isn't that a kind of a clue that maybe if they're talking about it, it ain't real?

SL: It ain't real because also, I mean, people constantly talk about, "Oh my God, it escaped from Wuhan lab."

Forgetting that there are, according to, so CDC is supposed to record these events, or rather if you're working in some sort of a BSL [biosafety level] facility, which is, as I said, it's in every academic institution in the US. There's one in your backyard probably. If you're working with some sort of a select agent or some kind of a dual-use research, you're supposed to report an accident where something happened that potential escape.

These reports, CDC collects around 200 of them a year. So it's every other day. We have an escape.

But we only have a pandemic when we declare one. And when we point finger at Wuhan and say, "Oh, it's that Wuhan bad people."

But Ralph Baric himself, and I published on it, Ralph Baric submitted like a dozen reports to CDC saying that, "Oh, my mouse with this potentially deadly virus escaped." And there's many mice escapes. And I'm like, "Well, where is the mouse pandemic?" Even though, around North Carolina, Chapel Hill, we don't have it.

JD: The thing is, Sasha, this is going to spoil a favorite story of awake people, which is that Lyme disease, for example, was caused by weaponized ticks created on the deadly island opposite Lyme in Connecticut.

I can't remember the name of the island, but the ticks escaped and then they...You're skeptical of that story?

SL: I'm skeptical of that story. I think the people, Lyme disease is real. I'm not discounting it. I'm not discounting it. You know, it's autoimmune condition, just like other autoimmune condition. I'm pointing the finger at vaccines. You got anaphylaxis, like that community there got anaphylactized by something in vaccines.

Since the insect bites can...they may be like a secondhand now going between the people who have been already anaphylactized. And as Richet pointed out, you can have passive anaphylaxis. You can inject the blood of the anaphylactized animal into another healthy animal and produce anaphylaxis.

What I'm saying is, again, cause and effect.

They're telling you the tick is a cause, but it may be the tick is just traveling between people who have been anaphylactized and re-anaphylactizing them. Because otherwise...if it was the tick, the tick would either die out or spread around like we would have them in other areas. But we don't. It's only concentrated over there. You know, so there's something going on there. I'm sure Lyme is a real illness.

JD: You get it in Scotland and stuff. I don't know. I'm certainly going to go along with you. I think your instincts are probably...

SL: When you see some sort of autoimmunity like this and it lasts like decades, it's not the tick.

Also, they're saying weaponized ticks, but nobody can explain what did they weaponize them with. Can you produce a tick? If it's a tick, it's an animal, you can catch him. Can somebody since, I don't know when, this is going on for decades, please somebody show me that tick and what it was weaponized with.

JD: Another thing, because one of your other fans apart from me is Mike Yeadon and poor old Mike, we did a live podcast event. Actually, you'd be great at a live podcast if ever you came to England...You realize it's like going back into Moscow in about 1917, actually more like 1923, I imagine, after the revolution's been established. We've got this dictator, communist dictator, so you might not like it. Or it might give you sort of a nostalgic feeling of your childhood. I don't know.

Anyway, Mike got into trouble with lots of awake people because he expressed skepticism about ivermectin. He said "Yeah, I know it's supposed to do this and I know everyone's championing it in the awake community but I think it could be another depop tool."

SL: I wouldn't go that far that it's a depop tool or on purpose being promoted. But I also think that Mike's concerns are very valid. I also ran into arguments with a bunch of people about it. I think because the topic is so politicized, it's ridiculous to me. But Mike, as a diligent drug developer, I mean, those would be normal conversations if we were developing this drug, new drug.

And if we were working on some program and Mike comes and says, "Oh, wait, we have these two animal species have shown this in the study."

We would pay a lot of attention to this data and we would say, "They showed the reproductive toxicity in two species using ivermectin." We would actually have a lot of discussion and interest in it, to study it further, because it's called a signal and it's a very concerning signal for reproductive purposes.

So my immediate recommendation would be, "Well, if you are planning to have children, trying to conceive, you are a young person, maybe not use this drug for a while."

And you don't need to. For what reason are you using it? If you're healthy, you have no risk from this Covid, whatever. It doesn't pose any risk to young people, or flu. So just don't use it if you are planning to have children, especially like in the near term.

For people who don't plan to have any children, we have no reports of anything close like what they've observed in animals, in humans. So if you are not planning to have children, I think it's okay. But just make sure that you're aware. If you have some signs, something going on, you can discontinue the drug. And that's the normal, it's a normal conversation about any drug.

And the thing about drugs, you can discontinue them.

Vaccines, you can't.

JD: Yeah, I think that's a sensible, measured response. It was very odd. People were kind of staking their reputation on it. It was like somebody had insulted their personal favorite freedom drug and I thought "What's going on here? That's not how we think."

SL: Because another thing is, again coming back to the repetition of words, when you hear somebody repeating word or you hear repeated message over and over and over and over again, it's not coming from critical thinking. It's coming from brand building. It's a marketing exercise.

And the brand building and marketing exercise is a hallmark of informational operation campaigns.

Or people who are more interested in building brand versus telling the truth. And those people become extremely wedded to their limited messaging. Like, “Ivermectin works, Ivermectin works.” That's where they're coming from.

If they're critical thinking people and they're focused on solving the problem versus building the brand, then they will be behaving like Mike. They will be like, "Oh, wait, you know, I didn't know this. Now I know this. Let's think about this data. Let's think what we should do based on this data."

JD: Now, the other area where you've gone and put your great big Soviet boots and stamped all over is, the story about the nano, the nano-technology and the death jabs, the evil.

SL: Oh, yeah. I love nano. Actually, just this morning, a couple of hours ago, I pushed out an article exactly answering that question. I frequently get assaulted by this other group of people that want you to believe there is nanotechnology, self-assembling, that they're going to control you with nanobots by injecting you, into vaccines, or they're going to sprinkle them from chemtrails.

JD: So, what are they. Nano means really, really, really, really small, does it?...

SL: This has been going on for a long time [so] I know for sure it's part of the informational psyops campaign because, again, limited messaging, continuous repeated messaging of the same thing and a lot of anonymous bots running around and anonymous large accounts online promoting the same BS.

It is BS because, and I've seen, and I know some of the people and interact with them who are looking at these things in the microscope. The problem is when they claim nano from looking at micro, which is thousand times larger. They're observing micro and macro structures and calling them nano. That's not accurate. That's not nano.

Second thing is they're saying these are self-assembling nanotechnologies.

Technology is not a pile of junk. Technology is something coherent. You can say "Here's the inputs, here are the outputs, and I can reproduce them most of the time."

If you just have a pile of junk, it's not a technology, it's a pile of junk. But that's what they're doing. They're observing a pile of microscopic junk, maybe some agglomeration and drying and growing out of it.

It's normal with these kinds of chemistries, hydrogels, polymers, they do it all the time. And then they're calling it a nanotechnology, not only nanotechnology, but it's something that, "Look, antennas and microcircuits, and this is electronics, and they're going to control you with these electronics."

This is nonsense. It's not possible, first of all. Nobody can control you by electronics.

But they can control you, guess by what? By words. So you repeating this nonsense and believing this nonsense, they already control you. They don't need the microelectronics.

[For further discussion on nanobots, vaccine history, Voltaire, British royals, see full transcript]

…It's a delusion. It's a death cult. It's a death ritual. I don't know if her children got any other conditions after that or they were fine. Doesn't matter. But from then on, no matter how many people you killed or maimed, you can't tell the monarch that she's wrong. You can only tell her that she's a genius. And this delusion continues. So that's why a lot of those people in high places, they actually sincerely believe it. Some of them are devious masterminds. But yeah, it's both. It's a delusion and a plan.

JD: Have you met any of these people? The evil controllers of the world?

SL: Some. From what I can tell so far, most of them are delusional. They don't know. They don't understand this. They think the vaccinations are wonderful. They buy into this. So that's what I'm saying. I totally agree that there are evil masterminds. I probably haven't seen them, but there are probably few. Because the majority of the people in high places I run into, they're the true believers.

[For further discussion on futurists, Ray Kurzweil, techno-immortality, *Singularity is Near,* Daniel Kahneman, see full transcript.]

SL: …There are other theories of physics that are not Newtonian and not standard model. And I'm reading, one of them is Russian *Causal Mechanics* by [Nikolai] Kozyrev, [1958]. It's fascinating. But the guy was thrown into gulag so that he couldn't...Well, he developed it even there, because they can't stop people from thinking. But...he was completely suppressed. This work, it's theoretical work. Nobody took it further. Nobody did any additional practical experiments. Because if you do, well, first of all, causal mechanics means there is a cause of everything. It wasn't a random big bang.

JD: Oh, okay. So he's essentially sort of worked, it's worked God into the equation.

SL: Yes. So while he doesn't really say that because he was writing in the Soviet Union in the early days of Soviet Union, you can't say God at that time. But he was saying there is a source, there is a cause, and it's not a random assemblage of, Big Bang happened, just happened, explosion.

There is a direction to life. There's a symmetry to life. The causes are always in the past and the effects are always in the future. Standard model doesn't treat it that way. Standard model says causes and effects can be whichever way. He says, no, you have to assume that causes are always in the past.

Normal experience, right? Causes are always in the past. Effects are always in the future. And if you do it, then you figure out that time actually is not a delusion. It's a physical property of the world.

[For further discussion of Kozyrev, Newtonian physics, see full transcript]

SL: …So all this mythology develops for people and shorthand for people to just think, "Okay, this guy figured out everything. I don't need to worry about this part." And most of the time it works. You don't need to worry about that part.

It's only when they start pushing these concepts on you, like, "Oh, you have to poison yourself now."

Which also stems from the Newtonian approach that everything is a randomly collected kind of matter. If we know this particle and this particle and the chemical interaction between these particles then we can predict it and inject you with the correct one. It all ties back to that.

JD: It was that whole period, the so-called Enlightenment was actually an endarkenment. It took us away from God and created this new, you mentioned it, this new priest class of expert scientists…

[For further discussion of this topic; online spats about ‘likes’ on posts; Manchester bombing; Las Vegas shooting; Lahaina, see full transcript]

JD: Yeah, we are just like rats to them. Do you think, before we go, do you think that people who never experienced life behind the Iron Curtain like you did, do you think we're kind of softer and more delusional, that people who've experienced what you did growing up are much more savvy about how governments really are?

SL: Yes, especially in the later stages of the Soviet Union, my generation and people of about my generation, we grew up already not believing the government at all. And it was normal. It wasn't like a traumatic experience or anything. It was just, that's what you do.

And that's how you just have this disbelief and skepticism toward the government because they're always lying and all this bullshit Marxism stuff. Nobody believed it. There were some older people bought into it. There are a lot of Stalin supporters from the older generation.

But in my experience, my generation, either people just ignored it or totally knew that this was crap.

So to me, it's normal to be skeptical of the government. And when I originally came to the US, I thought it was different, it was free, it was wonderful. I bought into this whole American story.

And now in retrospect, I know that it was both for the Soviet Union and for America the same. The best way to imprison people is to make them believe they're free.

America made a great job at marketing freedom, especially to its own citizens, while they were doing war all over the place and killing people all over the place and running drugs and running gangs and guns and trafficking and everything while selling freedom.

JD: I used to believe that.

SL: I used to believe that too. But boy, my eyes were opened, again. And I'm grateful for that. And I've learned a lot of things. And I learned all this horrid stuff. But I'm better off knowing than not knowing…

Related

- Aug. 21, 2024 - Similarities between "spike protein" and synthetic anthrax toxin. Real bioweapons are not viruses but chemical weapons.[397] (Sasha Latypova)
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine. (Katherine Watt)
- 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.[398] (Sasha Latypova)
- Sept. 9, 2024 - Anaphylaxis by vaccines - discussion with Dr. Jane Ruby[399] (Sasha Latypova)
- Sept. 12, 2024 - On vaccination as intentional induction of chronic and acute anaphylaxis. (Katherine Watt, condensed transcript of Latypova-Ruby discussion).
- Sept. 21, 2024 - What If Seed Oils Aren't The Problem? Or: Vaccines - Even More Evil Than You Feared[400] (James Delingpole)
- Sept. 23, 2024 - Vaccine-induced food allergies: turning [even organic and healthy] food into poison[401] (Sasha Latypova)
- Sept. 28, 2024 - "Make America Healthy Again" policy misdirects from the main driver of chronic illness - the CDC vaccine schedule.[402] (Sasha Latypova)
- Oct. 3, 2024 - Back on Delingpod. We talked about a wide range of topics, including Pandemic Preparedness racket, how vaccines cause food allergies and drive the chronic disease epidemic, the nature of time, and much more.[403] (Sasha Latypova)
- Oct. 9, 2024 - Anaphylaxis, Alpha-gal, Pasteur, Richet, Voltaire... and the Queen of England.[404] (Sasha Latypova)
- Oct. 11, 2024 - Food for Thought[405] (Miriam Finch)

* * *

[397] https://sashalatypova.substack.com/p/some-similarities-between-spike-protein
[398] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators
[399] https://sashalatypova.substack.com/p/anaphylaxis-by-vaccines-discussion
[400] https://delingpole.substack.com/p/what-if-seed-oils-arent-the-problem
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[402] https://sashalatypova.substack.com/p/the-art-of-misdirection-make-america
[403] https://sashalatypova.substack.com/p/back-on-delingpod
[404] https://sashalatypova.substack.com/p/anaphylaxis-alpha-gal-pasteur-richet
[405] https://miri.substack.com/p/food-for-thought

Oct. 16, 2024 - Anaphylaxis, allergens, immunogenicity, vaccines.

1980 GAO report to Sen. Abraham Ribicoff, Sen. Edward Kennedy and others, about allergenic products and vaccines.

I found a 1980 General Accounting Office report while working on Part 5 of the 1798-1972 series, from a footnote (FN 298) in Terry S. Coleman's 2016 paper, Early Developments in the Regulation of Biologics.[406]

- 1980.06.06 GAO Answers to Questions on Selected FDA Bureau of Biologics Regulation Activities HRD 80-55 Ribicoff Kennedy[407]

As with all the other records I've collected, the 1980 GAO report is a forked-tongue blend of truth, lies, and mischaracterizations, and supports two of the main conclusions Sasha Latypova and I have drawn from our work:

- All *vaccines*, and most if not all other heterogeneous, unstable products classified as *biological products,* have always been intentionally toxic to recipients — primarily through induction of anaphylaxis, also known as *allergenic reactions* and *immunogenic effects*.

- The inherent toxicity of biological products, including all vaccines, has always been intentionally covered up through laws and regulations written to enable deniable mass poisoning to be carried out worldwide through vaccination programs.

That mirroring between the purported mechanism of action for vaccination or immunization (introducing a foreign substance into the bloodstream to elicit a systemic defensive response from the organism while characterizing the defensive response as beneficial to the organism) and the known mechanism of action for anaphylaxis (introducing a foreign substance into the bloodstream and observing the elicited, systemic defensive response as the organism suffers from the inflicted harm) is why Charles Richet's anaphylaxis work was so compelling to me when I read his Nobel lecture.

I had already identified the legal inversion of truth: publicly presenting the issuance of licenses to injure and kill without facing criminal or civil liability, as lawmaking and law enforcement.

Anaphylaxis as the basis for vaccination is a structurally-identical scientific inversion of truth: injury promoted as a form of protection.

Vaccination proponents cannot refute the anaphylactic, scientific theory of harm, because it's identical to the immunogenic theory of benefit, except the harms are observable in reality, while the claimed benefits are projected illusions.

[406] https://www.fdli.org/wp-content/uploads/2017/01/FDLJ-71-4-early-developments-in-regulation-biologics-5221114-open.pdf
[407] 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

In the same way, vaccination proponents cannot refute or even discuss the existence of federal, state and international legal instruments rendering the harms of mass poisoning by vaccination legally unstoppable through biological product law, public health emergency law and pandemic preparedness law, because the programs are built on the legalized manufacture, distribution and use of poisons masked as medicines. Without those laws in place, the acts themselves are evidently acts of criminal fraud, mutilation and homicide.

Without providing a detailed summary or analysis of the 1980 GAO report — available for interested readers to consider more fully[408] — here's a brief email exchange between me and Sasha Latypova prompted by the report.

Sasha Latypova:

Just started reading this - great find. They basically say, "Oh yeah, we have 1,800 poisoning agents in biologics and everything else, and sheesh, we'll just keep using them because reasons.

Katherine Watt:

Exactly.

Looked at it more. *Allergenic product* entered the law in 1970, at the same time Congress added *vaccine* to the biological product law for the first time.

Allergenic product was defined by NIH in 1970 regulations as "products that are administered to man for the diagnosis, prevention or treatment of allergies."

Then it shows up in the 1972 NIH regulations in each separate vaccine section, with language such as this section for *adenovirus vaccine* -

> "(d) *Extraneous protein*. Extraneous protein capable of producing allergenic effects on human subjects shall not be added to the final virus production medium..."

Another example -

> "Additional Standards for Bacterial Products...Pertussis Vaccine...(a) *Propagation of bacteria*. Human blood shall not be used in culture medium for propagating bacteria either for seed or for vaccine. The culture medium for propagating bacteria for vaccine shall not contain ingredients known to be capable of producing allergenic effects in human subjects, except blood or blood products from lower animals other than the horse. When blood or a blood product is used, it shall be removed by washing the harvested bacteria. The bacterial concentrate shall be free of extraneous bacteria, fungi, and yeasts, as demonstrated by microscopic examination and cultural methods"

[408] 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

And in a miscellaneous section at the end, with language such as

> "(a) *Extraneous allergenic substances*. All manufacturing steps shall be performed so as to insure that the product will contain only the allergenic and other substances intended to be included in the final product. (b) *Cultures derived from microorganisms*. Culture media into which organisms are inoculated for the manufacture of Allergenic Products shall contain no allergenic substances other than those necessary as a growth requirement…"

I'm trying to think through more why Congress, when it pretends to be concerned at all, focuses on efficacy rather than safety concerns, when doing investigations about NIH lack of data, and so forth. I think it relates to the 1967 Iron Mountain Report[409] on substitutes for war and Silent Weapons for Quiet Wars[410] (1979) principles.

From Iron Mountain report:

> …In the case of military "waste," there is indeed a larger social utility. It derives from the fact that the "wastefulness" of war production is exercised entirely outside the framework of the economy of supply and demand. As such, it provides the only critically large segment of the total economy that is subject to complete and arbitrary central control.
>
> If modern industrial societies can be defined as those which have developed the capacity to produce more than is required for their economic survival (regardless of the equities of distribution of goods within them), military spending can be said to furnish the only balance wheel with sufficient inertia to stabilize the advance of their economies.
>
> The fact that war is "wasteful" is what enables it to serve this function. And the faster the economy advances, the heavier this balance wheel must be. This function is often viewed, oversimply, as a device for the control of surpluses…

Slowly making several generations of a country's people sick and dying early, is a very good way to quietly and deniably destroy the productive capacity of the country, by diverting the wealth to drugs and disability payments for people who can't be working to produce goods and services and generate true wealth. Goes along with de-industrialization, off-shoring of manufacturing, lots of other methods.

So what Congress was really interested in is, how efficacious are these poisons at destroying the productive capacity of the people who are injected with them and driving up health care expenditures to eat up a larger portion of overall national spending of human time and money?

[409] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/12/1967-report-from-iron-mountain-substitutes-for-war.pdf
[410] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/12/1979.05-silent-weapons-for-quiet-wars-original-document-copy-29-p.pdf

And Congress members could, when they bothered at all, disguise that interest as questions about how efficacious these poisons are at obtaining the undefined "specific results" listed in the statutes going back to 1902 and the regulations going back to 1903 related to dating requirements for labels — "the date beyond which the contents can not be expected beyond reasonable doubt to yield their specific results."

Specific results eventually developed into *potency* definitions by 1947, i.e. "is interpreted to mean...specific ability...to effect a given result," with *result* still undefined, which is the definition for potency to this day. *See* 21 CFR 600.3(s)[411].

Related, on anaphylaxis, allergies, immunogenicity

- Aug. 21, 2024 - Similarities between "spike protein" and synthetic anthrax toxin. Real bioweapons are not viruses but chemical weapons.[412] (Sasha Latypova)
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- Oct. 3, 2024 - Back on Delingpod. We talked about a wide range of topics, including Pandemic Preparedness racket, how vaccines cause food allergies and drive the chronic disease epidemic, the nature of time, and much more.[418] (Sasha Latypova)
- Oct. 12, 2024 - Deliberate induction of anaphylaxis by vaccination. (Katherine Watt, condensed transcript of Latypova-Delingpole discussion.)

[411] https://www.ecfr.gov/current/title-21/chapter-I/subchapter-F/part-600/subpart-A/section-600.3
[412] https://sashalatypova.substack.com/p/some-similarities-between-spike-protein
[413] https://sashalatypova.substack.com/p/the-second-shot-or-what-do-vaccinators
[414] https://sashalatypova.substack.com/p/anaphylaxis-by-vaccines-discussion
[415] https://delingpole.substack.com/p/what-if-seed-oils-arent-the-problem
[416] https://sashalatypova.substack.com/p/vaccine-induced-food-allergies-turning
[417] https://sashalatypova.substack.com/p/the-art-of-misdirection-make-america
[418] https://sashalatypova.substack.com/p/back-on-delingpod

Oct. 19, 2024 Note on overpopulation

I started looking into the lie of overpopulation also, after understanding how much of the information pool is contaminated by false information issued by governments and think tanks.

Colin Clark's[419] work on land use and population is useful, especially his books written in 1960s and 1970s. He (wrongly but understandably) believed vaccination had improved child survival, but also had incisive critiques of overpopulation fear-mongering, from his perspective as an economist.

- 1967 - Population Growth and Land Use[420]
- 1977 - Population Growth and Land Use, 2nd Edition[421]

In Chapter 10, added to the second edition, he observed:

> "Some attempt should be made to analyse the extraordinary fall in reproductivity which has taken place, in so many countries, since the text of the first edition of this book was written...But in spite of these minor qualifications, we are left with a picture of a decline of unprecedented rapidity and severity. Its effects will be principally felt in the early decades of the coming century, when drastically reduced numbers of men of working age will have to support a very large number of old people, probably also at the same time trying to reverse the downward trend in reproductivity.
>
> Perhaps the best comment is that of the French historian, Chaunu, that the births which have been already lost since the early 1960s will create, in the coming century, a demographic disaster comparable only with that caused by the Black Death."

Most likely, the drop in fertility from the early 1960s to the late 1970s was a result of both self-sterilization (legalized and state-supported contraception and abortion) and sterilization-by-government through mass vaccination of women of reproductive age, from the 1955 polio campaign onward.

* * *

[419] https://en.wikipedia.org/wiki/Colin_Clark_(economist)
[420] https://annas-archive.org/md5/008b1ec30adb51a6480d1577e6b02e18
[421] https://annas-archive.org/md5/ed18277ef476fa163845718917b95478

Oct. 21, 2024 Note on virology, immune responses and the lie of specific antibodies

Related to Stefan Lanka's work, Northern Tracey's translations, Corona-Fakten, on the lie of specific antibodies.

