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Eterno Padre. Jusepe de Ribera

Biological agents, vaccines and biological and chemical warfare law

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Work published at Substack, 2022 - 2025. October 2025 version.
Katherine Watt - PO Box 1142 - State College PA 16804

October 2025 Introduction

This volume contains writing about law pertaining to biological agents, vaccines and chemical and biological warfare published by the authors at Bailiwick News and at Due Diligence and Art on Substack from 2022 to 2025. It is an expanded, revised version of an edition published in April 2025.

In 2020, as I began observing events and studying communicable disease control law and biological product law, I believed it was physically possible (feasible) for stable, disease-causing particles of biological matter to exist in stable, pathogenic (disease-causing), transmissible form; for transmission of such disease-causative matter to occur through casual physical contact (such as by airborne droplets); and that it might be feasible for disease-causing, transmissible particles to be artificially modified to increase their disease-causing capacity and/or transmissibility.

I believed the infection-control effectiveness of closure and occupancy restrictions in schools, businesses and churches, masking and 6-foot-spacing was overstated by public authorities. I believed the accuracy of diagnostic tests was overstated by public authorities. I believed the novelty of the allegedly-stable, allegedly-circulating biological particles and the severity of the allegedly-particle-caused illness (risks of permanent disability and death) were overstated by public authorities.

But I accepted claims by public authorities that an illness (named by authorities as Covid-19) afflicted human beings, and was caused by a stable, transmissible substance (classified as a 'virus' and named by authorities as SARS-CoV-2).

I have learned that claims and premises as to the stability, pathogenicity and transmissibility of particles of biological matter were and are not true, and have concluded that there are no sound scientific or medical reasons to justify communicable disease control, pandemic preparedness and response, biodefense and vaccination policies, programs, spending, industries or products.

Some of the reports collected in this volume were written before I understood the falsity of scientific premises and methods surrounding viruses, diagnostic testing, disease-causation attribution, pathology, epidemiology, vaccine manufacturing and vaccination; before I understood how long false premises and methods have been used to deceive people into taking vaccines and vaccinating babies and children; and before I understood that many information sources I once regarded as trustworthy, are more prudently regarded as untrustworthy. I've made minor edits for clarity and inserted a few update paragraphs, and advise readers to use discernment.

For additional material, please see American Domestic Bioterrorism Program (timeline); Legal history of biological product non-regulation (records back to 1798); St. Benedict Memo (summaries of relevant US federal laws passed between 1938 and 2006 and related material), and general collections of Bailiwick News, 2022-2025.

About the Authors

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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 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.

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.

* * *

2022

St. Benedict with St. Maurus and St. Placidus Ordering a Raven to Carry Away a Poisoned Loaf of Bread. Donato Creti.

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Jan. 11, 2022 - Joseph Murphy report, Summary of DARPA analyst's report provided to Project Veritas.

[October 2025 Note: In light of what I later learned about synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory developed stable, pathogenic, easily-transmissible substances to be credible, and I do not find claims or predictions about 'transhumanism' to be credible.]

Link to the 24-page report[1] assembled by Major Joseph Murphy, US Marine Corps, of the Defense Advanced Research Projects Agency (DARPA) Directors Office (DIRO) published by Project Veritas today.

The report is dated August 13, 2021, and was apparently submitted to the Department of Defense Inspector General.

The content I summarize below is found on pages 2 through 7.

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

1. SARS-Cov-2 was designed by scientists working at EcoHealth Alliance and the Wuhan Institute of Virology and other, associated research institutions, to be an aerosolized spike protein inoculant to be delivered to bats in caves in Yunnan, China.
2. The "ostensible" purpose of the project was to "prevent another SARS-CoV pandemic, by reinforcing the bats' immune systems through a process somewhat like "vaccination."
3. The plan was to "improve" the "attenuated" [weaker] spike protein by causing it to "deattenuate" [increase in potency] through introducing it into humanized mice with "spike-protein-only antibodies" and then "batified" mice, and then the bats themselves. "The attenuated virus will either die or adapt its form [deattenuate] to neutralize the spike protein-only antibodies" and by neutralizing them, continue to replicate in the organism.
4. Instead, because of the mass inoculation of the world's humans, this "deattenuation" or increase in potency, is now happening in the human population.
5. EcoHealth, led by Peter Daszak, originally submitted the DEFUSE funding request to DARPA in March 2018,*[2] in response to a January 2018 DARPA solicitation,[3] but DARPA denied[4] the application because it violated the federal moratorium on "gain of function research." [The denial document linked by Project Veritas appears to be a paraphrase of some other, blame-shifting DARPA document. It is undated and unsigned.]

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1 https://assets.ctfassets.net/syq3snmxclc9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf

2 https://assets.ctfassets.net/syq3snmxclc9/4NFC6M83ewzKLf6DvAygb4/0cf477f75646e718afb332b7ac6c3cd1/defuse-proposal_watermark_Redacted.pdf

3 https://assets.ctfassets.net/syq3snmxclc9/6K3RxB1DVf6ZhVxQLSJzxl/6be5c276bc8af7921ce6b23f0975a6c3/A_prempt-background-hr001118s0017.pdf

4 https://assets.ctfassets.net/syq3snmxclc9/5OjsrkkXHfuHps6Lek1MO0/5e7a0d86d5d67e8d153555400d9dcd17/defuse-project-rejection-by-darpa.pdf

6. The EcoHealth application stated that researchers would "inoculate bats with novel chimeric polyvalent spike proteins to enhance their adaptive immune memory against specific high-risk viruses."
7. After being turned down by DARPA, Daszak apparently got funding from Anthony Fauci's National Institutes of Health National Institute of Allergy and Infectious Diseases (NIH/NIAID). The project moved forward until the "initial escape" occurred in August 2019, and the program was allegedly shut down in April 2020.
8. SARS-CoV-2 is "a synthetic spike protein chimera engineered to attach to human ACE-2 receptors and inserted into a recombinant bat SARSr-CoV backbone."
9. "…it is less a virus than it is engineered spike proteins hitch-hiking a ride on a SARSr-CoV quasi species swarm."
10. The reason why the illness preferentially sickens and kills the elderly and those who are ill with multiple other diseases is the same reason that vaccines preferentially kill the same populations: their immune systems are already weak, and the challenge from any vaccine or, in this case, the aerosolized spike protein inoculant, overwhelms their organ systems and kills them.
11. Daszak, Fauci and other insiders knew, from their research into how to infect the bats in the caves, using aerosol delivery, that masks would not block transmission or infection, because they tested the delivery systems on masked civets. Fauci shoved masks on the faces of the world's people anyway.
12. Daszak, Fauci and other insiders knew that treatments including ivermectin and chloroquine phosphate (hydroxychloroquine) worked well to "modulate the immune response" and "inhibit viral replication that spreads the spike protein around the body (which induce a harmful overactive immune response as the body tries to clear the spikes from the ACE2 receptors)." This is the cytokine storm.
13. Fauci, Daszak and other insiders — including the Department of Defense recipients of Major Murphy's report after August 2021 — used governments and mass media throughout 2020 and 2021 to knowingly suppress information and withhold those treatments from the world's doctors, pharmacists and patients, including US military and medical personnel.
14. Daszak, Fauci and other insiders also knew, through the research program, that a mass-manufactured, injectable, bloodstream form of the spike protein inoculant would not be effective as disease-preventative "vaccines," because they are simply "synthetic replications of the already-synthetic SARSr-CoV-WIV spike proteins" that replicate inside the body and trigger the destructive immune response.
15. Fauci, Daszak and other insiders — including the recipients of Major Murphy's report after August 2021 — used governments and mass media throughout 2020 and 2021 to knowingly promote universal, repeated injection of those poisonous inoculants into the world's people, including US military and medical personnel.
16. They knew what patients, doctors and nurses later discovered: that the deadly immune response to infection with the original aerosolized inoculant delivered to the Yunnan bats and to naturally-infected people, is mirrored in response to infection with the bloodstream inoculant in the mRNA "vaccines," and magnified because it bypasses the protection afforded by the nasal passages.

17. Daszak, Fauci and other insiders knew that the risk of "antibody dependent enhancement" (ADE) was very high, and that a mass vaccination campaign was likely to carry out the original gain-of-function process, but in humans instead of in bats.
18. The files detailing the project were hidden by being placed, unmarked, in July 2021, in shared folders on the DARPA Biological Technologies Office JWICS (top secret) share drive, which is where Major Murphy located them.
19. Major Murphy believed that by presenting the information to his DARPA supervisors, authorities could "correct the existing pandemic strategy," moving away from "limiting disease transmission" as the "implied strategic end, as it is not the actual problem, nor is it actually feasible."
20. Instead, he believed, the national strategy would "align early treatment protocols and prophylaxis with the known curatives," namely, Ivermectin, hydroxychloroquine and other repurposed medications.

If Major Murphy's information is true and his analysis is correct, and if I understand it correctly, the sequence of events — starting with the "escape" of the infectious viral material around August 2019 — explains why the spike protein gene serum manufacturers were designing their toxic products by December 2019,[5] [NIH-NIAID-UNC Chapel Hill Material Transfer Agreement] before the world became aware of the outbreak in January 2020.

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

Opinion

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

However, the DEFUSE funding proposal to DARPA itself was released many months ago, if not longer (*I downloaded a less-redacted version[6] at some point in the last year...)

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

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

- crushed the world economy and terrorized and atomized civil society for two years, continuing and escalating in the present;
- consolidated the political power and wealth formerly held by civil society into their own hands;
- arranged for pharmaceutical corporate executives and shareholders to profit financially from the scientific error; and

5 https://archive.is/JzSiP
6 https://bailiwicknewsarchives.files.wordpress.com/2021/12/2018.03-ecohealth-alliance-proposal-for-bat-research.pdf

- escalated the disaster from accidental but treatable pandemic to intentional, premeditated mass murder, by shutting down early treatment and instead injecting the world's human population with high doses of the toxic spike protein, and genetic blueprints to cause the human recipients of the toxic spike protein to become cellular manufacturers of more of the toxin.

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

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

It therefore reads to me like one more piece of the psychological manipulation campaign.

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

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

March 14, 2022 - Moderna's 2013 patent on furin cleavage site, Brook Jackson's 2020 report to FDA on clinical trial fraud, Pfizer 2021 SEC filings. Excerpts

[October 2025 Note: In light of what I later learned about synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory developed, stable, pathogenic, easily-transmissible substances to be credible.]

First pass at a timeline.

tl; dr - Pfizer defrauded the US Government through the clinical trials for the pharmaceutical product sold to and marketed by the US government as a "safe and effective Covid-19 vaccine;" the US Government knew it was being defrauded no later than Sept. 17, 2020; the US Government covered up the fraud for Pfizer and continued to purchase, market and mandate the fraudulent, deadly and ineffective pharmaceutical product...

2021/08/13 - 24-page report by Major Joseph Murphy, US Marine Corps, of the Defense Advanced Research Projects Agency (DARPA) Directors Office (DIRO), submitted to the Department of Defense Inspector General re: SARS-CoV-2 as manufactured chimeric virus. Report obtained and published by Project Veritas 01/11/22.

2021/11/17 - US-HHS added "SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV-2 virulence factors" to the list of "biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety" to 42 CFR 73.3. See 86 Federal Register 64081. ...US-HHS definition change may...be an attempt to forestall accountability efforts by preemptively reclassifying bioweapons as legally identical to pandemics, to block international law claims brought under the theory that SARS-CoV-2 is a bioweapon, and not a pandemic, thus nullifying the PHEIC pretext for sovereignty-removal issued by Tedros on Jan. 30, 2020 and still in effect, and instead bringing international laws prohibiting chemical and biological weapons to bear...

April 11, 2022 - Parallel statutory and international law frameworks: pandemic and countermeasures v. bioweapons

Today I read a Substack post by Lynn Comerford: 'Law Professor Francis Boyle, Author of the U.S. Biological Weapons Antiterrorism Act of 1989, links U.S. Bioweapons Facilities in Ukraine to SARS-CoV-2 & Seeks Covid-19 Prosecutions in the U.S.'[7]

> Taking down the biodefense industry is a large task. Where do you begin? Professor Boyle argues one starts with the 15 co-authors of the 2015 paper, "SARS-Like Cluster of Circulating Bat Coronavirus Pose Threat for Human Emergence[8]," and those who funded it.
>
> You will recognize many of these names: Dr. Francis Collins, Dr. Fauci, Dr. Peter Daszak, Dr. Rochelle Walensky, and Dr. Ralph Baric. These people can be charged with murder and conspiracy to commit murder, according to Professor Boyle.
>
> Boyle believes there are legal grounds to criminally charge the people engaged in behavior antithetical to the Biological Weapons Anti-Terrorism Act of 1989 [PL 101-298[9]] and responsible for creating Covid-19 and Covid-19 vaccines.

That post clarifies that there are at least two parallel legal frameworks that could be brought to bear on the Covid-19 global disaster.

One is the [UN] Biological Weapons Convention [drafted 1972, entered into force 1975] and implementing statutes and regulations in the United States, rendering the use of SARS-CoV-2 and the Pfizer, Moderna and other injections as bioweapons.

The other framework is the World Health Organization International Health Regulations, 2005, with different, possibly overlapping or conflicting, implementing statutes and regulations.

I mentioned these competing frameworks in the short analysis section at the bottom of Legal Walls of the Covid-19 Kill Box posted Feb. 26, 2022:

> "Biological and chemical warfare acts are legally-distinct from pandemics. They fall under different international treaties."

My source for that claim was another Todd Callender interview, conducted Feb. 12, 2022 by Dr. Elizabeth Lee Vliet, during which they both discussed these issues with Lt. General Thomas McInerney[10]. McInerney categorized the Covid outbreak and the subsequent injections as acts of war, not as a pandemic of infectious disease followed by a medical management response. He concluded that Covid-19 was therefore not a legitimate trigger for the World Health Organization's *de facto* usurpation of national sovereignty[11] usurpation of national

7 https://lynncomerford.substack.com/p/law-professor-francis-boyle-author?s=r
8 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/
9 https://www.congress.gov/101/statute/STATUTE-104/STATUTE-104-Pg201.pdf
10 https://www.americaoutloud.com/hemorrhagic-fevers-diabolical-warfare-plan-exposed/
11 https://bailiwicknews.substack.com/p/responding-to-steve-kirsch-james?s=w

sovereignty under the 2005 International Health Regulations, despite the WHO Director-General declaring the outbreak a "public health emergency of international concern" (PHEIC) on January 30, 2020, and successfully deceiving world governments and civilian populations to cooperate with the coordinated, fraudulent global control-and-compliance program.

In the United States, the control-and-compliance program was imposed in the form of Emergency Use Authorized pandemic countermeasures of school, business and church closures; masking; testing; social distancing; and medical treatments.

All were imposed by implied force, under the 1938 Federal Food Drug and Cosmetics Act and the 1944 Public Health Service Act and the legal merger of the country's public health and law enforcement systems through amendments to those two laws passed by the U.S. Congress and signed by American Presidents between 1983 and 2020.

Instead, McInerney argued, all of the public and private acts undertaken by governments, courts, military leaders, schools, nursing homes, hospitals, corporate executives and other actors since January 2020, fall under a different international law framework: the Biological Weapons Convention ratified by the United States Senate in 1974 and implemented by U.S. statutes including the Biological Weapons Anti-Terrorism Act of 1989 (in force as of May 22, 1990 as PL 101-298).

Under that framework, the acts of so-called public health diagnostics, treatments, mitigations, measures and countermeasures are war crimes.

May 10, 2022 - Shell game.

In November 1997, Congress pretended to protect military servicemen and women from forced submission to biological and chemical weapons experiments, but really just transferred the program to FDA.

Listening today to Truth4Health podcast interview of US Army Lt. Mark Bashaw, and attorneys David Willson and Dawn Uballe[12], regarding Lt. Bashaw's court-martial prosecution for raising questions about the adverse effects and deaths caused by the DOD-mandated products marketed by the US government as Covid-19 vaccinations, as documented in VAERS.

The interviewer, Dr. Elizabeth Lee Vliet, Lt. Bashaw and the two attorneys discussed their sense that what the military is doing is illegal, as violations of the informed consent rights of human beings who serve in the US military.

As I've written previously, I think US Congress members, presidents and Health and Human Services secretaries have passed laws and regulations, mostly since 1983, to give themselves on-paper legal authority to commit crimes including fraud, medical battery and homicide, and to violate Constitutional rights with impunity, even though those acts are war crimes and crimes against humanity under natural law and divine law ordained by God.

While listening to the podcast, I looked up my index card notes on the 1997 National Defense Authorization Act, through which Congress responded to public outrage about injuries and deaths caused by mandated anthrax vaccinations of military servicemembers, a subject also addressed by federal courts in *Doe v. Rumsfeld*, 341 F. Supp. 2d 1 (D.D.C. 2004)[13].

On Nov. 18, 1997, in Section 1078 of the NDAA (PL 105-85), Congress repealed and replaced a 1977 law that had given Congressional blessing to DOD experimentation on humans so long as DOD reported on the experiments to Congress (PL 95-79).

On Nov. 21, 1997 — three days later — Congress added the original Emergency Use Authorization section to the Federal Food Drug and Cosmetics Act (PL 105-115).

In other words, Congress did the opposite of protecting Americans' right to refuse to submit to chemical and biological experimentation.

Congress expanded the program while transferring it from the Department of Defense, operating under 50 USC Chapter 32 — Chemical and Biological Warfare Program, to the Department of Health and Human Services Food and Drug Administration, operating under 21 USC Chapter 9, Subchapter V — Drugs and Devices.

12 https://www.americaoutloud.com/army-officer-court-martialed-over-vax-mandates/
13 https://www.courtlistener.com/opinion/2459105/doe-v-rumsfeld/

I've updated the American Domestic Bioterrorism Program post to add this information.

- 1997 National Defense Authorization Act for FY98 - PL 105-85, 111 Stat. 1915 (450 pages). Section 1078, "Restrictions on the use of human subjects for testing of chemical or biological agents," repealed and replaced a 1977 section of 50 USC Chapter 32, the Chemical and Biological Warfare Program. The 1977 provision (50 USC 1520) had added a requirement that DOD report to Congress about DOD human experimentation programs. In 1997, Congress replaced 1520 with 1520a, purportedly to prohibit DOD conducting experiments on soldiers without the individual soldiers informed consent. It was passed by Congress in response to public outrage over injuries and deaths caused by mandated anthrax injections of soldiers during and after the 1991 Gulf War. However, the authority for federal government experimentation on non-consenting human beings continued; Congress simply transferred the program to the Food Drug and Cosmetics Act, 21 USC 360bbb (see below, passed three days after the NDAA) under declared emergency situations (Emergency Use Authorizations/EUA).

- 1997 Food and Drug Administration Modernization Act - PL 105-115, 11 Stat. 2296. (86 pages). Added new section to Federal Food Drug and Cosmetics Act (21 USC 9) to expand access to investigational drugs and devices during emergency situations (21 USC 360bbb). This was the beginning of the Emergency Use Authorization framework that culminated in the federal government's psychological, social and economic coercion program aimed at universal injection of all American citizens with products marketed as Covid-19 vaccines, operational from mid-2020 to the present.

- 2016 21st Century Cures Act (Cures Act 1.0) - PL 114-255, 130 Stat. 1033 (312 pages). Updated and expanded Public Health Service Act, 42 USC 201, "to accelerate the discovery, development, and delivery of 21st century cures." Provided (Section 3022, 130 Stat. 1097) for 'real world evidence' instead of clinical trials as grounds for FDA authorizing general use of experimental products, transforming Americans into human subjects and our communities into unmonitored, unregulated experimental test sites. Provided (Section 3023 and 3024, 130 Stat. 1098) broad authority for HHS Secretary to waive or alter human subject protections and informed consent requirements, by transferring each individual human subject's risk-benefit assessment authority to the HHS Secretary, who can preemptively decide, for all subjects collectively, without knowledge of individual health conditions or conscientious beliefs, and without the subjects' knowledge or consent, that risk is 'minimal.'

June 9, 2022 - COVID-19 injectable bioweapons as case study in legalized, government-operated domestic bioterrorism.

Or: why there won't be any civil suits, or compensatory damages for injured victims or survivors of dead victims.

(Last updated June 24, 2022)

This is a reworking of information posted previously, including at the bottom of the American Domestic Bioterrorism Program[14] post.

Since first realizing the implications of the many Congressional statutes and Health and Human Services regulations adopted to create and operate the bioterrorism program, mostly between 1997 and the present, I've been intermittently finding the specific citations for each statement while researching related issues.