Questions posed to Andreas Oehler, Oct. 21, 2024, re:

- Oct. 21, 2024 - Fifth Jab Does It: Overlooked 2023 Study out of Japan[422] (Andreas Oehler)

About August 2023 Japan study

- Aug. 16, 2023 - *Five doses of the mRNA vaccination potentially suppress ancestral-strain stimulated SARS-CoV2-specific cellular immunity: a cohort study from the Fukushima vaccination community survey, Japan*[423]

KW

> Interested in your opinion on this question:
>
> If (for the sake of discussion), no unique SARS-CoV, transmissible organism or replication-competent particle or 'virus') can be isolated, and
>
> if (again, for the sake of discussion), there exist no 'antibodies' that uniquely attach to and neutralize SARS-CoV particles,
>
> but rather the measurable T-cell response in mammalian blood is an indicator of a generalized, non-specific response that a healthy organism can mount to any introduced foreign, non-self, biological particle (such as a protein produced by a non-self organism)
>
> Would you say this 2023 Japanese study supports the conclusion that one of the things the jabs (in their various formulations) do is shut down the general capacity of recipients to mount any effective T-cell response to any challenge by any foreign, non-self biological particle?

Andreas Oehler[424]

> As far as the study goes, they measured specific T-cell reactivity to SARS-CoV-2 peptide (https://tspot.asia/products/t-spot-covid/). Whether the same T-cells would react to other pathogens is a good question. As the cross-reactivity has been observed between SARS-CoV-1 and SARS-CoV-2, they likely would react to a spectrum of similar pathogens. But if one does not believe in the existence of viruses in general, one may choose not to believe in T-cells as well.

[422] https://live2fightanotherday.substack.com/p/fifth-jab-does-it-overlooked-2023
[423] https://pmc.ncbi.nlm.nih.gov/articles/PMC10469480/
[424] https://substack.com/profile/50844406-andreas-oehler

The Japan study measured the specificity of the T-cell response to SARS-CoV-2 and concluded:

"The absence of a relationship between positive controls and T-Spot reactivity suggests that these immune alterations were specific to SARS-CoV-2."

The way the wide cross-reactivity is ruled out is expounded here -- Sept. 30, 2021 - *Performance of the T-SPOT®.COVID test for detecting SARS-CoV-2-responsive T cells*[425] -- the Japan study assumes everyone knows it by heart.

KW

Okay, thank you.

I think it's possible to understand the term "virus" as corresponding in reality to identifiable proteins produced by non-self biological organisms but not corresponding in reality to a replication-competent, transmissible, infectious particle, and to simultaneously understand the term "T-cell" as corresponding to measurable, identifiable cell types involved in a living organism's management (rejection, neutralization, etc.) of an invading, non-self protein.

Andreas Oehler

And how does one label or categorize the non-self biological organisms?

KW

Any living organism that can reproduce, either by sex or by asexual reproduction.

One way to label or categorize them is by the taxonomical phyla, i.e., bacteria, fungi, protozoa, plants, mammalian non-human, human non-self, etc.

Keeping in mind that those are categorizations overlaid on the infinite complexity of life, by human observers (Linnaeus etc.) trying to build mental models, and thus don't fully describe the phenomena of living creatures and their interactions with each other.

Andreas Oehler

Among the things the non-self biological organisms produce are exosomes. One could argue that the notion of "exosomes" is interchangeable with the notion of "viruses": look same, act same, replicate same.

* * *

[425] https://pmc.ncbi.nlm.nih.gov/articles/PMC8482551/

Oct. 23, 2024 - Note on Chemistry, Manufacturing and Control (CMC) records and Mutual Recognition Agreements

Sasha Latypova's reporting today on FDA's non-production of CMC documentation

- Oct. 23, 2024 - The FDA asks the court to stop producing Pfizer BLA documentation[426] (Sasha Latypova)

is also related to the Mutual Recognition Agreements (trade agreements) in place between European fake-regulators and the primary worldwide fake-regulator: the US-FDA.

Under the terms of the MRAs, regulators in each country are legally "relieved of responsibility" for conducting independent batch testing before releasing US-DOD pharmaceutical weapons into medical supply chains for use on US-DOD military targets.

1998 US-EU Mutual Recognition Agreement, 2017 United States-European Union Amended Sectoral Annex for Pharmaceutical Good Manufacturing Practice[427]

> Article 9, Batch testing.
>
> ...In the EU, as provided in Article 51 paragraph 2 of Directive 2001/83/EC of the European Parliament and of the [European] Council and in Article 55 paragraph 2 of Directive 2001/82/EC of the European Parliament and of the [European] Council, the qualified person will be relieved of responsibility for carrying the controls laid down in Article 51 paragraph 1 of Directive 2001/83.EC and in Article 55 paragraph 1 of Directive 2001/82/EC provided that these controls have been carried out in the United States, the product was manufactured in the United States and that each batch/lot is accompanied by a batch certificate (in alignment with the WHO certification scheme on the quality of medicinal products) issued by the manufacturer certifying that the product complies with the requirements of the marketing authorization and signed by the person responsible for releasing the batch/lot.

<u>Related, on MRAs</u>

- March 8, 2024 - Regulatory simulations at home and abroad: Mutual Recognition Agreements
- June 13, 2024 - Parsing "Yay, we did it!" informational misdirection campaigns.
- June 18, 2024 - On US-FDA worldwide non-regulation of Covid-19 vaccines construed as gene therapies.

* * *

[426] https://sashalatypova.substack.com/p/the-fda-asks-the-court-to-stop-producing

[427] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/03/2017.01.19-us-eu-mra-mutual-recognition-agreement-cgmp-amended-sectoral-annex-pharma-effective-2017.11.01-fully-in-force-2019.07.11-vaccines-therapeutic-biotechnology-derived-1.pdf

Oct. 25, 2024 - 1924 Rathbone hearings, US Congress.

Reading the 1903, 1909 and 1919 PHS/Treasury regulations this morning.

- 1903.02.21 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[428]
- 1909.05.11 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[429]
- 1919.02.12 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products[430]

It prompted me to look up *standard of potency* in my files, which led to a few references in the 2016 Coleman paper.

- 2016 *Early Developments in the Regulation of Biologics*[431] (Terry S. Coleman, Food and Drug Law Journal)

Coleman:

> Under the 1919 regulations, if PHS had not established a potency standard for a product, it had to be labeled "No U.S. standard of potency," [FN 273], a requirement that PHS imposed as a hint to physicians that the product had not been shown to be effective, although PHS admitted that the labeling requirement was legally questionable. [FN 274]

In 1924, a subcommittee of House Committee on the District of Columbia held a series of hearings on H.R. 5845 and two subsequent versions of the bill (7366 and 8619), to amend the Regulation of Sale of Viruses, Serums, Toxins and Analogous Products governed by the 1902 Virus-Toxin act by adding labeling provisions prohibiting false or misleading claims as to therapeutic value.

It was an attempt to bring the Virus-Toxin law more in line with the 1906 Pure Food and Drug Act (governing non-biologically-propagated products used on humans) and the 1913 Virus-Serum-Toxin act governing biological products used on animals.

- 1924.02.21 to 2024.05.06 - Rathbone hearings Regulation Viruses Serums Toxins 236 p[432]

The text of H.R. 7366 can be found at pp. 54-55 of the Rathbone hearings report.

[428] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1903.02.21-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf
[429] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1909.05.11-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf
[430] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1919.02.12-phs-treasury-regulations-for-the-sale-of-virues-serums-toxins-and-analogous-products.pdf
[431] https://www.fdli.org/wp-content/uploads/2017/01/FDLJ-71-4-early-developments-in-regulation-biologics-5221114-open.pdf
[432] 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

At the 1924 hearings, speakers were referring to the 1902 enabling law and the 1919 and 1923[433] versions of the Treasury Department regulations, Provision 59 in each case, on the relationships between labeling, therapeutic claims and potency standards.

1919:

> "In case of products for which an official standard of potency has been adopted, the potency shall be expressed on the label in terms of the official standard. In case no official standard of potency has been adopted and no official test is made prior to the release of the product for sale, the label shall bear the following statement: "No U.S. standard of potency." This provision shall not be held to apply to vaccine virus."

Note that last sentence, exempting all *vaccine virus* from being categorized or labeled as subject to U.S. standards of potency, or not subject to U.S. standards of potency. (In the 1923 version, the last sentence of Provision 59 read: "This provision shall not be held to apply to vaccine virus, nor to rabies vaccine.")

Consider that last sentence in light of the contemporary knowledge (documented in 1910 by Milton J. Rosenau, Director of Hygienic Laboratory, in a pair of JAMA papers: Jan. 22, 1910 - Vaccine Virus,[434] and Jan. 22, 1910 - The Federal Control of Vaccines, Serums, etc.[435]) that *vaccine virus* was an undefined mixture of substances for which no valid tests to ascertain purity or potency existed.

And consider that last sentence in light of the intervening century of *vaccine* non-regulation presented as regulation — for products that are still undefined mixtures of substances, and for which valid tests to ascertain purity or potency still don't exist — carried out through hundreds of regulatory exemptions, waivers, suspensions, conditional clauses, discretionary clauses, omissions, misrepresentations, and other forms of legalized deception.

Coleman's FN 273 quotes William H. Park, Director of Bureau of Labs, NYC, at the 1924 Rathbone hearings, at p. 110:

> "By putting 'No U.S. standard of potency' on such material it shows all who are intelligent that that has not yet been shown to be an effective remedy. It might have value, and it might not have value."

[433] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1923.08.01-phs-treasury-regulations-for-the-sale-of-viruses-serums-toxins-and-analogous-products.pdf
[434] https://jamanetwork.com/journals/jama/article-abstract/431147
[435] https://jamanetwork.com/journals/jama/article-abstract/431146

Keyword searching the Rathbone hearings for word *value* found the attached exchange at p. 7.

Norman Hapgood, editor of Hearst's International Magazine, testified. He compared the human biologics rules to the animal biologics rules, and observed:

> "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…
>
> I represent…that element in the country which brought about…the passage of the pure food and drug act…and simply seeks…to put human beings somewhat on par with the protection that animals already have…"

Two original bills, H.R. 5845 and later H.R. 7366, were withdrawn and the third bill, H.R. 8619, died in committee, according to a report by the American Journal of Public Health.

- 1924 - Report, American Journal of Public Health, on Rathbone and Copeland bills.[436]

* * *

[436] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1924-report-american-journal-of-public-healt-on-rathbone-bills.pdf

Oct. 28, 2024 - Note on vaccines as loss leaders for drug companies

Another useful way to think about the 120+ years of collaboration between drug companies, health insurance companies, and US biological product regulation simulators (FDA and its precursors), in which all three parties know that vaccines are intentionally toxic (will sicken and kill recipients through many different immune-mediated mechanisms of action), and all three parties intentionally withhold that information from the public, especially parents of babies and children, is the commercial concept of "loss leaders."

For the manufacturers and insurers, vaccines are a loss leader product, and the artificial "market" is entirely based on federal bribes to state and local health authorities, pediatricians, and school districts, such that state and local authorities condition access to education for children, on receipt of the vaccines on the CDC-ACIP schedules.

Wikipedia:

> "A loss leader[437] (also leader) is a pricing strategy where a product is sold at a price below its market cost to stimulate other sales of more profitable goods or services. With this sales promotion strategy, a "leader" is any popular article, i.e., sold at a low price to attract customers"

The benefit for drug companies, and insurance companies, of producing, distributing and using intentionally harmful, non-standardized, non-standardizable, unregulated and liability-exempt products is the creation of sustained demand for diagnostics, drugs, devices and insurance schemes (health/disability/life) to manage the symptoms of the manifold chronic diseases caused by the loss leaders: vaccines.

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[437] https://en.wikipedia.org/wiki/Loss_leader

November 2024

Holy Family with St. John, St. Elizabeth & St. Zachary. Michael Rieser.

Nov. 6, 2024 - Methods of deceit underlying pathology, virology and genetics

Jamie Andrews of the Virology Control Studies Project, interviewed by Sasha Latypova, condensed transcript

Virology Control Studies Project on Substack [438]

- Oct. 25, 2024 - Conversation with Jamie Andrews, the Virology Controls Studies Project Video[439] (Sasha Latypova); transcript[440] (PDF)

Related

- June 15, 2024 - Perhaps the Most Important Work of Our Time: The Elusive "Virus", The Control Experiment, & Jamie Andrews[441] (Conspiracy Sarah) - Includes many of the slides described by Jamie Andrews in the interview transcript below.
- Aug. 5, 2024 - Federal communicable disease control, quarantine and biological product law, 1798 to 1972; orientation through founding of Marine Hospital Service. Part 1 of new series (Lydia Hazel and Katherine Watt) - "…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…"

- Sept. 29, 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)
- Nov. 2, 2024 - The Spanish Flu Hoax & The Rosenau Contagion Study[442] (Jamie Andrews)

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[438] https://controlstudies.substack.com/
[439] https://sashalatypova.substack.com/p/conversation-with-jamie-andrews-the
[440] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2024.10.25-jamie-andrews-interviewed-by-sasha-latypova-transcript-with-kw-notes.pdf
[441] https://conspiracysarah.substack.com/p/perhaps-the-most-important-work-of
[442] https://controlstudies.substack.com/p/the-spanish-flu-hoax

Notes from KW

1. In conducting research to attempt replication, expose and thereby discredit many of the scientific protocols purporting to support conclusions drawn by pathologists, virologists and geneticists, Jamie Andrews and his colleagues have used living cell lines taken from human embryos through abortion, just as earlier researchers (including John F. Enders, Thomas H. Weller and Frederick C. Robbins as early as 1949,[443] and Alex Jan van der Eb and Frank Graham in 1972[444] at pp. 77-82) also used cell lines and organs taken from human embryos through abortion.

Cell lines and organs taken from human embryos are taken by intentionally dismembering and killing living human beings. Abortion is a grave mortal sin, and I pray and hope that all scientists, physicians, mothers and fathers will stop intentionally killing human beings, and stop supporting and conducting all research using organs and cell lines taken from human embryos.

2. Andrews accepts claims made by suppliers of biological materials that I believe are not true and cannot be true. For example, at p. 7 of the transcript below, Andrews states:

> "We can guarantee that there is no pathogen in the dish, because we have bought all of the reference material guaranteed to be uncontaminated. They negatively test and heat sterilize every single part to this. They heat sterilize the fetal bovine serum. They heat sterilize and negatively test the cell line and then they also put penicillin and streptomycin in, antibiotics, to get rid of bacteria and fungi contamination."

To the extent suppliers assert that cell lines have been "heat sterilized," I think they are making a false representation, because I think sterilizing a cell line with heat sufficient to kill non-cell-line living cells (so-called contaminants), will also kill the human embryonic kidney cells themselves, leaving them non-viable: not capable of dividing and growing in the petri dish.

The intrinsic heterogeneity and instability of living creatures — the irrepressible dynamism of organic life over time and in relation to God, surrounding living creatures and the non-living material world — is the same theoretical and practical hurdle that renders establishment, compliance and enforcement of true biological product purity and stability standards impossible.

I point this out only to emphasize that the diabolical deceptions carried out by physicians, pathologists, biologists and virologists for the past century have many, many layers.

3. I've added headers to the transcript, indicated by underline, to help readers orient to the topics discussed during the interview.

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[443] Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissues,[443] *Science*, Jan. 28, 1949; https://pubmed.ncbi.nlm.nih.gov/17794160/

[444] US-FDA CBER Vaccines and Related Biological Products Advisory Committee Meeting,[444] discussion of "adventitious agent testing, tumorigenicity testing, and issues related to residual cell substrate DNA of novel and neoplastic cell substrates used to manufacture viral vaccines, May 16, 2001, van der Eb testimony, transcript at p. 77-82; https://wayback.archive-it.org/7993/20170404095417/https:/www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1_01.pdf

Jamie Andrews of the Virology Control Studies Project, interviewed by Sasha Latypova, transcript excerpts. (Full transcript[445]).

[1. How Jamie Andrews began investigating the scientific foundations of disease pathology and virology]

Sasha Latypova

Hello, everyone. Today I have an exciting guest. I would like to introduce you all to Jamie Andrews. I was very interested in his Virology Controls Project and work with the different PCR labs. Jamie, maybe say a couple things about you, your background and how you got into this project, what motivated you.

Jamie Andrews

Hi, Sasha. Thank you very much for having me on and for letting me introduce the project to you and all of your listeners.

My name is Jamie Andrews. I moved to France about six years ago from the UK, just looking to kind of escape what was going on in the UK, politics-wise [...] what happened with Brexit [...] I started to see the kind of UN agenda walls kind of slowly creeping in [...]

This project was born out of the fact of what happened in 2020. We had a vaccine passport here for nearly a year. In fact, just over a year, which saw me and more importantly, my kids banned from society. It was just over a year, which was a third of my eldest son's life at the time, not being able to partake in society at all: restaurants, theaters, cinema, anything like that, we were completely banned because we refused to take [vaccines].

SL: How about school? Are they in school?

JA: They were in school at the time. Fortunately, he was just a little bit too young to be forced into a mask all day. But the kids that were just a couple of years older than him were forced to wear masks all day. I didn't take him out of school. I would have done it if they had forced these things.

But this was the setting for me to start to look at causation, start to actually challenge, "Well, if this supposed deadly pathogen is transmitting from person to person --"

My scientific background is practically none. I have a degree in geology, but that was 20 years ago. I know how to handle data. I know how to look at data, to compartmentalize it and to read published, peer-reviewed journals. But apart from that, it's been 20 years since I had any sort of accreditation, that was in geology.

And to be honest, I very much saw what was the problems with, again, the UN's claim about anthropogenic climate change, because data didn't stack up to me then, even as an undergrad. So I was skeptical coming in whenever I saw the moniker of UN, the World Health Organization.

[445] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2024.10.25-jamie-andrews-interviewed-by-sasha-latypova-transcript-with-kw-notes.pdf

Immediately alarm bells started to ring that, "Hang on a second, what's happening in front of my face, and what's happening on the news." There was just a direct in-comparison between the two. It was incompatible: what was going on in front of my eyes and what the news said was happening.

This was no much more prevalent than in India where — my wife has Indian heritage and I knew a couple of people during 2020 that were working on the streets, in charitable agencies working with people that were in quote-unquote, "the most unsanitary conditions."

I was getting daily updates through, what the news was saying was peaking transmissible pathogens. And on the streets of New Delhi, I had a friend who was giving me daily reports saying, "Look, nothing's happening."

They were saying there was this deadly pathogen there, but people living in malnutrition environments, diseased, supposedly, very poor and literally, sat on the streets next to each other with rubbish and all of the most what you would think of as conducive pathogenic-encouraging situation and these people weren't dying. If there was a transmissible agent, it just should have been—

SL: It was the same in San Francisco. I have friends there and I have properties nearby. When we looked at it, all the homeless population in San Francisco, which is kind of a similar situation, we thought, they would be dropping dead left and right. And there's nothing. There's nothing at all.

JA: It's strange, isn't it? The homeless population are supposedly immune. This led me to going and just typing into Google Scholar, I didn't really know what I was looking for. I have an A-level in biology, but past that I had kind of nothing to do with the area of biosciences whatsoever. It was to do with geology and that kind of mass spectrometry, really, they rely on, carbon dating and things like that.

<u>2. Disease contagion studies; Milton J. Rosenau, (Director of US Public Health Service Hygienic Laboratory 1899-1909)</u>

The machinery and the mechanisms involved in virology, I had not a clue. But I started to look and [found] what turned out to be contagion studies.

They did actually give people what they considered to be virus directly up the nose. In some of the older ones, at the turn of the 20th century, such as the [Milton J.] Rosenau studies[446] which were conducted by the US Navy, where they took people who were displaying the symptoms or basically very unwell with what they considered to be the Spanish flu and they took all of their fluids, the BALF [bronchoalveolar lavage fluid], the mucus, the sputum, and did everything that they could to healthy people to try and infect them.

And lo and behold, this was a real kind of change for me in my life, was realizing that they all failed.

[446] https://jamanetwork.com/journals/jama/article-abstract/221687

It was just this mind-blowing moment of going, "I've looked for causality, expecting there to be [causality]." And this isn't just with the influenzas and the coronaviruses. They've done it with all manner, with smallpox, with polio, with every single communicable disease and turned up nothing.

For me, it was a very eye-opening moment and a very liberating moment because it was "Okay, well, maybe disease doesn't work like this." That kind of led me to looking at, because we all saw that the pandemic, the scamdemic during 2020 was actually enabled by the PCR test. Really, that was the pure vehicle for trying to claim that somebody was sick.

They came up with all of these very inventive things such as asymptomatic transmission, where the symptom of you being sick with a deadly pathogen was you didn't have any symptoms.

SL: It's so deadly that you don't have any symptoms. That's the best.

3. Reagents, equipment and methods for cell culture isolation of viruses and PCR (polymerase chain reaction).

JA: So, I think everybody could see that the PCR test, on the face of it was not showing what it was claiming to be showing.

Now, up until this very point, really, although people have kind of pointed out that — and there were some anecdotal evidences with John Magufuli, for instance, who was the president of Tanzania, who did a press release that said that he PCR-tested a goat and a papaya and all manner of things that came back with positives.

It's still only really been anecdotal evidence.

The project that I formed about a year ago, just over a year ago, is finding people that are coming from biomedical backgrounds. Some of them are still working in there, but all of the people that I've consulted with and worked with are all published, peer-reviewed biochemists or microbiologists or even virologists and geneticists that were skeptical of the claims that were made.

We really wanted to go out and prove it, actually take the evidence.

One of the names that kind of came about in 2020 to me was Dr. Stefan Lanka, who did some control experiments during 2022 showing that the cell culture isolation of viruses was essentially fraudulent.

I took that as a benchmark to try and replicate his results and then further them because he actually, the story goes that he did the genetic sequencing, that he managed to take a control culture and genetically sequence it and build the SARS-CoV-2 genome out of essentially a cell line which shouldn't have SARS-CoV-2 in it.

Hence you have falsified their, the big genomic sequencing. That's what we're currently doing. We are currently in the process of genetically sequencing some control cultures.

I have prepared a PowerPoint presentation...

What we did was we designed an experiment that took, Stefan Lanka's work took the exact protocol for the original isolation of SARS-CoV-2, which was funnily enough done in monkey kidney cells. It's not done in human cells. It's done in a monkey cell, which is rather strange, because the in vitro isolation...I don't really know where I should start from.

SL: Just a little like basics for people who are not familiar with this.

JA: Virologists have always said that you cannot just take a sample direct from a sick person and centrifuge it down and get virus. They can't supposedly purify a virus in such methods. There's supposedly not enough. You would have to have swimming pools' worth of fluids to be able to do this, according to them.

Their get-around clause with this — and this is the gold standard for supposedly isolating a virus — is to add more stuff.

It sounds as if it's contrapuntal to what they're trying to do, adding more stuff if you're trying to isolate it and get it something on its own. But that is what they do.

They claim to do this by growing it in cell lines. They take cell lines taken from banks, which sell reference materials. They are supposedly sterilized cell lines. They grow the cells out and then they inoculate them with the fluids of a sick person.