Some statements are simply logical deductions from the first premise, corroborated by the observable actions and inactions of Food and Drug Administration officials as the observable injuries and deaths mount up in the American people.

Others are specifically written into the laws, but I don't yet have the citations because I've prioritized my research time investigating other issues related to the bioterrorism program.

I'm posting the information as I understand it today, despite those limitations, in case it's useful for readers who also follow FDA Vaccine and Related Biological Products Advisory Committee (VRBPAC) reporting by Toby Rogers, Igor Chudov, Steve Kirsch, Jessica Rose, and others.

They continue to rightly raise public awareness and alarm about FDA's ongoing failure to protect the public from the Emergency Use Authorized (EUA) products.

But they don't address the main reason why FDA is acting as it is.

FDA is not pulling the EUA products from the market or stopping the 'vaccination' campaign because Health and Human Services Secretary Xavier Becerra and FDA Commissioner Robert Califf are running the US government's bioterrorism program jointly with Defense Secretary Lloyd Austin, Department of Justice Attorney General Merrick Garland, Department of Homeland Security Secretary Alejandro Majorkas, Pfizer CEO Albert Bourla, Moderna CEO Stephane Bancel, and World Health Organization Director-General Tedros Adhanom Ghebreyesus.

14 https://bailiwicknews.substack.com/p/american-domestic-bioterrorism-program?s=w

Main Premise

Use of EUA-covered medical countermeasure (MCM) products including masks, PCR tests, mRNA and DNA injections, and other drugs, devices and biologics, once designated as such by the Secretary of Health and Human Services (March 10, 2020, retroactive to February 4, 2020) "shall not be considered to constitute a clinical investigation." 21 USC 360bbb-3(k). EUA law, adopted 1997 and amended 2003, 2004, 2005, 2013, 2017.

This is true no matter how untested, unmonitored, unsafe, or ineffective they are, no matter whether their harmfulness to human health and uselessness for infection-control are known before use, or discovered afterward.

Legal implications derived from the main premise:

- There is no stopping condition.
- EUA products are exempt from laws regulating researcher use of investigational, experimental drugs, devices and biologics on human beings.
- EUA products are exempt from laws regulating physician use of approved drugs, devices and biologics as medical treatments for patients.
- There are no manufacturers of experimental products (EUA products are not part of any clinical investigation, and therefore not experimental.)
- There are no government or private contracts for purchase of experimental products; there are only contracts for 'large scale vaccine manufacturing demonstrations.'
- There is no act of administration of any experimental products.
- There are no nurses or pharmacists administering experimental products.
- There are no human subjects (of experiments) or patients (of physicians providing treatment) receiving experimental products: no victims.
- There is no party responsible for the wellbeing of recipients after administration of EUA products.
- There is no treatment group and no control group.
- Human beings administering EUA products have no informed consent obligations to provide information about ingredients, risks, benefits, alternatives, or the option to accept or refuse the products. *See* 21 USC 360bbb-3(e)(1)(A)(ii)) waiving informed consent for unapproved products (2004); 21 USC 360bbb-3(e)(2)(A) waiving informed consent for unapproved use of an approved product (2004); 21 USC 355(i)(4) waiving informed consent for experimental products classified by HHS as 'minimal risk' drugs (2016); 21 USC 360j(g)(3) waiving informed consent for experimental 'minimal risk' devices (2016).
- Human beings receiving EUA products have no informed consent rights to receive information about ingredients, risks, benefits, alternatives, or the option to accept or refuse the products. *See* citations, bullet point above.
- There are no Institutional Review Boards supervising administration of the experimental products.
- There are no safety standards for EUA products.
- There are no efficacy standard for EUA products. *See* 21 USC 360bbb-3(c)(2)(A), 1997, 2004, re: 'may be effective'
- There are no clinical investigators studying the effects of EUA products on human subjects.

- There are no doctors, nurses, or other treatment providers providing experimental treatment to their patients subject to the Hippocratic Oath ("first do no harm") using EUA products.
- There is no coordinated, public, federal government monitoring of recipients after receiving the products for adverse effects and deaths.
- There is no coordinated, public, federal government data collection or analysis.
- There is no legal requirement for medical supervision during product administration.
- There is no legal requirement for recipient monitoring after product administration.
- 'Real world evidence' — mass administration of products to general public, followed by collection of private/proprietary information about the effects, from health insurance systems, government databases (Medicare, Medicaid, Defense Medical Epidemiology Database, Veterans Health Administration) and other private databases — is authorized for the purposes of FDA regulatory decisions. *See* 21 USC 355g. 2016.
- There is no requirement for individual prescriptions to be written prior to dispensing EUA products, and products dispensed without prescriptions "shall not be deemed adulterated or misbranded." *See* 21 USC 360bbb-3a(d). 2013.
- Manufacturers, as contractors, are considered HHS employees for purposes of legal immunity under Federal Tort Claims Act. *See* 42 USC 247d-6a(d)(2)(A).
- DOD is authorized to contract with pharmaceutical corporations to conduct 'prototype' experiments on the general public, and under such contracts, is exempt from legal obligation to comply with Good Clinical Practices or other FDA regulations. *See* 10 USC 2371b (2015), renumbered 10 USC 4022 (Jan. 1, 2021, effective Jan. 1, 2022)
- One of the factors to be considered by HHS secretary in making determinations about EUA products (qualified security countermeasures) and use of Special Reserve Fund/Strategic National Stockpile appropriations to procure them is "whether there is a lack of a significant commercial market for the product at the time of procurement, other than as a security countermeasure." *See* 42 USC 247d-6b (c)(5)(B)(iii)
- There are no required standards for quality-control in manufacturing; no inspections of manufacturing procedures; no prohibition on wide variability among lots; no prohibition on adulteration; and no required compliance with Current Good Manufacturing Practices. EUA products, even though unregulated and non-standardized, "shall not be deemed adulterated or misbranded." *See* 21 USC 360bbb-3a(c). 2013.
- There are no labeling requirements regarding the contents or ingredients in EUA products. 21 USC 360bbb-3(e)(2)(B)(ii). 2004.
- There is no limitation of administration of EUA products past their expiration dates.
- There cannot be clinical trial fraud, because there are no clinical investigations, no investigational drugs, no investigators and no human subjects.
- There are no marketing standards.
- There cannot be consumer fraud, because the only legal parties to the financial transactions are the US government (DOD) as buyer; the US government (HHS) as regulator authorizing exemptions from consumer protection laws that otherwise apply to medical products; and the pharmaceutical corporations as sellers, contracted to develop and manufacture the products. There are no commercial pharmaceutical products, no commercial marketplace, and no commercial market consumers.
- There is no access to courts for judicial review of the facts or law relating to HHS Secretary declarations of EUA products, which are committed to agency discretion. *See* 42 USC 247d-6d(b)(7). 2005.

- There is no access for plaintiffs, to civil courts for judicial review, and no entity to whom civil liability can attach, for injuries and deaths caused by declared covered countermeasures, unless and until FDA/HHS and/or Attorney General/DOJ file enforcement action against manufacturers and prove willful misconduct proximate to injury or death, but HHS and DOJ have operated the EUA product program together with the manufacturers since inception, and will not prosecute their co-conspirators. *See* 42 USC 247d-6d. 2005.
- Even if there were access to courts for judicial review, and a fact-finder found evidence of harms caused by administration of products to recipients, and even evidence that those who caused the harms, by developing, manufacturing, distributing and/or administering the EUA products, knew the EUA products were toxic and knew their own actions were harmful, "just following orders" is an authorized, legal defense. *See* 42 USC 247d-6d(c)(4). 2005...

June 28, 2022 - "There are treaties that prevent the usage of chemical and biological weapons to maim and kill." Unless the weapons are reclassified as public health measures, and human beings are reclassified as public health threats.

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally--occurring or laboratory-developed, of stable, pathogenic, easily-transmissible substances to be credible.]

Spartacus has posted a piece on biotech and bioweapons at ICENI Bulletins:

- The Weaponization of Biotech: The unregulated advancement of biotech is creating a new arms race and threatening our personal autonomy[15]

I posted a comment, responding to one of Spartacus' key points: "There are treaties that prevent the usage of chemical and biological weapons to maim and kill."

Comment expanded, with citations/links added:

One of the things I've found is that the US government has passed domestic statutes and regulations that nullify the effect of those treaties on American soil by reclassifying biological and chemical weapons as public health emergency products (medical countermeasures, pandemic products, epidemic products and other terms).

These statutes and regulations are presumptively unconstitutional and morally illegitimate, but I anticipate they will be cited by the defense if any criminal prosecutions do take place.

The best example I've found so far is that Congress (42 U.S.C. 262a[16], added to 1944 Public Health Service Act June 12, 2002[17] at Section 201(a), amended Nov. 25, 2002[18] at 1709(a) and June 24, 2019[19] at 405) authorized HHS to create a list of scheduled toxins, the circulation of which present threats to public health, in 42 CFR 73.3.

Being on that list then authorizes HHS to manage the response to the threat as a legally-neutral public health threat, not as an international crime/bioweapon attack or act of war.

15 https://iceni.substack.com/p/the-weaponization-of-biotech
16 https://www.law.cornell.edu/uscode/text/42/262a
17 https://www.congress.gov/107/plaws/publ188/PLAW-107publ188.pdf
18 https://www.congress.gov/107/plaws/publ296/PLAW-107publ296.pdf
19 https://www.congress.gov/116/plaws/publ22/PLAW-116publ22.pdf

As soon as it became clear, in the fall of 2021, that the lab-development theory of SARS-CoV-2 could not be permanently suppressed, increasing the likelihood that it would eventually be identified as a group of human-created "self-spreading" and "self-replicating" (also self-mutating) products —construed by designers as an advancement in biotechnology for benign purposes of public immunization campaigns conducted without consent, in keeping with the Johns Hopkins 2018 report[20] — HHS added chimeric SARS-CoV-2 to that list.

> Nov. 17, 2021 - HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins—Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting from Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins. 86 FR 64075[21] (7 pages) [that] "have the potential to pose a severe threat to public health and safety." 42 CFR 73.3.

Through that maneuver, HHS attempted to inoculate the scientists and physicians working with viruses as communicable products, and the related injectable products (spike protein injections) from legal accountability under bioweapons treaties, by preemptively converting the legal meaning of their work and work products to be public health research and immunization campaigns instead.

So I think that's the international legal framework they're going to apply to all of the insane things they have planned for deployment, just as they've already used it for SARS-CoV-2, H1N1, MERS, SARS-1, etc.

Barring the international grassroots outrage we're all working to nurture and direct toward the architects of these programs and the monstrous programs and legal structures they've built, the architects themselves won't be bothered with the lack of international treaties governing biotech.

They'll point to international treaties governing public health (primarily the 2005 amendments to the World Health Organization International Health Regulations) and legally fold all of their activities under that rubric.

Humans working with Satan built these sinful legal, political and social prisons. Humans working with God can tear them down and build divinely-governed legal, political and social cathedrals on the rubble.

20 https://jhsphcenterforhealthsecurity.s3.amazonaws.com/181009-gcbr-tech-report.pdf
21 https://www.govinfo.gov/content/pkg/FR-2021-11-17/pdf/2021-25204.pdf

Aug. 25, 2022 - Clinton Orders Human Experiments. November 1999 reporting by Timothy W. Maier on Executive Order 13139

I've been digging in the 1990s and early 2000s for the last few days.

While reorganizing and updating the American Domestic Bioterrorism Program timeline, I found a 1998 example of the previously-identified two-step method[22] through which the US government pretends to stop doing a bad thing, while simultaneously conducting a lateral transfer of the bad thing so the same bad thing continues to be done, but under a new legal framework.

I'm trying to trace three things from 1969 to now.

1. DOD Chemical and Biological Warfare program activities.
2. DOD reporting to Congress about Chemical and Biological Warfare program activities.
3. US government positions on informed consent rights of human subjects of Chemical and Biological Warfare program activities, for military personnel and civilians.

Congress and President Clinton passed the Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY1999 (PL 105-277, 112 Stat. 2681[23]) on October 21, 1998.

Division I, the Chemical Weapons Convention Implementation Act of 1998, established prohibitions on chemical weapons. (112 Stat. 2681–856)

It was intended to implement the UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction,[24] which had been drafted in 1992, signed in 1993, and entered into force in 1997.

The UN chemical weapons convention — like the 1975 UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction[25] that had been codified in US law at 18 USC 175 in 1990 through the Biological Weapons Antiterrorism Act[26] written by Francis Boyle[27] — left massive loopholes for so-called "protective purpose" chemical and biological agents and uses.

22 https://bailiwicknews.substack.com/p/shell-game
23 https://www.congress.gov/105/plaws/publ277/PLAW-105publ277.pdf
24 https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.42_Conv Chemical weapons.pdf
25 https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.37_conv biological weapons.pdf
26 https://uscode.house.gov/statutes/pl/101/298.pdf
27 https://www.barnesandnoble.com/w/biowarfare-terrorism-francis-a-boyle/1139728150?ean=9780932863461

The Chemical Weapons Convention Implementation Act of 1998 was codified at 18 USC 229 and 22 USC 6701 et seq.

Coincidentally!

Title II of that same October 1998 law (112 Stat. 2681–358) established and funded the national pharmaceutical stockpile, renamed the Strategic National Stockpile[28] in 2003 by the Bush Administration.

> For expenses necessary to support activities related to countering potential biological, disease and chemical threats to civilian populations, $216,922,000…*Provided further,* That of the amount provided under this heading, $51,000,000, to remain available until expended, shall be for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention…

This is another part of the answer to the question "How have they gotten away with it?"

In October 1998, they simply relabeled the illegal DOD biological and chemical weapons stockpile as a "protective purposes" strategic pharmaceutical stockpile and re-homed it in the Department of Health and Human Services.

Among other documents, the digging led to a report last updated in 2010 called Secret US Human Biological Experimentation,[29] uploaded to MilitaryTruth.org.

That report includes a reprint of work by Timothy W. Maier, originally published in *Insight on the News* Magazine, Vol. 15, No. 42, Nov. 15, 1999, about Clinton's executive order, informed consent, the military anthrax vaccination campaign, and DOD oversight-impotence displays by Congress and the FDA.

> Clinton Orders Human Experiments
>
> by Timothy Maier
>
> Executive Order 13139[30] is requiring military personnel to receive experimental vaccines not approved by the Food and Drug Administration. Courts-martial are pending.
>
> A day after Republican Rep. Chris Shays of Connecticut ended congressional hearings on the controversial decision mandating the inoculation of 2.4 million U.S. troops against anthrax, President Clinton quietly signed an executive order, or EO, that denies soldiers the right to refuse experimental vaccines.

28 https://en.wikipedia.org/wiki/Strategic_National_Stockpile
29 https://militarytruth.org/wp-content/uploads/2018/05/Secret-US-Human-Biological-Experimentation.pdf
30 https://www.govinfo.gov/content/pkg/FR-1999-10-05/pdf/99-26078.pdf

EO 13139, titled “Improving Health Protection of Military Personnel Participating in Particular Military Operations,” caught Congress off guard as it directed the Pentagon to disregard the authority of the Food and Drug Administration, or FDA.

The order authorized use of experimental vaccines — those not approved by the FDA and therefore illegal — to be administered to members of the armed forces without informed consent.

Some congressmen saw this as an attack by the president on the House Government Reform subcommittee on National Security, Veterans Affairs and International Relations, where testimony indicated the Pentagon had violated the FDA’s procedures on how to administer the anthrax vaccine. Those hearings as well as others held by the full House Committee on Government Reform — had put the FDA on the spot for letting the Pentagon disregard sensible FDA regulations. The Pentagon wanted to administer the shots now and, as a result, long-range studies were not conducted and an inadequate reporting system was set up to hide the large number of adverse effects, critics charged.

As a result of the unprecedented implementation of the vaccination program, more than 1,000 troops are awaiting trial on a felony charge of refusing to obey, hundreds more have left the armed forces and dozens have been prosecuted.

The FDA’s failure to take a stand against the Pentagon has prompted a group of concerned congressmen, led by Republican Rep. Walter Jones Jr. of North Carolina, formally to complain to the agency.

“The FDA didn’t do its job,” says Jones, a member of the House Armed Services Committee. “Our men and women are too valuable and they’re not going to be guinea pigs.”

Jones, who has asked the Pentagon’s inspector general to launch a probe into the growing anthrax controversy, warns that Clinton’s executive order “might encourage more men and women to get out of the military. I think Clinton did it to give cover to what the DOD [or Department of Defense] is doing.” And with the FDA having rolled over, Jones says, he is even more determined to learn why the White House and the Pentagon doubled the contract of Michigan-based BioPort Corp., which manufactures the vaccine, from $25.7 million to $49.8 million and at the same time reduced the volume to be delivered by 2.3 million shots (see “Why BioPort Got a Shot in the Arm,” Sept. 20, 1999).

The Pentagon has claimed the inoculation protects against all anthrax strains, and BioPort made the same claim to Insight — despite the fact that an experiment at the Fort Detrick chemical and biological warfare center in Maryland using guinea pigs showed nine of the 27 anthrax strains tested killed 50 percent of the vaccinated subjects.

Kwai-Cheung Chan, the director of the special studies and evaluations, national-security and international-affairs division of the General Accounting Office, testified before the House Government Reform Committee that there have been no studies to "determine the optimum number of doses of the anthrax vaccine. Although annual boosters are given, the needs for a six-shot regimen and annual booster shots have not been evaluated."

Chan's biggest criticism, however, involves the process in which the vaccine was made. He notes the deficiencies that FDA identified in its February 1998 inspection. "These fell into two categories: those that might affect only one or a limited number of batches, and those that could compromise the safety and efficacy of any or all batches." The facility was as a result shut down in early 1998. BioPort is addressing the processing problems, but the FDA has yet to approve its laboratory to produce the controversial vaccine.

Meanwhile, since Insight last reported on the anthrax vaccination, still more troops and civilians have fallen ill after receiving the shots, according to the FDA. From 1990 to Oct. 1, 1999, 425 reports of adverse events associated with the anthrax vaccine have been reported. Critics argue the incidents are being underreported because, unless the side effects involve chills or fatigue, some doctors say they can't report the symptoms (see "A Dose of Reality," Sept. 20, 1999).

Mark Zaid, an attorney representing dozens of troops who refused to take the mandatory anthrax inoculation, says, "There are big problems. Why, all of a sudden out of nowhere, especially when the opposition to the program is getting so much steam and criticism of the Department of Defense was running rampant, does Clinton sign an executive order that assures DOD can implement any experimental program it wants? This whole thing is DOD doing an end run around the FDA. The FDA should step up to plate and do its job."

The FDA may be starting to take note, according to a September letter from the agency obtained by Insight. The letter was written the day Shays' hearing ended. Katheryn Zoon, director of the Center for Biologics Evaluation and Research, wrote to Assistant Secretary of Defense Sue Bailey:

> "Recently it has come to the agency's attention through congressional sources that some troops may not be receiving the vaccine in accordance with the schedule found in the approved labeling. As you know, the approved anthrax labeling states that full immunization involves six doses of the vaccine to be administered following the first dose at two and four weeks, six months, 12 months and 18 months, with yearly boosters thereafter. This schedule is the only regimen shown to be effective in protecting humans against anthrax and is the only schedule approved by the FDA. Data received by FDA from congressional sources indicate that a number of reserve and active military personnel are receiving their anthrax vaccine dose significantly later than the FDA approved schedule."

In his order Clinton calls attention to the biological threat to which troops might be subjected, saying soldiers could "potentially be exposed to a range of chemical, biological and radiological weapons, as well as disease endemic to an area of operations." Defense Secretary William Cohen warned recently on ABC's Nightline that it is not a question of whether we could face a biological attack, it's a question of when.

But neither the president's top intelligence expert in this field nor the State Department are impressed by these claims. Richard Clarke, the bioterrorism expert with the National Security Council, also said on Nightline that he doesn't expect terrorists will turn to biological weapons. "I don't believe it's a certainty at all," he said. "I know that there are people who say it will eventually happen. But I think you have to remember, there has to be motivation. Someone has to do it. And that someone has to believe they can get away with it. They're not going to. If you look at our history in the last five years, after every major terrorist incident we have discovered the people who were involved. And even if they were on the other side of the earth, and even if it was four years later or 10 years later, we reached out and got them."

In addition, the State Department has posted this statement on its website: "The Department of State has no information to indicate that there is a likelihood of use of chemical or biological agent release in the immediate future. The Department believes the risk of the use of chemical/biological warfare is remote, although it cannot be excluded."

Meanwhile, even though U.S. embassies are prime targets of terrorists, the State Department isn't requiring its employees to have the anthrax shot before deployment. Jones called on the State Department to explain why it was not mandating the shot, and promptly was told it will take "four years to get that information." He then turned to House International Relations Committee Chairman Ben Gilman of New York, who quickly fired off a letter to State demanding action.

Yet Clinton signed EO13139 to use experimental vaccines on U.S. troops despite the scandals created by exposure of the secret use of experimental vaccines ranging from administering LSD in the 1950s to the drug pyriostigmine bromide, or PB, given to troops bound for the Persian Gulf War. PB, which protects against nerve gas, may be linked to some of the gulf-war illnesses, according to the Rand Corp., a California-based think tank that recently published a 385-page review of the drug.

Maj. Thomas "Buzz" Rempfer of the Air Force Reserve says there may be times when use of vaccines that have not been fully tested and FDA-approved may be necessary and appropriate during great crisis. "But this capability for our president is currently being jeopardized by the reckless mandatory vaccination of all service members against anthrax," he says. "The threat is not imminent and the integrity of the military institution is being compromised to implement a strategic or blanket program that is doctrinally unprecedented and unsound. The lack of trust we are breeding in the force today could sacrifice our military's capability to protect our troops on a tactical basis when threatened in the future."

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US laws, executive orders, regulations, etc.

- 1969/11/19 - Armed Forces Appropriations Act. PL 91-121, 83 Stat. 209. Section 409.
- 1969/11/25 - President Nixon Statement on Chemical and Biological Defense Policies and Programs[31]
- 1977/07/30 - Department of Defense Appropriations Authorization Act of 1978. PL 95-79, 91 Stat. 323. Section 808.
- 1981/06/01 - HHS-FDA Final Rule 'Protections for Human Subjects; Prisoners Used as Subjects in Research,' 21 CFR 50, went into effect. 45 Federal Register 36386
- 1981/07/27 - HHS-FDA Final Rule 'Protection of Human Subjects; Informed Consent,' 21 CFR 50.20, and 'Protection of Human Subjects; Standards for Institutional Review Boards for Clinical Investigations,' 21 CFR 56.101 went into effect. 46 Federal Register 8942
- 1982/12/21 - Congressional Reports Elimination Act. PL 97-375, 96 Stat. 1822. Section 203(a)
- 1990/12/21 - HHS Interim Final Rule: 'Informed Consent for Human Drugs and Biologics; Determination that Informed Consent is Not Feasible' - 55 Federal Register 52814
- 1996/02/10 - National Defense Authorization Act for FY96. PL 104-106, 110 Stat. 443. Section 1061(k)
- 1996/04/24 - Antiterrorism and Effective Death Penalty Act; Illegal Immigration Reform and Immigrant Responsibility Act; Prison Litigation Reform Act. PL 104-132. 110 Stat. 1214. Section 521(a)
- 1997/11/18 - National Defense Authorization Act for FY98 - PL 105-85, 111 Stat. 1915. Section 1078.
- 1997/11/21 - Food and Drug Administration Modernization Act - PL 105-115, 111 Stat. 2296. Section 402.
- 1998/03 - Guardian report on Washington DC tabletop exercise on smallpox epidemic[32].
- 1998/10/21 - Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY1999 - PL 105-277, 112 Stat. 2681-358. Division I, Chemical Weapons Convention Implementation Act of 1998; Title II, strategic national pharmaceutical stockpile established at CDC.
- 1999/09/30 - Executive Order 13139: 'Improving Health Protection of Military Personnel Participating in Particular Military Operations.' 64 Federal Register 54175
- 1999/10/05 - HHS Interim Final Rule - 'Human Drugs and Biologics; Determination That Informed Consent Is NOT Feasible or Is Contrary to the Best Interests of Recipients; Revocation of 1990 Interim Final Rule; Establishment of New Interim Final Rule.' 64 Federal Register 54180
- 2004/07/21 - Project Bioshield Act. PL 108-276, 118 Stat. 835. Section 4 eliminated informed consent for recipients of unapproved EUA products, and for recipients of unapproved uses of approved EUA products.
- 2016/12/13 - 21st Century Cures Act - PL 114-255, 130 Stat. 1033. Section 3023 eliminated informed consent for Investigational New Drug products classified by HHS as ‘minimal risk.’ Section 3024 eliminated informed consent for experimental ‘minimal risk’ investigational devices.

31 https://2001-2009.state.gov/documents/organization/90920.pdf
32 https://theguardian.newspapers.com/clip/32852979/war-games-show-up-germ-defences-the/

- 2016/10/17 - National Defense Authorization Act FY2017. PL 114-328, 130 Stat. 2000. 10 USC 111 note at 130 Stat. 2400
- 2017/12/12 - National Defense Authorization Act FY 2018 - PL 115-91, 131 Stat. 1283. Section 716.
- 2017/12/12 - Act to amend FDCA EUA statute. PL 115-92, 131 Stat. 2023. Section 1.

Aug. 26, 2022 - Project for a New American Century - Rebuilding America's Defenses, Sept. 2000.

One of the blueprints for the moral disarmament of America, and some thoughts about moral rearmament.

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory-developed stable, pathogenic, easily-transmissible substances to be credible.]

...The last couple of days I've been involved in an email discussion about dual-use research of concern (DURC) on chemical and biological weapons and how to approach the issue through evidence compilations (including evidence of the perpetrators' intent), plaintiff/victim support and litigation.

Dual-use is another word for Gain of Function (GoF) research.

World Health Organization defines it[33] as

> "research that is intended to provide a clear benefit, but which could easily be misapplied to do harm. It usually refers to work in the life sciences, but the principles are also applicable to other fields including engineering and information technology. It encompasses everything from information to specific products that have the potential to create negative consequences for health and safety, agriculture, the environment or national security."

National Institutes of Health defines it[34] as

> "life sciences research that, based on current understanding, can be reasonably anticipated to provide knowledge, information, products, or technologies that could be directly misapplied to pose a significant threat with broad potential consequences to public health and safety, agricultural crops and other plants, animals, the environment, materiel, or national security."

International law expert Francis A. Boyle wrote the Biological Weapons Antiterrorism Act, passed by Congress in 1990 to implement the 1975 UN convention prohibiting biological weapons and toxins.

In the wake of the anthrax attacks on Congress in October 2001, Boyle issued a 'Call for a Ban on the Genetic Alteration of Pathogens for Destructive Purposes.'

33 https://www.who.int/news-room/questions-and-answers/item/what-is-dual-use-research-of-concern
34 https://osp.od.nih.gov/biotechnology/dual-use-research-of-concern/

He argued that “the line between offense and defense” in the context of genetic modification of biological agents for military purposes is “thin to non-existent,” and that “there should be no loopholes for ‘defense.’” ('Biowarfare and Terrorism,' Sept. 2005)

US-funded dual-use research was allegedly under a three-year moratorium from 2014[35] to 2017[36], while new policy guidance[37] was assembled to replace the 2013 guidance[38].

Notwithstanding the moratorium and policy guidance, US-funded dual-use research is what EcoHealth Alliance and NIAID, DARPA and BARDA, BMGF and CEPI, and many other public and private organizations, have [claimed to be doing] at the Wuhan Institute of Virology, University of North Carolina-Chapel Hill, and other research sites around the world, for many decades.

In the wake of Covid-19, Professor Boyle has called for closure of every Biosafety Level 3 and Biosafety Level 4 laboratory[39] in the world. (World Politics, Human Rights and International Law, Feb. 2021, at Conclusion)

One piece of the email discussion is about how to organize information about dual-use research to mobilize federal prosecutors to investigate Covid-19 programs and criminally charge people who have engaged in prohibited, offensive research, manufacture and use of genetically-modified and genetically-modifying pathogens and toxins, while leaving room for research activities, products and uses classified as defensive or prophylactic.

In line with Dr. Boyle’s reasoning, and Spartacus too, I think it’s better to make the argument that there’s no such thing as dual-use or defensive chemical and biological weapons.

All bioweapons are intrinsically and inescapably offensive and blowback-prone, because they transmit from one living organism to another.

In fact, the increase of transmissibility — the furin cleavage site[40] in the spike protein and other features of SARS-CoV-2 — is one of the primary goals of bio-weapon development. The existence of the furin cleavage site is one of the key markers supporting the conclusion that SARS-CoV-2 didn’t enter the human experience by accident.

I want to help move forward civil litigation and criminal prosecutions to hold the perpetrators legally accountable for the acts of chemical and biological terrorism they have already committed (Fauci, Baric, Daszak, Shi, Azar, Becerra, Gruber, Austin, etc.) or authorized and funded (US Congress members and presidents).

35 https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-011.html
36 https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-071.html
37 https://www.phe.gov/s3/dualuse/Documents/p3co.pdf
38 https://www.phe.gov/s3/dualuse/Documents/funding-hpai-h5n1.pdf
39 https://rowman.com/ISBN/9781793633392/World-Politics-Human-Rights-and-International-Law
40 https://arkmedic.substack.com/p/how-to-blast-your-way-to-the-truth

And I want to support political efforts to shut down the US-led global biochemical weapons laboratories, destroy the stockpiles, free Congress and the federal courts from the globalist hostage-takers, and repeal the enabling statutes and regulations.

That's why I'm trying to piece together the legislative and regulatory history from the original 1969 Armed Forces Appropriations Act, whose Section 409[41] set in motion the Big Dual-Use Lie and created the legal Petri dish in which it's metastized, to the Global Health Security Act in the pending 2023 National Defense Authorization Act.

This approach rests on the conviction that unilateral disarmament by the US government — including complete withdrawal of funding for so-called civilian bio-defense programs housed at universities and non-governmental organizations around the world — is the right thing to do.

Unilateral physical disarmament and funding withdrawals would push back against the moral disarmament we've endured for so many generations now.
It allows us to take and hold the moral high-ground position that weapons of mass destruction, surveillance and control are inherently wrong.

They are irredeemably offensive. They are irreconcilably at odds with just-war principles of self-defense.

*

41 https://www.govinfo.gov/content/pkg/STATUTE-83/pdf/STATUTE-83-Pg204.pdf#page=6

Unilateral disarmament as official American geopolitical strategy would challenge the long-ascendant strategic posture advocated by Jacob Rothschild, George Soros, Joe Biden, Barack Obama, Hilary Clinton, Samantha Power and the other poster-boys and poster-girls of the Project for the New American Century.

Image from reporting at transcendmedia.org[42]

They've articulated it many times, including through a report called Rebuilding America's Defenses[43], published in 2000, which should more accurately be titled Doubling Down on the American Government's Offenses.

The PNAC position is often attributed to neo-conservative Republicans but has been pursued and implemented just as forcefully by neo-liberal Democrats in Congress, the Presidency and the federal courts.

42 https://www.transcend.org/tms/2019/12/rebuilding-americas-defenses-a-summary-of-the-pnac/
43 https://archive.org/details/RebuildingAmericasDefenses/mode/2up

Its proponents have successfully cornered the United States government into governing as if America can and should amass more armaments and commit preemptive, first-strike aggression against other countries — exemplified by the illegal invasion of Iraq in 2003 — because other agents will develop and use such weapons and first-strike principles whether the US does or not.

It's mutually-assured destruction taken to the next logical steps.

Excerpt from 'Rebuilding America's Defenses:'

> …Although it may take several decades for the process of transformation to unfold, in time, the art of warfare on air, land, and sea will be vastly different than it is today, and "combat" likely will take place in new dimensions: in space, "cyber-space," and perhaps the world of microbes.
>
> Air warfare may no longer be fought by pilots manning tactical fighter aircraft sweeping the skies of opposing fighters, but a regime dominated by long-range, stealthy unmanned craft. On land, the clash of massive, combined-arms armored forces may be replaced by the dashes of much lighter, stealthier and information-intensive forces, augmented by fleets of robots, some small enough to fit in soldiers' pockets. Control of the sea could be largely determined not by fleets of surface combatants and aircraft carriers, but from land- and space-based systems, forcing navies to maneuver and fight underwater. Space itself will become a theater of war, as nations gain access to space capabilities and come to rely on them; further, the distinction between military and commercial space systems – combatants and noncombatants – will become blurred.
>
> Information systems will become an important focus of attack, particularly for U.S. enemies seeking to short-circuit sophisticated American forces.
>
> And advanced forms of biological warfare that can "target" specific genotypes may transform biological warfare from the realm of terror to a politically useful tool.

It's such a tidy elision, and illuminates so brightly the dual-use dilemma for state sponsors.

Biological warfare as terrorism: "violent acts or acts dangerous to human life…intended to intimidate or coerce a civilian population; to influence the policy of a government by intimidation or coercion; or to affect the conduct of a government by mass destruction, assassination, or kidnapping…"

Biological warfare as "a politically useful tool."

The transformation of the former into the latter, through the merger of the global police surveillance state with the global pandemic population control levers.

Sept. 2, 2022 - On county-level prosecution of Covid-19 architects for murder and conspiracy to murder.

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory-developed, of stable, pathogenic, easily-transmissible substances to be credible.]

I've been reading Francis A. Boyle's book *Resisting Medical Tyranny*, because someone mentioned that he lays out a legal strategy for criminal prosecutions in the book.

Dr. Boyle is an international law professor at the University of Illinois and drafted the 1990 Biological Weapons Antiterrorism Act (104 Stat. 201) to bring the United States into compliance with the 1975 UN convention.[44]

The law Boyle wrote criminalized "knowingly developing, producing, stockpiling, transferring, acquiring, retaining, or possessing any biological agent, toxin, or delivery system for use as a weapon, or knowingly assisting a foreign state or any organization to do so," and defined 'for use as a weapon' to "not include the development, production, transfer, acquisition, retention, or possession of any biological agent, toxin, or delivery system for prophylactic, protective, or other peaceful purposes." Codified at 18 USC 175.

The last chapter of *Resisting Medical Tyranny* is a transcript of a November 2021 interview conducted by Joseph Mercola.

Dr. Boyle knows that the federal courts are, for the time being, useless. Most federal judges are either too scared to act decisively to stop the cull, or they actively endorse it.

So Boyle's call is for people at the local, county level, to schedule meetings with their elected county prosecutors (district attorneys) and ask the county prosecutors to open grand jury investigations into the acts of the people named in the grant contracts supporting the 2015 Menachery paper in *Nature Medicine*: 'SARS-like Cluster of Circulating Bat Coronaviruses Pose Threat for Human Emergence.'[45]

Authors and contributors identified in the paper were working at the University of North Carolina, Harvard, US Food and Drug Administration (FDA), Wuhan Institute of Virology and Bellinzona Institute of Microbiology in Switzerland: Vineet D Menachery, Boyd L Yount Jr, Kari Debbink, Lisa E Gralinski, Jessica A Plante, Rachel L Graham, Trevor Scobey, Eric F Donaldson & Ralph S Baric - Department of Epidemiology, University of North Carolina at Chapel Hill; Kari Debbink & Ralph S Baric - Department of Microbiology and Immunology, University of North Carolina at Chapel Hill; Sudhakar Agnihothram - National Center for Toxicological Research, Food and Drug Administration, US Department of Health and Human Services, Jefferson, Arkansas; Xing-Yi Ge & Zhengli-Li Shi - Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan, China; Scott H Randell - Department of Cell Biology and Physiology and Cystic Fibrosis Center,

44 https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.37_conv biological weapons.pdf
45 https://www.nature.com/articles/nm.3985

Marsico Lung Institute, University of North Carolina at Chapel Hill; Antonio Lanzavecchia - Institute for Research in Biomedicine, Bellinzona Institute of Microbiology, Zurich, Switzerland; Wayne A Marasco - Department of Cancer Immunology and AIDS, Dana-Farber Cancer Institute and Department of Medicine, Harvard Medical School, Boston.

Financial support from US NIH-NIAID; NIH National Institute of Aging; NIH National Institute of Diabetes and Digestive and Kidney Disease; US-Agency for International Development through EcoHealth Alliance; and China's National Natural Science Foundation; National Institute of Allergy & Infectious Disease and the National Institute of Aging of the US National Institutes of Health (NIH) under awards U19AI109761 (R.S.B.), U19AI107810 (R.S.B.), AI085524 (W.A.M.), F32AI102561 (V.D.M.) and K99AG049092 (V.D.M.); National Natural Science Foundation of China awards 81290341 (Z.-L.S.) and 31470260 (X.-Y.G.), USAID-Emerging Pandemic Threats (EPT)-PREDICT funding from EcoHealth Alliance (Z.-L.S.); Human airway epithelial cultures were supported by the National Institute of Diabetes and Digestive and Kidney Disease of the NIH under award NIH DK065988 (S.H.R.). M.T. Ferris (Dept. of Genetics, University of North Carolina) reviewed statistical approaches. C.T. Tseng (Dept. of Microbiology and Immunology, University of Texas Medical Branch) provided Calu-3 cells.

Several campaigns have been trying to get state and county prosecutors and county sheriffs to investigate and charge perpetrators since it first became clear that Covid-19 is a massive crime in progress.

It first became clear to early skeptics of the WHO-driven narrative on Jan. 31, 2020, when unknown forces compelled same-day retraction of the Pradhan paper that identified inserted HIV sequences in the SARS-CoV-2 structure: 'Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag.'[46]

Public understanding of the crime in progress has grown — not shrunk — since then, as evidentiary pieces both circumstantial and direct have piled atop one another alongside the sickened and dead bodies of men, women, children and babies.

But so far, state and county prosecutors have trotted quietly in the opposite direction whenever approached by ordinary people bearing evidence compilations and requests for criminal law enforcement.

Perhaps that tide will turn as more prosecutors find their own health failing and watch their own loved ones, colleagues and constituents sicken and die.

Or when they find themselves challenged at elections by candidates committed to enforcing laws against the Covid-19 criminals.

To speed up that process, Dr. Boyle recommends: "that people organize together and go to all of your local prosecutors — you know who they are, you voted for them — and demand that they convene a grand jury to seek the indictment for murder [18 USC 1111], and conspiracy to commit murder [18 USC 1117], for those people who were responsible for COVID-19."

46 https://www.biorxiv.org/content/10.1101/2020.01.30.927871v1

Sept. 28, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package

Note on original: This report is a rough-cut subject to correction and clarification after further research; there are several strands I haven't fully tracked down yet. Specifically, I need to untangle the differences, overlaps and current status (in force or repealed) between DOD-to-Congress reporting laws, including 50 USC 1511, which was added November 1969, amended 1977 and 1982, repealed 1996; 50 USC 1523, added November 1993, amended 1997 and 2006, possibly repealed in 2017 effective Dec. 31, 2021; and any other chemical and biological weapons program reporting laws that might exist under other sections of the United States Code.

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Reader comment on yesterday's post:[47]

> You wrote: "Even if such a bill [to terminate some of the emergency declarations and proclamation] got through Congress with a veto-proof majority, the biomedical police state laws on the books specifically exclude Congressional and court review of HHS declarations and actions. (See, for example, 42 USC 247d-6d(b)(7), as amended in 2005 by PREP Act, blocking court review.)"
>
> So let me get this straight - A law is passed that prevents the checks and balances of the Constitution from being in force and allowing the courts to review it? And nobody sued because it was unconstitutional?
>
> I can get Congress giving away their own power, but they can't give away the power of the courts.

My reply, revised and expanded:

Yup: totally insane abdication of power by Congress, and usurpation of the third branch.

Most of the men and women who voted for these things had no idea what they were doing.

My current larger project is drafting a federal complaint under 18 USC 2333 that explicitly shifts the whole argument out of the public health emergency civil law framework, and into the bioterrorism and mass murder criminal framework.

I'm thinking about putting together a Proposed Joint Stipulation as to Material Facts, which would offer the courts a statutory chronology, and propose that the US government defendants stipulate that Congress passed these laws, with these effects, whether or not any individual Congress member who voted on each one had any idea what it said and did.

47 https://bailiwicknews.substack.com/p/on-why-bidens-comment-that-the-pandemic

Among other things, I've also pieced together that in the 1969-2023 timeframe that's most relevant, the changing relationships between DOD, Congress, chemical and biological weapons testing on human subjects, and informed consent can be broken up into phases.

In November 1969, President Richard Nixon issued a (false) statement[48] that the US was getting out of the chemical and biological weapons development business, six days after Congress authorized DOD to conduct such programs.[49]

- Full text of 50 USC Title 32, Chemical and Biological Warfare Program,[50] Sections 1511-1528, as established in 1969 and amended since.

The 1969 Congressional act pulled off the sleight of hand by (falsely) classifying the DOD conduct and program purpose as "defensive," and through a sequence of provisions prohibiting certain conduct "until" or "unless" DOD said it really needed or wanted to engage in the conduct.

Under the 1969 law at Section 409, DOD had a legal obligation to report annually to Congress on "expenditures for research, development, test, and evaluation of all lethal and nonlethal chemical and biological agents," codified at 50 USC 1511.