And when these cell lines break down, which is called the cytopathic effect, they say that that is caused by a pathogen, therefore they know that the pathogen is in their dish and they can then centrifuge it out and they have enough because they've supposedly grown it in this cell culture.

The issue is that when Stefan Lanka conducted these, he showed that, and actually it's kind of funny because the person that invented this method, the cell culture isolation, was a guy called John Enders. He did this in 1954, and he did it with measles, which was the very first "virus" he isolated.

In his un-inoculated culture, i.e. the one without any sample in, the cell line still broke down.

SL: The cells die outside of bodies, so there is no perpetual living cell line.

JA: That's right. All of this when you actually scratch beneath the surface is very well documented.

That "starving cell lines causes them to die," it's quite obvious when you look at it on the face of it.

There's a few key things to do with PCR that hopefully I can kind of point out.

4. Negative control study: growing cell line in nutrient medium without addition of allegedly pathogenic material, but following virus isolation protocols

[One] is the fact that, if you have not isolated something, it's very difficult to find something.

What we have here in this top slide, in this plate is the negative control of our study.

We have the cell line. It's a human embryonic kidney [HEK] cell line which is supposedly the most robust clinical cell line to use. The hardest to break down. We chose to try and give ourselves the highest hurdle, to strong man, steel man the results that we were getting by taking the most robust cell line: the human embryonic kidney cell.

You grow them out in what's called fetal bovine serum. It's a nutrient medium. It's the fluid from around the heart of a baby cow and it contains all of the nutrients for a cell line to grow.

You take a pellet of the cell line and you grow them out to what's called confluence within a dish.

You want to get them to grow out, but not too much, so that they occupy enough of the dish, but still have room to grow. So here we have objective verification in these cell cultures. We use a thing called [Thermo-Fisher Scientific] Countess, which counts the amount of viable cells. So just living to dead cells.

Here you can see the cell viability counter saying that we have a very confluent dish. There's 95% good healthy cells and still 5% left for them to grow into. They're not starving each other out, which they can do if you "overgrow" them, which was some of the problems that people say that Stefan Lanka had with his cell culture isolation. They claimed that he overgrew them. I don't necessarily believe that, but we wanted to just show that we were taking note of some of the problems that people claimed that they had and making sure that we kind of ticked all the boxes with that.

So this is our negative control to show that when cells are given the necessary medium, they grow and they stay healthy. And this is taken at Day 4. What you do is you incubate this and you grow them out. You leave them in an incubator, they grow out.

Now, in every single isolation-of-a-virus protocol, when they inoculate these cell cultures with a sample [of alleged infectious material], they remove the nutrient medium.

We have followed a standard protocol for isolating a virus. It's an adenovirus, which is because they use slightly different cell lines for isolating different viruses.

For the HEK, they isolate SV40, lentiviruses and adenoviruses. So we followed a protocol that is in a published and peer-reviewed literature where they reduce the nutrient medium to 2%, which is a very, very standard reduction. You will find that in practically every single viral isolation protocol.

When they removed the nutrient medium, we, this is the test, we fluctuated the amount of fetal bovine serum and left it in for four days. You can see that the cell line has died. You have these huge gaps in it. You also have what's called cincture and clumping where the cells die, the cell walls break down and they move together and clump and form plaques.

There's all sorts of morphology, which was noted by the contract research organization who did this. We employed the independent research. We blinded the outcomes. And this was done by this contract research organization who pointed out that, a lot of these morphologies that we see in cytopathic effect, i.e. the supposed breakdown of cell lines caused by a pathogen, were noted in all of these cell cultures.

If you look at the bottom here, the cell viability counter that we were talking about before has noted that, it should, that should actually say 34%, is a typo, but 34%, is dead at Day 4 [after] inoculation.

SL: How do they justify the removal of nutrients from the cells?

JA: That's an interesting question. What they call it is a maintenance medium. They accept that 10% fetal bovine serum is a what they call growth medium. Then they say, if you remove it down to 2%, because they do a wash when they put it in, so [the wash] lowers the overall concentration down, they call it a maintenance medium.

Well, it's just a misbranding, really. It's not a maintenance medium. It's starving the cells. Which is what we found, because we did this in over 90 cultures, 90 separate cell plates and we received cytopathic effects to the exact degree mentioned by the American Society of Microbiology, that if you have any cytopathic effect within two days and up to six days, you have a virus in your dish.

So we have achieved the standards according to the American Society of Microbiology without putting a pathogen in the dish.

And we can guarantee that there is no pathogen in the dish, because we have bought all of the reference material guaranteed to be uncontaminated. They negatively test and heat sterilize every single part to this. They heat sterilize the fetal bovine serum. They heat sterilize and negatively test the cell line and then they also put penicillin and streptomycin in, antibiotics, to get rid of bacteria and fungi contamination.

So they claim that it's solely a cause of a virus, but it contains, funnily enough, also the antibiotics are known nephrotoxic. So amphotericin, gentamicin, somewhat penicillin and streptomycin, are all known to cause renal disease.

And most, 90% of the cell lines that are used in these cell cultures are kidneys. They're kidney cells. So they are knowingly using nephrotoxic ingredients such as antibiotics. And then when the kidney cells die, they're saying, "Oh, look, it must be because of a pathogen and not because of the ingredients."

This is what a control study really does is, it's a very basic thing of just removing the independent variable and showing that the ingredients cause the observable effect that they claim is made by a virus.

Here, just very quickly, we put it down to 1%. They will consider 1% a starvation medium. They do have this in a few protocols, but we show that actually there's not a lot of difference between the cytopathic effect, between what they call a maintenance medium [2%] and a starvation medium [1%].

They are putting most of their cell cultures in this 2% medium which is causing the death.

…5. Positive control study: Growing cell line in nutrient medium with addition of sputum from asymptomatic, healthy human subject, also following virus isolation protocols…

Here is a recent finding because we did do a positive control, where we took asymptomatic sputum and added it, to no effect. They say that sputum, that there's 38 trillion viruses in us at all times and a study put out that there's 5-point, an average asymptomatic healthy person has 5.5 viruses in them at all times, pathogenic viruses.

So we conducted this positive control. People wanted to see exactly the difference to kind of compare and contrast. So the actual protocol that we used here, and this will be of interest because if you look here in Cell Plate A, this is off of a published isolation of adenovirus.

Here they transfected this exactly the same line, the HEK, the human embryonic kidney cell line. They took the genetics, supposedly, of adenovirus and put them in the culture.

And this was the result. This is actually at Day 5, so if you see post-5-day transfection. And here is the protocol underneath just outlining the fact that they put it in 2% fetal bovine serum, exactly the same antibiotics are the penicillin and streptomycin, DMEM [Dulbecco's Modified Eagle Medium] and the same --

Here we have exactly the same conditions that both of these cultures are in. One is supposedly transfective with the genome of a pathogenic virus. And as you can tell, obviously they don't have the count test readout, but you can quite easily see to the untrained eye that these ones have massive, massive gaping holes in them.

If anything, the pathogenic effect is maybe even less. When you take the images, these are these are both at the same at 20 times magnification so you can compare them when you when you take the pictures.

It is a little bit subjective because you can take -- this isn't the whole dish. It's just, you can zoom in and take parts which you want to. But as a rough indication, a virologist is going to take a picture of the most cytopathic effect that they can find because that's what they want to try and prove.

Here we, just to kind of skim through this, these are the results of the project that we have.

6. PCR tests, genetic sequencing; looking for an object that has not been isolated or identified.

How this kind of plays out to genetics and PCR is that, and this is where the end of the road is, because every single virologist, and as you pointed out before, they will readily admit that starvation of cells does occur.

And they will also actually readily admit that you don't necessarily have a virus.

You have to verify that you have a virus with other means.

And those other means are actually genetics, eventually whole genome sequencing. They will usually just PCR test it. They will PCR test with certain things.

But here is the problem. If you have not isolated this virus, i.e. if the observable effects are happening irrelevant to whether you put a pathogen in, how do you know what you're looking for within genetics when you test them?

Because even if you take what they're saying is happening, [...] even if you accept that everything works in the way that they say it does, [in] which a nucleotide sequence is representative within PCR, so they take small nucleotide sequences which are supposedly specific to a virus or specific to whatever you are looking for, with the PCR test, bacteria and people and anything with a genetic sequence.

How do you know if you have never ever purified and isolated the thing that you are looking for?

How do you know what to look for when you are PCR testing it?

It's like saying, "I am looking for a new color that's never been seen before," if that makes sense. "Go out and find me this new color that's never been seen before. " "Okay, what does it look like?" "Well, I don't know."

It's kind of impossible to say that, because you have no benchmark for what it should look like originally, that you can all of a sudden then find it in this soup.

And the other thing to note is the fact that, we've already seen that this is slightly easier, but within the cell culture, there is human embryonic kidney cell, there is fetal bovine serum, there's all manner of different cell lines.

For SARS-CoV-2, you are starting with, knowingly, the genetics of a monkey, knowingly, the genetics of a cow, knowingly, the genetics of a human sample. You already have a mixture, a wash of three different animals in this dish.

And geneticists will even say this, and they will agree with this, that a mixture of samples is very difficult because it's all stirred into one, because it's all a mixture.

The way that the genetic sequencing works is they break it down into very, very small fragments to then build it back up.

So when you're breaking it down into these very small fragments, how do you know that this one comes from a monkey, this one comes from a cow, this one comes from a person, and this one comes from a virus?

Well, it's very difficult, especially when they claim that, say, a monkey shares 99% of the same genotype as a person.

So here you have kind of the beginnings of seeing all sorts of problems, which are fascinating.

SL: Yeah, and I keep telling people, genetics is just as fake science as virology. You can go for a long time explaining that. PCR is funny: it's a collision of two fake sciences…

7. Fluorescent dyes and PCR

JA: That's right. I've got a video…I'll just stop it there for the moment, because I just wanted to kind of run very quickly through...the basics of what is occurring in PCR.

In both of the methods of PCR, they use fluorescent dyes. They actively say that they are knowingly putting in a fluorescent dye whether that's in RT-PCR [Reverse Transcription Polymerase Chain Reaction] where they claim — and she's just explaining it now — that they put it in with a quencher and it binds to a specific nucleotide sequence. And then when they go through these cycles of amplifying it, the dye expresses.

If I am to break it down of exactly what they're doing within PCR, to make it simple so that people can understand, if you look at this picture at the bottom, this is a PCR machine broken down into its very, very simple, and it is actually a very simple machine when you look at it.

The reagents is where they claim the complexity is happening, but what they will knowingly tell you is that they take a sample of what they want to genetically sequence, or they find the target primers, target nucleotide sequence, and they put a fluorescent dye in it.

They put a fluorescent dye knowingly in it.

Then they put this sample in a thermocycler and heat it up. And when the dye fluoresces, the cameras pick up the fluorescence. They are putting a fluorescing dye in.

SL: And then picking up fluorescence.

JA: When it fluoresces, they say all of this story about why it fluoresced.

When you look at it in those very, very simple terms, it is actually quite stupid. Because all of it is unseen. All of it is very complex in what they're saying. Is it happening? Because on the surface of it, they're literally just shining a camera and picking up the fluorescence.

That's kind of going into the PCR. That's the core principles of what's occurring.

It's a very, very simple set of mechanisms. The only complexity is what's happening beyond the naked eye, beyond what anybody can see, where they say that the nucleotide sequence is binding up to the specific base pairs, and the reason why it's amplifying is because of da-di-da-di-da.

SL: But that's just a story. Like, there's no...

JA: It is just the story. To what degree that occurs, we don't know. You can't say with any specificity.

So just at the very core principles of what's occurring with PCR and whole genome sequencing, because this is even the most accurate, genome sequence, where they have.

For instance, the Wu Fan assembly[447] for SARS-CoV-2, whole genome sequencing, Illumina sequencing, next generation sequencing, nanopore sequencing, all does the same thing, just a lot more times.

It's still a fluorescent dye. It's still taking these small packets. It's still, whenever it's fluorescing, they have the same thing. They just do it. Sometimes the reads, the small reads that you get out of it are half a billion reads that you get out of it, which is why it takes quite a long time.

Here we have actually part of the control experiments that we've done. We have actually done some controls and I would just go through some of the manuals.

Because it's quite enlightening. It's enlightening to me, when I start to actually look at things, the things that they give you, because more often than not, they do actually tell you just how spurious this stuff is.

The primers that we used in the control experiments that we did, we bought the most accurate primers available. So it's RT-PCR, reverse transcriptase polymerase chain reaction, which is all done in one supposed vial where they put it in, it reverse transcribes it from DNA to RNA, and then it has three genes. It supposedly doesn't just measure one nucleotide sequence. It measures three that are supposedly specific.

This is the most accurate PCR that money can buy. And yet in the manual, it specifically says this product is not intended to be used for therapeutic or diagnostic purposes in humans or animals. So anybody that has been given any sort of medical intervention based on a PCR test alone should very much read the manual. It's like buying a soft drink and on the soft drink it says, "Please do not consume this soft drink."

SL: Yeah, it's not for human consumption.

JA: It's not for human consumption, yeah.

[447] https://www.nature.com/articles/s41586-020-2008-3

SL: This part, this is a regulatory, so what people don't quite understand about diagnostic tests. It's actually, it's okay to have this statement because they never approved it as a standalone diagnostic test. You can have diagnostic tests, and I worked in the industry of CROs, contract research organizations, where we have our own tests that we made, on assays we made ourselves and validated, which we sell to professionals who then make a certain type of decision. And we were selling it to pharma companies to make their decisions about their drugs.

It's not even patient diagnostics. And FDA allows you to do that.

But now this means that, what they were doing during this pandemic is forcing this analytical technique as if it's a diagnostic test on everyone. And nobody of course was told this. It's never been validated to diagnose any disease or condition.

JA: That's right. Who is making—? It's kind of plausible deniability, right? It's not on me and everybody's standing back going, "Well, we said it was for research use only" and so on and so forth.

But yet the frontline medics are kind of going, "You've appeared in hospital, you have some sort of respiratory problems, but we don't know what it is. Is it bacterial? Is it whatever?" And they do this PCR test and then start treating people on it.

SL: And even worse now, they send them to people's homes. It's absolutely terrible what they're doing.

JA: That's right. With the [Virology Control Studies] project, we hope to kind of unstitch what they're doing and show this. This is the types of questions that you need to ask to back yourself, legally, if you find yourselves in these positions in hospital, if you have family members that are unfortunately unwell, that you need to be able to back yourselves that—. Medics will, if they don't know what's wrong with you, which is seemingly nine times out of 10 these days is, their go-to is to kind of blame viruses and inject you with all sorts of stuff which as a lot of us are finding out is not a good thing to do…

Here's the other very important part to this is, is that, they claim to have a negative control as part of these tests. Now, the negative control here, they say, just contains nuclease-free water. That's not actually a negative control, because a negative control would be a healthy human sample. Because nuclease-free water is obviously not going to fluoresce, right? Because it's water. It's going to dampen down any fluorescence. So, of course, you're going to get a blank result out of that.

That's not showing that it's working. That's showing that when you put water in a machine, it doesn't—.

Interestingly enough though, interestingly enough during 2020, some of the very first few batches of accredited primers that were sent out were actually amplifying the negative control because the primers were so fluorescing that the negative controls were amplifying.

They use this down the bottom as their scapegoat. They say it's a thing called primer-dimer, which is where the primer attaches to itself. And it's quite actually a common thing when you read places like ResearchGate. ResearchGate have a lot of new lab techs and things to PCR and to the world of genetics saying, "My negative control keeps amplifying. Can somebody help me out?"

These are the kind of rescue methods for basically failing these tests, is the fact that they just say, "It's primer dimer. Try putting less primer in."

Whereas actually on the surface of these things, it's maybe you should actually look as to why these things are failing. Because if a negative control amplifies, the test is junked, right? You have to legally junk it because that's what a negative control is there for.

This is quite eye-opening to me as a layman, is that working hand in hand with a lot of these accredited microbiologists and accredited geneticists involved in the project, I've worked with them very closely for about two years. And every single one of them has echoed the same sentiment to me in terms of finding out about their daily practices at the bench which was, they all get the remit. They all get the work in from above.

Pfizer comes in, they want to clinically test this drug or whatever. They know before they conduct the experiment what the experiment should look like. They know, for instance, on a PCR test that it should be amplifying here, the graph should look like this, and it should be an exponential curve here, here, and here.

When it doesn't happen in the way that they've preconceived, they don't say, "Oh, it's wrong, so we haven't found what we're looking for." What they do is they chuck everything out, make a few tweaks in terms of the protocol, and then run it again until they get the results that they conceived that they wanted in the first place.

To me as a layman, that was really jaw-dropping because it's kind of like, well, that's not really science, is it? That's not trying things and then if you don't get the results saying, "We haven't got the results, we don't think it works that way."

That is just changing your methodology until you find what you thought you wanted in the first place. And they all said the same thing. They all said that basically that's it. You're just employed to essentially do this kind of paint-by-numbers type thing of creating the image that you had in your head of what a positive result should look like before you start.

It's just been quite an interesting learning process from somebody kind of outside of the commercial science, if you want to even call it science. I'm not entirely sure whether it would fall under that bracket if you actually broke down what they're doing on a day-to-day basis.

8. Cycle thresholds, manual baseline adjustments and PCR

JA: …A lot of people that are challenging PCR rightly point out that, we've all heard about cycle thresholds [CTs], the amount that's being, the amount that's being amplified.

So here we have, they consider, there's a few different channels on here. So this is the FAM [flourescein amidite] channel. So it's 40 cycles they consider as a positive result. 40 cycles is quite high. They claim that you're talking about only a couple of molecules of target nucleotide sequence at 40 cycles, so right here again in the most supposedly accurate primers kit, that they are saying that they will accept anything up to this 40-cycle threshold.

I'll just point out something that became interesting for us is that the positive control — so a positive control in science is what you are meant to be looking for. So it's meant to be purified the-thing-that-you-are-testing, right?

In PCR, it's a thing called an oligonucleotide, which is about 200 different chemicals that are all whizzed together and that they claim is purified target sequence. So purified nucleotide sequence that you're looking for.

And just again, as a layman, I would have thought that if you were testing the purified target thing that you were looking for, that would you really need it to amplify once, twice? I don't know.

To me, it's kind of like I've developed this test for an apple and the positive control that I have is an apple. You shouldn't think that it should be difficult to find the apple when the positive control is fully what you're looking for.

Yet here in this target, in this primer sequence, it's anything under 27, 27 cycles, which is actually not even that strong a positive indication, even in a test of sputum.

So it's quite strange to me that they can accept just such a kind of low degree.

I've got a couple of videos here…

Just to recap on the first one is that he states that when you're moving this threshold about, it does actually change the CT value. So there can be a manual threshold change which will affect the whole thing, the readout of what you're getting…

Okay, that's enough of that sitting through it. But it's just to highlight the fact that they know that there are some manual threshold levels that affect the results that can be turned up or down, literally like a dial to reject or accept what they class as noise.

But we actually found this out through, it was complete happenstance. Unfortunately, every single other experiment that we've done, we've blinded the outcomes to the contract research organization.

Whereas when we came to PCR test these cultures, unfortunately, the person was let on to what we were trying to do. So we were getting them PCR tested for SARS-CoV-2, but they knew that the cultures that we were handing them couldn't possibly contain a virus.

And they were very suspicious about this, of course, as you would be. I had to have about an hour's-long meeting with the CEO as to why I was bothering doing this, which was very unorthodox because every single other time it's been very cursory, the information that they've wanted. You know, just "yes, sir, no, sir, three bags full, sir. Here you go. Here's the results of your experiment. Can we be paid now, please?"

So we, during this we spoke to the CSO, the Chief Scientific Officer who actually got put in touch with a geneticist that we were working with in our project and we were doing some investigation ourselves and they had run, trying to set up to use some of these primers on their machine.

They were actually borrowing a machine that wasn't known to them and so hadn't set up the channels correctly. There's three channels in this case, and they were used to only using two channels. They actually gave us the results back and we got a positive on one channel and a negative on another channel, which shouldn't happen.

The channels are just the fluorescent dyes. If you have the target sequence in there, they should all be positive or all should be negative. And then you just get the mixture and that's what provides the curves that you see, the amplification curves.

And we asked this geneticist, the independent, the contract research organization geneticist, "Do you have any idea?" Because they had done somewhere in the region of about 50,000 PCR tests during 2020.

And they said, "Oh, yeah, that's just the baseline threshold. You just need to up the baseline threshold on the hex channel, the channel that was negative."

So she said, she admitted that this baseline channel, because it was set so low, was inhibiting the positive from coming through. It was essentially rejecting everything that it was calling noise. It was calling this noise floor low. What they admitted to is that, and when you actually study the literature, is that there is between the setting of the threshold and the baseline correction you can change the outcome by three to 15 cycles.

A lot of people think when they're just talking about thresholds, when it comes to PCR, "Oh, 35 cycles, it's not very accurate." Well, it's a little bit more complex than that, because 35 cycles doesn't necessarily mean 35 cycles, because if you've set the baseline correction, low or higher to that, it could mean anything from 20 to 45, or it could be 15 to 45, depending on how aggressively you've set the kind of internal thresholds to reject or accept what they call the noise floor.

So we got our results back here and "unfortunately," they said "I'm so sorry Mr. Andrews, but they've come back negative, unfortunately. Viruses do exist and whatever."

We had a look at these and these that are plotting on here are the positive control. We talked about just a little bit before. The positive control is meant to be purified what-you're-looking-for. And also within the manual, it says that anything over 27 is a fail.

Well, this is the cycle threshold read off of because you have to take where it becomes exponential is where you take the readout. Well, this was at 35 to 36 cycles, i.e. it's a failed test. It wasn't negative. What we think that they've done is they've turned up this baseline correction so high that the noise floor has pushed the positive control into giving a failed result.

It's very eye opening to us for a few for a few reasons. It was a bit of a gut punch because it came back negative. It wasn't negative. It failed. But we learned two very valuable things.

[One,] that you've definitely got to blind the outcomes to people if you want them to try and do some sort of unbiased science because they will change the results to fit what they want.

And secondly, the fact we've uncovered this seemingly volume knob in PCR testing which is very much a parameter that is accessible to a geneticist to manipulate the outcome of what's going on…

…If you want to get into the real, the funny side of PCR is, and actually how, just crap this stuff is really, the PCR thermocycler and some of these, the Quant 7, the most up-to-date thermocyclers, you're talking about $20,000 to $30,000 for one of these machines.

But when you actually break it down, as we talked about before, it's just a camera and a heating module.

They take a Peltier module, which is just a very simple, you can buy them for a few dollars from China, and you heat them up and then you reverse the polarity on the battery that runs them and they cool down very quickly, and that's all a PCR thermocycler is. Actually the digital side of it is really not rocket science. It's not a full computer processing power. It does very rudimentary things compared to even your basic laptops.

They have managed to put an entire PCR thermocycler into a battery-operated machine that you can use. And it's one time, and this was released by Pfizer, I think in 2022, called the Lucira. It literally is in your hand. It's a single-use PCR machine.