> "Section 409. (a) The Secretary of Defense shall submit semiannual reports to the Congress on or before January 31 and on or before July 31 of each year setting forth the amounts spent during the preceding six-month period for research, development, test and evaluation and procurement of all lethal and nonlethal chemical and biological agents. The Secretary shall include in each report a full explanation of each expenditure, including the purpose and the necessity therefor."

In 1975, Senator Frank Church led a commission, which published a Report on the Foreign and Military Intelligence Activities of the United States[51] in April 1976.

The Church Report included, at Chapter 15-F, information about chemical and biological activities, and at Chapter 17, information about "Testing and Use of Chemical and Biological Agents by the Intelligence Community." It reported on Project Chatter, Project Bluebird/Artichoke, MK-ULTRA, MK-NAOMI and other programs through which the US Government conducted experiments on human subjects against their will and to their detriment.

48 https://2001-2009.state.gov/documents/organization/90920.pdf
49 https://www.govinfo.gov/content/pkg/STATUTE-83/pdf/STATUTE-83-Pg204.pdf#page=6
50 http://uscode.house.gov/view.xhtml?path=/prelim@title50/chapter32&edition=prelim
51 https://upload.wikimedia.org/wikipedia/commons/7/79/Church_Committee_report_%28Book_I%2C_Foreign_and_Military_Intelligence%29.pdf

I haven't confirmed, but it's plausible that the Church Report influenced Congress to update laws governing chemical and biological experiments on human subjects, including DOD-Congressional reporting requirements, in 1977, through Section 808 of the NDAA, codified at 50 USC 1520.

> "Sec. 808. (a)(1) The Secretary of Defense shall supply the Committees on Armed Services of the Senate and House of Representatives, not later than October 1 of each year, a full accounting of all experiments and studies conducted by the Department of Defense in the preceding twelve-month period, whether directly or under contract, which involve the use of human subjects for the testing of chemical or biological agents."

50 USC 1520 was amended in 1982 and then repealed and replaced by 50 USC 1520a in 1997 and 1998, alongside the transfer of the program from DOD to HHS under the Emergency Use Authorization (EUA) program covered below and previously.[52]

And so the US Government, through the DOD, continued testing all sorts of sickening, sterilizing and lethal agents on soldiers and prisoners throughout the 1970s and 1980s, leading to the swine flu outbreak in 1976, HIV outbreak shortly after, and on into the Gulf War.

Perhaps reporting to Congress about its chemical and biological human testing projects. Maybe not.

In 1990, Congress passed the Biological Weapons Antiterrorism Act, to give the public appearance of bringing the US into compliance with the 1975 UN convention prohibiting biological weapons.

As I wrote at the top, I still need to dig into 50 USC 1523, which was passed in November 1993 as part of the FY1994 NDAA, amended in 1997 and 2006, and possibly repealed in 2017, effective Dec. 31, 2021.

At this time, my understanding is that the 1993 law set up a parallel reporting requirement that the Defense Secretary include, in his or her general annual report to Congress, "a report on chemical and biological warfare defense," including at Paragraph (9):

> "A description of any program involving the testing of biological or chemical agents on human subjects that was carried out by the Department of Defense during the period covered by the report, together with— (A) a detailed justification for the testing; (B) a detailed explanation of the purposes of the testing; (C) a description of each chemical or biological agent tested; and (D) the Secretary's certification that informed consent to the testing was obtained from each human subject in advance of the testing on that subject."

52 https://bailiwicknews.substack.com/p/shell-game

In 1994, a Senate committee led by John D. Rockefeller of West Virginia looked at DOD abuse of military men and women under chemical and biological warfare programs: Is Military Research Hazardous to Veterans Health? Lessons Spanning Half a Century: A Staff Report Prepared for the Committee on Veterans Affairs.[53]

The 1994 Rockefeller committee issued a list of "Findings and Conclusions," including:

- For at least 50 years, DOD has intentionally exposed military personnel to potentially dangerous substances, often in secret
- DOD has repeatedly failed to comply with required ethical standards when using human subjects in military research during war or threat of war
- DOD incorrectly claims that since their goal was treatment, the use of investigational drugs in the Persian Gulf War was not research
- DOD used investigational drugs in the Persian Gulf War in ways that were not effective
- DOD did not know whether pyridostigmine bromide would be safe for use by U.S. troops in the Persian Gulf War…
- The safety of the botulism vaccine was not established prior to the Persian Gulf War…
- Records of anthrax vaccinations are not suitable to evaluate safety…
- Army regulations exempt informed consent for volunteers in some types of military research…
- DOD and DVA have repeatedly failed to provide information and medical followup to those who participate in military research or are ordered to take investigational drugs
- The Federal Government has failed to support scientific studies that provide information about the reproductive problems experienced by veterans who were intentionally exposed to potentially dangerous substances
- The Federal Government has failed to support scientific studies that provide timely information for compensation decisions regarding military personnel who were harmed by various exposures
- Participation in military research is rarely included in military medical records, making it impossible to support a veteran's claim for service-connected disabilities from military research
- DOD has demonstrated a pattern of misrepresenting the danger of various military exposures that continues today

The Rockefeller committee also made recommendations, including:

- Congress should deny the DOD request for a blanket waiver to use investigational drugs in case of war or threat of war
- FDA should reject any applications from DOD that do not include data on women, and long-term follow-up data
- Congress should authorize a centralized database for all federally funded experiments that utilize human subjects
- Congress should mandate all Federal agencies to declassify most documents on research involving human subjects

53 http://www.prop1.org/2000/du/reports/941208rr.htm

- Congress should reestablish a National Commission for the Protection of Human Subjects…

*

In November 1996, Congress repealed the 50 USC 1511 DOD reporting requirement, through the FY1996 NDAA at Section 1061(k).

> "(k) Reports and Notifications Relating to Chemical and Biological Agents. -- Subsection (a) of section 409 of Public Law 91-121 (50 USC 1511) is repealed."

In November 1997 — through the FY1998 NDAA and the Food and Drug Administration Modernization Act — Congress and President Clinton set up the Emergency Use Authorization program, accomplishing two things.

The amendments and additions transferred the DOD chemical and biological weapons research and development program to the Health and Human Services Department under the Food and Drug Administration, and expanded the pool of humans subject to experimentation without informed consent from military personnel and prisoners, to the whole American population.

In October 1998, Congress and President Clinton passed the Omnibus Consolidated and Emergency Supplemental Appropriations Act.

Title II established the National Pharmaceutical Stockpile, later renamed the Strategic National Stockpile, and appropriated $51 million (regularly topped up in subsequent appropriations) “to remain available until expended…for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention.”

Division I of the same 1998 bill — the Chemical Weapons Convention Implementation Act of 1998 — established prohibitions on chemical weapons, to give the appearance of US compliance with the terms of the 1997 UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction.[54]

The 1998 dual-use legislation accomplished another key US Government objective: it rendered the DOD’s illegal stockpile of biological and chemical agents into a ‘legal’ stockpile of pharmaceutical products and vaccines.

Same deadly toxins.

Different labels.

Just as the 1997 dual-use legislation continued to support and fund the same unethical human testing program, on a larger human test subject population.

54 https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.42_Conv Chemical weapons.pdf

As far as I can tell right now (subject to change with more research), DOD has had minimal or no statutory obligation to report on chemical and biological weapons programs to Congress since the mid-1990s, partially on the (false) basis that no such programs exist.

And as of Dec. 31, 2021 — based on provisions of the NDAA for FY 2017 — the last Congressional reporting requirement is now gone: the requirement under Section 1703 of the National Defense Authorization Act for Fiscal Year 1994 (50 USC 1523).

This conclusion is supported by Senator Rand Paul's recent comments[55] that nobody in Congress is allowed to know about Gain of Function or Dual Use Research of Concern projects.

It also aligns with DOD's continued claim, at its health.mil Chemical and Biological Exposures[56] webpage, that the US Government hasn't conducted any biological weapons testing on humans since 1969, and hasn't conducted any chemical weapons testing on humans since 1975.

> "Since the end of World War II, DoD periodically evaluated the CB threat and the ability of U.S. forces to fight on a chemical and biological battlefield. In some programs Service members were present but not test subjects and in other programs they were volunteer human subjects. Testing of biological agents on human subjects ended in 1969; testing of chemical agents on human subjects ended in 1975. DoD is investigating these exposures that occurred as far back as 30 to 60 years ago."

Duh.

There's no need to report to Congress on chemical and biological weapon human trials that you're not conducting.

And in a way, DOD isn't lying.

Since the mid-1990s, the US Government's illegal chemical and biological warfare program has all been operated under HHS public health frameworks, by relabeling weapons as prophylactics and treatments.

Since then, the US government has only developed, produced and deployed *FDA-authorized* bioweapons.

Note, though, that FDA authorization doesn't mean that the products comply with any FDA consumer-protection regulations on clinical trials, manufacturing, distribution, labeling or administration. Or safety and efficacy. Or recalls.

They don't comply with any of those legal standards, and there's no legal reason why they should comply.

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55 https://summit.news/2022/08/04/rand-paul-congress-is-not-allowed-to-know-about-top-secret-gain-of-function-research-committee/

56 https://www.health.mil/Military-Health-Topics/Health-Readiness/Environmental-Exposures/Chemical-and-Biological-Exposures

Compliance would be silly, because they're weapons, not medicines, and they're shot into targeted enemies (everyone on the planet) to kill them, not offered to patients to protect or heal them.

The DOD/HHS/DARPA/BARDA program isn't just a great way to cull and control the herd though.

Turns out, shoving biochemical weapons at needlepoint into the arms of hundreds of millions of people is also a great way to dispose of illegal stockpiles and destroy evidence of US violation of international treaties.

See 50 USC 1524, also added to the Chemical and Biological Warfare Program (50 USC Chapter 32) by Congress in 1993:

> "Agreements to provide support to vaccination programs of Department of Health and Human Services…
>
> The Secretary of Defense may enter into agreements with the Secretary of Health and Human Services to provide support for vaccination programs of the Secretary of Health and Human Services in the United States through use of the excess peacetime biological weapons defense capability of the Department of Defense…"

Oct. 19, 2022 - Other Transaction Authority (OTA) is to federal procurement contract regulation as Emergency Use Authorization (EUA) is to federal drug safety regulation.

They're both provisions through which Congress and US presidents pretended to legalize criminal conspiracy to produce and use weapons of mass destruction.

Reporting about the issues the US Government's Oct. 4 statement of interest in warrior Brook Jackson's whistleblower case against Pfizer, help to illuminate.

Means, motive and opportunity.

Emergency Use Authorization (EUA) programs established by Congress and President Clinton on Nov. 21, 1997 pretended to authorize the US Secretary of Health and Human Services and Secretary Defense to illegally order illegal use of illegal chemical and biological weapons of mass destruction on all Americans and all the people in the rest of the world.

Other Transaction Authority (OTA) programs established by Congress and President Obama on Nov. 25, 2015 pretended to authorize SecDef and HHS Secretary to illegally contract with and pay criminal private corporations to illegally produce illegal weapons.

*

On Nov. 21, 1997, Congress and President Clinton passed the Food and Drug Administration Modernization Act. Through it, they added a new section (21 USC 360bbb) to the Federal Food Drug and Cosmetics Act: "Expanded access to unapproved therapies and diagnostics."

Code translation:

- Access = production and deployment
- Unapproved = illegal/prohibited under federal and international law
- Therapies and diagnostics = weapons

The Emergency Use Authorization program under 21 USC 360bbb, if correctly titled, would be "Expanded production and deployment of illegal and prohibited weapons."

On Nov. 24, 2003, Congress and President Bush passed the National Defense Authorization Act for FY2004, adding 21 USC 360bbb-3, "Authorization for Medical Products for Use in Emergencies."

Section 360bbb-3 refers to "products," a category that includes qualified countermeasures, which includes medical countermeasures and security countermeasures.

The term “medical countermeasures” seems to have entered the lexicon on Nov. 30, 1993, when Congress and President Clinton passed the NDAA for FY1994 and added to Title 10, Armed Forces, Section 2370a. “Medical countermeasures against biowarfare threats: allocation of funding between near-term and other threats.”

At least that’s the first document on my hard-drive that shows up in a keyword search.

10 USC 2370a was repealed on Oct. 28, 2004.

Not to worry.

Two years earlier on June 12, 2002, “medical countermeasures” had been shifted out of Title 10 (Armed Forces) and put under Title 42, (Public Health and Welfare) at 42 USC 300hhh, “Public health and medical preparedness and response functions,” through the Public Health Security and Bioterrorism Preparedness and Response Act passed by Congress and President Bush.

Medical countermeasures moved again on July 21, 2004, when Congress and President Bush passed the Project Bioshield Act.

Project Bioshield moved the “qualified countermeasures” program to 42 USC 247d-6a: “Authority for use of certain procedures regarding qualified countermeasure research and development activities.”

Whatever the products are called, and wherever the pretend lawfulness of their use is addressed in the United States Code, they are chemical and biological weapons.

Whenever you read or hear the terms “biologic” “vaccine” or “countermeasure,” translate them as “illegal weapon.”

The terms are simply ways Congress, Presidents and appointed US government officials pretend that the crimes they’re committing are lawful acts, while they pretend to regulate illegal weapon manufacturing and use, through the pretend process of fulfilling their duties to protect public health and safety from toxic food and drugs.

*

On Nov. 25, 2015, Congress and President Obama passed the National Defense Authorization Act for FY2016.

This is how they corrupted the procurement contracting system in the same way that they'd already corrupted the food and drug regulatory system.

The 'prototype' procurement language, called Other Transaction Authority or OTA, was added at 10 USC 2371b, "Authority of the Department of Defense to carry out certain prototype projects.

10 USC 2371b was renumbered 10 USC 4022 effective 01/01/2022, through the NDAA for FY2021 passed on Jan. 1, 2021 by Congress and President Trump.

Which the criminals who write US laws for the zombie Congress to pass apparently forgot, because they tried to amend it again, back at 10 USC 2371, in the NDAA for FY2022 passed on Dec. 27, 2021, at 135 Stat. 1825.

It's all part of the overall game of throwing Americans off the rancid scent of the criminal infiltrators working in the US Department of Defense and Department of Health and Human Services as they carry out their fraud-based global mass murder campaign.

Lying and killing. Killing and lying.

*

Through 10 USC 2371b/10 USC 4022 Other Transaction Authority (OTA) program set up in 2015, Congress and President Obama pretended to legalize Department of Defense contracting with pharmaceutical corporations to produce bioweapons, in violation of federal and international laws prohibiting same.

> 10 USC 4022(a)(1) - "[T]he Director of the Defense Advanced Research Projects Agency (DARPA), the Secretary of a military department, or any other official designated by the Secretary of Defense may, under the authority of section 4021 of this title, carry out prototype projects that are directly relevant to enhancing the mission effectiveness of military personnel and the supporting platforms, systems, components, or materials proposed to be acquired or developed by the Department of Defense, or to improvement of platforms, systems, components, or materials in use by the armed forces."

Like the EUA product-development and FDA review program, the OTA government purchasing program classified bioweapons as qualified countermeasures, medical countermeasures and security countermeasures.

The OTA federal contract procurement program set up by Congress paralleled the creation of the Medical CBRN [Chemical Biological Radiological Nuclear] Defense Consortium, or MCDC.

This is the public-private partnership through which new chemical, biological, radiological and nuclear weapons are funded, developed and deployed by the US Government in conspiracy with private sector agents to sicken and kill human beings.

MCDC members describe themselves[57] as

> A consortium formed in response to the Government's expressed interest to establish an Other Transaction Agreement (OTA) with an eligible entity or group of entities, to include industry, academic, and not-for-profit partners, for advanced development efforts to support the Department of Defense's (DoD) medical, pharmaceutical and diagnostic requirements as related to enhancing the mission effectiveness of military personnel.
>
> Through the Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense (JPEO-CBRND), the Medical Countermeasures Systems (MCS) Joint Project Management Office is always looking for innovative, safe and effective medical solutions to counter CBRN threats. The usage of an OTA allows government to partner with the MCDC to leverage cutting edge R&D and develop prototypes from commercial sources. This gives MCS an agile and flexible way to develop medical countermeasures using new and innovative technology.

Pfizer, Inc. is among the current members of the MCDC consortium.[58]

FDA has a parallel program, called the Medical Countermeasures Initiative (MCMi).[59]

That's the FDA branch of the US Government's public-private partnership program to produce and use illegal chemical and biological weapons.

The 2015 Congressional act pretending to authorize the OTA program is one of the many ways that the US Government has "expressed interest" in setting up the corporate-state death machine since the mid-1940s.

*

57 https://www.medcbrn.org/about-mcdc/
58 https://www.medcbrn.org/current-members/
59 https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/medical-countermeasures-initiative-mcmi

Here's how this fits with the US Government's statement of interest[60] in Brook Jackson's whistleblower case.

- 2020.07.20 Base Agreement DOD-ATI-Pfizer-FDA contract[61]
- 2020.07.21 OTA Technical Direction Letter DOD-ATI-Pfizer-FDA[62]
- 2021.01.08 Brook Jackson Original Complaint[63]
- 2022.01.18 US Gov DOJ declines to intervene[64]
- 2022.02.10 Judge Truncale Order on Gov decline to intervene[65]
- 2022.02.22 Brook Jackson Amended Complaint[66]
- 2022.04.22 Pfizer Motion to Dismiss[67]
- 2022.08.22 Jackson Opposition to Pfizer MtD[68]
- 2022.09.20 Pfizer Reply in support MtD[69]
- 2022.10.04 US Gov Statement of Interest in support MtD[70]
- 2022.10.11 Jackson Leave to File Response to US Gov[71]
- 2022.10.14 Judge Truncale Order Granting Leave to Respond[72]

Two key US Government contracts are involved.

First is the July 20, 2020 Base Agreement between Advanced Technology (ATI) and Pfizer, Inc., identified as MCDC Base Agreement No. 2020-532.

Signing authority was listed as

> MCDC Other Transaction Agreement (OTA) No. W15QKN-16-9-1002 and 10 U.S.C. § 2371b, Section 815 of the 2016 National Defense Authorization Act (NDAA), Public Law 114-92.

The second contract is the July 21, 2020, MCDC Technical Direction Letter or Statement of Work (SOW) for "COVID-19 Pandemic - Large Scale Vaccine Manufacturing Demonstration" between Pfizer and DOD/Advanced Technologies Inc.

60 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.10.04-jackson-v.-ventavia-us-gov-intervene.pdf
61 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.20-base-agreement-pfizer-contract-56-p-exh-a-jackson.pdf
62 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf
63 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2021.01.08-brook-jackson-complaint-pfizer-ventavia-fraud-81-p.pdf
64 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.01.18-gov-declines-to-intervene.pdf
65 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.02.10-order-on-gov-decline-to-intervene.pdf
66 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.02.22-jackson-amended-complaint.pdf
67 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.04.22-pfizer-motion-to-dismiss.pdf
68 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.08.22-jackson-opp-to-pfizer-mtd.pdf
69 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.09.20-pfizer-reply-in-support-mtd-.pdf
70 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.10.04-jackson-v.-ventavia-us-gov-intervene.pdf
71 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.10.11-jackson-leave-to-file-response-to-us-gov.pdf
72 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.10.14-order-granting-leave-to-respond.pdf

The military prototype contracting provision must be read in conjunction with several other ways that the US Government gradually, quietly "expressed interest" in conspiring with businesses like Pfizer to commit genocide.

These include Congressional amendments to the 1938 Food, Drug and Cosmetics Act and the 1944 Public Health Service Acts which — by January 2020 when the US Government's Covid-19 crime spree began — had entirely eliminated federal regulatory standards for production and use of products designated by the FDA for emergency use during an HHS-declared, HHS-maintained 'public health emergency.'

21 USC 360bbb-3(c) "Criteria for Issuance of Authorization" is a linchpin.

At 21 USC 360bbb-3(c)(2), the law provides that the HHS Secretary may issue emergency use authorizations if he or she concludes

> that, based on the totality of scientific evidence available to the Secretary, including data from adequate and well-controlled clinical trials, if available, it is reasonable to believe that—
>
> (A) the product may be effective in diagnosing, treating, or preventing—
>
> (i) such disease or condition; or
> (ii) a serious or life-threatening disease or condition caused by a product authorized under this section, approved or cleared under this chapter, or licensed under section 351 of the Public Health Service Act [42 U.S.C. 262], for diagnosing, treating, or preventing such a disease or condition caused by such an agent; and
>
> (B) the known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product, taking into consideration the material threat posed by the agent or agents identified in a declaration under subsection (b)(1)(D), if applicable;

With the benefit of the July 2020 OTA contract, Pfizer's April 2022 motion to dismiss and the US Government's October 2022 statement of interest, we can now fully understand several things.

No safety standard is material to the HHS or FDA decisions.

The only efficacy standard is that the product "may be effective."

Efficacy conclusions are to be based on the totality of scientific evidence available to the Secretary.

If no scientific evidence is construed as available to the HHS Secretary, the HHS Secretary can make the declaration anyway.

The Base Agreement contract provided, at Section 21.06, for DOD military personnel to monitor and control every document, phone call, email, meeting and third-party audit between Pfizer (the "project agreement holder" or PHA) and FDA regulators.

> ...21.06(3) [Pfizer] will provide FDA submissions to the government such as all documentation requested by FDA and all proposals to FDA.
>
> 21.06(4) [Pfizer] will allow the government to monitory all FDA communications by listening to teleconferences and attending meetings.
>
> 21.06(5) [Pfizer] will allow the government to attend regulatory site visits and audits, and actively participate in all third-party audits....

DOD put this into the OTA bioweapons procurement contracts to ensure from the very start that Operation Warp Speed could only ever conclude with FDA authorizations and approvals, and that the FDA would never, under any circumstances, revoke the authorizations and approvals, because revocation of the authorization is the only condition under which US Government payment on the contracts can be suspended.

DOD and Pfizer agents had means, motive and opportunity, through OTA contracts, to personally ensure that

- no valid clinical trials would be conducted,
- no valid clinical data would be collected and analyzed, and
- all scientific evidence of product toxicity would removed, altered, suppressed, falsified, destroyed, discredited or otherwise disappeared, by anyone involved anywhere in the pretend clinical trials process.

DOD and Pfizer agents could thereby ensure that no evidence capable of interfering with the HHS Secretary and FDA regulatory officials (Azar/Kadlec/Gruber) EUA declarations would ever become available.

The mechanism was reinforced by other contractual provisions that separated the military "prototype manufacturing demonstration projects" from the pretend pharmaceutical research and development projects.

In other words, the FDA's decisions about products manufactured by Pfizer and other DOD contractors were made long before anyone in America had ever heard of Covid-19. The clinical trials were done to support the psychological part of the military operation; the scientific validity and regulatory compliance of the trials was irrelevant.

The FDA decisions based on the pretend trials were made by identifiable FDA officials, each of whom evidence will show either had knowledge, complicity and intent to further the crimes, or acted out of fear and ignorance, under DOD duress and coercion.

*

Back to Brook Jackson's case.

Pfizer's core argument in its Motion to Dismiss, which the US Government has now endorsed in its Oct. 4 statement of interest, is that clinical trials and clinical data from all of the sites, including the serious adverse event reports from the very start of the trials in Summer 2020, were not "material" or "necessary" to the FDA's decisions to grant Emergency Use Authorization (Dec. 11, 2020) and approval (Aug. 23, 2021) to Pfizer's product.

Pfizer, April 22, 2022 at p. 3

> The Government's "actual behavior" here says it all. Both the complaint itself and the public record show the Government has been fully aware of Relator's allegations for nearly two years without withdrawing authorization or stopping payment for Pfizer's vaccine.
>
> To the contrary, FDA took regulatory action that made the vaccine widely available and publicly responded to Relator's allegations by expressing the agency's "full confidence" in the data used to support the vaccine.
>
> DoD continues to purchase the product and make it available, free of charge, to all people living in the United States.
>
> And the U.S. Department of Justice ("DOJ"), which was required under 31 U.S.C. § 3730(a) to investigate Relator's allegations "diligently," declined to intervene in this lawsuit.
>
> All of this is "very strong evidence" that Relator's allegations are not material to the United States, and accordingly Pfizer's vaccine was—and continues to be— eligible for payment by the Government.

US Government, Oct. 4, 2022, at p. 10

> [Brook Jackson's] complaint does not identify any provision in the SOW 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, <u>the complaint does not plead factual content to support a conclusion that compliance with the clinical trial protocol or regulations was necessary</u> 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.
>
> As the complaint notes, the contract did condition payment between Pfizer and the Army on FDA approval or authorization of the vaccine. This provision in the contract could

> support a claim for fraud in the inducement if the complaint had pleaded facts supporting an inference that the alleged clinical trial violations at the Ventavia sites actually altered FDA's approval or authorization decision.
>
> However, while the complaint generally contends that the alleged clinical trial violations by Ventavia "call[] the vaccine's EUA into question," there are no allegations in the complaint that the data from the Ventavia sites caused FDA to authorize the vaccine or that FDA would have revoked authorization had it known about the alleged clinical trial violations by Ventavia.

Short note about where I'm going with this series of reports.

The implications of the contract terms were first publicly acknowledged by Pfizer on April 22, 2022, in Pfizer's motion to dismiss Brook Jackson's whistleblower case.

As of Oct. 4, 2022, the implications of the contract terms have now been publicly acknowledged and endorsed by the US Government.

On Oct. 11, 2022, Brook Jackson's attorneys asked Judge Truncale for permission to file a response to the US Government's statement of interest. On Oct. 14, 2022, Judge Truncale granted that permission, and ordered Jackson's attorneys to file a response by Oct. 27.

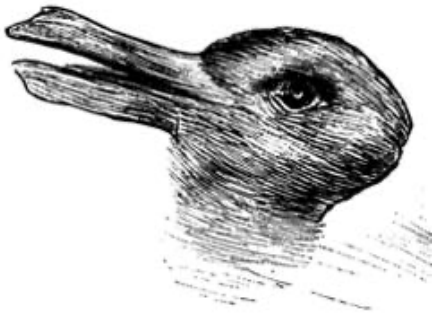
I think that in their response Brook Jackson's attorneys should take the US Government's newly-discovered interest in intervening, and accept it, by asking Judge Truncale to:

1. Deny Pfizer's motion to dismiss
2. Add to the case, the US Government, including President Trump, President Biden, current and past secretaries of DOD, HHS, DOJ and DHS, along with CDC, FDA, NIH and NIAID officials), *as defendants*.
3. Add a claim under 18 USC 2333[73] against the named US government officials and their subordinates (agency and departmental directors, advisory board members, etc.)
4. Terminate the national emergency declarations, proclamations and programs.
5. Immediately suspend the entire US vaccination program including the schedules for childhood, adolescent and adult injections, and order a full, independent investigation to be conducted by a civilian team led by Steve Kirsch and Naomi Wolf.
6. Close all DOD, FDA, CDC, Pfizer, Moderna, J&J and subcontractor facilities, and designate them as crime scenes in an active criminal investigation conducted by a civilian team led by Robert F. Kennedy Jr. and Francis A. Boyle.

If ordered by Judge Truncale, this would enable full discovery into the multiple, heinous crimes including fraud; production, stockpiling and use of chemical and biological weapons of mass destruction; and mass murder, that the US Government planned, conspired and contracted with the private corporate defendants (Pfizer, Ventavia and Icon) to conceal from the public during the planning stages, commit and then cover up.

73 https://bailiwicknews.substack.com/p/secret-squirrel-v-azar-kadlec-and

Oct. 25, 2022 - Pharmaceuticidal tendencies. Condensing the nightmare for judicial review.



It's the National Vaccine Program.

No, it's genocide.

It's a medical countermeasure.

No, it's a bioweapon.

It's legal! No, it's criminal!

It’s a duck! It’s a rabbit!

It's both.

On June 9, 1969, Dr. Donald MacArthur testified to a US Senate hearing on DOD appropriations,[74] about development of “new infective microorganisms which could differ in certain important aspects from any known disease-causing organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease.”
Subsequent illegitimate, unconstitutional, pseudo-legislation passed by Congress and signed by US presidents purported to authorize and fund the American chemical and biological warfare and genocide program.

These laws addressed chemical and biological warfare and weapons testing programs; DOD reporting to Congress on chemical and biological weapons programs; judicial review; informed consent rights (for subjects) and obligations (for investigators) during human experiments; national emergencies; public health emergencies; terrorism; homeland security; HHS authority and program funding, research moratoria (including fetal tissue and genetic manipulation research); Posse Comitatus Act, Insurrection Act, domestic deployment of military against civilians; chemical and biological weapon stockpile management; strategic national pharmaceutical stockpile management; federal preemption of state and local laws; federal funding for state and local law alignment with federal medical-martial law programs; surveillance, quarantine, apprehension and detention powers; civil liability indemnification; Emergency Use Authorization/EUA products classified as medical countermeasures, covered countermeasures, security countermeasures, pandemic products, epidemic products; domestic propaganda; conduct of clinical trials, use of real-world evidence; Other Transaction Authority/OTA ‘prototype’ procurement DOD contracting with private companies to produce EUA products; mass testing programs; and DOD-HHS agreements to “provide support for vaccination programs...through use of the excess peacetime biological weapons defense capability of the DOD.”[75]

74 https://www.indybay.org/newsitems/2002/09/17/1496051.php
75 https://www.law.cornell.edu/uscode/text/50/1524

Through this legislation, pseudo-authorized crimes have been pseudo-codified in the United States Code at Title 6 (Domestic Security); Title 10 (Armed Forces); Title 21 (Food and Drugs); Title 22 (Foreign Relations); Title 42 (Public Health and Welfare); and Title 50 (War and National Defense).

These pseudo-laws include: Armed Forces Appropriation Act (Nov. 19, 1969); National Cancer Act (Dec. 23, 1971); National Research Service Award Act (July 12, 1974); National Emergencies Act (Sept. 14, 1976); Department of Defense Appropriations Authorization Act of 1978 (July 30, 1977); Department of Education Organization Act (Oct. 17, 1979); 1982/12/21 - Congressional Reports Elimination Act (Dec. 21, 1982); 1983/07/13 - Public Health Service Act Amendment (July 13, 1983); Health Research Extension Act (Nov. 20, 1985); State Comprehensive Mental Health Services Plan Act/National Childhood Vaccine Injury Act/National Vaccine Program (Nov. 14, 1986); Health Omnibus Programs Extension Act. (Nov. 4, 1988); Robert T. Stafford Disaster Relief and Emergency Act. (Nov. 23, 1988); Omnibus Budget Reconciliation Act (Dec. 19, 1989); National Institutes of Health Revitalization Act (June 10, 1993); NDAA for FY1994 (Nov. 30, 1993); NDAA FY1996 (Feb. 10, 1996); Antiterrorism and Effective Death Penalty Act (April 24, 1996); NDAA FY1998 (Nov. 18, 1997); Food and Drug Administration Modernization Act (Nov. 21, 1997); NDAA FY1999 (Oct. 17, 1998); Omnibus Consolidated and Emergency Supplemental Appropriations Act FY1999 (Oct. 21, 1998); Public Health Improvement Act/Public Health Threats and Emergencies Act (Nov. 13, 2000); Authorization for Use of Military Force (Sept. 18, 2001); PATRIOT Act [Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism] (Oct. 26, 2001); Public Health Security and Bioterrorism Preparedness and Response Act (June 12, 2002); Homeland Security Act (Nov. 25, 2002); NDAA FY2004 (Nov. 24, 2003); Project Bioshield Act (July 21, 2004); Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act/Public Readiness and Emergency Preparedness (PREP) Act. (Dec. 30, 2005); NDAA/John Warner Defense Authorization Act FY2007 (Oct. 17, 2006); Pandemic and All-Hazards Preparedness Act (Dec. 19, 2006); National Institute of Health Reform Act (Jan. 15, 2007); Food and Drug Administration Amendments Act of 2007 (Sept. 27, 2007); NDAA FY08 (Jan. 28, 2008); Patient Protection and Affordable Care Act/ObamaCare (March 23, 2010); NDAA FY2011 (Dec. 31, 2011); Food and Drug Administration Safety and Innovation Act (July 9, 2012); NDAA FY2013 (Jan. 2, 2013); Disaster Relief Appropriations Act (Jan. 29, 2013); Pandemic and All-Hazards Preparedness Reauthorization Act. (March 13, 2013); Medicare Access and CHIP Reauthorization (MACRA) Act (April 16, 2015); NDAA FY2016 (Nov. 25, 2015); NDAA FY2017 (Oct. 17, 2016); 21st Century Cures Act (Dec. 13, 2016); NDAA FY2017 (Dec. 23, 2016); FDA Reauthorization Act (Aug. 18, 2017); NDAA FY2018 (Dec. 12, 2017); Act to amend Food Drug and Cosmetics Act Emergency Use Authorization statute, 21 USC 360bbb-3 (Dec. 12, 2017); Federal Aviation Administration Reauthorization Act/Disaster Recovery Reform Act (Oct. 5, 2018); Pandemic and All-Hazards Preparedness and Advancing Innovation Act (June 24, 2019); Coronavirus Preparedness and Response Supplemental Appropriations Act (March 6, 2020); Families First Coronavirus Response (March 18, 2020); Coronavirus Aid, Relief, and Economic Security CARES Act (March 27, 2020); Paycheck Protection Program and Health Care Enhancement Act (April 24, 2020); Consolidated Appropriations Act (Dec. 27, 2020); NDAA FY2021 (Jan. 1, 2021); American Rescue Plan/Consolidated Appropriations Act (March 11, 2021); NDAA FY2022 (Dec. 27, 2021); Consolidated Appropriations Act (March 15, 2022).

MEANWHILE...Congress has also been passing laws to comply with international treaties prohibiting crimes including genocide, biological weapons, torture, chemical weapons, war crimes and slavery, and protecting religious and civil liberties.

These laws have been codified in Title 18 (Crimes and Criminal Procedure) and include Genocide Convention Implementation Act of 1987 (Nov. 4, 1988); Biological Weapons Antiterrorism Act of 1989 (May 22, 1990); Religious Freedom Restoration Act (Nov. 16, 1993); Foreign Relations Authorization Act FY94 and FY95 - Torture Convention implementation (April 20, 1994); Chemical Weapons Convention Implementation Act of 1998 (Oct. 21, 1998); War Crimes Act - Geneva Conventions implementation (Aug. 21, 1996); Military Commissions Act of 2006 - Geneva Conventions implementation (Oct. 17, 2006); and Leahy-Smith America Invents Act/Section 33 prohibition on issuing of patents "directed to or encompassing a human organism." (Sept. 16, 2011).

Many of these American laws are built with large pseudo-legal loopholes purporting to make crimes not be crimes if committed by administrative and military officers representing the US Government.

MEANWHILE...

American presidents have been signing pseudo-laws called Executive Orders, Proclamations, Declarations and Directives: Executive Order 12452 expanded list of communicable diseases subjecting citizens to forcible apprehension and detention under HHS Secretary quarantine authority (1983); EO 13139 forced experimental, FDA-unapproved vaccines on armed forces without informed consent (1999); Proclamation 7463 placed US population under "national emergency" due to "terrorist attacks," renewed annually since (2001); EO 13324 blocked property ownership and transactions with terrorists (2001); EO 13295 added symptomatic SARS to quarantinable communicable diseases (2003); EO 13375 added symptomatic influenza to quarantinable communicable diseases (2005); National Security Presidential Directive 51, US government continuity of operations policy (2007); EO 13546, *Optimizing the Security of Biological Select Agents and Toxins in the United States* (2010); EO 13674 added asymptomatic, suspected SARS to quarantinable communicable diseases (2014); EO 13747, *Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats* (2016); EO 13859, *Maintaining American Leadership in Artificial Intelligence* (2019); and EO 13874, *Modernizing the Regulatory Framework for Agricultural Biotechnology Products* (2019). EO 13887, *Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health,* directed rapid-deployment mRNA/DNA/LNP/nanotech drugs and devices (2019); a Biden "directive" to DOD ordered COVID-19 vaccination added to list of required military injections (2021); SecDef Austin ordered force injection of US military (2021); EO 14042, ordered forced injection of federal contractors (2021); EO 14043 ordered forced injection of federal employees (2021); a Biden "directive" to Department of Labor ordered forced injection of employees at private companies with more than 100 workers; EO 14047 added measles to the list of quarantinable communicable diseases (2021); a Biden "directive" to Department of Health and Human Services ordered forced injection of health care workers; EO 14067, *Ensuring Responsible Development of Digital Assets* (2022); EO 14081, *Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy* (2022).

MEANWHILE...

The white-collar murderers at the Department of Health and Human Services were tightening the legal death traps: US Department of Health, Education and Welfare, National Institutes of Health, National Cancer Institute Special Virus Program, Progress Report 8 (1971); US HEW-NIH, National Cancer Institute Special Virus Program, Progress Report 9 (1972); HHS-Food and Drug Administration Final Rule Protections for Human Subjects; Prisoners Used as Subjects in Research (1981); HHS-FDA Final Rule Protection of Human Subjects; Informed Consent (1981); HHS Interim Final Rule: Informed Consent for Human Drugs and Biologics; Determination that Informed Consent is Not Feasible (1990); 1991 Common Rule (1991); HHS Interim Final Rule - Human Drugs and Biologics; Determination That Informed Consent Is NOT Feasible or Is Contrary to the Best Interests of Recipients; Revocation of 1990 Interim Final Rule; Establishment of New Interim Final Rule (1999); HHS FDA Draft Guidance Re: Emergency Use Authorization of Medical Products (2005); HHS FDA Guidance: Gene Therapy Clinical Trials - Observing Subjects for Delayed Adverse Effects (2006); HHS FDA Guidance - Emergency Use Authorization of Medical Products (2007); HHS Interim Final Rule - FDA Exceptions or Alternatives to Labeling Requirements for Products Held by the Strategic National Stockpile. (2007); HHS FDA Workshop Summary: Medical Countermeasures Dispensing: Emergency Use Authorization and the Postal Model…

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

…HHS FDA Guidance for Industry: Potency Tests for Cellular and Gene Therapy Products (2011); HHS FDA Guidance: Decisions for Investigational Device Exemption Clinical Investigations (2014); HHS FDA Guidance: Considerations for the Design of Early-Phase Clinical Trials of Cellular and Gene Therapy Products (2015); HHS FDA Guidance: Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products (2015); HHS Final Rule - HHS Clinical Trials Registration and Results. 81 Federal Register 64981 (2016); HHS Workshop Summary - The Nation's Medical Countermeasure Stockpile: Opportunities to Improve the Efficiency, Effectiveness, and Sustainability of the CDC Strategic National Stockpile (2016); HHS FDA Guidance: Emergency Use Authorization of Medical Products and Related Authorities (2017); HHS Final Rule - Federal Policy for the Protection of Human Subjects (2017); HHS Final Rule - Control of Communicable Diseases Final Rule (2017); HHS FDA Guidance: IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects (2017); HHS FDA Guidance: Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices (2017); HHS Final Rule - Federal Policy for the Protection of Human Subjects: Six Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions During the Delay

Period (2018); Material Transfer Agreement signed between US Health and Human Services (HHS) National Institutes of Health (NIH) National Institute for Allergies and Infection Diseases (NIAID), led by Anthony Fauci, University of North Carolina coronavirus researcher and patent-holder Ralph Baric, and Moderna, for "mRNA coronavirus vaccine candidates developed and jointly owned by NIAID and Moderna." (2019); HHS FDA Guidance: Real-World Data - Assessing Electronic Health Records and Medical Claims Data To Support Regulatory Decision-Making for Drug and Biological Products (2021); HHS FDA Guidance: Real-World Data - Assessing Registries to Support Regulatory Decision-Making for Drug and Biological Products (2021); HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins—Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting From Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins (2021); HHS Final Rule - National Vaccine Injury Compensation Program: Adding the Category of Vaccines Recommended for Pregnant Women to the Vaccine Injury Table (2022)

CULMINATING IN COVID...

Through pseudo-legal acts beginning in January 2020:

- 2020/01/27 - US Secretary of Health and Human Services Determination that a Public Health Emergency Exists and declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of this novel coronavirus. In continuous force since then, most recently renewed Oct. 13 by HHS Secretary Xavier Becerra.
- 2020/02/04 - US Secretary of Health and Human Services Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19.
- 2020/03/01 - HHS Centers for Medicare and Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, creating legal conditions for hospital homicide protocols.
- 2020/03/13 - President Trump issued a Stafford Act declaration (under the 1988 Stafford Act), and signed Proclamation 9994 (under the 1975 National Emergencies Act), Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak. Renewed every year since, most recently by Biden in Feb. 2022.
- 2020/03/24 - HHS Secretary Alex Azar issued Declaration of Emergency Use Authorization, declaring "that circumstances exist justifying the authorization of emergency use of medical devices, including alternative products used as medical devices."

Oct. 26, 2022 - Clinical trial documents are just props in a theatrical production; clinical investigators are fooled performers and in the fooled audience; playwright and director is DOD

Sent to attorney Warner Mendenhall, whistleblower Brook Jackson and a couple of others by email.