Now, they say it's actually LAMP [loop-mediated isothermal amplification], which the only difference is, the reagents are exactly the same. The method of doing it is exactly the same. But in LAMP, RT-LAMP, they only heat it once. They heat it once at a consistent temperature, whereas in PCR, it just does cycles. But it has all of the working parts of the Quant 7 Thermo-Fisher Scientific in a pocket battery-driven device, machine.

That that's how crap the machine, the machinery is, when you actually start to scratch away at the surface of it.

I want to dispel the illusion that what is going on is this miraculous stuff and I want to pull away the curtain and it is the Wizard of Oz behind there pulling all of the gears and saying "This is very complex stuff."

And again, I have a little video of it occurring…

The big thing that I want to point out with that is, I don't know if you caught it right at the end there, but they admitted that the thing that they were looking for when they said, "Oh, the sample comes down and it mixes" and it does all the, they showed the loop-mediated stuff with all of the very complex nucleotides being knocked down in a big long row.

But then they said that the sample comes down and it mixes with that and it turns acidic. And the acidity makes the reagent turn yellow. So they fully admitted that actually what they're looking for is acidity.

SL: It's all this hocus pocus genetics. It's just a story. It's acidity. They're looking for acidity.

JA: And it kind of gets even worse than that because I've just bought one of these. This is an exact same thing, but it's reusable. So this benchtop thing, you get the reagents in this — in the little card. You get all the little reagents in a circle in the card, and then you can put them in and reuse this machine. It works on the same technology.

And in the manual, it says, "Avoid acidic foods before you use it." I wonder why that is. I wonder why you shouldn't eat acidic foods. Is it because it's looking for acidity?

And there's fair science that say when you are expressing symptoms, especially respiratory symptoms, that your mucus turns what?

SL: Acidic. It's a product of any kind of inflammation.

JA: I'm not saying that that's exactly how it works because I haven't actually, I'm due to receive this machine in a few weeks' time. I can tell you a little bit more when I do some of the testing on it.

But is it as stupid as just, it's measuring acidity? Because I think that we can all see that it is measuring something. People are sick, they test, it comes back positive. I think there is certainly some sort of correlation between where things test and where things don't.

Just at the bottom here that the World Health Organization have just approved this technology to be used, the LAMP-mediated thing, so these home PCR kits, they're trying to to take slowly the rapid antigen tests off of the market and replace them with these reusable desktop PCR machines because everybody knows that the antigen tests are junk.

There is some semblance of it telling you whether you're sick or not. But if it is just as stupid as it is measuring acidity, it a) should be easy to show and b) easy to prove in a court of law or anything like that, that if they're basing this stuff off of fraudulent indications, they're claiming it's indicating one thing, whereas actually it's provably not…

9. Stefan Lanka, German court ruling on evidence of the existence of measles virus...

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10. Innocence project, forensic DNA, inability of geneticists to distinguish human DNA from dog DNA.

JA: …It's fair enough to start picking holes in that but one of the eye-opening things in my investigation and doing the R&D [research and development] for this project that I came across was a project called the Innocence Project, which was set up by one of the lawyers on the OJ Simpson trial, and another one called Greg Hampikian, who during the OJ Simpson trial, they were so put off by some of the forensics evidence, that they started to kind of dig into the National Institute of [Standards and] Technology, the kind of three-letter agency that was involved in forensics genomes, making sure that what was going on in court was, was it based on good science, all of genetic forensics evidence?

This Innocence Project, and Greg Hampikian, and the name is escaping me now. I've said his name so many times, but I can't remember. It'll come back to me. They went to the three-letter agencies looking for what is essentially a blinded test for forensics genetics sequencing.

They asked the National Institute of Technology if they had any blinded tests of accuracy, to which jaw-droppingly, they said "No. We don't. We've never actually tried to blind known outcomes to genetics labs to test whether it's accurate."

They forced — this group, the Innocence Project — forced the National Institute of [Standards and] Technology to do it.

Here, if you read at the top, a 2013 survey by the National Institute of [Standards and] Technology[448] asked analysts from 108 labs to look at a three-person mixture and determine if a suspect's DNA was present.

They took this DNA petri dish, they put three people in, and they said, "We know the perpetrator of this crime. Can you tell us which one it is, A, B, C, or they're not in the dish?"

70% of the analysts said the suspect might be in the mix. 24% said the data was inconclusive. And just 6% arrived at the truth: the suspect was not in the sample. So out of 108 different labs, 6%, it was eight labs, got the correct answer.

They say it's 99% accurate, all this DNA stuff. But actually when you blind the outcomes, when you know the outcome, and I've asked this of maybe a couple of hundred geneticists. Now I do the same thing every time. It's "if I took a DNA sample, if I took a pool of a hundred animals, and I, they were known to me, but you didn't know which animals they were. And I took the sample of one animal. Could you tell me what that animal was?"

And every single one of them goes, "Yeah, of course I could."

[448] https://nvlpubs.nist.gov/nistpubs/ir/2021/NIST.IR.8351-draft.pdf

And I just say one simple thing: "Could you show me a paper where you do this?"

And it doesn't exist. It doesn't exist. They are complete—, it's like garlic to a vampire. They don't like being blinded. In fact, the entire forensics geneticists' union or whatever it is, have actively rallied against being blinded to the outcomes.

They want to know basically who they think the perpetrator is before they start any of these genetic sequencing. Here it says the same, Innocence Project.

> "Greg Hampikian, a biology and criminal justice professor at Boise State University and director of the Idaho Innocence Project, was a defense expert in the trial and felt sure the analysts had reached their conclusion because of unconscious bias. They knew a great deal about the case, including that the detectives believed Robinson was guilty.
>
> To test his suspicions, Hampikian and cognitive neuroscientist Itiel Dror of University College London sent the DNA data to 17 other analysts and asked them to interpret it without any information about the case. Only one agreed with the original analysts."[449]

again, less than a 10% outcome when you blind the outcomes to even within forensic science which, I have to tell you, Sasha, I have no interest about getting into because the implications for showing that potentially forensic DNA testing is not as it says it is, is mind-blowing. Absolutely mind-blowing.

SL: It should be because...there are famous, and I can send you references to that, there are news stories in articles saying that people do these blinded tests sent out for the results. These forensic supposedly DNA tests cannot tell the difference between a dog and a human.

So they send dog DNA—. There are numerous examples. There are also examples where, for example, people who received bone marrow transplant, they have different DNA now. So their DNA changes.

It's also not clear whether sampling from one part of the body produces the same results sampling from another part of the body.

Because not only they don't do these validation tests, they also don't do the repeat test. For example, if this first experiment with 108 labs was repeated, would it be the same 6% that come back with correct answer or a different 6% or 3% or no? What does it look when you test, retest?

JA: That's right. Essentially, there is no repeatability within it, even on first go, because you — and I've come under quite a lot of flak for kind of just even pointing this out — because people go, "Are you trying to tell me that—?"

It's astounding to people that work in, say, engineering and mechanical engineering are things that, aviation.

[449] https://www.themarshallproject.org/2015/06/24/the-surprisingly-imperfect-science-of-dna-testing

I was chatting to a bloke on Twitter that's in aviation and insurance, so they quite clearly have, when things go wrong, it's very evident that they go wrong. The plane falls out of the sky.

The problem with a lot of biology is that, well, there is nothing tangible to go by.

It's not like a failing system. You can't really see its working parts. You are totally kind of reliant on what's happening within the petri dish and unless you specifically go and you specifically benchmark test it against something that's happening in reality, like, for instance knowing an animal that you've chosen or knowing a person that you've chosen and reverse engineering it, there's no way of easily showing that.

So it's eye opening to a lot of people that these things haven't been done before within these areas of science that, to an engineer, for instance, they just say, "Well, they must have done it because if they haven't, that's mental."

But it's mental. It's mental. That's it. They haven't done it. Not only have they not done it, is that when they in the very, very rare instances that they do do it, they fail massively, massively badly…

This is the background that we have going on, there's quite clearly a lot of holes in this thing.

They tell us on the surface "It's 99.9 accurate, we never get anything wrong and this is exactly how it works."

Whereas I hope that you can see that they openly tell you that some of the things that they're measuring are just the fluorescent dye that they're putting in, that it turns acidic and they're measuring acidity, that there are just wholesale volume knobs to turn up and down the positive or negative results that they're getting.

And then even when you come out right out the back, even when they're very confident in saying it, that actually when you blind test the results they can't tell the difference between a lizard or a dog or a human being.

That's kind of it in in a nutshell the background towards what is the, I would say, pseudoscience of, you know, genetics.

SL: Those two are pseudo-sciences, the virology and genetics, and then the PCR test, it's combined.

This is fascinating and I hope more people subscribe. Is Substack your primary?

JA: Yeah, Substack is where we're going to be releasing all of the results. It's an open-source project. We welcome people getting on board. The whole point is, is that we're trying to dispel the mysticism around science.

There's this thing that scientists are this protective breed in white lab coats and everything that goes on behind closed doors is very, very technical and you can't understand it as a layman.

I want to lift the lid on that and I want to bring people into the laboratories.

So we're doing all of these experiments. We're trying to show them in as communicable and easy a way as possible. We are even going as far as taking video. We have video to release of the experiments taking place in a couple of the CROs. We're releasing every single piece of material to the general public as they want it to use in an open-source manner in any way that they want to use them.

Whether it is people being unfairly dismissed from work or people trying to be forced into taking vaccinations or people in school trying to not have vaccine mandates at school for their kids.

Take this work and use it to defend yourself and say, "Look, this science is not settled. You cannot force us to do anything," otherwise you're going—.

I want to empower people to be able to defend themselves, both knowing how fraudulent this science is, and also, to make sure that people trying to enforce all of these ridiculous politics on people, are legally liable for what they're doing.

That's the project that I'm running. It's available on Substack, putting all of the information out there. And if you sign up for free, the email addresses, we're keeping them. The final, all the experiments, the whole genome sequencing that we're doing at the moment, the PCR testing will all be put up into one manuscript that we will be emailing to everybody in one kind of large piece of paper.

We're very aware that there is not a single scientific journal that will publish this. And I don't want it published. It's about an open-source and a decentralized way of getting people moving forward and unstitching the problems that we're seeing in science today and the problems of why 2020 occurred...

* * *

Nov. 8, 2024 - On homes, neighborhoods, schools, businesses, churches and hospitals as open-air concentration camps.

Correspondence with a reader

A reader interested in preparing habeas corpus petitions for filing in public health emergency (quarantine) contexts, mobilizing state prosecutors to prosecute federal officials for violation of state criminal laws, and related legal issues asked about whether I know of any cases in which "a federal official…was a defendant in a criminal case brought by a state prosecutor…in the PREP Act/countermeasure context" and attached two reports about "quarantine camps."

- July 26, 2020 - Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings[450] (CDC)
- Nov. 7, 2024 - The CDC Planned Quarantine Camps Nationwide[451] (Jeffrey Tucker)

My replies, excerpts:

I have looked at the CDC quarantine camp document previously, downloaded a PDF in February 2023: -- July 29, 2020 - Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings[452] -- but had not seen the Brownstone article. I tend to not read Brownstone because it's part of the narrative management program to keep public attention away from the intentionality of the federal poisoning programs and other government-run criminal enterprises.

I think it's worth attempting litigation on the state criminal law claims, but I think the state and federal responses can be anticipated from the cases that have already been filed, moved to federal court and/or dismissed over the past four years on standing, mootness and lack of jurisdiction grounds.

On whether I know of any cases brought by state prosecutors, the answer is no.

I know by hearsay of several attempts by civilians to engage sheriffs and prosecutors in reviewing evidence packages, to try to get them to move on to filing criminal charges. The most vivid description I've heard, about what has happened, is that the sheriff ran out the back of the building as the civilians were entering the front of the building, to avoid taking receipt of the information.

In the UK, there have been some reports of civilian teams, including former police officers, trying to file information with police officials, and the police officials, as far as I know, have accepted the information and then done nothing with it. [Mark Sexton and Philip Hyland v. The Commissioner of the Metropolitan Police[453]]**.**

[450] https://web.archive.org/web/20200728203549/https:/www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html
[451] https://brownstone.org/articles/the-cdc-planned-quarantine-camps-nationwide/
[452] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2020.07.29-cdc-quarantine-camps-interim-operational-considerations-implementing-shielding-approach-prevent-covid-19-infections-humanitarian-settings-1.pdf
[453] https://gibraltar-messenger.net/storage/2024/02/Mark-Sexton-Grounds-Final.pdf

One related case I'm aware of in the US is *Ealy et al v. Redfield et al*, an attempt to obtain a federal (not state) grand jury to investigate federal crimes (not state crimes) committed by CDC officers.

The Ealy petition was dismissed by the Oregon US District Court in November 2022 and the dismissal was affirmed by the Ninth Circuit Court of Appeals in February 2024.

- 2022.03.07 Ealy Oregon Grand Jury Petition[454]
- 2022.11.11 Ealy v Redfield USDC Order Dismiss[455]
- 2023.02.16 Ealy v. Redfield Appellate Brief[456]
- 2024.02.22 Ealy v. Redfield Ninth Circuit affirm District Court dismissal[457]

My own experiences corroborate the accounts I've heard from others. In early 2022, I went to the local police department and the county sheriff, attempting to provide evidence and encourage prosecution of the school district for committing acts of criminal child abuse through masking and distancing policies. I was told by the local police officer that he had been instructed by superior officers not to accept any such information and not to pursue any investigations.

I was told by the county sheriff that he could not investigate or prosecute school officials because they are a separate government entity not subject to county law enforcement, and that if he (the sheriff) attempted to investigate or prosecute crimes related to Covid policies, his department would be de-funded by the Democrat-controlled county commission.

Those discussions happened in early 2022 along with my related attempt to use the Pennsylvania Right to Know law (state version of FOIA) to obtain any written directives given to district attorneys and sheriffs — possibly by state AG, possibly by federal Department of Justice — to ensure that they would steer clear of investigations and prosecutions.

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information.*
Please use additional sheets if necessary

1) Complete, unredacted copies of all emails, letters, memoranda, reports, policies, guidelines, orders, directives, legal opinions, meeting notes/minutes, or other written records, sent or received by Centre County District Attorneys office between Jan. 1, 2020 and the present, containing Pennsylvania Attorney General and/or Centre County District Attorney guidance to law enforcement officers (police, sheriffs, etc.) and prosecutors, about how to handle citizen reports to law enforcement, of Covid-19 mitigations such as masking orders, vaccine mandates, social distancing orders, business occupancy and closure orders, as violations of civil laws (tort claims), constitutional rights and/or criminal laws.

No records were provided in response to the FOIAs, so I concluded that the mechanism of control was primarily financial, through the Intergovernmental Agreements (IGAs), CARES Act, ESSER funding for schools, coupled with pre-existing DOJ-CDC training programs that conveyed to local and state law enforcement that once the emergency conditions are in place, their function is to support federal military control of populations.

[454] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/11/2022.03.07-ealy-oregon-grand-jury-petition.pdf
[455] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2022.11.11-ealy-v-redfield-order-dismiss.pdf
[456] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/02/2023.02.16-ealy-v.-redfield-appellate-brief.pdf
[457] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.02.22-ealy-v.-redfield-ninth-circuit-affirm-district-court-dismissal-22-35962.pdf

- 2006 - The Role of Law Enforcement in Public Health Emergencies, Special Considerations for an All-Hazards Approach[458] (DOJ)
- 2008 - A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response[459] (DOJ, CDC)
- 2017 - Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans[460] (DHS-FEMA)
- 2023 - Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans[461] (DHS-FEMA)

The citation for the domestic deployment of federal military — and its deputized officers in state and local uniform per the emergency management training programs — is currently 10 USC 282,[462] previously 10 USC 382.

For what it's worth, I think the focus on "quarantine camps" is a bit of misdirection to get people imagining Auschwitz camps being set up in rural, suburban and urban America. During Covid, the same direct control of the general population was achieved by stay-at-home orders, school closures, and business and church restrictions, (turning homes and neighborhoods into *de facto* open-air concentration camps) and the direct control of allegedly sick people, for purposes of killing them, was done in special hospital and nursing home "Covid wards."

When the time comes for the next round, hospitals and nursing homes will probably also be used again, in the same way they've been used to kill people on coronavirus pretexts. The federal and state public health officers will probably also escalate by attempting to barricade neighborhoods with roadblocks and not allow people to leave or re-enter their homes or neighborhoods without submitting to inspection and vaccination at the roadblocks, which will be manned by armed local, state and federal law enforcement and public health officers, along with armed federal military officers. Lahaina, Hawaii (during and after the 2023 fire) is an example of what it could look like, as is Paradise, California during and after the Camp Fire in 2018, and many other incidents in recent years.

One example of a state law on point is Texas' T.C.A. § 81.085(i)[463] which authorizes the state health commissioner to "impose an area quarantine coextensive with the area affected" by a communicable disease outbreak; authorizes health department officers to demand individuals disclose "immunization status;" and authorizes law enforcement officers to "use reasonable force to secure a quarantine area and...prevent an individual from entering or leaving the quarantine area."

[458] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2006.09-bureau-of-justice-assistance-pandemic-mutual-law-enforcement-assistance-planning-guide.pdf
[459] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/09/2008-cdc-doj-legal-framework-response-public-health-2021-2.pdf
[460] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2017.01.23-dhs-dept-homeland-security-biological-incident-annex.pdf
[461] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/11/2023.05-dhs-fema-biological-incident-annex.pdf
[462] https://www.law.cornell.edu/uscode/text/10/282
[463] https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm

Related, re: quarantine law and state-level public health emergency law:

- July 24, 2022 - Why do local law enforcement officers side with hospitals and nursing homes in conflicts with patients, patients' family members and pastoral care providers?
- Oct. 5, 2022 - State-level Mini-Me government-run bioterrorism programs. Turning Point Initiative, Model State Emergency Health Powers Act and progeny.
- Nov. 4, 2022 - Forced internment on communicable disease and public health emergency pretexts.
- April 6, 2023 - On enforcement mechanisms wielded against non-compliant nation-states. - "…The same extortion mechanism works on smaller scales, to enforce the compliance of commercial banks, state governments, hospitals, schools, counties, towns, private businesses subject to state licensure, families and individuals, and has been used extensively during the last three years..."
- Sept. 28, 2023 - On urging county, municipal and regional law enforcement and health officials to defy orders to capture and kill people under public health emergency pretexts.
- Nov. 13, 2023 - Opportunities for US state lawmakers to shield their populations from the next 'public health emergency'-predicated federal assaults.
- Nov. 30, 2023 - 50 of 50 States Already Have Rules in Place for Not Quarantine Camps.[464] (Conspiracy Sarah)
- Jan. 20, 2024 - On the historical development and current list of 'quarantinable communicable diseases.' - "...In April 2003, President Bush issued Executive Order 13295... At Section 1(b), Bush added common respiratory illnesses under the new name "SARS"... In April 2005, President Bush [added] "Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic...''
- March 28, 2024 - Repeal **state** public health emergency, emergency management, and communicable disease control laws.
- May 23, 2024 - Top 10 US **federal** laws Congress should repeal to end worldwide vaccination, mutilation and killing programs.
- June 2, 2024 - Grand Princess Quarantine Orders - Discussion with Dr. Jane Ruby. Partial FOIA response has been obtained from HHS by Children's Health Defense.[465] (Sasha Latypova)
- Aug. 12, 2024 - On habeas corpus, probable cause, warrants, detention and extrajudicial state killing under declared public health emergencies.
- Aug. 19, 2024 - Grand Princess Quarantine Orders FOIA, Part 2[466] (Sasha Latypova)
- Aug. 20, 2024 - Court-ordered quarantine: involuntary arrest and detention by local health and law enforcement officers.
- Sept. 7, 2024 - On 'non-law enforcement activity' carried out by law-enforcement officers and law-enforcement methods.

* * *

[464] https://conspiracysarah.substack.com/p/48-of-50-states-already-have-rules
[465] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders
[466] https://sashalatypova.substack.com/p/grand-princess-quarantine-orders-6d4

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.

I've been working on Part 5 for several weeks, reading and thinking about things and drafting summaries of some of the key Congressional acts. I've been having difficulty processing and prioritizing all the information I've read, and so have decided to take a two-week computer and internet break to recover.

I began planning the 1798 to 1972 series in December 2023 after writing about FDA suspension of factory inspections in 2019[467] and then writing a series of reports about 1973 to 2024 non-regulation history (list below).

I thought that the earlier history (pre-1972) would be useful to Bailiwick readers because regulatory deception surrounding vaccines was in slightly simpler form when Congress set it up in 1902, as compared to the monstrous construction of non-regulation (cross-referencing, exemptions, suspensions…) that presently hides in the black hole between the Public Health Service Act and the Food Drug and Cosmetic Act.

The main methods of deceit — not defining terms clearly and coherently; not establishing measurable product standards; not requiring development of validated tests to assess product compliance with standards; and not assigning duties of enforcement and substantive penalties for non-compliance — have remained the same.

But the more I read this past month, the more I realized that the deceits and irrationality and incoherence were already very layered even at the beginning in 1902 and became even more so by mid-century, with scientific methods and scientific data fraud (in virology, pathology, epidemiology, and other fields) and public health policy (such as the nationwide polio vaccination campaign) evolving in complexity and incoherence alongside the legal and regulatory fraud.

I'm hoping to rest and then come back to the material in early December, better equipped to write the 1944-1972 story, to convey useful information without getting overwhelmed by the details myself, and without overwhelming readers too.

In the meantime, for readers who are interested in digging deeper, I'm linking to some of the documents I've found most useful, while working on Part 5, for understanding how some of the regulatory, scientific and medical deceptions have been legalized and carried out.

[Live links at original online post]

[467] https://bailiwicknews.substack.com/p/legalized-fda-non-regulation-of-biological

Note:

It's important to read between the lines of these documents, understanding that the authors used a variety of methods to deflect readers away from concluding that the US Public Health Service, drug manufacturers and physicians have been engaged in a joint criminal enterprise to

1. intentionally sicken people and shorten life expectancy using poisons labeled as vaccines to cause cancers, heart disease, autoimmune, neurological and gastrointestinal disorders and other chronic disease, and

2. hide the truth about what they're doing behind pharmaceutical (poison) manufacturing regulatory programs, public health and communicable disease control (quarantine and vaccination) programs and chronic disease research (vaccine-injury cover-up) programs.

Otherwise seemingly inexplicable statutory and regulatory (Congressional and federal agency) acts and omissions have been attributed to lack of delegated regulatory authority; lack of need for regulatory authority; lack of knowledge or use of regulatory authority; and lack of regulatory competency, funding and personnel.

Otherwise seemingly inexplicable acts and omissions have also been attributed to cooperative, communicative, mutually-trusting, non-confrontational relationships between regulators, drug manufacturers and physicians, such that vaccines have been construed as so properly-developed, properly-manufactured, self-tested, self-monitored and self-reported by manufacturers that there has never been any need for observable, recorded regulatory enforcement action or criminal prosecution.

12 key Congressional acts, 1944 to 1972

- 1944.07.01 PL 78-410 Public Health Service Act - Consolidated and revised Public Health Service statute, incorporating 1902 Virus-Toxin law.
- 1948.06.16 PL 80-655 National Heart Act - Established National Heart Institute (to join National Cancer Institute) to study heart disease.
- 1951.10.26 PL 82-215 Durham Humphrey Act to Amend FDCA 303 and 503 - Established two categories of drugs: over-the-counter and prescription, with prescriptions required for products characterized by "toxicity or other potentiality for harmful effect" and authorized Federal Security Agency Administrator to "by regulation remove drugs…from the [prescription] requirements…when such requirements are not necessary for the protection of the public health."
- 1955.08.12 PL 84-377 Polio Vaccination Assistance Act - Funding from federal government to states to inject polio vaccines into children and expectant mothers.
- 1956.02.15 PL 84-411 Act to extend Polio Vaccination Assistance Act
- 1958.09.02 PL 85-881 Act to relieve the Surgeons General Army Navy of certain responsibilities under PHSA - Eliminated three-member Surgeon Generals' board responsibility for drafting and publishing biological product regulations.
- 1958.09.06 PL 85-929 FDCA Food Additives Amendment Delaney. - Established category of food additives "generally recognized as safe" (GRAS) under food adulteration laws, and provided that the Health, Education and Welfare "Secretary shall by regulation provide for exempting from the requirements of this section any food additive…intended solely for investigational use…"
- 1962.10.10 PL 87-781 Drug Amendments Act Kefauver Harris - Established authority for FDA to require evidence of effectiveness in review of New Drug Applications, and provided for conditional exemptions, "within the discretion of the [HEW] Secretary…among other conditions relating to the protection of the public health," and exemptions from requirements to "obtain the consent of such human beings or their representatives…where [investigational drug manufacturers or sponsors] deem it not feasible or, in their professional judgment, contrary to the best interests of such human beings..."
- 1962.10.23 PL 87-868 Vaccination Assistance Act - Funding from federal government to states for polio, diphtheria, whooping cough (pertussis) and tetanus vaccines and vaccination programs.
- 1964.09.19 PL 88-605 Virus Leukemia Program (at p. 14/23). Later known as Special Virus Cancer Program.
- 1970.10.30 PL 91-515 Heart Disease, Cancer, Stroke, and Kidney Disease Amendments to PHSA - Added *vaccine* to list of biological products for the first time, did not define the product or direct federal agencies to establish definition by regulation.
- 1971.12.23 PL 92-218 National Cancer Act

*

Biologics regulations promulgated by agencies, 1903 to 1972

(Treasury, 1903 to 1939; Federal Security Agency, 1939 to 1953; Health Education and Welfare, 1953 to 1979; Health and Human Services, 1979-present)

- 1903.02.21 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products
- 1909.05.11 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products
- 1919.02.12 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products
- 1923.08.01 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products
- 1934.03.13 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products
- 1935.02.25 PHS Treasury Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products (last version published before Federal Register Act)
- 1940 version 42 CFR 22 Viruses Serums Toxins and Analogous Products (first version published after Federal Register Act)
- 1947 version 42 CFR 73 Biologic Products 11 p (first version published after 1944 Public Health Service Act)
- 1949 version 42 CFR 73 Biologic Products 12 p
- 1958 version 42 CFR 73 Biologic Products 19 p (after 1954-1955 polio vaccination campaign and Cutter incident)
- 1960 version 42 CFR 73 Biologic Products 22 p
- 1967 version 42 CFR 73 Biological Products 67 p
- 1968 version 42 CFR 73 Biological Products 60 p
- 1969 version 42 CFR 73 Biological Products 68 p
- 1970 version 42 CFR 73 Biological Products 76 p
- 1971 version 42 CFR 73 Biological Products 79 p
- 1972 version 42 CFR 73 Biological Products 89 p (last version before transfer from NIH to FDA 21 CFR 273 and then 21 CFR 600)

*

Other reports, some behind pay walls

1910 papers by Milton J. Rosenau, Director of Hygienic Laboratory, published in JAMA

- Jan. 22, 1910 - Vaccine Virus[468]
- Jan. 22, 1910 - The Federal Control of Vaccines, Serums, etc.[469]

[468] https://jamanetwork.com/journals/jama/article-abstract/431147
[469] https://jamanetwork.com/journals/jama/article-abstract/431146

1924 Rathbone hearings on Regulation Viruses Serums Toxins[470] - 236 pages. Discussions in the first 50 or so pages give a good overview of the different arguments mounted by PHS officers, drug manufacturers and AMA physicians against Congressional reform. Related Bailiwick reporting[471]

1958 - Federal Regulation of Biologicals Applicable to the Diseases of Man[472] (Parke M. Banta, HEW General Counsel, *Food, Drug, Cosmetic Law Journal*)

> "…[A]s far as I can determine, there has not been since the enactment of the statute in 1902 any litigation directly involving its application or interpretation; no one has been penalized for its violation nor, so far as I know, charged under its penalty provisions with any violation of any of its provisions. Moreover, I am informed that no license has been suspended or revoked over the protest of the licensee…"

1972 Nicholas Wade series on regulatory failures at NIH Division of Biologics Standards, 1958 to 1972, published in journal *Science*:

- Feb. 25, 1972 - Division of Biologics Standards: In the Matter of J. Anthony Morris[473]
- March 3, 1972 - Division of Biologics Standards: Scientific Management Questioned[474]
- March 10, 1972 - DBS: Officials Confused over Powers[475]
- March 17, 1972 - Division of Biologics Standards: The Boat That Never Rocked[476]
- April 7, 1972 - DBS: Agency Contravenes Its Own Regulations[477]
- June 30, 1972 - DBS Scientist to Head New [FDA] Vaccine Bureau[478]

1972 - GAO report: Problems Involving the Effectiveness of Vaccines[479]

1980 - GAO report: Answers to Questions on Selected FDA Bureau of Biologics Regulation Activities[480]

2016 - Early Developments in the Regulation of Biologics[481] (Terry S. Coleman, *Food and Drug Law Journal*)

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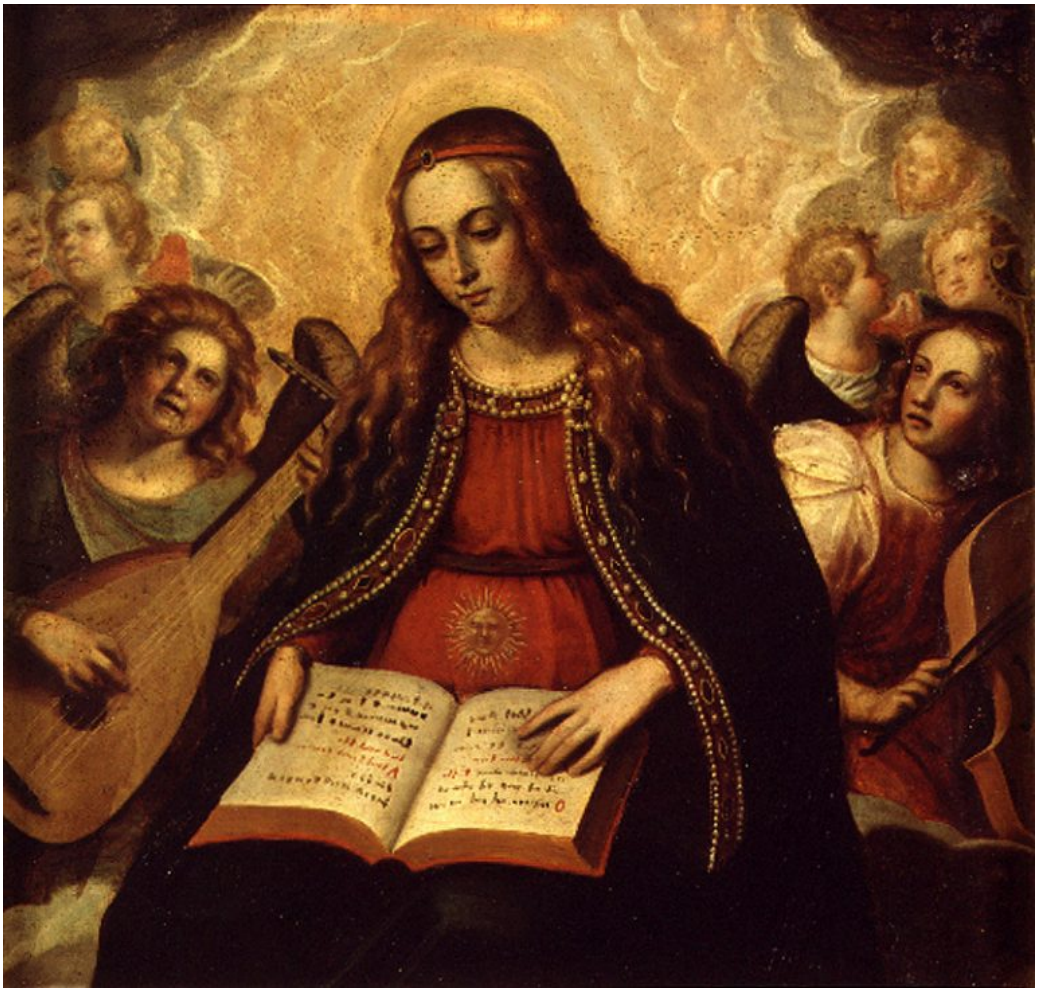
[470] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1924.02.21-to-2024.05.06-rathbone-hearings-regulation-viruses-serums-toxins-236-p.pdf
[471] https://bailiwicknews.substack.com/p/1924-rathbone-hearings-us-congress
[472] https://www.jstor.org/stable/26655318
[473] https://www.jstor.org/stable/1733648
[474] https://www.jstor.org/stable/1732708
[475] https://www.jstor.org/stable/1732792
[476] https://www.jstor.org/stable/1733694
[477] https://www.jstor.org/stable/1733313
[478] https://www.jstor.org/stable/1734569
[479] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/10/1972.03.28-gao-report-ribicoff-problems-involving-the-effectiveness-of-vaccines.pdf
[480] 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
[481] https://www.fdli.org/wp-content/uploads/2017/01/FDLJ-71-4-early-developments-in-regulation-biologics-5221114-open.pdf

December 2024



Virgin of Hope with Angels. Juan Zarinena

Dec. 2, 2024 - Useful things Kennedy could do as Secretary of Health and Human Services to promote vaccine hostility.

Responses to request for comment sent by Children's Health Defense reporter.

On Nov. 20, 2024, a Children's Health Defense reporter contacted me to request comment on a story he was writing about the alleged escape of monkeys from a research facility in South Carolina.

I provided responses to two of the questions:

Q: Is there anything else you would like to add, not covered by the above?

> A: My legal research supports the conclusion that vaccination is a primary driver of disease, infertility and premature death.
>
> Vaccine confidence programs are based on deceptive scientific methods, promoted by deceptive scientific and general-circulation publications, and shielded from public understanding by deceptive regulatory simulations performed by FDA and drug companies.
>
> I encourage people to become vaccine hostile: stop taking vaccines and stop vaccinating babies and children.

Q: What would you like to see the new administration, especially with RFK Jr. at the helm of HHS, do?

> A: In my view, the most useful things Kennedy can do as HHS Secretary are to shut down all vaccination programs; abolish the CDC Advisory Committee on Immunization Practices (ACIP); abolish the FDA Center for Biologics Evaluation and Research (CBER) [including the] Office of Vaccines Research and Review (OVRR) and Vaccines and Related Biological Products Advisory Committee (VRBPAC); and shut down all NIH and BARDA vaccine research and development programs.

*

I forwarded the question list to Sasha Latypova, who also provided responses to the author.

The CHD story was published on Nov. 21, 2024[482]. The author let me know by email later that day: "your remarks did not make it into the final draft after my editors finished working on it."

Sasha published a link to the CHD story, her submitted comments and my submitted comments, on Nov. 25, 2025.

- Nov. 25, 2024 - Monkey escape.[483] (Sasha Latypova) - "….Q: What are the risks of this type of research? Answer: The risks in my opinion are largely the fraud and psychological propaganda on the public that this perpetuates. They perpetuate the myth of "gain-of-function viruses" to justify these programs. It is not possible to make gain of function self-spreading viruses for a variety of reasons, and it's not just me saying this, this was confirmed by the US National Academies of Science, including by Ralph Baric himself stating that there is no current scientific knowledge to achieve this[484]…"

While drafting my responses, I considered offering the CHD author my view that monkey escapes and other stories about bio-lab security breaches are orchestrated events to drive public support for pandemic preparedness racketeering and that gain-of-function research — allegedly capable of causing pandemics of communicable disease — is a non-issue.

I decided to keep my response focused on vaccination and shutting down vaccination programs, because I think vaccination is an effective form of gain-of-function technology.

Vaccination is probably the most effective form of biological and chemical warfare devisable. It has technical and psychological features that maximize the feasibility of product development; scaling for mass manufacturing and mass deployment; and target immobilization.

Vaccination uses mixtures of toxic substances known to be harmful to living organisms, dissolved in liquid solutions, encased in glass vials and refrigerated, combined with deception (getting people to believe lies about communicable disease pathogens and the derivative lie that taking pathogen-predicated toxic mixtures will protect or improve their health and the health of their babies and children), combined with syringe/needle delivery systems, wielded by nurses and pharmacists to inject the toxins into submissive, immobile people, bypassing rational thought, skin, lungs, mucous membranes, digestive tract and other barriers-to-entry that would otherwise block or mitigate the effects of poisons.

The most vulnerable point in the vaccination gain-of-function system is the deception factor.

When people understand that the instilled fear of communicable disease threats is based on demonstrable scientific malfeasance,[485] and that the contents of vaccine vials and vaccine syringes are intentionally toxic, they stop taking vaccines and they stop vaccinating babies and children.

[482] https://childrenshealthdefense.org/defender/south-carolina-escaped-monkeys-disease-spread-biolabs/
[483] https://sashalatypova.substack.com/p/monkey-escape
[484] https://sashalatypova.substack.com/p/dogma-or-why-it-is-not-possible-to?r=uaapz
[485] https://greatreject.org/dr-stefan-lanka-claims-about-viruses-are-false/

Related

- July 1, 2023 - Another sign that tide of covert war is turning will be pharmacies that refuse to take delivery of DoD biochemical weapons and pharmacists who refuse to use them on targets.
- Aug. 28, 2024 - On 'critical quality attributes' or CQAs - Excerpts from 2010 Sequence-Based Classification of Select Agents, A Brighter Line: Committee on Scientific Milestones for the Development of a Gene Sequence-Based Classification System for the Oversight of Select Agents[486] (National Academies of Sciences, Engineering and Medicine) with brief analysis. "…There is no 'bright line[487]' or even the possibility of a bright line, distinguishing cell-based biological weapons — 'select agents and toxins,' in HHS regulatory language (42 USC 262a[488]; 42 CFR 73[489]) — from vaccines and other biological, genetic, cell-based products. And because it is not feasible to predict biological functions of encoded sequences, for the purposes of classifying a sequence as a select agent or biological weapon, it is also not feasible to predict biological functions of encoded sequences in terms of their therapeutic value as treatments or prophylactics. In other words, there is no scientifically-feasible foundation upon which vaccine manufacturers, regulators, advocates or users can make any valid, verifiable, credible, trustworthy claims about the identity, purity, potency, safety or efficacy of vaccines and other genetic products…"

[486] https://nap.nationalacademies.org/catalog/12970/sequence-based-classification-of-select-agents-a-brighter-line
[487] https://www.merriam-webster.com/dictionary/bright-line
[488] https://www.law.cornell.edu/uscode/text/42/262a
[489] https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73?toc=1

Dec. 4, 2024 - Coordinated federal government diversion of research and public understanding to obscure epidemic of vaccine injury.

I recently received a question from a reader wondering "Why 1972?"

Reader wrote:

I was reading one of your pieces and I think you mentioned you and another woman (or maybe just you) will be doing a deep dive into the health policy changes starting from 1972 on. I said to myself, “Why 1972?”

I went to the HHS website and found this:

- Histories of FDA-Regulated Products[490]

Particularly this stood out to me: "In 1972, the regulation of biological products was transferred to the FDA from the National Institutes of Health, just a year after the FDA's National Center for Toxicological Research was established."

Knowing the craziness and confusion that can happen in departments when they are given new responsibilities, I wondered if they were completely unprepared for this change. Did they have enough staff or funding to take on this new responsibility? Would it require new technology they didn’t typically have in their reach? They had just taken on the responsibility of the newly founded “National Center for Toxicological Research” a year earlier. It sounds like the FDA was just being used...

For a year or so, I've been working on two series of reports.

One series is about biological product law since US federal government biological product regulatory simulations transferred from the Department of Health, Education and Welfare (HEW)-Public Health Service (PHS) National Institute of Health (NIH) Division of Biologics Standards (DBS) to the HEW-PHS Food and Drug Administration (FDA) Bureau of Biologics in 1972.

The other series — co-researched with Lydia Hazel — is about biological product law as it developed from origins in the Marine Hospital Service in 1798 and the 1902 Virus-Toxin law (also known as the Biologics Control Act, incorporated into the 1944 Public Health Service Act at Sections 351 and 352), up until the transfer from NIH to FDA in 1972.

*

[490] https://www.fda.gov/about-fda/fda-history/histories-fda-regulated-products

My reply to the reader, expanded:

I use 1972 as a turning point year because it's the year biologics non-regulation was transferred from NIH and FDA.

I had already done several reports (mostly published between Dec. 2023 and July 2024) on the 1972-to-present records.

With Lydia Hazel's help, I've been working on the pre-1972 series for several months. There are now four parts of the pre-1972 series published and the last one, Part 5, is in progress.

As a result of my research, I don't think it's correct to attribute what FDA has not done or has pretended to do since 1972, to FDA's sudden receipt of the biologics program and lack of preparedness.

What happened is that the NIH Division of Biologics Standards came under a small amount of public scrutiny in 1971, due to an employee grievance filed by J. Anthony Morris, and members of Congress worked with HEW, NIH and FDA officers to conduct fake investigations, write whitewash reports and then quietly, laterally move the entire DBS program and all of its on-paper employees from the NIH organizational structure to the FDA organizational structure, without substantially changing how the non-regulation regulatory charade worked, and still works today.[3]

*

Prompted by the reader's mention of the FDA National Center for Toxicological Research as established in 1971, I looked into that organization further.

The FDA National Center for Toxicological Research was set up at the U.S. Army Chemical Corps chemical and biological weapons development site at the Pine Bluff Arsenal (Pine Bluff, Arkansas).

At the Pine Bluff Arsenal, chemical and biological weapons military research had been conducted since World War II, in cooperation with the US Army Biological Warfare Laboratories at Camp Detrick (Maryland) and Dugway Proving Grounds (Utah).

In 1969, President Richard Nixon issued a statement pretending to ban chemical and biological warfare research[491] but characterizing some biological research, including "immunization" programs, as "defensive measures" that would continue.

One of the methods for legally and administratively enabling chemical and biological warfare research to continue was to change the names, administrative housing and political cover stories for federal agencies engaged in the work.

[491] https://2001-2009.state.gov/documents/organization/90920.pdf

In 1971, the Pine Bluff Arsenal US Army Chemical Corps chemical and biological weapons research and development moved from the Department of Defense to the FDA National Center for Toxicological Research under the Department of Health, Education and Welfare and the Public Health Service, and was rebranded as "toxicological" research.

The conclusion I've drawn from the legal history is that FDA departments (and other federal public health and military divisions) ostensibly studying the toxic effects of chemical and biological agents for the purpose of preventing and treating diseases and disorders caused by these agents, are, in truth, studying the toxic effects of chemical and biological agents to find more efficient and difficult-to-trace methods of poisoning people, primarily by inserting pathogenic organisms and toxins into routine and emergency vaccines and injecting those vaccines into babies, children and adults.

Similarly, I think most NIH departments and research programs should be understood as vaccine injury cover-up enterprises.

Key players have known for more than a century, and still know, that the most significant source — not the only source but the most significant source — of harm to human and animal health was and is vaccines.

Key players have also known for a very long time that published research purporting to demonstrate therapeutic benefits of vaccination is scientifically unsound.

Public Health Service, HEW/HHS and NIH have established and run programs to pretend to be looking for sources of the observed damage (disease, infertility, premature death), and to centralize and control research funding and publications, to achieve an overarching goal: suppressing proper public understanding of vaccine development and manufacturing, vaccine contents and the biological effects of vaccination.

Public health and military officers work to suppress public understanding, because vaccines are insurmountably heterogeneous mixtures of unstable substances toxic to living creatures. Vaccines cannot be purified; they cannot be stabilized; they cannot protect or heal the recipient.

Vaccinators and targets who understand those things stop vaccinating babies and children, and stop taking vaccines themselves.

There are currently 27 NIH institutes and centers.[492]

Below is a list of most of them, when they were founded, and how NIH describes their work, including research on diseases and disorders caused or exacerbated by vaccination.

I want to emphasize: I do not believe vaccination is the only cause of human disease. I think vaccination has been the most significant, main driver of human disease since the first modern mass vaccination campaign began in 1954-1955 with the polio campaign.

[492] https://www.nih.gov/institutes-nih/list-institutes-centers

1937 - National Cancer Institute (NCI) —"...leads a national effort to eliminate the suffering and death due to cancer...conducts and supports research that will lead to a future in which we can prevent cancer before it starts, identify cancers that do develop at the earliest stage, eliminate cancers through innovative treatment interventions, and biologically control those cancers that we cannot eliminate so they become manageable, chronic diseases..."

1946 - Center for Scientific Review (CSR) —"...portal for NIH grant applications and their review for scientific merit…oversees and implements peer review for over 75% of the more than 88,000 applications submitted to NIH each year..."

1948 - National Heart, Lung, and Blood Institute (NHLBI) —"...research, training, and education program to promote the prevention and treatment of heart, lung, and blood diseases..."

1948 - National Institute of Allergy and Infectious Diseases (NIAID) —"research...to understand, treat, and ultimately prevent the myriad infectious, immunologic, and allergic diseases..."

NIH-NIAID currently has 7 research programs, highlighting five of them:

- Division of Allergy, Immunology, and Transplantation, exploring "how the immune system maintains health and, under abnormal conditions, also contributes to disorders..."
- Division of Microbiology and Infectious Diseases "...research to control and prevent diseases caused by virtually all human infectious agents except HIV...bacterial, viral, parasitic, and prion diseases... basic biology of human pathogens...translational and clinical research toward the development of new and improved diagnostics, drugs, and vaccines for infectious diseases. DMID supports basic research on organisms on the NIAID Category A to C list of priority pathogens for biodefense and emerging and re-emerging infectious diseases... and research to develop medical countermeasures for diseases caused by these agents;
- Division of AIDS (founded 1986)
- Dale and Betty Bumpers Vaccine Research Center (founded 1999) - "... vaccine development for high-burden diseases such as influenza, RSV, and malaria, as well as for biodefense threats and emerging infectious diseases...basic bench research, antigen discovery, comprehensive immune assessment, vaccine production capability, and conduct of clinical trials. The VRC's mission is to discover and develop novel vaccines and biologics targeting infectious diseases of global public health importance. The primary areas of research include vaccines and biologics research for HIV/AIDS, coronaviruses, influenza, malaria, and pandemic preparedness."
- Division of Intramural Research, "...16 laboratories and 3 branches that conduct biomedical research programs covering a wide range of disciplines relating to immunology, allergy, and infectious diseases...normal immune system components and functions...mechanisms responsible for abnormal immune function (immunodeficiency, allergy, and autoimmunity..."