I've been working on a draft response for Brook Jackson's case for the last few days. I understand […] that the [Robert] Barnes' team's theory of the case is leading the team to focus on [a different legal strategy]. I don't think that's a fruitful direction to go, and am providing these alternative arguments in case they turn out to be useful to Brook's case or future cases.

Attached is the current very rough draft. Yesterday I wrote what became the footnotes in the section about statutory and executive order history. Most of the rest of the draft is different versions and sections of argument, plus a draft affidavit for Francis Boyle.

Today I'm working on the procedural history and argument analysis sections. Outline below and draft attached...

The key is the difference between the sponsor clinical trial/FDA regulatory framework and EUA frameworks which are explicitly not clinical-trial based.

I wrote about it in the spring as I began to understand the implications of 21 USC 360bbb-3(k): "the use of such [EUA] product within the scope of the [EUA] authorization shall not be considered to constitute a clinical investigation." June 9, 2022 - COVID-19 injectable bioweapons as case study in legalized, government-operated domestic bioterrorism

Everything I've found in my legal research since then has confirmed those initial conclusions...

PROCEDURAL HISTORY/ARGUMENT SYNOPSES-

Outline:

A. July 2020 contract key points (as cited by Pfizer and Gov in Motion to Dismiss and statement of interest) Base Agreement.[76] Technical Letter.[77]

B. Sept. 2020 - What Brook witnessed at Ventavia and how she reported to Ventavia, Pfizer and FDA, resulting in firing.

C. Jan. 2021[78] - Brook's False Claims Act case -

76 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.20-base-agreement-pfizer-contract-56-p-exh-a-jackson.pdf
77 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2020.07.21-dod-ati-pfizer-technical-direction-letter-ota-w15qkn-16-9-1002-35-p.pdf
78 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2021.01.08-brook-jackson-complaint-pfizer-ventavia-fraud-81-p.pdf

1. Explanation of 1982 False Claims Act law, *qui tam*, *ex rel*.
2. Explanation of provision 31 USC 3730(e)(2), which states that if the evidence trail leads to members of Congress, members of judiciary or senior executive branch officials, "no court shall have jurisdiction." Also (e)(1), once evidence trail leads to members of armed forces, "no court shall have jurisdiction." Congress and Presidents (through statutes) preemptively stripped federal judiciary of all oversight and review power, to pre-cover-up Congressional and executive crimes. Congress and President above the law. Judicial branch immaterial, as long as judges go along with the destruction of Constitutional separation of powers and usurpation of judicial power by Congress and presidents.

D. Jan. 2021 - Brook's complaint overview

1. Her FCA argument was based on her (erroneous) understanding that she was involved in a clinical trial subject to CFR regulations and terms of 21 CFR 50, 21 CFR 56, 21 CFR 312, and FDA-1571, FDA-1572 and Institutional Review Board reporting. Such that Ventavia's failure to comply with the protocols and Pfizer's failure to ensure compliance were fraud as the results were conveyed to FDA and DOD.
2. By law [the illegitimate laws set up to enable mass murder under public health pretext], the activities at Ventavia and all the other sites were not "clinical investigations," because under 21 USC 360bbb-3(k), use of EUA-covered medical countermeasure (MCM) products, once designated as such by the Secretary of Health and Human Services (March 10, 2020, retroactive to February 4, 2020[79]) "shall not be considered to constitute a clinical investigation." 21 USC 360bbb-3(k). EUA law, adopted 1997 and amended 2003, 2004, 2005, 2013, 2017. "(k) Relation to other provisions. If a product is the subject of an authorization under this section, the use of such product within the scope of the authorization shall not be considered to constitute a clinical investigation for purposes of section 355(i), 360b(j), or 360j(g) of this title or any other provision of this chapter or section 351 of the Public Health Service Act [42 U.S.C. 262]."
3. Unbeknownst to the investigators and subjects, the clinical trial documents were scripts and props for a show with no legal or regulatory significance. And the people were merely actors playing roles, children 'driving' a Home Depot shopping cart.
4. Those legal facts were known to Pfizer executives who signed the July 2020 contracts, and also known to DOD/ATI and HHS officials signing those contracts, and FDA officials playing their role by pretend-"authorizing" the products.
5. Those facts were not known to the audience for the performance — the investigators, subjects and world public who were told that these were authentic clinical investigations and that the results were showing the products to be "safe and effective."
6. The fraud was not committed by Pfizer against US Government. The fraud was committed by Pfizer and US Government against Brook Jackson and all the other investigators and subjects who were falsely led to believe they were part of a clinical trial that was really happening when in fact they were not, because there was no clinical trial. And fraud by Pfizer and US Government against entire world, falsely led to believe valid clinical trials were happening.

79 https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf

E. Jan. 2021-Jan. 2022 - abortive AG/DOJ investigation

F. Jan. 2022 - DOJ declines

G. Feb. 2022 - Brook files amended complaint

H. April 2022 - Pfizer Motion to Dismiss on basis of DOD OTA prototype for large scale manufacturing demo and DOD control of ultimate FDA decisions, with FDA clinical trial regulatory frame irrelevant and immaterial, and clinical trial results not causally related to FDA decision.

I. Aug. 2022 - Brook opposition to motion to dismiss - goes back to False Claims Act, FDA regulatory, clinical trial fraud frame.
J. Sept. 2022 - Pfizer Reply in further support MtD - goes back to OTA again - clinical trials as related to FDA regulation both immaterial to DOD purchasing contract with Pfizer.

K. Oct. 2022 - US Gov. statement of interest: Concurs with Pfizer, FDA regulatory framework irrelevant and immaterial. Only terms with legal causality and materiality were DOD control of fraudulent FDA authorization process, as per OTA prototype manufacturing demonstration contracts.

*

Ron Suskind Oct. 17, 2004 *New York Times* report "Faith, Certainty and the Presidency of George W. Bush",[80] citing an unnamed George W. Bush administration official:

> The aide said that guys like me were 'in what we call the reality-based community,' which he defined as people who 'believe that solutions emerge from your judicious study of discernible reality.' [...]
>
> 'That's not the way the world really works anymore,' he continued.
>
> 'We're an empire now, and when we act, we create our own reality. And while you're studying that reality — judiciously, as you will — we'll act again, creating other new realities, which you can study too, and that's how things will sort out.
>
> We're history's actors...and you, all of you, will be left to just study what we do'.

The quote is often attributed to Karl Rove, but Suskind has not confirmed.

80https://www.nytimes.com/2004/10/17/magazine/17BUSH.html?ex=1255665600&en=890a96189e162076&ei=5090&partner=rssuserland

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

Reader comment on previous post re: Clinical trial documents are just props in a theatrical production; clinical investigators are fooled performers and in the fooled audience; playwright and director is DOD

If Brook's case is based on the erroneous assumption that she was working on a real clinical trial, but it wasn't a real clinical trial, and by your citations, it didn't have to be a real clinical trial, I don't understand how her lawsuit could possibly prevail.

My reply:

I don't think it can prevail, if she and her legal team stick to their original arguments without taking into account the Oct. 4, 2022 disclosure, by the US Government, that the US Government was not just in on, but actively directed, the planned and executed fraud and mass murder campaigns.

I realized that in May when I first read Pfizer's April 22, 2022 Motion to Dismiss.

- May 25, 2022 - Pfizer's Motion to Dismiss the Brook Jackson, federal contracting fraud, clinical trial fraud, whistleblower case.
- May 26, 2022 - Implications of 10 USC 2371b, the federal contracting provision cited by Pfizer

My point now is that the Government's Oct. 4, 2022 disclosure opens a litigation path to adding an 18 USC 2333 claim, 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 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.

It all depends on one whistle-blowing plaintiff finding one federal judge with integrity and faith.

Maybe that plaintiff is Brook Jackson and maybe that judge is Judge Truncale.

Maybe it's not time yet, and there's another plaintiff and another judge waiting to be brought together through the right case. I don't know.

That's the goal as I understand it right now: getting that one plaintiff and that one judge together, through a good case, well-argued. As quickly as possible.

Reader follow-up question:

But 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.

See above, Legal horror movie pitch: The World According to Darp,[81] exchange with Attorney Warner Mendenhall.

Reader comment:

Pretty ingenious! The only thing I don't understand is designating "the DOD, HHS and Department of Homeland Security as foreign terrorist organizations". How can they be "foreign" if they are parts of our government? Or, in other words, is there more to the definition/meaning of "foreign" than meets the eye?

My reply:

Infiltration of US government by WHO-WEF-UN-BIS-aligned individuals, engaged in treason.

Azar, Becerra, and other cabinet secretaries, plus Congress and US president and many federal judges, are demonstrably doing the bidding of the World Health Organization, under the terms of the 2005 International Health Regulations, including by suspending US sovereignty, US Constitution, and all federal laws that conflict with the world governance structures WHO/WEF/UN/BIS are working to impose on every country's population.

The overthrow by internal, foreign enemies took place on Jan. 27, 2020 and has been maintained since.

81 https://bailiwicknews.substack.com/p/legal-horror-movie-pitch-the-world

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.

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory-developed, stable, pathogenic, easily-transmissible substances to be credible.]

...Some other notes about the intricate Constitutional crisis trap in which we're ensnared, in response to comments posted on Jackson v. Pfizer and US Government post [in which I advocated that Jackson file a civil claim under 18 USC 2333. (See Oct. 19, 2022, 'Other Transaction Authority (OTA) is to federal procurement contract regulation as Emergency Use Authorization (EUA) is to federal drug safety regulation.')

Commenter noted that there are "limits in civil actions" and that "liability seems to be limited to those designated as a foreign terrorist organization."

My reply

18 USC 2333 is a civil cause of action:

> "Any national of the United States injured in his or her person, property, or business by reason of an act of international terrorism, or his or her estate, survivors, or heirs, may sue therefor in any appropriate district court of the United States..." referring 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." 18 USC 2333(a) and 18 USC 2333(d)(2).

The US Government has provided an opening to make a creative countermove. The Constitution and principles of rule of law have already been exiled from U.S. jurisdictions.

One possibility re: "foreign terrorist organization" is to include among named US government defendants the Secretary of State, Treasury Secretary and Attorney General, for breach of duty (under 8 USC 1189, Designation of foreign terrorist organizations) to properly designate US government/HHS/DOD as a foreign terrorist organization. Azar, Becerra, and other cabinet secretaries, plus Congress and US presidents and many federal judges, are demonstrably doing the bidding of the World Health Organization, under the terms of the 2005 International Health Regulations, including by suspending US sovereignty, US Constitution, and all federal laws that conflict with the world governance structures WHO/WEF/UN/BIS are working to impose on every country's population.

When combined with the NIH/NIAID/US-AID/EcoHealth/PREDICT/DARPA/Joseph Murphy[82] reports and an affidavit from Francis A. Boyle, the following piece of evidence from the Federal Register will be useful in making that argument: Nov. 17, 2021 - "HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins — Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting from Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins." 86 FR 64075.

Translation: On Nov. 17, 2021, US Government officials within HHS added chimeric, lab-weaponized SARS-CoV-2 to the list of agents that "have the potential to pose a severe threat to public health and safety" under 42 CFR 73.3.

This act can and should be argued to a federal judge as part of the pre-crime and post-crime coverup campaign, which goes to constructive knowledge, criminal intent, malice, and reckless disregard for human life.

The regulatory maneuver was an attempt to block accountability by reclassifying illegal bioweapons use as legally indistinguishable from pandemics, to block federal and international civil and criminal cases brought under the theory that SARS-CoV-2 and the lethal injections are bioweapons whose development, release, manufacture and use are prohibited crimes and not a communicable disease outbreak followed by a governmental pandemic response program.

If classified as a bioweapon, the Public Health Emergency of International Concern[83] (international) and public health emergency[84] [Notice of Determination of PHE under FDCA Sec. 564, 21 USC 360bbb, by HHS Secretary, published Feb. 7, 2020, retroactive to Feb. 4, 2020] (federal) legal frameworks would be nullified, instead bringing to bear federal and international laws prohibiting chemical and biological weapons.

In other words, Brook Jackson's case — if the US Government is joined as a defendant and a 18 USC 2333 claim is added — can be used to force the US Government to take one of two positions in response to overwhelming evidence that identifiable US Government officials have orchestrated and committed mass murder using bioweapons developed by the US Government:

1. Mass murder using bioweapons is the official policy of the US Government, and the people who planned it and are carrying it out were and remain fully authorized to do so.
2. Mass murder using bioweapons is prohibited under US and international law, and the people implementing the programs are rogue elements who are not authorized by the US Government, and therefore can and should be removed from power, charged, tried, convicted and punished.

82 https://bailiwicknews.substack.com/p/joseph-murphy-report
83 https://www.paho.org/en/news/30-1-2020-who-declares-public-health-emergency-novel-coronavirus
84 https://www.govinfo.gov/content/pkg/FR-2020-02-07/pdf/2020-02496.pdf

Nov. 18, 2022 - Immunomodulation and fear modulation; Biodefense in the Age of Synthetic Biology

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory developed, stable, pathogenic, easily-transmissible substances to be credible.]

Robert Malone at about 59:50 of Children's Health Defense panel discussion,[85] Oct. 28, 2022:

> As I said at the outset, I couldn't design a better product to elicit these adverse events and outcomes associated with immune imprinting if I had sat down at a computer for six years. It is the ideal product for driving immune imprinting, which has been a chronic problem with influenza vaccines...
>
> Those defective interfering particles…it's not that they are immunogenic. It's that they interfere with a lot of functional activities that might otherwise be able to control virus, because they're busy…It's as if the defective interfering particles are a sponge…

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.'

The mid-terms are over, and as predicted, Ebola panic porn is ramping up to prime the population to accept another round of crushing social and economic restrictions and submit to more injectable bioweapons...

A couple of days ago, smallvoice on Gab, a former vaccine nurse, posted a comment about 'drones' from Africa flown into the U.S. and other western countries to seed outbreaks...

...Then there's the loose affiliation of independent science analysts, including Jonathan Couey, exploring the possibility that SARS-CoV-2 is a synthetic infectious clone designed by Ralph Baric with funding from Anthony Fauci through NIAID, released at specific locations and specific times over the past three years to cause localized but self-limiting outbreaks, thanks to natural, God-designed mutations driving the pathogens from higher virulence to lower virulence and the natural, God-designed ability of the human immune system to fight off pathogenic threats, heal the damage

85 https://rumble.com/v1qo8or-chd-defender-show-ep-69-disappearing-flu-data-robert-malone-meryl-nass-coue.html

caused by systemic injuries, and learn to recognize and fight off similar threats more quickly and more effectively thereafter.

Why did the Baric/Fauci team release localized outbreaks, knowing that they would be self-limiting?

Because the real goal was to “spin up” population-wide fear, set off the fraudulent PCR mass-testing craze, and funnel people into long-term, compliant, routine individual relationships with the nascent government-directed, government-funded, injectable mRNA countermeasures market and the digital surveillance and digital currency platforms being built atop ‘vaccine’ passports as a new condition for individual participation in human society.

*

I do not know if the US Government, DOD, HHS, DHS, FEMA, Pfizer, Moderna and Bill Gates have the biological, chemical and electromagnetic tools to make injectable lipid nanoparticles that contain embedded, dormant pathogens that can be activated to cause symptomatic hemorrhagic fever outbreaks. [October 2025 Note - In light of what I later learned, I do not find claims or predictions about 'nanotechnology,' 'transhumanism' and related subjects to be credible.]

What I do know is this: They have the media, propaganda and information control tools to make it look like they can do those things, and to manipulate readers, viewers and listeners to behave as if those things are true even if those things are false.

Or, more precisely, they have the information control tools to get people to behave as if isolated, but truly-deadly, orchestrated incidents automatically mean there are invisible, large-scale threats, for which the US Government and its public-private partnerships with conspirators in academia, multinational ‘health’ organizations, and the private sector, are trustworthy leaders for subsequent emergency response and management programs.

They've already demonstrated their extraordinary capacity to get people to go along with massive lies. They are rolling out the next act in a dramatic production.

Don't respond to the next acts as if the liars have suddenly developed an interest in telling us the truth.

The bad guys may be unable to do all the things they have clearly told us they want to do: sicken, kill, sterilize, track-and-trace, microchip and control the movements and beliefs of as many of the world’s people as possible.

They have already done some of those things, to some of the people.

And they’ve made many more believe that they have a level of technological and pharmaceutical power and control they probably do not have.

The main thing they need now is a credulous, terrorized population, because the people who believe their terrifying lies will walk right into the direct control grid behind the fear curtain.

Do NOT comply with the globalist demand that you be afraid. Do NOT comply with the globalist demand that you stay in your home, or leave your home and go to a quarantine camp, or shut your business, or put on a mask, or take a test, or take another set of lethal injections.

Do not fear. Be not afraid.[86]

*

Biodefense in the Age of Synthetic Biology,[87] US National Academies of Sciences, Engineering, Medicine, June 19, 2018.

Contributors: Committee on Strategies for Identifying and Addressing Potential Biodefense Vulnerabilities Posed by Synthetic Biology; Board on Chemical Sciences and Technology; Board on Life Sciences; Division on Earth and Life Studies; National Academies of Sciences, Engineering, and Medicine

Ralph Baric of UNC Chapel Hill was among the invited speakers. Table of Contents below**

Chapter 6 - Assessment of Concerns Related to Bioweapons that Alter the Human Host

Modifying the Human Immune System (pp. 74-77)

> Human immunity is the bulwark for protection against infectious disease. Two basic systems respond to the vast array of threats in the natural environment. The first is the innate immune system, a collection of nonspecific protective mechanisms triggered by pathogen-associated molecular patterns, such as lipoteichoic acid from Gram-positive bacteria or unmethylated CpG sequences in viral DNA.
>
> The second is the adaptive immune system, which generates highly specific antibody and T-cell responses tailored to individual diseases and disease variants.
>
> Many natural pathogens manipulate the human immune system, both by suppressing the immune response (e.g., immunodeficiency viruses) and by upregulating certain responses (e.g., respiratory syncytial virus, which induces the immune system to favor a response involving Type 2 T helper cells [Th2] and subsequently increases the proclivity toward asthma [Lotz and Peebles, 2012]).

86 https://catholic-resources.org/Bible/HaveNoFear.htm
87 https://haseloff.plantsci.cam.ac.uk/resources/SynBio_reports/NAS_Biodefense2018.pdf

These examples suggest that it may be feasible to develop a bioweapon capable of manipulating or "engineering" the immune response.

Several potential forms for such a bioweapon were considered:

Engineering immunodeficiency.

Manipulating a target population to have decreased immunity could increase the impact of a biological attack. This goal could be pursued either by manipulating a pathogen to simultaneously reduce immunity and cause disease (Jackson et al., 2001) or by separately introducing an immune-suppressing agent and a bioweapon into a target population.

Agents used to cause immunodeficiency could be pathogens (e.g., the insidious spread of HIV [human immunodeficiency virus]) or chemicals (see National Research Council [1992][88] and International Program on Chemical Safety [1996][89] for discussions of chemicals that contribute to immunotoxicity).

It is also possible that a disease agent could be tailored to the immune state of a population, either by engineering the agent to avoid extant adaptive or innate immune barriers or by actually taking advantage of those barriers (for further discussion see Chapter 7, Health-Associated Data and Bioinformatics).

Engineering hyperreactivity.

The flip side of engineering immune deficiencies would be to attempt to cause immune hyperreactivity. Both pathogens and chemicals have been demonstrated to create a cytokine storm, a dangerous state that results from a positive feedback loop in the immune response.

It may be possible to engineer an agent to purposefully trigger such a cascade. For example, some have suggested that the introduction of anthrax lethal toxin into a more benign disease vector could trigger a cytokine storm (Muehlbauer et al., 2007; Brojatsch et al., 2014; however, see Guichard et al., 2012 for a differing point of view).

Similarly, the fact that there are already widespread responses in the human population to a limited number of well-known allergens (ACAAI, 2017) may provide a means of engineering biological threats that would trigger life-threatening IgE-mediated immune responses. The development and testing of new immunotherapies could also provide a roadmap for potentially engineering threats; for example, actors could learn from clinical studies in which anti-CD28 antibodies caused life-threatening cytokine storms (Suntharalingam et al., 2006).

88 https://www.ncbi.nlm.nih.gov/books/NBK235670/
89 https://wedocs.unep.org/handle/20.500.11822/29544

Engineering autoimmunity.

Natural autoimmune diseases cause significant disability and death. It may be possible to engineer a disease that causes the body to turn on itself. Mouse models for the stimulation of auto-immunity now exist.