1948 - National Institute of Dental and Craniofacial Research (NIDCR) — "...research program ...to understand, treat, and ultimately prevent the infectious and inherited craniofacial-oral-dental diseases and disorders..."

1949 - National Institute of Mental Health (NIMH) — "...understanding, treating, and preventing mental illnesses through basic research on the brain and behavior, and through clinical, epidemiological, and services research."

1950 - National Institute of Neurological Disorders and Stroke (NINDS) — "...to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease..." including autism, pervasive developmental disorders and Alzheimer's disease.

1950 - National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) — "...research and research training...on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life.

1953 - NIH Clinical Center (CC) —"...America's research hospital, provides a versatile clinical research environment…investigating the pathogenesis of disease; conducting first-in-human clinical trials with an emphasis on rare diseases and diseases of high public health impact;…diagnostic, preventive, and therapeutic interventions; training the current and next generations of clinical researchers..."

1956 - National Library of Medicine (NLM) —"...collects, organizes, and makes available biomedical science information to scientists, health professionals, and the public...creates information resources for molecular biology, biotechnology, toxicology, and environmental health..."

1962 - Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) — "...research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents..." including the Children's Vaccine Initiative (1993)

1962 - National Institute of General Medical Sciences (NIGMS) —"...basic research that increases our understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention..."

1964 - Center for Information Technology (CIT) —"...incorporates the power of modern computers into the biomedical programs and administrative procedures of the NIH by...conducting computational biosciences research, developing computer systems, and providing computer facilities."

1968 - Fogarty International Center (FIC) — " scientific research and training internationally to reduce disparities in global health."

1968 - National Eye Institute (NEI) — "...research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind."

1969 - National Institute of Environmental Health Sciences (NIEHS) -- "...how the environment affects people..."

1970 - National Institute on Alcohol Abuse and Alcoholism (NIAAA) —"research focused on improving the treatment and prevention of alcoholism and alcohol-related problems..."

1974 - National Institute on Aging (NIA) —"...research on the biomedical, social, and behavioral aspects of the aging process; the prevention of age-related diseases and disabilities...."

1974 - National Institute on Drug Abuse (NIDA) — "...causes and consequences of drug use and addiction..."

1986 - National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) — "...research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases..."

1986 - National Institute of Nursing Research (NINR) —"...lead nursing research to solve pressing health challenges and inform practice and policy..."

1988 - National Institute on Deafness and Other Communication Disorders (NIDCD) — "research and research training on normal mechanisms as well as diseases and disorders of hearing, balance, smell, taste, voice, speech, and language..."

1989 - National Human Genome Research Institute (NHGRI) —"...led NIH's contribution to the Human Genome Project..."

1999 - National Center for Complementary and Integrative Health (NCCIH) — "...define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

2000 - National Institute of Biomedical Imaging and Bioengineering (NIBIB) — "...transform through engineering the understanding of disease and its prevention, detection, diagnosis, and treatment."

2011 - National Center for Advancing Translational Sciences (NCATS) —"...innovative methods and technologies that will enhance the development, testing, and implementation of diagnostics and therapeutics across a wide range of human diseases and conditions..." KW note: *translational research*[493] refers to moving products from basic research into general use.

[493] https://en.wikipedia.org/wiki/Translational_research

Related

- Oct. 11, 2024 - Learning curve. (Katherine Watt) - "The US Department of Health and Human Services (1979-present), previously Health, Education and Welfare (1953-1979), previously Federal Security Agency (1939-1953), with military and corporate partners, has now mass-poisoned four generations of children with vaccines: Boomers (born roughly between 1946-1964), Gen-X (1965-1980), Millennials (1981-1996) and Gen Z (1997-2010). They've mass-poisoned most of Gen-Alpha (2011-present) and are coming for the rest. Stop taking vaccines. Stop vaccinating babies and children."

Records, transfer of biologics non-regulation from NIH Division of Biologics Standards to FDA Bureau of Biologics.

- Feb. 25, 1972 - 1972.02.25 37 FR 4004 HEW Notice redelegation biologics NIH 42 CFR 73 adding FDA concurrent redelegation[494]
- 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 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
- June 30, 1972 - DBS Scientist to Head New [FDA] Vaccine Bureau (Nicholas Wade, *Science*, paywalled by JSTOR)
- July 13, 1972 - 1972.07.13 37 FR 13724 HEW FDA Statement of Organization, Functions, Delegation, Bureau of Biologics[495]
- 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)[496]

* * *

[494] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1972.02.25-37-fr-4004-hew-notice-redelegation-biologics-nih-42-cfr-73-adding-fda-concurrent-redelegation.pdf
[495] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/1972.07.13-37-fr-13724-hew-fda-statement-of-organization-functions-delegation-bureau-of-biologics.pdf
[496] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/1972.08.09-37-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.pdf

Dec. 9, 2024 - Robert F. Kennedy Jr., as HHS Secretary, could withdraw public health emergency, PREP Act and EUA declarations and determinations.

Note: Readers have brought to my attention a piece published Dec. 8, 2024 at Robert Malone's Substack[497] in which my work is mentioned. I'm reviewing Malone's post today to prepare a response.

Reader question:

> …I wonder why I haven't heard informed people mention that Kennedy as HHS secretary would be able to open a big hole in the kill box by merely cancelling all or many of the existing PHE declarations, including inter alia covid, marburg, and bird flu. Wouldn't such action nullify the current countermeasure EUAs and remove a necessary condition for the PREP act to be applicable?…At this point, I have to assume that such action is not practical or practicable, or the people talking about it are ones I haven't listened to?

My response, revised/expanded

…Sasha Latypova has mentioned Kennedy's authority to revoke the PREP Act, public health emergency (PHE) and emergency use authorization (EUA) declarations and determinations for fake public health threats, including COVID-19 (one version scheduled to expire Dec. 31, 2024;[498] extension announced Dec. 11, 2024 to expire Dec. 31, 2029, 89 FR 99875[499]); marburgvirus and ebolavirus (scheduled to expire Dec. 31, 2028, see 88 FR 82907); influenza, botulism, anthrax, Zika, nerve agents, and insecticides (all in place through Dec. 31, 2027, see 87 FR 78974 to 87 FR 78985)

or allow them to expire without extensions, although I don't know if she's done a post focused only on those possibilities or if she's focused on them in any of her recent video interviews since the possibility of Kennedy's appointment as HHS Secretary emerged.

Even if a future HHS Secretary does withdraw, revoke or allow-to-expire the public health emergency, PREP Act and EUA declarations and determinations currently in force, it's my view that there are sufficient legal redundancies built into the legal structures surrounding vaccines and vaccination schedules under non-emergency conditions (including the 1986 National Childhood Vaccine Injury Act and derivative regulations), to continue blocking substantive civil and criminal prosecution of individuals who manufacture, distribute, recommend and use vaccines and other toxic products.

On my part, I haven't focused on Kennedy's possible use of HHS PREP Act, public health emergency (PHE) and EUA authorities. The day-to-day reason is because I'm using most of my energy to work through the 1944-1972 information for the pre-1972 series1 and have put most other things back-burner.

[497] https://www.malone.news/p/was-dod-the-managing-agency-for-operation
[498] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/05/2023.05.11-hhs-prep-act-amendment-11-distribution-limitations-time-qualified-persons-category-of-threat-burden-of-seasonal-influenza-88-fr-30769.pdf
[499] https://www.govinfo.gov/content/pkg/FR-2024-12-11/pdf/2024-29108.pdf

The larger reason is because I'm focused upstream of the emergency-use products, on all vaccines: routine and emergency.

The mechanisms for ending all vaccination programs include

1. getting more people to understand the lack of credibility of the federal agencies and drug manufacturers in their past and present claims and statements about communicable diseases and about routine and emergency vaccines;

2. getting more people to stop taking all vaccines and stop all vaccination of babies and children in response to that understanding; and

3. getting Congress to repeal the kill-box enabling laws.

I would like to see Kennedy, and other figures prominent in the vaccination arena, promoting public vaccine hostility directed at all vaccines and all vaccination programs, and promoting Congressional repeal of the enabling laws.

Related

- March 22, 2023 - On the utility, for inducing peaceful compliance with violent globalist control-and-kill programs, of presenting fake threats as real.
- April 11, 2023 - Biden rescinding Trump-Biden Proclamation 9994 under 1976 National Emergencies Act does not terminate Azar-Becerra's Public Health Emergency authorities under 1983 PHE amendment to the 1944 PHSA. Becerra and his successors will extend the PHE until they no longer need it to kill people with pseudo-legal impunity. Or until Congress, federal judges or states repeal or nullify the enabling acts.
- Aug. 28, 2023 - March 15, 2023 and May 11, 2023 HHS Dictator-Secretary determinations and declarations.
- 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
- July 2, 2024 - On reading PREP Act declarations as declarations of war issued by treasonous, seditious agents acting in unofficial, personal capacities.
- Dec. 2, 2024 - Useful things Kennedy could do as Secretary of Health and Human Services to promote vaccine hostility.

Dec. 9. 2024 - On contracts: consortium agreement; base agreement; technical direction letter-statement of work; project agreement.

Re-post of April 28, 2023 post

Source documents that may be useful for readers considering Robert Malone's recently-published characterization of the US Department of Defense role in Operation Warp Speed:

- 2016.04.08 DOD ATI Contract MCDC Consortium W15QKN1691002 P00085 20 years through 2036[500] (redacted)
- 2020.07.20 Base Agreement Pfizer contract[501] (redacted)
- 2020.07.21 DOD ATI Pfizer Technical Direction Letter Statement of Work OTA-W15QKN-16-9-1002[502] (redacted)

A third Pfizer-specific contract — the "Project Agreement" identified at p. 9 of the July 20, 2020 Base Agreement — has not (to my knowledge) been released to the public in redacted or unredacted form.

When Sasha Latypova and I prepared materials for Senator Ron Johnson in December 2022, we urged Johnson to obtain and publish unredacted copies of the Base Agreement, Technical Direction Letter-Statement of Work, and Project Agreement. Johnson has declined to take action to obtain and publish unredacted copies of the three Pfizer-specific contracts.

Note: Other Transactions Authority provisions were renumbered from 10 USC 2371 to 10 USC 4022[503] effective Jan. 1, 2022. Records drafted and signed before Jan. 1, 2022 cited 10 USC 2371. Records drafted and signed since Jan. 1, 2022, including records filed in *Jackson v. Pfizer*, usually cite to 10 USC 4022.

*

[500] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2016.04.08-dod-ati-contract-mcdc-consortium-w15qkn1691002-p00085-20-years-through-2036.pdf
[501] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.20-base-agreement-pfizer-contract-56-p-exh-a-jackson.pdf
[502] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf
[503] https://www.law.cornell.edu/uscode/text/10/4022

Original post:

- April 28, 2023 - Draft discovery materials for civil and criminal cases.[504] Useful for promoting understanding that the factual record of events since January 2020 supports the legal conclusion that products labeled 'vaccines' are presumptive injectable biochemical weapons. (Katherine Watt) PDF drafted April 2023, updated December 2024.[505]

Excerpts:

…Discovery is the legal process through which two or more parties to litigation exchange information after a civil complaint or criminal charges have been filed, but before trial.

It's a formalized way for the parties to obtain or disclose documents and other evidence supporting each party's legal arguments about how the law applies to the specific facts of the case…

I've put together some draft discovery materials that are built on the foundational whistleblowing and investigative work done by Brook Jackson, Sasha Latypova, Mike Yeadon, me and others…

These materials can also be used to deepen public understanding and resistance to the globalists' control-and-kill programs…

Requests for Production of Documents

1. All signed, dated, unredacted contracts and related financial records pertaining to Department of Defense Other Transaction Authority project OTA W15QKN-16-9-1002, including but not limited to unredacted lists of ingredient names, biological and chemical composition, concentration, volume and purity.

2. Signed, dated, unredacted July 20, 2020 Medical CBRN Defense Consortium (MCDC) Base Agreement No. 2020-532,[506] signed between Advanced Technology International (ATI) and Pfizer, Inc.

3. Signed, dated, unredacted July 21, 2020 Technical Direction Letter[507] [and Statement of Work] for Medical CRBN Defense Consortium (MCDC) Request for Prototype Proposals (RPP) 20-11, Objective PRE-20-11 for "COVID-19 Pandemic - Large Scale Vaccine Manufacturing Demonstration," signed between US Army Contracting Command-New Jersey, Advanced Technology International (ATI) and Pfizer, Inc.

4. Signed, dated, unredacted ATI-DOD-Pfizer Project Agreement 2011-003 under OTA W15QKN-16-9-1002, defined at p. 9 of July 20, 2020 Base Agreement, under which Pfizer is the Project Agreement Holder ("PAH").

[504] https://bailiwicknews.substack.com/p/draft-discovery-materials-for-civil
[505] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2023.04-discovery-materials-updated-2024.12.pdf
[506] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.20-base-agreement-pfizer-contract-56-p-exh-a-jackson.pdf
[507] https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf

5. Signed, dated, unredacted FDA Emergency Use Authorization (EUA) review memorandum issued Dec. 11, 2020[508] for Pfizer-labeled injectable biochemical weapons, including but not limited to "Chemistry, Manufacturing and Control (CMC) Information" ingredient names, biological and chemical composition, concentrations, volume and purity.

6. […]

7. Signed, dated, unredacted Dec. 22, 2020 Contract No. W15QKN-21-C-0012,[509] signed between Army Contracting Command - NJ, Picatinny Arsenal, and Pfizer Inc., including but not limited to unredacted ingredient names, biological and chemical composition, concentrations, volume and purity.

8. Signed, dated, unredacted July 30, 2021 Contract No. W58P0521C0002,[510] signed between Army Contracting Command - APG, Aberdeen Proving Ground, Maryland, and Pfizer Inc., including but not limited to unredacted ingredient names, biological and chemical composition, concentrations, volume and purity.

9. Signed, dated, unredacted federal employment contracts between Department of Defense, CDC, ATI and site-level "vaccinators," conscripting "vaccinators" into US military subject to DOD chain-of-command to carry out military orders to use injectable biochemical weapons during federal government response to Covid-19.

10. Signed, dated, unredacted contracts between Department of Defense, CDC, ATI and site-level "vaccinators," ("CDC COVID-19 Vaccination Program Provider Agreement"[511]) containing terms and conditions for receipt, storage and use of injectable biochemical weapons delivered by Department of Defense and/or CDC to "vaccination" premises, including unredacted ingredient names, concentrations, volumes and purity…

11. […]

12. […]

13. Signed, dated, unredacted chain-of-custody documents for the Covid-19 prototype countermeasure injectable biochemical weapons, including but not limited to date, location, shipping carrier and contents of raw material shipments delivered to each manufacturing facility; date, location and contents of transferred, unfinished products; date, location and contents of finished products to Department of Defense storage facilities; and date, location and contents of products as delivered to "vaccination centers."

14. Signed, dated, unredacted Chemical Manufacturing Control (CMC) and current Good Manufacturing Practice (cGMP) purity and potency test records for each of the raw

[508] https://bailiwicknewsarchives.files.wordpress.com/2022/09/2020.12.11-pfizer-covid-19-vaccine-eua-review-memo.pdf
[509] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2020.12.22-dod-pfizer-manufacturing-contract-w15qkn21c0012-22dec2020.pdf
[510] https://bailiwicknewsarchives.files.wordpress.com/2023/04/2021.07.30-dod-pfizer-contract-w58p0521c0002.pdf
[511] https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html#provider-agreement

materials incorporated into vials of Covid-19 biochemical weapons distributed and used, including records produced by manufacturers and/or FDA regulators.

15. Signed, dated, unredacted purity and potency test records for each of the intermediate products incorporated into vials of Covid-19 biochemical weapons distributed and used, including records produced by manufacturers and/or FDA regulators.

16. Signed, dated, unredacted purity and potency test records for each of the final products vials of Covid-19 biochemical weapons including records produced by manufacturers and/or FDA regulators.

17. […]

18. Signed, dated, unredacted copies of reports to Congress, prepared and submitted by DOD and/or HHS officials, under 50 USC 1512, 50 USC 1513, 50 USC 1518, 50 USC 1523, and 50 USC 1528, and/or any other applicable Congressional notice and/or reporting law, quantifying the mortality and morbidity data collected from any and all government databases (VAERS, V-Safe, VA, DMED, Medicare, Medicaid, etc), contract manufacturer and subcontractor databases (ATI, Pfizer, Moderna, Ventavia, ICON, etc.), and private health insurance databases (Kaiser, Blue Cross, etc.), assessing the efficacy of the mRNA/LNP and DNA/LNP classes of Covid-19 injectable biochemical weapons for incapacitating, sterilizing and killing adults, children and infants, from January 2020 to the present.

19. Signed, dated, unredacted Presidential Emergency Action Documents (PEADs) deemed by the Defense Secretary to be in force at any time from Jan. 1, 2020 to the present.

20. Signed, dated, unredacted Continuity of Government (COG) documents deemed by the Defense Secretary to be in force at any time from Jan. 1, 2020 to the present.

21. Signed, dated, unredacted documents recording the dates on which President Trump and/or President Biden invoked or extended suspension, under 50 USC 1515, of all prohibitions on DOD testing, production, transport, stockpiling and use of chemical and biological weapons and delivery systems, and/or suspended all Congressional, international, state, local and other notice and reporting provisions under 50 USC 1512, 50 USC 1512a, 50 USC 1513, 50 USC 1518; 50 USC 1520a, 50 USC 1523, and 50 USC 1528.

22. Signed, dated documents recording dates on which President Trump and/or President Biden waived, and/or extended waiver of, informed consent for military personnel under 10 USC 1107a(a).

Requests for Admission

Pertaining to US military procurement contracts, public executive orders, proclamations, declarations, determinations and/or notices promulgated under the Public Health Service Act [42 USC 247d], Stafford Act [42 USC 5121], National Emergencies Act [50 USC 1601], Defense Production Act [50 USC 4501] and/or other federal statutes; and/or confidential Presidential Emergency Action Documents (PEADs); and/or confidential Continuity of Government documents.

Admit or deny:

1. Medical CBRN Defense Consortium (MCDC) "Project Agreement" 2011-003 for OTA W15QKN-16-9-1002 and related contract documents established terms and conditions for the development and production of biological and/or chemical weapons by contractors, for delivery to the US military.

2. Under Medical CBRN Defense Consortium (MCDC) contract terms and conditions and federal Public Health Emergency (PHE) status, "Covid-19 vaccines" are military countermeasure prototypes.

3. Under Medical CBRN Defense Consortium (MCDC) contract terms and conditions and federal Public Health Emergency (PHE) status, "Covid-19 vaccines" are injectable biochemical weapons.

4. Under Medical CBRN Defense Consortium (MCDC) contract terms and conditions and federal Public Health Emergency (PHE) status, subcontractor corporations have no legal obligation to conduct clinical investigations in compliance with FDA regulations.

5. Under the 1950 Defense Production Act, as invoked by President Trump through Executive Orders 13909, 13910, 13911 and related acts, military contractors producing and distributing weapons under “voluntary agreements” are exempt from contract law and anti-trust law, and can cite the DPA in their own defense during any civil or criminal proceeding [50 USC 4558]…

*

Related

- Oct. 19, 2022 - Other Transaction Authority (OTA) is to federal procurement contract regulation as Emergency Use Authorization (EUA) is to federal drug safety regulation.
- Feb. 16, 2023 - Written artifacts of informational warfare. Truth, lies, war crimes and objective, observable realities.
- March 2, 2023 - Key quotes from Pfizer's April 22, 2022 Motion to Dismiss and US Government's Oct. 4, 2022 Statement of Interest in Support of MtD. "…from the US Government's Oct. 4, 2022 statement of interest at p. 10: "…[Brook Jackson's] complaint does not identify any provision in the [Statement of Work] for the Project Agreement between Pfizer and the Army that conditioned Government payment for the vaccine on Pfizer's compliance with the clinical trial protocol or regulations. The SOW, which is attached to the complaint, further specifies that the Army did not regulate the conduct of the clinical trial, which is "out-of-scope" for the purchase agreement between the Army and Pfizer. In short, the complaint does not plead factual content to support a conclusion that compliance with the clinical trial protocol or regulations was necessary under the contract between Pfizer and the Army such that clinical trial violations would give rise to a claim for express or implied certification liability…"
- Aug. 8, 2023 - USA v. Dr. Kirk Moore et al. - "…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. As such, DoD, CDC and FDA took great care to not produce any pharmaceutical chain-of-custody paper trail between suppliers, manufacturers, distributors, 'vaccinators' and targets. If they can produce any chain of custody records at all, those records will demonstrate that the products are military-grade biological and chemical weapons passed through the Strategic National Stockpile — not handled by regulated pharmaceutical distributors — under direct military control from the point at which raw materials entered production facilities to delivery of finished vials to retail pharmacies, medical offices, drive-through vaccination centers and other 'points of dispensing'[512]…"
- May 7, 2024 - Bits and pieces about 10 USC 1107a(a) consent waivers, EUA products, BLA products, legalized FDA non-regulation of pharmaceutical manufacturing, and related things.
- June 19, 2024 - Hospital homicides, draft discovery questions.

* * *

[512] https://www.cdc.gov/orr/documents/coopagreement-archive/fy2008/DispensingStandards.pdf

Dec. 10, 2024 - Coordinated, whole-of-government biological warmongering and war-profiteering, domestic and international.

Response to Robert Malone's Dec. 8, 2024 report.

Some KW reporting on Robert Malone's public statements and omissions:

Nov. 18, 2022 - Immunomodulation and fear modulation. Plus notes on the current spin-up of the Ebola threat. (Katherine Watt)

> "...Robert Malone also made a passing comment about the threat of Ebola in his performance during the CHD panel discussion, while walking that thin, thin line between
>
> a) the truth that governments, Gatesian-depopulation zealots, and pharmaceutical corporations "spin up" threats to maintain population docility, manufacturing capacity and market share, and
>
> b) the vested interest he shares with them, as a product developer who has worked in that space for many decades, in maintaining widespread fear of communicable disease outbreaks and fostering unthinking submission to government-directed, government-funded 'countermeasures...' "

Oct. 28, 2023 - Whatever is in the biochemical weapons bearing Pfizer and other pharma labels, is there because US SecDefs and their WHO-BIS handlers ordered it to be there. Military contractors who work in the information space are erecting firewalls between that truth and the public, using "adulteration," "contamination" and civil suits against Pfizer to delay/deflect. (Katherine Watt)

> "...What Malone, Steve Kirsch and other DoD spokesmen are doing is a distraction maneuver to keep attention away from the intentional toxicity of the biochemical weapons, the DoD/WHO control of the programs, and the fact that biodefense is camouflage for straight-up State-sponsored biowarfare, conducted by bringing pharmaceutical companies into the military-industrial-Congressional complex, calling bioweapons vaccines, and terrifying people into taking them under public health emergency and pandemic narratives..."

Some other posts in which I mentioned or quoted Malone linked at list below.

*

Below are condensed, excerpted statements of fact and legal arguments as presented by Robert Malone in a post published at his Substack on Dec. 8, 2024,[513] with my clarifications and corrections included in [brackets], followed by my translations. Full text available at Malone's Substack.

I think Malone's report provides support for the reporting and analysis that Sasha Latypova and I have presented in written and video formats.

To the extent the Dec. 8, 2024 Malone report can be construed as an accurate account of his views, one substantive area of disagreement may be our differing views on the validity of "communicable," "infectious" or "transmissible" disease models of human illness: the postulated but not-demonstrated pathogenicity — for an individual — of sub-visible allegedly disease-causing agents (i.e. 'viruses') and the postulated but not-demonstrated transmissibility — from host-to-host across populations — of sub-visible allegedly pandemic-causing agents.

I think the infectious disease model is not valid.

I think the invalidity of infectious disease models has been known to bankers, military and public health officers, physicians, bacteriologists, microbiologists, virologists, pathologists, toxicologists and immunologists for a long time and that communicable disease control, public health emergency, pandemic preparedness and vaccination programs and products have never been and are not now intended to protect or restore human health but are instead pretexts to facilitate intentional damage to human health.

Malone, based on his public statements to date, appears to believe the infectious disease model is valid, and that communicable disease control, vaccination, and pandemic preparedness are therefore important government obligations rather than large and long-running forms of government-sponsored deception, mutilation and homicide.

*

RM: "Quite a bit of controversy has been generated by those who assert that the Pfizer contract issued by the DoD for the Bio N Tech mRNA COVID “vaccines” proves that the DoD was the managing agency for the development of this product."

KW Translation:

> Katherine Watt and Sasha Latypova have reported that the US Department of Defense managed the development, production and deployment of the Pfizer/BioNTech Covid vaccines, as part of a coordinated "whole-of-government" program involving Congress (providing statutory authority and funding); US presidents and National Security Council; DoD (including DARPA, DTRA, US-AMRIID and other divisions), Department of Health and Human Services-Public Health Service (including ASPR, BARDA, PHEMCE, CDC, FDA, NIH, NIAID and other divisions); Department of Homeland Security (including FEMA); Department of Treasury, Department of State, US-Agency for International Development and most if not all other federal agencies; the Federal Reserve;

[513] https://www.malone.news/p/was-dod-the-managing-agency-for-operation

> pharmaceutical drug and device manufacturing companies incorporated into federal government (by contracts and by executive proclamations under the Public Health Service Act, Defense Production Act, Stafford Act and National Emergencies Act); international quasi-governmental and banking organizations including the Bank for International Settlements, United Nations-World Health Organization; and non-governmental organizations including the Bill and Melinda Gates Foundation, Global Alliance for Vaccines and Immunization (GAVI) and Coalition for Epidemic Preparedness Innovations (CEPI).

*

RM: "The phrase "Pfizer did not commit fraud, but rather delivered the fraud that the US Government ordered" certainly has more than a grain of truth."

KW Translation:

> When Watt and Latypova report that Pfizer argued, in its April 22, 2022 motion to dismiss[514] whistleblower Brook Jackson's False Claims Act case, that Pfizer, under its contracts with the US Army (managed by ATI for the US government Medical CBRN Defense Consortium/MCDC[515]) was not required to comply with pharmaceutical clinical trial and product development and manufacturing regulations, and therefore did not defraud the US Government by failing to comply with clinical trial, product development and manufacturing regulations; and that the US Department of Justice supported dismissal of Jackson's case on the same reasoning (Oct. 4, 2022[516]); and that USDC Judge Michael Truncale dismissed Jackson's case on the same reasoning (first on March 31, 2023[517], again on Aug. 9, 2024[518]), they are correctly understanding and reporting the contents and legal effects of the relevant contracts and the record of US government (DoD, FDA, DOJ and federal judiciary) support for the project as carried out by Pfizer-BioNTech.

[...]

*

RM: "The purpose of this essay is to help the general public to gain more insight into the back story of this non-Federal Acquisition Regulations contract, which employed a non-traditional federal contracting vehicle known as an "Other Transactional Authority" contract."

[514] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/10/2022.04.22-pfizer-motion-to-dismiss.pdf
[515] https://bailiwicknews.substack.com/p/on-contracts-consortium-agreement
[516] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/10/2022.10.04-jackson-v.-ventavia-us-gov-intervene.pdf
[517] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2023/04/2023.03.31-judge-truncale-order-dismissal.pdf
[518] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2024.08.09-jackson-v.-pfizer-order-to-dismiss-truncale.pdf

KW Translation:

> When Watt and Latypova report that the development and deployment of the Pfizer-BioNTech Covid-19 vaccine was carried out as a military prototype development project under Other Transactions Authority contracting, and that OTA contracts are exempt from requirements that apply to FAR contracts, they are correctly understanding and reporting OTA law, the contents and legal effects of the relevant contracts and the record of US government support of the project as carried out by Pfizer-BioNTech.

*

RM: "...the two leading proponents of this theory of the case [whole-of-government, military-public health conduct of Covid vaccine development and deployment] (Watt and Latypova) have seen fit to repeatedly personally attack both myself and my wife Dr. Jill Malone for years now as part of their advocacy of this interpretation, presumably because of my long history of working with the US Department of Defense in the Biodefense sector, and in particular with the Defense Threat Reduction Agency Chemical and Biological Technologies Directorate (DTRA CB)..."

KW Translation

> When Watt and Latypova report that Robert Malone has a long history of working with the US Department of Defense in the biodefense sector, they are correctly understanding and reporting on Malone's professional career as a military contractor working in the biodefense sector.

For examples of Watt reporting on Malone statements and omissions, see introductory section above or do a keyword search at Bailiwick for "Malone."

*

RM: "A special federal contracting process known as an "Other Transactional Authority" or OTA... was put into place in response to...frustration relating to biodefense product development and acquisition under the standard contracting process that is subject to the Federal Acquisition Regulations or FAR...

The process of issuing and awarding a FAR-compliant contract can take up to two years...and...requires many legally binding commitments from the contractor...

Issuing and managing/overseeing/auditing FAR-compliant awards is very labor-intensive for the USG...the pool of trained and certified contracting officers (CO) is getting smaller...[and] a federal FAR-compliant contract [to do work for the USG] will add about 30% to 50% overhead to the cost of doing the work [as compared to] a private sector contract.

A government agency...tasked with rapidly developing medical countermeasures to engineered pathogens and emerging infectious diseases...developed...Other Transactional Authority or OTA..."

KW Translation:

> When Watt and Latypova report that Congressional authorization of OTA contracts make it legally possible for federal government officers to quickly and opaquely funnel billions of dollars to private sector corporations and their shareholders to produce and deliver poisons (classified as "medical countermeasures" and vaccines) to injure and kill people, they are correctly understanding and reporting the purpose and effect of Congressional OTA law and OTA contracts.

*

RM: “By limiting the scope to just research and development of a “solution” through to a “demonstration” product (rather than actually acquiring the “solution” or “product,”) a simplified contract could be rapidly developed and issued, and the more burdensome contracting clauses could be waived...

To make this system run even faster...contractors could be “pre-qualified” as suitable for award of an OTA by making them pay a fee to a private company that would vet their suitability...the company that wants to get federal OTA contracts has to pay a fee to the outsourced private contracting company to pre-qualify them.”

KW Translation

> When Watt and Latypova report that the biodefense consortium and contract management system is a legalized pay-to-play system, legalized graft, legalized protection racket, and legalized criminal enterprise, and that Pfizer-BioNTech and other companies in the Covid-19 vaccine supply chain are members of the legalized criminal enterprise, they are correctly understanding and reporting on how the consortium and contract management system works.

*

RM: “Money allocated to [HHS-]BARDA was [transferred]...from [HHS-]BARDA to DoD, and.. routed via the OTA [contract] to Pfizer....Very open-ended performance specifications, only for demonstration purposes, and...no oversight and audit requirements for Pfizer.

[OTA contracting] could not be used for the acquisition of a final product. But someone must have made the decision that an OTA could be used for the acquisition of an "experimental" "Emergency Use Authorized” product.

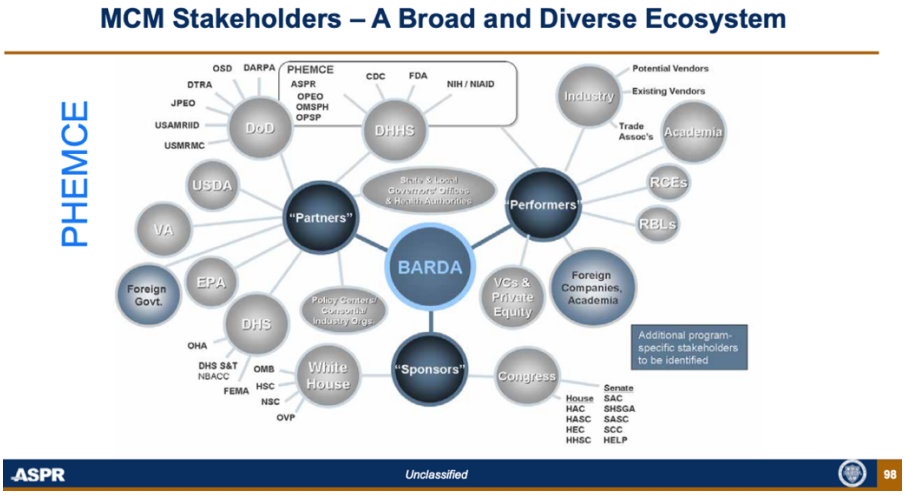
[The OTA contracts contained] no specifications about the “safety and effectiveness” of the “demonstration” product. Pfizer delivered precisely what the US Government decided to purchase...”

KW Translation

> When Watt and Latypova report that HHS-BARDA and DoD officers are jointly engaged in a whole-of-government program, using contracts with corporations such as Pfizer-

BioNTech, to procure and deploy intentionally unregulated, intentionally toxic weapons classified as "medical countermeasures" and vaccines; that Section 1.3(a) Objective: Prototype Project, of the July 21, 2020 Technical Direction Letter and Statement of Work[519] defined "Success of the prototype project...as manufacture of 100M doses of Pfizer and BioNTech's mRNA-based COVID-19 vaccine and, upon FDA-approval or authorization as described above, delivery of those doses;" and that Section 1.3(b) Objective: Follow-On Production Contract/Options, authorized (under 10 USC 2371b(f), renumbered as 10 USC 4022(f) effective Jan. 1, 2022) "the Government and Pfizer [to] enter into a non-competitive, mutually-acceptable, follow-on production agreement for additional manufacturing of the vaccine without the use of competitive procedures...the Government may request that Pfizer produce and deliver up to 500M additional doses for purchase by the Government for delivery...;" Watt and Latypova are correctly understanding and reporting that from July 2020 at the latest, a US Army Agreements Officer working out of the US Army Contracting Command at the Picatinny Arsenal in New Jersey (name redacted from the publicly available contract) knew that the contract covered purchase of Pfizer-BioNTech's simulation of clinical trials *and* Pfizer-BioNTech's delivery of up to 600M doses of injectable biochemical weapons to the US Army as purchaser.

See also: April 5, 2024 - Biopharmaceutical Manufacturing Preparedness (BioMAP) Consortium Industry Day[520] (slide deck)



[519] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf

[520] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2024.04.05-barda-industry-day-biomanufacturing-preparedness-consortium-biomap.pdf

RM: “I know about this OTA loophole for shuttling funding...because I personally set up exactly this process for a Covid drug repurposing contract...[The] group contacted me for assistance in capturing contract funding from Operation Warp Speed because of my professional reputation as a capture manager, contract author and program manager...”

KW Translation:

> When Watt and Latypova report that Robert Malone's professional career has included service to corporations and government agencies as a "capture manager, contract author and program manager," they are correctly understanding and reporting on Malone's work experience.

*

RM: "…Does that mean that DoD was...passive in the development of the mRNA "vaccine" products? Absolutely not...[In addition to Army General Gustave Perna serving as Chief Operating Officer of Operation Warp Speed] a DoD Army Colonel [Matt Hepburn, OWS Joint Project Lead, CBRN Defense Enabling Biotechnologies for Production and Distribution] was placed as project manager for OWS...but it was a thankless task with little power - essentially a multi-agency cat herding task..."

KW Translation:

> When Watt and Latypova report that HHS-BARDA and DoD officers are jointly engaged in a whole-of-government program, using contracts with corporations such as Pfizer-BioNTech, to procure and deploy intentionally unregulated, intentionally toxic weapons classified as "medical countermeasures" and vaccines, and that whole-of-government projects to poison as many people as possible, as many times as possible, for as long as possible, with as many vaccines as possible, require administrative coordination — "multi-agency cat herding" — to be performed by federal government officers, they are correctly understanding and reporting on the past and present conduct of government-sponsored mass poisoning programs.

* * *

Dec. 13, 2024 - There is no scientific definition of vaccine in US biological product law.

Reader question:

> Is there a formal definition of vaccine in law?

My reply:

There is no scientific definition of vaccine in statute or regulation.

That's why I urged Kirk Moore to ask DOJ to provide proof that what they supplied to his office was a vaccine.

- Aug. 8, 2023 - USA v. Dr. Kirk Moore et al.

DOJ can't provide that proof, because the proof doesn't exist.

Congress added the term 'vaccine' to the biological products law in 1970 for the first time but did not define the term or direct the executive agencies to adopt or promulgate scientific definitions in regulations.

- March 12, 2024 - Statutory and regulatory definitions for drugs, biological products, and biosimilars.
- Aug. 26, 2024 - Intentional elusivity of definitions for virus and vaccine.

There is a financial definition of 'vaccine' and a definition based on the design intention, adopted by Congress in 1987.

> 1987/12/22 - Congress and President Reagan passed Omnibus Budget Reconciliation Act of 1987, PL 100-203, 101 Stat. 1330,[521] including Sec. 9201, Manufacturers Excise Tax on Certain Vaccines, to establish an excise tax on vaccines ordered and purchased by US government and manufactured by private companies, to fund the Vaccine Injury Compensation Trust Fund established in 1986.

This act is the only act through which Congress has ever defined the term 'vaccine,' defining 'vaccine' as "any vaccine (A) which is listed in the table contained in [26 USC 4131[522](b)(1)], and (B) which is manufactured or produced in the United States or which entered into the United States for consumption, use or warehousing."

Congress in 1987 defined *vaccine* in the form that now appears at 26 USC 4132a(2) — "any substance designed to be administered to a human being for the prevention of 1 or more diseases" — but has never defined the term "vaccine" in physical, chemical or pharmacological terms, and neither has the HHS-FDA.

[521] https://www.congress.gov/100/statute/STATUTE-101/STATUTE-101-Pg1330.pdf
[522] https://www.law.cornell.edu/uscode/text/26/4131

See *Dean* v. *HHS*, No. 16–1245V, 2018 WL 3104388, at * 9 (Fed. Cl. Spec. Mstr. May 29, 2018), cited in 86 FR 6249[523], *HHS Final Rule, National Vaccine Injury Compensation Program: Revisions to the Vaccine Injury Table*, "(defining ''vaccine'' as ''any substance designed to be administered to a human being for the prevention of 1 or more diseases'') (quoting 26 U.S.C. 4132(a)(2))."

The lack of scientific definition for vaccine was reinforced/corroborated in 2011 by the US Supreme Court in Bruesewitz v. Wyeth,[524] when the majority opinion stated 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."

- July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity. (Katherine Watt)
- June 27, 2024 - Intentional infliction of harm is not a legitimate government purpose; enabling it is not a permissible legislative object. (Katherine Watt)

Justice Scalia did not write, but it is also true, that FDA has never spelled out in regulations the criteria it uses to identify a product as a vaccine.

In other words, FDA has never spelled out in regulations the criteria it uses to determine if a product is or is not a vaccine.

This is because there are no available methods to do so, because vaccines are not stable, purified products.

They are mixtures that are constantly changing composition from initial production up through the point of injection and within the living organism into which they're injected.

<u>Related</u>

- March 20, 2024 - Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals. Public health and regulatory systems have consistently hidden those truths behind false claims about effects of vaccines; legalized non-regulation of biological product manufacturing.
- 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.
- Oct. 9, 2024 - 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)

* * *

[523] https://www.govinfo.gov/content/pkg/FR-2021-01-21/pdf/2021-01211.pdf
[524] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/06/2011.02.22-bruesewitz-v.-wyeth-scotus-vaccination-unavoidably-unsafe-product.pdf

Dec. 17, 2024 Note on Biskind paper, DDT and polio

I think the attached paper is important, and may be useful for those responding to the polio vaccine defense being mounted currently, as public vaccine hostility grows.

It's a 1953 paper, *Public Health Aspects of the New Insecticides*,[525] by a physician in Connecticut, Morton Biskind.

I found a reference to it in my files when I did a search on "organophosphate," because I'm trying to untangle what was happening in the late 1940s and early 1950s that made the Enders/Weller/Robbins/Peebles; Watson/Crick and Salk/Sabin misdirection research need to be in the forms those misdirections were.

(For deconstruction of some of those scientific deceits and the pseudo-scientific methods used to perpetrate them, see the work of Stefan Lanka from 2005 onward, and Jamie Andrews from 2021 onward)

The reference in my files was a Feb. 8, 2003 report by Jim West published at Weston Price.[526]

Jim West was writing in 2003 about Morton Biskind's 1953 paper.

Morton Biskind's work was suppressed and then allowed to partially surface with Rachel Carson's Silent Spring in June 1962, but Carson's work focused on organochlorine compounds, especially DDT, not organophosphates like parathion and cell debris from cells and tissues used in vaccine production.

Organophosphates include DNA, RNA and ATP.

Their main benefit for the killers, as far as I can tell currently, is that they are not persistent. They break down, especially within humans and animals, into constituent molecules that cannot be clearly traced back to the source of the poisoning.

So they can be sprayed on people and animals, coated on food, used as additives for food and drugs, and injected directly through vaccines.

And then the neuro-muscular and other damaging effects can be falsely attributed to "viruses" such as “poliovirus,” followed by vaccine production and vaccination programs built on the false foundation of the virology, using the false isolation and propagation methods described in the Enders papers.

* * *

[525] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/1953.11-paper-biskind-morton-public-health-aspects-of-the-new-insecticides-american-journal-digestive-diseases.pdf
[526] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2003.02.08-jim-west-report-biskind-pesticides-and-polio.pdf

Dec. 20, 2024 - Note on EUA-labeled vaccines and BLA-labeled vaccines

- Dec. 19, 2024 - At least FOUR ex-PFIZER related whistleblowers came forward to reveal that Jabs Bad. Are there ANY ex-Moderna Whistleblowers?[527] (Sage Hana)

KW Comment:

> My understanding is that there was no material difference between what was in the EUA-labeled vials and what was in the BLA-labeled vials.
>
> And both Pfizer and BioNTech are DoD-sponsored, DoD fronts.
>
> Batch variability and adulteration/contamination was rampant in both sets, because there is no way to standardize or purify vaccines, because the contents are mixtures of living cells, substances produced by decaying/dying cells, synthetic chemicals, metals, solvents, and many other large and small molecules.
>
> I think the main reason for staging the BLA events was to suggest that BLA products pass through a higher level of evidentiary review (evidentiary review is fake for EUA and BLA), and to supplement the government's position that the products (EUA or BLA) could be legally mandated as a condition for employment in the military, other government agencies and private employers.

* * *

[527] https://sagehana.substack.com/p/at-least-four-ex-pfizer-related-whistleblowers

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

Where there is deception, it is performed by deceivers.

Note to readers: Thank you for another year of reading and sharing my work, and thank you to paid subscribers for financial support, and thank you to everyone who has prayed and sent encouraging emails and notes. I'm profoundly grateful to be doing this work. I'm grateful to God the Father, Son and Holy Spirit, for every gift He gives to His creatures. I'm grateful to Our Lady, Mother of God and Undoer of Knots. I'm grateful for the angels and saints. I'm grateful for my co-workers Sasha and Lydia. I'm grateful to Substack for maintaining a publishing and distribution platform. I'm grateful for all readers.

Pax Domini sit semper vobiscum.

*

[Repost of Dec. 17, 2024 Note] I think the attached paper is important, and may be useful for those responding to the polio vaccine defense being mounted currently, as public vaccine hostility grows.

It's a 1953 paper:

- Nov. 1953 - Public Health Aspects of the New Insecticides[528] (Morton Biskind, American Journal of Digestive Diseases)

I found a reference to it in my files when I did a search on *organophosphate*, because I'm trying to untangle what was happening in the late 1940s and early 1950s that made the Enders-Weller-Robbins-Peebles; Watson-Crick and Salk-Sabin mis-direction research need to be in the forms those mis-directions were.

For deconstruction of some of those scientific deceits and the pseudo-scientific methods used to perpetrate them, see the work of Stefan Lanka and Jamie Andrews, linked below, including Lanka's 2015 paper (Dismantling the Virus Theory[529]); Lanka's 2020 4-part series (The Misconception Called Virus); Andrews' 2021 report (The Lansing Strain of Polio[530]); and Andrews' November 2024 interview with Sasha Latypova (Virology Control Studies Project).

[528] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/1953.11-paper-biskind-morton-public-health-aspects-of-the-new-insecticides-american-journal-digestive-diseases.pdf
[529] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2015.06-dismantling-the-virus-theory-stefan-lanka-wissenschaftplus.pdf
[530] https://viroliegy.com/2021/10/27/the-lansing-strain-of-polio/

The reference in my files was a Feb. 8, 2003 report by Jim West published at Weston Price.

- Feb. 8, 2003 - Pesticides and Polio: A critique of scientific literature[531] (Jim West, Weston A. Price)

Jim West was writing in 2003 about Morton Biskind's 1953 paper.

Morton Biskind's work was suppressed and then allowed to partially surface with Rachel Carson's *Silent Spring* in June 1962, but Carson's work focused on organochlorine compounds, especially DDT, not organophosphates like parathion and cell debris from cells and tissues used in vaccine production.

Organophosphates include DNA, RNA and ATP.

Their main benefit for the killers, as far as I can tell currently, is that they are not persistent. They break down, especially within humans and animals, into constituent molecules that cannot be clearly traced back to the source of the poisoning.

So they can be sprayed on people and animals, coated on food, used as additives for food and drugs, and injected directly through vaccines.

And then the neuro-muscular and other damaging effects can be falsely attributed to viruses such as poliovirus, followed by vaccine production and vaccination programs built on the false foundation of the virology, using the false isolation and propagation methods described in the Enders papers.