For example, Experimental Autoimmune Encephalomyelitis, which mimics the symptoms of the human malady multiple sclerosis, has been induced in mice by immunization with antigens that cause an immune response (autoantigens; see Miller et al., 2007).

Normally, such self-immunization is prevented by the mechanisms that ensure exclusion of antibodies and T-cells that are self-reactive, but some pathogens may present antigens that are similar enough to the body's own proteins that the original immune response spreads from the pathogen to the new human target.

Research into checkpoint inhibitors, compounds designed to unleash the human immune system to eradicate tumors, could also potentially inform efforts to purposely engineer autoimmunity. By overstimulating the immune system, checkpoint inhibitors have been shown to lead to autoimmunity, often in the form of colitis (June et al., 2017). In addition, particular compounds have been shown to lead to an autoimmune disease of the liver (Tanaka et al., 2017, 2018). One potential route of attack could be to introduce such compounds via the microbiome.

The assessment of concerns related to immunomodulation is summarized here and described in detail below.

	Usability of the Technology	Usability as a Weapon	Requirements of Actors	Potential for Mitigation
Level of concern for modifying the human immune system	Medium	Medium-low	Low	High

Usability of the Technology (Medium Concern)

It is difficult to predict precisely the impact of engineering on a system as complex as the immune system. We are only now beginning to more fully understand the mechanisms for how the immune system recognizes foreign antigens, and many immune mechanisms, such as how immune memory guides future responses, remain opaque. In addition, much of the research in this area is on animals, and the results do not necessarily map well to humans. Furthermore, while there has been an explosion of new research into the causes of autoimmunity, the onset of autoimmune disease remains idiosyncratic (Rosen and Casciola-Rosen, 2016), and it would likely be difficult to create immunomodulatory weapons capable of causing reliable effects in populations as genetically and immunologically diverse as the United States. In particular, while an immune deficiency

virus pandemic has emerged naturally, engineering the spread of immune deficiency is currently difficult to imagine.

However, even undirected efforts in this area could be successful enough to warrant concern. In experiments in which mousepox was augmented with interleukin-4 (IL-4) (Jackson et al., 2001), earlier studies had already discerned that vaccinia virus altered with IL-4 increased virulence in mice (van den Broek et al., 2000), but it came as a surprise that the altered mousepox virus could also overcome vaccination against mousepox.

The failed clinical trial of anti-CD28 antibodies, in which patients suffered life-threatening cytokine storms after receiving doses 500 times lower than those shown safe in mouse models (Suntharalingam et al., 2006), offers another example. Although modeling studies indicated that the doses used would nearly saturate the T-cell population of a human (suggesting the potential for overactivation), the dramatic outcomes highlight the potential for inadvertent immune hyperreactivity as well as the dual-use potential of immunomodulation research. The concept of engineering a cytokine storm, especially in susceptible subpopulations, may become a concern when coupled with increasing knowledge of the immune system. For example, the growing knowledge of superantigens that hyperstimulate immunity could further increase the feasibility of such activities.

Our understanding of human immunity also represents an increasing, but unknown, area of concern. For example, with the advent of next-generation sequencing, the range of both B-cell and T-cell responses to vaccines can now be described in molecular detail. Similarly, the effectors of the pattern recognition receptors of the innate immune system are being defined to the point that engineering responses, both therapeutic and otherwise, are possible (Brubaker et al., 2015; Macho and Zipfel, 2015).

In addition, the continuing explosion of work in immunotherapy broadly could potentially create a roadmap for the development of immunomodulatory weapons. As understanding of this phenomenon improves and as the ability to engineer protein structures improves, the opportunities for creating synthetic simulacrum of antigens already known to be present in autoimmune diseases will increase. The opportunities to engineer autoimmunity are likely tempered by the diversity of potential auto- antigens that can be exploited, although this could also be viewed as a means of disease targeting as more and more personalized health data become available (see Chapter 7, Health-Associated Data and Bioinformatics).

On balance, given the challenges and both near- and longer-term opportunities, there is a medium level of concern with regard to usability of the technology for the variety of ways in which immunomodulation might be employed as a bioweapon.

Usability as a Weapon (Medium-Low Concern)

The connections between factors capable of influencing immunity and the actual immune response of individuals remain poorly understood. Although it is possible to imagine generic degradations to, or overstimulation or mis-stimulation of, the human immune system, it will initially be very difficult to target such threats to particular individuals or

populations, and thereby to have a clear and predictable path to an overall impact on a population's health or on military readiness and response.

However, although immunomodulation might not necessarily be the most effective approach for an adversary seeking to effect large-scale and immediate death or debilitation, this approach could nonetheless undermine a nation's capabilities. The 1918 influenza pandemic, likely abetted by an interplay between viral infectivity and poor public health, was a major factor in military preparations for the first World War (Byerly, 2010); this historical example serves as a reminder that a general decrease in immunity would even today have strategic consequences for the military machine.

Nonetheless, because there are few ways to model or manipulate the human immune system other than by carrying out large-scale experiments on humans themselves, the amenability of this particular threat to improvement via the Design-Build-Test cycle is minimal, and predictability of results is likely to remain a significant barrier in the near term.

Therefore, there is a medium- low level of concern with regard to this factor with the engineering of delivery systems amenable to delivery of immunomodulatory factors an area to monitor.

Requirements of Actors (Low Concern)

The expertise required to modulate human immunity with any degree of surety is likely quite high. In particular, choosing appropriate animal models for testing immunomodulatory interventions remains an art with only a few capable practitioners (Taneja and David, 2001; Benson et al., 2018). Moreover, several of the approaches considered would require an actor to not only successfully develop and deploy the immunomodulatory weapon itself but to successfully plan and execute a multipronged attack in which the immunomodulatory weapon is combined with another biological attack (such as deploying a pathogen after an initial attack causing immunodeficiency) or specialized public health knowledge (such as vulnerabilities created by vaccination patterns, see Chapter 7, Health- Associated Data and Bioinformatics).

Such approaches therefore increase the already advanced level of expertise required to effect an immunomodulatory attack, leading to an overall low level of concern for this factor. However, fast-advancing research in immunotherapies may reduce some of these barriers and expand the availability of the appropriate knowledge and skills in the coming years.

Potential for Mitigation (High Concern)

Modulation or evasion of the human immune system is already a hallmark of many pathogens, many of which are constantly developing novel means to avoid immune surveillance (e.g., seasonal adoption of new glycosylation sites by influenza) (Tate et al., 2014). There are also likely many unknown or undercharacterized pathogens that are

currently biasing immune responsivity. These natural dynamics would make differentiating between natural and synthetic threats a considerable challenge.

It may be particularly daunting to identify the hand of a designer versus the opportunism of nature in a given epitope in a pathogen variant that leads to autoimmunity. The lack of knowledge regarding the mechanisms for discriminating self versus non-self would also increase the challenges associated with recognizing an attack and deploying effective countermeasures. For these reasons, there is a relatively high level of concern with regard to this factor.

Whereas public health measures can potentially be useful in countering a threat involving immunomodulation, recognizing a problem and deploying the appropriate countermeasures would not necessarily be easy or quick; the slow response to the AIDS epidemic, albeit almost 40 years ago, is a potential cautionary tale in this regard.
The current state of knowledge regarding immunity is such that it is likely far easier to craft an immunomodulatory weapon than an effective response to one. Even if good countermeasures could be crafted, their expense would likely be inordinate, especially for more general attacks on population immunity…

[Chapter] SUMMARY

The alteration of humans through mechanisms that are different than conventional pathogens is an important potential concern area. The reduction or removal of key bottlenecks and barriers in the future could make some of the approaches discussed in this chapter more feasible.

As understanding of microbiomes increases, the possibility of misuse also increases, and it may become feasible to use synthetic biology to engineer the microbiome to transfer toxic genes, debilitate human immunity, improve pathogen entry or spread, or create dysbioses.[90]
The threat posed by human immune modulation is limited by current knowledge, but knowledge is accumulating rapidly enough that it may well become more feasible to predictably modify the human immune system.

Strategies to modify the human genome or alter gene expression in undesirable ways include gene editing, delivery of RNA molecules, and use of chemicals with epigenetic effects, although significant technical and delivery barriers remain that constrain feasibility…

90 https://en.wikipedia.org/wiki/Dysbiosis

…Overall, the engineering of hyperimmunity and subsequent pathogenesis seems a greater threat than the engineering of reduced immunity or autoimmunity. The former is acute and fits more readily with individual pathogens and weaponization scenarios; the latter are chronic and with enough foresight can potentially be dealt with at a societal level via the usual public health measures for containing communicable diseases.

Building on that analysis, while the assessment focused on the human immune system, it is important to keep in mind that there are other potential systems that may also prove to be vulnerable to manipulation. For example, human neurobiology is immensely complex, and there are already a variety of genetic and chemical means to manipulate the overall mental health of individuals…

The concept of genes as weapons encompasses the development of synthetic genes that could change human physiology, either on their own or potentially delivered as an augment to a known pathogen. This concept also encompasses the possibility of delivering synthetic genes for small RNAs (or the synthetic small RNAs themselves) that could impact host physiology via interference mechanisms. Genes have a unique position in the biological threat pantheon, being somewhere between pieces of genomes, in which case they can be considered as just parts of pathogens, and being toxins, chemical compounds capable of harm without necessarily replicating. There are multiple difficulties that surround their delivery and a limited number of military scenarios in which an adversary would find it worthwhile to alter human physiology over time frames longer than a single battle or campaign. That said, some scenarios, such as the use of dermal transfection to create shRNAs or miRNAs that alter human physiology, or the use of gene drives to alter insect populations to deliver noxious compounds to humans, may present more attractive options from the perspective of an adversary.

In addition, threats related to horizontal gene transfer[91] in synergy with the threats posed by pathogens may lead to new modes of attack. Just as clinical trials of immunotherapies are increasingly a roadmap for engineering cytokine storms, the increasing knowledge on gene deletions, gene additions, and small-RNA modifications of human cells may provide a roadmap for the induction of noninfectious disease states that could be abetted by pathogen engineering (and, conversely, that could abet the spread of the pathogens themselves, such as via immunodeficiency viruses).

91 https://en.wikipedia.org/wiki/Horizontal_gene_transfer

Relevant developments to monitor for each of these capabilities are summarized in Table 6-1.

TABLE 6-1 Bottlenecks and Barriers That Currently Constrain the Capabilities Considered and Developments That Could Reduce These Constraints[a]

Capability	Bottleneck or Barrier	Relevant Developments to Monitor
Modifying the human microbiome	Limited understanding of microbiome	Improvements in knowledge related to microbiome colonization of host, in situ horizontal transfer of genetic elements, and other relationships between microbiome organisms and host processes
Modifying the human immune system	Engineering of delivery system	Increased knowledge related to the potential for viruses or microbes to deliver immunomodulatory factors
	Limited understanding of complex immune processes	Knowledge related to how to manipulate the immune system, including how to cause autoimmunity and predictability across a population
Modifying the human genome	Means to engineer horizontal transfer	Increased knowledge of techniques to effectively alter the human genome through horizontal transfer of genetic information
	Lack of knowledge about regulation of human gene expression	Increased knowledge related to regulation of human gene expression

[a]Shading indicates developments that are likely to be propelled by commercial drivers. Some approaches, such as combinatorial approaches and directed evolution, may allow bottlenecks and barriers to be widened or overcome with less explicit knowledge or tools.

See also: Models of Coronavirus Pathogenesis and Immunity, Anne Elizabeth Beall,[92] A dissertation submitted to the faculty of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Department of Microbiology and Immunology, Chapel Hill 2019. Approved by: Ralph S. Baric, Mark T. Heise, Nat Moorman, Martin Ferris, Melinda Beck, Jason Whitmire.

92 https://cdr.lib.unc.edu/concern/dissertations/7s75dh89t

**Biodefense in the Age of Synthetic Biology,[93] US National Academies of Sciences, Engineering, Medicine, June 19, 2018.

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93 https://haseloff.plantsci.cam.ac.uk/resources/SynBio_reports/NAS_Biodefense2018.pdf

2023

Jesus meets Veronica. Carlo Caliari.

Jan. 2, 2023 - Bioweapon prototype deployments, informed consent, targeted enemies, state of war, doctrine of necessity.

An email correspondent recently asked me if I had read Deputy Attorney General Dawn Johnsen's July 6, 2021 opinion[94] on the legal implications of the Emergency Use Authorization (EUA) laws, in which Johnsen offered the Department of Justice position on the question (posed by President Biden's Deputy Counsel, who was seeking DOJ cover for Biden's executive orders and agency 'vaccine' mandates):

> "Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization?"

The DOJ attorney concluded that no legal impediment to 'vaccine' mandates by public and private entities exists.

The email correspondent pointed out that Attorney Aaron Siri wrote an August 4, 2021 rebuttal letter and speculated as to whether American lawyers had missed an opportunity to challenge mandates on the grounds that the Johnsen opinion was legally weak.

There has been more discussion of the legal relevance of informed consent provisions in 21 USC 360bbb et seq. (the EUA laws) and 42 USC 247d et seq. (the public health emergency laws) over the weekend.

Paraphrased email discussion questions:

> Why aren't more attorneys filing more cases on grounds that 10 USC 1107a requires a Presidential waiver of informed consent before EUA products can be mandated on military personnel, and can't be mandated at all on civilians?
>
> And why are so many judges blocking or dismissing the handful of cases that have been filed, to prevent discovery and substantive argument?

I learned about the Johnsen opinion sometime in Spring 2022 through my research into the American Domestic Bioterrorism Program, and wrote about it a couple of times but haven't yet found time to do a comprehensive analysis piece. *See* April 4, 2022 - 2004 Project Bioshield Act amendments to 1938 Food, Drug and Cosmetics Act attempted to legally void Nuremberg principles, through redefinitions; July 4, 2022 Possibilities for proving intent; July 6, 2022 - More on the tiered coercion cascades

My take on the Johnsen opinion, along with other legal opinions produced by HHS and DOJ lawyers (i.e. Robert Charrow's May 19, 2020 PREP Act advisory opinion[95]) is that they're not meant to be strong legal arguments.

94 https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf
95 https://www.hhs.gov/sites/default/files/prep-act-advisory-opinion-hhs-ogc.pdf

They're meant to throw enough mud around to keep the overall fraud, enslavement, murder and theft program going without judicial impediments or informed, organized, confident popular resistance.

I think Johnsen knew, while writing her opinion, that the products were bioweapons whose use could not constitute clinical investigations under 21 USC 360bbb-3(k) and related provisions.

I think she also knew that informed consent principles are inapplicable and do not apply to lawful enemy targets of military weapons used during a state of war, which is what all the people who took the injections are, in legal terms.

Aaron Siri probably did not understand that at the time he wrote his rebuttal.

So Johnsen set up a false framing of Section 564, pretending it relates to investigational or experimental drugs (that are instead bioweapons), and Siri responded from within the same false framing.

One of the email correspondents pushed back on the status of injected victims as lawful enemy targets.

I expanded on why I hold that view, and I'm working on a longer piece explaining the background as I'm beginning to understand it.

My take on the legal status of the victims is based on my initial understanding of the permanent state of war/state of emergency — as we've observed the effects during the Covid-19 Constitutional crisis — and the implications of the central bankers' silent overthrow of the Constitution implemented piece by piece...

The central bankers and their national government accomplices see all of the people as legally enemy aliens or enemy insurrectionists and morally-insignificant chattel property or contract collateral that can be attacked and disposed of with impunity to balance financial books and for other purposes.

Those substitutions [converting citizens to enemy insurrectionists] form the broader, hidden legal platform that made it possible for Congress and US Presidents to build the bioterrorism-as-public-health program from mid-20th century to now.[96]

Last night I read Siri's rebuttal to the Johnsen memo and looked over my notes from my original reading of the Johnsen memo, and this morning I read more of the back and forth among the email correspondents.

In light of what I've learned in the last few months, I'm convinced that the whole project, as a bioweapons prototype deployment project, falls under 50 USC Ch. 32 - Chemical and Biological Warfare.

96 https://bailiwicknews.substack.com/p/biomedical-security-state-and-state

There are some notice and consent provisions in 50 USC Ch. 32.

But 50 USC 1515 authorizes the President to waive any part of the Chemical and Biological Warfare laws, under emergency powers during a declared emergency.

There may be a publicly-available document recording the date on which President Trump and/or President Biden invoked or extended 50 USC 1515 to suspend all prohibitions on use of chemical and biological weapons on American people and people in other countries.

But it may be classified and non-public as a national security document.

If that document exists — and the observable evidence of how the vaxx campaign has unfolded suggests it does — Trump and Biden waived all rights to resist/refuse administration for all potential targets (military and civilian) because under a state of war, state of national emergency, and/or state of public health emergency, all resisters are classified as enemy insurgents or enemy aliens.

Johnsen's (and many other federal officials') invoking of 21 USC 360bbb and 42 USC 247d in opinions, declarations and determinations, were, in my view, simply red herrings. Those legal frameworks were cited only to increase the persuasiveness and distract the targets from the core illusion: that biological and chemical weapons — primarily packaged as vaccines and in use for many decades — are medicinal products.

Put another way, a target of a weapon intended to kill him or her does not have any right, under federal or international law, to be informed of the imminent attack or to exercise a right to refuse to be attacked.

The applicable international law framework isn't the Nuremberg Code and international and federal biomedical research and treatment ethics codes.

It's the laws of war, with prohibitions on chemical and biological weapons dating back to the 1975 UN biological weapons convention and the 1990 US ratification of that convention under 18 USC 175, suspended under a fraud-based application of the doctrine of necessity[97] framework.

The killers' interest in keeping the real state of war between governments and people covert for a bit longer, combined with the well-armed US population, are, in my view, the only things that have kept them from trying to do gunpoint roundups and gun/needle execution programs in the US...

97 https://en.wikipedia.org/wiki/Doctrine_of_necessity

Jan. 3, 2023 - Bioweapons, EUA products, IND products, Constitutional crisis.

I was recently sent a link to Karen Kingston's interview with Greg Hunter, posted Dec. 24, 2022, and asked for my views on points she makes at 22:00-28:00. During that segment, Kingston discusses legal implications of the FDA's Aug. 23, 2021 Investigational New Drug (IND) "approval" of Pfizer's "legally distinct" Comirnaty product, as possibly piercing the Emergency Use Authorization (EUA) civil and criminal liability shields.

I understand where she's coming from, but don't agree with her analysis.

I don't think any of the EUA or public health emergency laws are controlling, as public health and drug regulation laws.

I think they're only controlling in the sense that they transfer all use and legal implications of the products from public health programs to the chemical and biological weapons program (50 USC 1511 et seq.)

So, under a state of war, state of national emergency and/or state of public health emergency, all Americans are classified as enemies of the state (the District of Columbia federal government pretense), as insurgents, rebels or aliens, and can be legally targeted for killing, using any weapons the federal government and its military deem appropriate, at the President and Defense Secretary's discretion.

...until 2001 AUMF/Proclamation 7463, the globalist central bankers had enough control of the levers they wanted to control, that they could allow some of the Constitutional separation of powers provisions to appear to operate more or less intact, including some Congressional oversight, some judicial review, and some limited states' rights, providing some counterweights to the President and executive, administrative agencies.

As the decades passed, the central bankers were planning and preparing to take more power, and putting quiet transfer mechanisms in place, such as the Federal Reserve Act of 1913, Executive Order 6102 and House Joint Resolution 192 of 1933 and Bretton Woods Agreement of 1945, along with the construction of the legal, financial and scientific architecture for the bioterrorism program.

By 2001, they wanted more control and were willing to risk a little more exposure to get it.

In September 2001, under the fear-cover provided by 9/11 and the anthrax attacks, another layer of national emergency/state of war (Global War on Terror) was put in place, through the Congressional Authorization for Use of Military Force (AUMF) and George W. Bush's Proclamation 7463, Declaration of National Emergency by Reason of Certain Terrorist Attacks, promulgated under the 1976 National Emergencies Act and renewed every year since.

Those were quickly followed by the PATRIOT Act in October 2001, the establishment of the Department of Homeland Security in November 2002 and the expansion of biomedical police state programs for the next two decades through the PREP Act, Project Bioshield Act and more.

By 2019, they wanted to take even more direct control, were prepared to risk just a bit more exposure, and had put more pieces on the board to centralize more power under public health emergency conditions.

So in 2020, under the fear-cover provided by Covid-19, another layer of control went into effect, through the January 2020 determination that a public health emergency exists (HHS Secretary Alex Azar) and Donald Trump's March 13, 2022, Proclamation 9994, *Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak*, also under the 1976 National Emergencies Act.