*

Oct. 27, 2021 - The Lansing strain of polio[532] (Jamie Andrews, ViroLIEgy):

> "The Lansing strain of Polio is one of three strains used in the Polio vaccine.
>
> It was created through the emulsified brain and spinal cord of an 18-year-old boy from Lansing, MI. The emulsified goo was injected into the brains of monkeys which then had their brains and spinal cords emulsified and transferred into other monkeys 15 times. This process was repeated into cotton rats and eventually into the white mouse.
>
> This continually passaged goo was widely used for Polio research and was the one used by John Franklin Enders during his Polio tissue/cell culture experiments which lead to the discovery of the “cytopathogenic effect” still used today to indirectly state that a “virus” is present in the cell culture soup.

[531] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2003.02.08-jim-west-report-biskind-pesticides-and-polio.pdf
[532] https://viroliegy.com/2021/10/27/the-lansing-strain-of-polio/

Below are two full studies from 1939 by Charles Armstrong which detail the grotesque Lansing strain transfer from boy to monkeys to rats to mice.

- 1939.09.22 PHS Public Health Reports Experimental transmission of poliomyelitis to the eastern cotton rat[533] (Charles Armstrong)
- 1939.12.29 PHS Public Health Reports Successful transfer Lansing strain poliomyelitis virus from cotton rat to white mouse[534] (Charles Armstrong)

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

Beyond creating experimental disease in some animals through brain injections of ground up tissue goo, the only outcome from these studies was that they ultimately led to cheaper test animals being used for Polio experimentation..."

*

Nomenclature

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.

[533] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/1939.09.22-phs-public-health-reports-armstrong-experimental-transmission-of-poliomyelitis-to-the-eastern-cotton-rat-armstrong-paper-at-1719.pdf
[534] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/1939.12.29-phs-public-health-reports-armstrong-successful-transfer-lansing-strain-poliomyelitis-virus-from-cotton-rat-to-white-mouse.pdf

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.

Poisons can be produced in nature by non-self living cells and larger, more complex living plants, insects, fish, reptiles and mammals. Bee venom, for example).

Poisons can also be produced by men using methods of synthetic chemistry developed for manufacture of pigments, dyes, fertilizers and pesticides. The organochloride Paris green, for example, was first manufactured in 1814 for paints but widely used to kill insects and rodents by 1867.

Where poison is found, traces or signatures of cell fragments of living, dying and dead creatures are also found.

Where poison is used on more than one person at a time, for example, by spraying crops, animal herds and human settlements, or conducting vaccination campaigns, outbreaks of disease are found.

Virus is one among many names for the infinite diversity of cell products and cell fragments that result from defense mounted by a self against non-self organisms, cell products and cell fragments introduced into the self.

During the 20th century and up to the present, the two primary routes of administration to get natural and synthetic chemical poisons into humans and animals, are pesticides (herbicides, insecticides, rodenticides, biocides...) and vaccines in injectable, oral and spray forms.

Poliomyelitis is one among many names for diseases (individual cases and outbreaks within populations) of brain, spine and nerve disorders caused by mass poisoning.

In 1840, the symptom cluster was called Heine-Medin disease. In 1885, another form was called Strumpell's disease II. Polio has also been described using the terms infantile paralysis, flaccid paralysis, Theiler's encephalomyelitis, Guillaine-Barre syndrome, multiple sclerosis, myasthenia gravis, meningitis, hepatitis, encephalitis, amyotrophic lateral sclerosis, amyloidosis, chronic fatigue syndrome, autism spectrum disorder, and sudden infant death syndrome.

Polio has not been eradicated. It has been renamed. Many times.

*

Lanka and Andrews, as far as I know, do not attribute the "misinterpretation" of viruses to intentional, vicious, willed deceit.

My views differ from theirs on that point.

I think that the deceit surrounding the term virus, the field of virology, and the derivative field of vaccine manufacturing, is intentional. Private and public research funding organizations and university, corporate and government scientists, physicians and publishers who have published papers purporting to describe methods to isolate viruses, methods for using isolated viruses to produce vaccines, and methods to demonstrate the induction of immunity by vaccines, did not "forget how to science," to borrow a phrase from Sage Hana.[535]

They didn't fund, conduct or report on negative or positive control studies, because their goal was not scientific knowledge.

Their goal was to deceive the public, to facilitate public poisoning for as long as possible.

Lawyers, legislators, military officers and civil administrators built communicable disease control and biological product law and vaccination policy and programs on those false scientific foundations.

They didn't forget how to law.

They intentionally built law to legalize deception and poisoning, to enable scientific and medical fraud to be reproduced and deepened over many decades; to block attempts to expose the scientific misconduct and fraud as such; and to block attempts to stop all vaccination programs.

*

In 1937, Congress appropriated funds for the Public Health Service "for investigations to determine the possibly harmful effects on human beings of spray insecticides on fruits and vegetables."

Pesticide spraying and chemical weapons had already been used for many decades and some of the harms were already understood. With this budget item, Congress brought pesticide application and the study of the harmful effects officially into US government law and programs. Source: 1937 Congressional act.

In July 1939, the *Journal of Experimental Medicine* published a paper by Rockefeller Institute investigator Leslie T. Webster. Webster assumed that "rabiesvirus" caused disease symptoms; purported to demonstrate the "immunizing potency" of antirabies vaccine by injecting poisonous substances into inbred W-Swiss white mice; and used measurement of "antibodies" as a surrogate endpoint or proxy assumed to indicate immunity. Source: 1939 Webster paper.

As Sasha Latypova has reported, no later than 1913, Charles Richet and others investigating induction of anaphylaxis by parenteral (outside the digestive system) injection of complex non-

[535] https://sagehana.substack.com/p/they-didnt-forget-how-to-science

self biological materials (bacteria, plant and animal proteins and lipids, for example) knew that "white mice and some breeds of rats do not experience anaphylaxis.[536]" Source: Sept. 6, 2024 interview of Sasha Latypova by Jane Ruby.

The scientific misconduct methods described in the 1939 Webster paper formed the foundation for all subsequent demonstrations of the alleged potency of vaccines, including procedures vaccine company executives claimed had been performed by in-house scientists, and procedures US government officials claimed had been performed by scientists working in the National Institutes of Health Division of Biologics Standards.

The forms of scientific misconduct in virology and in vaccine manufacturing and regulation, and the forms of cover-up mechanisms adopted to shield the misconduct from public view, have changed during the past 85 years.

The substance has not.

*

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

Introductory paragraph, Sept. 22, 1939 Armstrong paper:

> "Through the courtesy of Dr. Max Peet, of the Department of Surgery, University of Michigan, we received on August 28, 1937, a sample of brain and cord from an 18-year-old boy, one of several bulbar cases of poliomyelitis which occurred at Lansing, Mich., during that summer. 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. Neutralization tests with this virus have not been done."

Armstrong stated, without evidence, "a strain of virus was recovered," and attributed the presence of what he called poliovirus to transmission of disease from person-to-person.

In truth, Armstrong was describing cells, cell products and cell fragments produced by the 18-year-old boy's human body in response to poisoning from pesticides, from vaccines (vaccines bearing smallpox, diphtheria, tetanus, pertussis and influenza labels were in use by 1937) or from the combined effects of pesticide exposure and vaccination.

These three 1939 papers — one by Webster and two by Armstrong — set the frame for the next 85 years of scientific, medical and legal misconduct and deception of the public to believe false premises.

The public was led to believe the false premise that viruses cause disease, when in truth, poisons cause disease, and sub-visible substances found in sick organisms (variously termed viruses,

[536] https://bailiwicknews.substack.com/p/on-vaccination-as-intentional-induction

toxins, antitoxins, antibodies, proteins, enzymes etc.) result from poisoning. They are part of the healing process.

The public was led to believe the false premise that vaccines cause immunity to disease, when in truth, vaccines are poisons, and cause disease.

*

In 1953, Connecticut physician Morton Biskind published a paper, Public Health Aspects of the New Insecticides, in the *American Journal of Digestive Diseases*.

Biskind wrote:

> "In 1945, against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (chlorophenothane, dichlordiphenyl-trichloroethane) was released in the US and other countries for general use by the public as an insecticide...
>
> Soon after the introduction of DDT for widespread use as a household, public health and agricultural insecticide, it became evident that virtually all forms of insects were propagating strains completely resistant to this compound...
>
> One after another new compounds were introduced...
>
> In addition to numerous variants of DDT itself, in widespread use appeared chlordane, toxaphene...benzene hexachloride,...lindane...heptachlor, and finally...the incredibly deadly aldrin and dieldrin, both chlorinate naphthalenes....
>
> In addition, the organic phosphorous compounds, closely related to the "nerve gases" of chemical warfare and lethal for man in minute doses, have also been widely used in agriculture — parathion, tetraethylpyrophosphate,... hexaethyltetraphosphate...malathion and others...
>
> In man, the incidence of poliomyelitis has risen sharply; there has been a striking increase in cardiovascular diseases, in cancer, in atypical pneumonias and especially interstitial pneumonitis in babies and children, in retrolental fibroplasia among premature infants, in conditions involving excessive fatigability and muscular weakness, in hepatitis and in obscure gastrointestinal and neuropsychiatric disorders often attributed to a new "virus" (or "virus X")." Source: 1953 Biskind paper. *

In 1949 and 1954, medical scientists led by John F. Enders published a series of three papers, purporting to build on the virus isolation and propagation work of Charles Armstrong, using the so-called "Lansing strain" of the alleged polio virus and alleged strains of measles virus.

- 1949.01.28 - Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissue[537] (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[538] (Thomas H. Weller, Frederick C. Robbins and John F. Enders, *Proceedings of Society for Experimental Biology and Medicine*, paywalled by SagePub)
- 1954.06.01 - Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles[539] (John F. Enders and Thomas C. Peebles, *Nature*, paywalled by SagePub)

In 2002, Maurice Hilleman cited Enders' January 1949 paper as "the breakthrough technology...of cell culture propagation of viruses that led to the development of poliovirus and a large number of other vaccines."

Hilleman's career included work at the company now known as Bristol-Myers Squibb developing a vaccine purportedly against the disease named "Japanese B encephalitis," service at the Walter Reed Army Institute of Research as chief of the Department of Respiratory Diseases (1948-1957) followed by work at Merck as head of the virus and cell biology department at West Point, PA, where he developed "most of the forty experimental and licensed animal and human vaccines for which he is credited." Sources: 2002 *NIH-NIAID Jordan Report*, Vaccines and the Vaccine Enterprise: Historic and Contemporary View of a Scientific Initiative of Complex Dimensions (Hilleman); Wikipedia.

*

In 1931, Joseph Smadel graduated from Washington University School of Medicine. In 1933, he was a member of a team that claimed to recognize an outbreak of St. Louis encephalitis, attributing the outbreak to mosquito-borne encephalitis virus. Smadel then worked at the Rockefeller Institute in New York City.

In 1940, Smadel joined the US Naval Reserve and went on active duty with the US Army Medical Department Professional Service School (MDPSS) in August 1942. By 1953, The MDPSS had been renamed the Walter Reed Army Institute of Research (WRAIR). Smadel was assigned to the European theater as Chief Virologist in May 1943. After the war, Smadel served as director of the WRAIR Department of Virus and Rickettsial Diseases.

In early 1954, Smadel was tasked with writing the production protocols for the polio vaccine.

In 1956, Smadel transferred to the NIH as associate director, and in 1963, just before his death, was appointed as chief of the NIH Division of Biologics Standards, Laboratory of Virology and Rickettsiology (LVR).

[537] https://www.science.org/doi/10.1126/science.109.2822.85
[538] https://journals.sagepub.com/doi/abs/10.3181/00379727-72-17359
[539] https://journals.sagepub.com/doi/abs/10.3181/00379727-86-21073

Sources: Wikipedia, citing Jane S. Smith, *Patenting the Sun: Polio and the Salk Vaccine, The Dramatic Story Behind One of the Greatest Achievements of Modern Science* and a short biography of Smadel published by WRAIR.

Smadel's production protocols for polio vaccines were based on the scientific misconduct protocols for isolating viruses and measuring vaccine potency published in 1939 by Armstrong and Webster, and on the scientific misconduct protocols for isolating viruses published in 1949 and 1954 by Enders et al.

Smadel's production protocols were used, or asserted to have been used, by the manufacturers of polio vaccines during mass vaccination campaigns that began in April 1955.

Smadel's production protocols for the polio vaccines were then published as pseudo-regulations for biological product manufacturing, in the Dec. 12, 1956 *Federal Register* (21 FR 9890).

The new pseudo-regulations, Additional Standards for Polio Vaccines, were codified at 42 CFR 73.100 to 73.105, including 73.105, Equivalent methods, authorizing the US Surgeon General to permit "modification of any particular manufacturing method or process or the conditions under which it is conducted" and providing "that compliance with any test, method or procedure otherwise required...shall be waived as to such material to the extent the Surgeon General of the Public Health Service determines that the production or processing of such material has proceeded to a stage at which it is impossible to comply with any such requirement..."

*

In 1957, Eleanor McBean published *The Poisoned Needle*, compiling evidence of the scientific misconduct historically underpinning virology and vaccination programs, with particular emphasis on the poliovirus and polio vaccine campaigns conducted by the US Public Health Service and

McBean's work was suppressed.

*

In 1959, J. Anthony Morris was hired as a virology and vaccine researcher at the NIH Division of Biologics Standards (DBS). He worked there from 1959 until 1972, serving as the "influenza control officer" under Joseph Smadel, director of DBS Laboratory of Virology and Rickettsia (LVR) and Roderick Murray, DBS Director.

Roderick Murray served as DBS Director from the division's establishment in 1955 (as an upgraded version of the precursor Laboratory of Biologics Control during the polio vaccination campaign) until DBS functions, authorities and employees were transferred to FDA and renamed Bureau of Biologics in 1972.

In 1971, Morris filed an employment grievance against NIH leaders, alleging harassment and scientific misconduct: "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's complaints led to a GAO investigation commissioned by Sen. Abraham Ribicoff (who had served as HEW Secretary in 1961 and 1962), NIH internal investigations, and a series of reports in *Science* magazine written by Nicholas Wade.

Morris later transferred to the FDA Bureau of Biologics when the DBS authority to oversee biologics non-regulation was "concurrently redelegated" to FDA by memorandum dated Feb. 18, 1972 and published Feb. 25, 1972 (37 FR 4004).

Morris was fired in 1976. His firing was attributed, by the officials who fired him, primarily to insubordination: he raised objections about the impotency and harmfulness of influenza vaccines within government departments and publicly, based on his clinical investigations.

In Wade's Feb. 25, 1972 report in *Science,* he described an order issued by Joseph Smadel, to Morris, instructing Morris to pass vaccines during lot release procedures, based solely on the test results manufacturers submitted to DBS, without conducing independent testing to validate the procedures or confirm the results.

> "Morris was recalled to the witness stand and related how when he had first taken over the duties of influenza control in 1960 he had frequently opposed the release of subpotent vaccines but was overruled by his then supervisor, LVR chief Joseph Smadel.
>
> For a time, Morris refused to sign the [manufacturer-submitted potency test] protocols of the bad vaccines [to authorize "lot release"], and Smadel signed them instead.
>
> Then, in a memorandum dated 18 September 1962, Smadel ordered Morris to pass vaccines on the basis of the manufacturers' tests alone:
>
> "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."
>
> Three days later Smadel wrote to Morris concerning specific vaccine lots:
>
> "In view of the fact that these lots are to be released, there is no purpose testing these two in the LVR. Therefore, discard your mice which were vaccinated with lots X and Y."
>
> Morris was obliged to destroy all his animals, about 2000 mice.
>
> Over the years Morris had continued to protest with DBS leadership the release of subpotent vaccines,
>
> But, as [Roderick] Murray [DBS director] himself testified, the operating instructions laid down in Smadel's 18 September memo were continued in force after Smadel's death in 1963.

> Under the terms of Smadel's directive...Morris's job as influenza control officer was simply to check that the vaccine lots were potent according to test results provided by the manufacturers. All vaccine testing subsequently carried out by Morris was done for the purposes of his own experiments."

*

By the mid-1960s, two tests were presented to the public as demonstrations of vaccine potency: the mouse test, built on Webster's 1939 scientific misconduct, and the chicken cell agglutination (CCA) test.

March 28, 1972 - GAO report, *Problems Involving the Effectiveness of Vaccines*:

> "Tests to determine potency
>
> To determine whether individual lots of manufacturers' vaccines meet the established potency standards, DBS requires manufacturers to perform certain laboratory tests on the lots. DBS performs similar tests in its laboratories for selected lots.
>
> During 1966, 1967 and 1968, DBS required the manufacturers to determine the potency of their vaccines by means of mouse potency tests, which involved inoculating one group of mice with the manufacturers vaccines and another group with the DBS reference vaccine. After inoculation, each group of mice was injected with the influenza virus and the protective ability afforded by each vaccine was compared.
>
> Late in 1968 DBS changed the required test to the chicken cell agglutination (CCA) test, which determined virus concentration by measuring the ability of the virus to clump red blood cells. This ability is proportional to the number of virus particles. The test is performed on both the manufacturers' vaccines and the DBS reference vaccine, and the results are compared to determine whether the manufacturers' vaccines achieve the potency standard established by DBS."

The Smadel memo, however, had ordered DBS employees to release vaccine lots based solely on manufacturer claims in submitted protocols, and remained in force after Smadel's death.

Manufacturer claims themselves are based on the pseudo-regulations first published in December 1956, which were based on the production protocols written by Joseph Smadel in early 1955 during the preparation for the polio vaccination campaign.

Smadel's production protocols were based on the scientific misconduct protocols published by Armstrong in 1939 and Enders et al in 1949 and 1954.

*

By 1980, GAO had written another report on regulation of biological product manufacturing, which had been housed in the FDA Bureau of Biologics since 1972, titled *Answers to Questions on Selected FDA Bureau of Biologics Regulation Activities*:

"Upgrading test methodologies.

BoB officials believe that the test methods they use are the best currently available. BoB also recognizes that results from certain tests are more variable than others; however, they are continually working to improve or develop tests for better ensuring that vaccine are safe, pure and potent. While we did not attempt to determine if better tests were available, BoB told us about several tests they were improving or developing.

One test generally recognized by FDA and others as having certain deficiencies was the chicken cell agglutination (CCA) test. Manufacturers and BoB used this test between 1968 and 1977 to measure influenza vaccine potency. The test assessed virus concentration by measuring the ability of the virus to clump chicken red blood cells. The test measures vaccine potency in terms of CCA units; the higher the CCA value, the greater the vaccine's potency. Clinical studies on a specific influenza vaccine, however, showed that increases in the vaccine's CCA content did not necessarily result in an increase in antibody response (associated with increased effectiveness) in humans."

*

Viruses do not cause disease for individual people (cases) or across populations (epidemics, pandemics).

Vaccine products are heterogeneous, unstable mixtures of cells from human, animal, plant, bacteria and other living creatures, cell products and fragments of dead or dying cells, mixed with synthetic chemicals and metals.

The forms of scientific misconduct and deceit in virology and in vaccine manufacturing and regulation, and the forms of cover-up mechanisms adopted to shield the misconduct and deceit from public view, have changed during the past 85 years.

The substance has not.

Related:

- 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
- Sept. 29, 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
- Nov. 2, 2024 - The Spanish Flu Hoax & The Rosenau Contagion Study[540] (Jamie Andrews)
- Nov. 6, 2024 - Methods of deceit underlying pathology, virology and genetics. Jamie Andrews of the Virology Control Studies Project, interviewed by Sasha Latypova, condensed transcript

[540] https://controlstudies.substack.com/p/the-spanish-flu-hoax

Records (live links to documents or paywalled abstracts at original post[541]):

- 1937.05.14 75 S. I Ch. 180 $ for PHS investigations harmful effects of spray insecticides on human beings
- 1939.07.01 A mouse test for measuring the immunizing potency of antirabies vaccine (Leslie Webster, Rockefeller Institute)
- 1939.09.22 PHS Public Health Reports Armstrong Experimental transmission of poliomyelitis to the eastern cotton rat Armstrong paper (Charles Armstrong, Public Health Service)
- 1939.12.29 PHS Public Health Reports Armstrong Successful transfer Lansing strain poliomyelitis virus from cotton rat to white mouse (Charles Armstrong)
- 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 paper Biskind Morton Public Health Aspects of the New Insecticides 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 paper Effects Routine Immunization Children Triple Vaccine Diphtheria Tetanus Pertussis serological epidemiology American Journal Public Health (Johannes Ipsen and Harry E. Bowen)
- 1955.04.29 Report to the Cabinet on Salk Vaccine
- 1955.08 PHS Public Health Reports Technical Report on Poliomyelitis Vaccine, field trials, campaign, timeline
- 1956.12.12 21 FR 9890 Notice 42 CFR 73 Biologics additional standards polio based on Enders papers
- 1957 The Poisoned Needle - McBean scanned version with Ch. 10 polio definition virus
- 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)
- 1972.03 - GAO report: Problems Involving the Effectiveness of Vaccines
- 1980.06.06 - GAO report: Answers to Questions on Selected FDA Bureau of Biologics Regulation Activities

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

- 2002 NIH NIAID Jordan Report Accelerated Development Vaccines 20 year anniversary since 1982 Hilleman history of vaccines
- 2003.02.08 Jim West report Biskind Pesticides and Polio
- 2015.06 Dismantling the Virus Theory Stefan Lanka WissenschaftPlus (English translation)
- 2020.01 The Misconception Called Virus Part 1 Stefan Lanka WissenschaftPlus (English translation)
- 2020.02 The Virus Misconception Part 2 Stefan Lanka WissenschaftPlus (English translation)
- 2020.03 The Virus Misconception Part 3 Stefan Lanka WissenschaftPlus (English translation)
- 2020.04 Initiators of Corona Crisis Virologists Who Claim the Existence of Disease-Causing Viruses are Committing Scientific Fraud and Must Be Prosecuted Stefan Lanka WissenschaftPlus (English translation)
- 2021.10.27 The Lansing Strain of Polio Jamie Andrews ViroLIEgy; PDF: 2021.10.27 The Lansing Strain of Polio Jamie Andrews ViroLIEgy

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Dec. 30, 2024 - Note on arsenical products

Several readers have sent links to this recent report by Charles Wright.

- Dec. 26, 2024 - Did you know it was known in 1882 that Arsenic and Lead caused Poliomyelitis?[542] (Charles Wright)

I've tried (in a limited way, given time constraints) to get a handle on arsphenamine (also known as Salvarsan and compound 606) developed by Paul Ehrlich and others for use by the early 1900s allegedly as an antibiotic, allegedly for syphilis and cancer treatments, but actually to cause disease.

US Public Health Service first obtained Congressional funding for [non-]regulation of arsphenamine in 1921. *See* 66th Congress, Session III, Chapter 161, p. 1377

The arsenical products entered the NIH-DBS/FDA-BoB-CBER biologics non-regulations by 1947 (maybe earlier but I didn't see them in the 1940 version when I looked just now) and are still in there as "arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound)" at 21 CFR 600.3(i).

* * *

[542] https://charleswright1.substack.com/p/why-it-was-well-known-that-arsenic