Also renewed every year since. And being positioned as a Global War on Humans Susceptible to Communicable Diseases: translation of the Global Health Security Agenda embedded in World Health Organization regulations and treaties, and US federal programs. *See* Section 5955 of NDAA for FY2023,[98] passed by Congress and President Biden, December 2022, codified at 22 USC 2151b, Notes.

98 https://www.congress.gov/117/bills/hr7776/BILLS-117hr7776enr.pdf

Jan. 4, 2023 - On American state-level prosecution for federal government chemical and biological WMD crimes.

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory-developed, stable, pathogenic, easily-transmissible substances to be credible.]

A reader sent me a link to Karen Kingston's post: Jan. 3, 2022 - How Florida Can Bring Criminal Charges against Pfizer and the FDA Under Title 46 Ch. 790

Kingston quotes extensively from the Florida state law, which [mirrors federal law, 18 USC 175] and is worth reading in full, [to consider its application] to the two-part US Government chemical and biological weapons system:

1. SARS-CoV-2 communicable pathogen [and precursors], designed, funded and managed by the Fauci-Daszak-Baric-Shi consortia within the US Government through the Department of Defense (DARPA) and the Department of Health and Human Services (NIH, NIAID, BARDA), plus
2. mRNA/DNA/lipid nanoparticle, assorted-payload-carrying lethal, coerced injections designed, funded, managed and mandated by the US Government through DoD, HHS (CDC, FDA, Strategic National Stockpile) and Public Health Emergency Medical Countermeasures Enterprise.[99]

*

Florida 790.166 Manufacture, possession, sale, delivery, display, use, or attempted or threatened use of a weapon of mass destruction or hoax weapon of mass destruction prohibited; definitions; penalties.—

(1) As used in this section, the term:

(a) "Weapon of mass destruction" means:

1. Any device or object that is designed or intended to cause death or serious bodily injury to any human or animal, or severe emotional or mental harm to any human, through the release, dissemination, or impact of toxic or poisonous chemicals, or their precursors;
2. Any device or object involving a biological agent;
3. Any device or object that is designed or intended to release radiation or radioactivity at a level dangerous to human or animal life; or
4. Any biological agent, toxin, vector, or delivery system…

(c) "Biological agent" means any microorganism, virus, infectious substance, or biological product that may be engineered through biotechnology, or any naturally

99 https://bailiwicknews.substack.com/p/public-health-emergency-medical-countermeasures

occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, capable of causing:

1. Death, disease, or other biological malfunction in a human, an animal, a plant, or other living organism…

(d) "Toxin" means the toxic material of plants, animals, microorganisms, viruses, fungi, or infectious substances, or a recombinant molecule, whatever its origin or method of reproduction, including:

1. Any poisonous substance or biological product that may be engineered through biotechnology produced by a living organism; or
2. Any poisonous isomer or biological product, homolog, or derivative of such substance.

(e) "Delivery system" means:

1. Any apparatus, equipment, device, or means of delivery specifically designed to deliver or disseminate a biological agent, toxin, or vector; or
2. Any vector.

(f) "Vector" means a living organism or molecule, including a recombinant molecule or biological product that may be engineered through biotechnology, capable of carrying a biological agent or toxin to a host…

(2) A person who, without lawful authority, manufactures, possesses, sells, delivers, sends, mails, displays, uses, threatens to use, attempts to use, or conspires to use, or who makes readily accessible to others a weapon of mass destruction commits a felony of the first degree, punishable by imprisonment for a term of years not exceeding life…and if death results, commits a capital felony…

*

I wrote briefly about a similar state-level strategy in October: State authority to seize and destroy mRNA/DNA injections delivered by DOD across state borders, if classified as bioweapons,[100] after a reader quoted Igor Chudov's statement on a post about Florida's recommendation that males under 40 not take the lethal injections.[101] Chudov had written: "Florida cannot ban mRNA vaccines, because it can only be done at the federal level."

100 https://bailiwicknews.substack.com/p/five-small-stones-website-buildout
101 https://igorchudov.substack.com/p/florida-recommends-against-mrna-vaccines

I replied to the reader:

Without more information, my guess is that Chudov means "If the mRNA injections are classified as FDA-approved medicines, or as Drug Enforcement Administration-regulated controlled substances, then states must defer to federal agency decisions on interstate commerce in those substances."

However, Florida's governor, Surgeon General, legislature and/or courts could classify the mRNA injections — once delivered across their state border — as bioweapons, and classify the DOD delivery supply chain as a WMD attack. Then I think they could ban them and destroy them under their own state-level statutes prohibiting possession, transport or use of weapons of mass destruction.

In Florida, that law is Florida Statutes 790.166...Please do pursue it at the state level. This is the main thrust of what I'm getting at with the federal complaint [18 USC 2333] drafting.[102]

If the product gets shifted at every legal level where it's legally classified in some way, out of the medical countermeasure/FDA pharmaceutical product framework and into the criminal DOD-bioweapon/WMD-attack framework, it changes the whole ballgame. That shift can and should be pushed in every state too. Most of the states have WMD laws, ever since 9/11.

In her post, Kingston makes an argument for state prosecutors in Florida and other states to go after Pfizer officials and FDA regulators, but not US Presidents, senior executive service (SES) officials in HHS, DoD or other cabinet agencies, on grounds that US government officials will seek refuge in government immunity, by arguing that *their* use of bioweapons is authorized under national security frameworks.

I think state prosecutors should investigate and charge federal officials anyway, even though they will try to claim immunity. Investigate and charge them, to force them to make their horrific defense arguments under oath in public filings and open courtrooms. Make President Trump, President Biden, Secretary of Defense Lloyd Austin, HHS Secretary Xavier Becerra, through Attorney General Merrick Garland on their behalf and as a co-defendant, file sworn defenses to filed charges.

Make them argue that the US government must commit global mass murder in order to save humanity from famine, poverty, and climate disasters; they must destroy the village to save it.[103] Make them argue that they must kill us to save us from food, water, energy and other calamities that — like the chemical and biological warfare program — are threats *they themselves* have demonstrably planned and implemented for at least a century for the same evil purpose: to kill people.

Make Merrick Garland say, loudly and clearly, that Becerra, Austin and Biden are committing mass atrocities using toxic pathogens and lethal injections, "with lawful authority..."

102 https://bailiwicknews.substack.com/p/secret-squirrel-v-azar-kadlec-and
103 http://www.thisdayinquotes.com/2010/02/it-became-necessary-to-destroy-town-to.html

Jan. 2, 2022 - Reader comment

> If what you are saying is correct — that we are under rules of war — the next question would seem to be "What are our rights, and how should we proceed?" That's only if it really matters, of course, since being at war with your own government pretty much means that all bets (and laws) are off…

My reply

It does matter. Here and now is not the first time and place a government has been at war with its own people, covertly or overtly. It's always been worth fighting back and it still is.

It's going to be a slow process of pulling more thoughts together about which rules— if any — ordinary people can wield against government agents.

I've done some thinking and writing about it already...and am now doing much more research and thinking about it.

Things we already know:

1. Don't voluntarily take any more government-sponsored "medical treatments." Those are not medical treatments. Those are bioweapons.
2. Smartphones are bad news. If you use one, wean off of it. They're too useful for the government to surveil, track and control us.
3. Electronic payments (auto-pay, debit cards, credit cards) are bad news. Pay in cash or with checks.
4. Household guns and the strong gun culture in the U.S. are good news...
5. Prayer is useful. Especially the Rosary.

Aleksandr I. Solzhenitsyn , The Gulag Archipelago

> "And how we burned in the camps later, thinking: What would things have been like if every Security operative, when he went out at night to make an arrest, had been uncertain whether he would return alive and had to say good-bye to his family?
>
> Or if, during periods of mass arrests, as for example in Leningrad, when they arrested a quarter of the entire city, people had not simply sat there in their lairs, paling with terror at every bang of the downstairs door and at every step on the staircase, but had understood they had nothing left to lose and had boldly set up in the downstairs hall an ambush of half a dozen people with axes, hammers, pokers, or whatever else was at hand?...
>
> The Organs would very quickly have suffered a shortage of officers and transport and, notwithstanding all of Stalin's thirst, the cursed machine would have ground to a halt!
>
> If...if...We didn't love freedom enough. And even more – we had no awareness of the real situation.... We purely and simply deserved everything that happened afterward."

Jan. 13, 2023 - Covid-19 bioweapons and the Defense Production Act of 1950

Reader comment:

> Karen Kingston just put up another piece about the contract[104] and it's getting weird because it seems like we're talking about two different things entirely.

My reply, expanded:

I think the divergence lies in the difference between a pharmaceutical corporation operating as a private, commercial business, and a pharmaceutical corporation that has been folded into the government's national security complex through invoking of the Defense Production Act of 1950,[105] PL 81-774, 64 Stat. 798.

> Nov. 22, 2021 - Domestic Funding for COVID-19 Vaccines: An Overview,[106] Congressional Research Service
>
> Research and Development, Manufacture, and Purchase
>
> COVID-19 vaccine R&D, manufacture, and purchase have been largely supported by a collaboration among several federal agencies, including the National Institutes of Health (NIH) and the Biomedical Advanced Research and Development Authority (BARDA) of HHS, and DOD— formerly Operation Warp Speed (OWS) and now the Countermeasures Acceleration Group (CAG).
>
> Six vaccines were chosen for coordinated federal support under OWS. Some vaccine R&D has been supported by NIH, BARDA, and DOD separately from the OWS/CAG efforts.
>
> NIH and DOD: FY2020 and FY2021 supplemental appropriations to NIH and DOD for COVID-19-related R&D can fund vaccine R&D. In the FY2020 and FY2021 supplemental appropriations acts, NIH received over$1.5 billion, available until September 30, 2024, broadly for COVID-19 related research.
>
> The CARES Act (P.L. 116- 136) provided DOD with $415 million for COVID-19 medical R&D in the Defense Health Program account with some flexibility to reallocate other funds toward R&D.
>
> BARDA and Other R&D, Manufacture, and Purchase:
>
> In the FY2020 and FY2021 supplemental appropriations acts, over $50 billion in Public Health and Social Services Emergency Fund (PHSSEF) funding, available until September 30, 2024, is designated for a broad set of medical countermeasures and surge capacity

104 https://karenkingston.substack.com/p/10-reasons-to-criminally-charge-pfizer
105 https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/64/STATUTE-64-Pg798b.pdf
106 https://crsreports.congress.gov/product/pdf/IF/IF11951

purposes, including for the development, manufacture, and purchase of vaccines and related supplies.

The PHSSEF account funds BARDA, the main entity that has awarded large funding agreements to pharmaceutical companies for vaccine development, manufacture, and purchase.

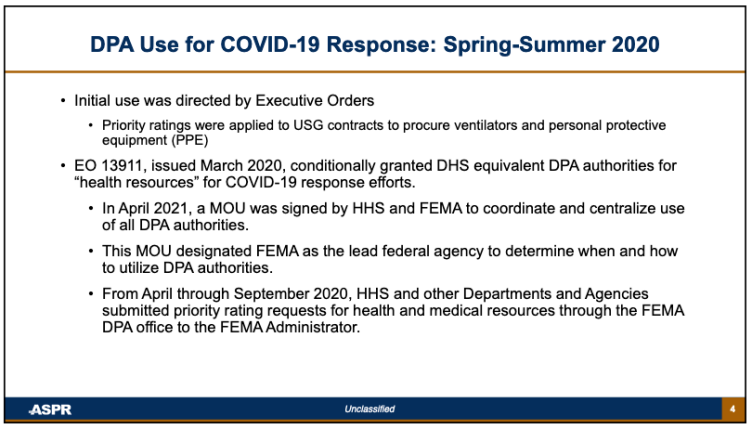
Not less than $23.2 billion is set aside for BARDA in the FY2020 andFY2021 supplemental appropriations that can be used for vaccine-related efforts.

[American Rescue Plan Act, PL 117-2[107]] further provides two relevant mandatory appropriations:

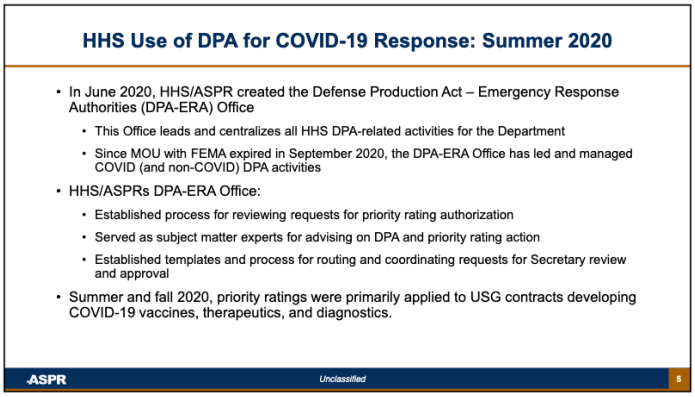
(1) in Section 2303, $6.05 billion, available until expended, to HHS for R&D, manufacturing, production, and purchase of vaccines and other medical products—available for COVID-19, SARS-CoV-2 or its variants, and any disease with potential for creating a pandemic; and

(2) in Section 3101, $10 billion, available until September 30, 2025, for activities under the Defense Production Act (DPA) for the purchase, production and distribution of medical supplies, including vaccines and related supplies, among others. Both of these ARPA appropriations have been assigned to HHS accounts—the first to PHSSEF and the second to a new HHSDPA [Health and Human Services Defense Production Act] account.

For more on the HHSDPA, *see* March 27, 2020 Executive Order 13911,[108] *Delegating Additional Authority Under the Defense Production Act With Respect to Health and Medical Resources To Respond to the Spread of COVID–19*, and Department of Commerce Bureau of Industry and Security June 30, 2022 PowerPoint:[109]



107 https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf
108 https://www.govinfo.gov/content/pkg/FR-2020-04-01/pdf/2020-06969.pdf
109 https://www.bis.doc.gov/index.php/documents/2022-update-conference/3066-hrpas-slides-bis-2022-conference-v5/file



The pharmaceutical corporations have essentially turned into a branch of the federal government, whose agents have been granted sovereign immunities and set beyond ordinary judicial proceedings, short of treason, sedition and bioterrorism prosecutions.

I think Kingston's civil liability approach is valuable for drawing that government-corporation merger or absorption process into clearer view and public understanding, in the same way that Brook Jackson's False Claims Act case provides opportunities to see it in action, through (so far) the Pfizer arguments April 22, 2022[110] at pp. 8, 11-13 and 25-26, and the US government's endorsement of that legal argument Oct. 4, 2022[111] at pp. 6-8.

Since the November 2021 CRS report quoted above, Congress in March 2022 appropriated billions more for the pharma-military kill programs,[112] and they just appropriated billions more in the December 2022 Consolidated Appropriations Act for FY2023 and NDAA for FY2023. I found a few of the relevant provisions during a brief keyword search a few days ago but have not done a detailed review of these two Congressional acts yet.

110 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.04.22-pfizer-motion-to-dismiss.pdf
111 https://bailiwicknewsarchives.files.wordpress.com/2022/10/2022.10.04-jackson-v.-ventavia-us-gov-intervene.pdf
112 https://bailiwicknews.substack.com/p/congress-appropriated-billions-more

UPDATE: Corey's Digs published a full analysis of the two laws. Funding the Control Grid Part 1: The Biomedical Framework[113]

- 2022/12/23 - NDAA for FY2023.[114] PL 117-263. Section 5955: Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022. Authorizes, expands and funds globalized military-health structure linking US military to global genocide apparatus operating under WHO frameworks.

- 2022/12/29 - Consolidated Appropriations Act for FY2023.[115] PL 117-328. Many federal and state-level public health/martial law authorization and funding provisions included. H.R. 2617-419: "Public Health and Social Services Emergency Fund. For expenses necessary to support activities related to countering potential biological, nuclear, radiological, chemical, and cybersecurity threats to civilian populations, and for other public health emergencies, $1,647,569,000, of which $950,000,000…for expenses necessary to support advanced research and development…of the Biomedical Advanced Research and Development Authority." H. R. 2617-420 - $1,500,000,000 for ARPA-H: Advanced Research Projects Agency for Health. Section 2235 at H.R. 2617-1297, One Health Framework: "coordination mechanism at the Federal level to strengthen One Health collaboration related to prevention, detection, control, and response for zoonotic diseases and related One Health work across the Federal Government."

113 https://www.coreysdigs.com/health-science/funding-the-control-grid-part-1-the-biomedical-framework/
114 https://www.congress.gov/117/bills/hr7776/BILLS-117hr7776enr.pdf S
115 https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

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

Jan. 24, 2023 video presentation by Katherine Watt,[116] transcript published May 10, 2023

...So in the mid-60s they got much better at inducing suicide and homicide by fraudulently labeling poisons as medicines or as vaccines or as prophylactics and telling people that submitting to that poisoning process was their civic duty. And that's -- we saw that in Covid with the shorthand for "Do this or you're going to kill your grandma."

And the way that the pharmaceutical method is primarily useful to them is that plausible deniability is much easier and legal impunity is a lot easier.

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

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

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

They were using those words because the international community of ordinary non-insane people were concerned about biological and chemical weapons and they were working on international treaties to prohibit them.

And so they needed to build in loopholes and the loopholes they built in were that, "We're not going to do biological and chemical research and weapons development *except for* protective or prophylactic or defensive purposes."

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

116 https://www.youtube.com/watch?v=q9mFc4_5S0A

Feb. 23, 2023 - Idaho leading the charge to criminalize administration of Covid-19 bioweapons, excerpts

Idaho HB 154

[Update May 2025: According to the bill tracker page,[117] this bill did not make it out of committee]

Idaho state lawmakers are taking the fight where it needs to go: criminalizing use of Covid-19 bioweapons, as contrasted with attempts to regulate them as "vaccines," drugs, devices, biologics or other pharmaceutical products. See Feb. 20, 2023 - Idaho Lawmakers Seek to Criminalize Giving mRNA Vaccines.[118] (Naveen Athrappully, Epoch Times.)

House Bill 154 was introduced on Feb. 15 by Idaho Senator Tammy Nichols and Representative Judy Boyle, and referred to the Health and Welfare Committee on Feb. 16. If passed, administering Covid-19 bioweapons would be a criminal misdemeanor in Idaho.

This law doesn't go far enough. Eventually, all individual acts taken to suppress another person's self-preservation instinct, by misrepresenting lethal injections as beneficial pharmaceutical products, will be recognized in law as felonies and war atrocities.

But Nichols and Boyle are making a very good start, and their work as outspoken, courageous state lawmakers — even if the bill doesn't pass — helps to back the public conversation out of the 'FDA-regulated vaccines' cul-de-sac and drive it onto the 'DOD-contracted bioweapons' road that ends in war crimes trials for Fauci, Gates, Azar, Kadlec, Gruber, Hinton and their co-conspirators.

> Text of Idaho HB 154:
>
> Relating to Crimes; Amending Chapter 9, Title 18, Idaho Code, by the addition of a new section 18-926, to provide that providing or administering an mRNA vaccine is a misdemeanor; and declaring an emergency and providing an effective date.
>
> Be It Enacted by the Legislature of the State of Idaho:
>
> SECTION 1. That Chapter 9, Title 18, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 18-926, Idaho Code, and to read as follows:
>
> 18-926. ADMINISTERING AN MRNA VACCINE.
>
> > (1) Notwithstanding any other provision of law, a person may not provide or administer a vaccine developed using messenger ribonucleic acid technology for use in an individual or any other mammal in this state.

117 https://legislature.idaho.gov/sessioninfo/2023/legislation/H0154/
118 https://www.theepochtimes.com/idaho-lawmakers-seeking-to-criminalize-injecting-of-mrna-covid-19-vaccines_5069840.html

(2) A person who violates this section is guilty of a misdemeanor.

SECTION 2. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after July 1, 2023

Reader question

How do you see the childhood vaccination program in relation to the medical martial law? What is the accurate verbal description of what childhood vaccines are?

My reply

I think the childhood vaccine schedule is part of the long-term globalist project to reduce life expectancy, immune system function, and fertility, through toxic products labeled as vaccines and regarded by the public as beneficial and in support of the common good.

I did not think that before Covid. I do think that now.

The childhood vaccine bioweapon schedule relationship to the medical martial law system is the same as the CDC adult Covid-injection recommendations that are then construed and enforced by state governments, private employers and other entities as requirements.

They've already gotten most parents to vaccinate biologically attack most children with most of the products on the CDC list over the last 40 years, in part by conditioning school attendance on compliance, with limited exemptions.

They're expanding that model now to get most people to take most injections, as a condition for having a job and earning an income, or serving in the military, or attending school post K-12.

April 10, 2023 - Design of a Weapon: Targeting the Human Microbiome: "Biodefense in the Age of Synthetic Biology"

By Sasha Latypova

In this article I am using excerpts from the textbook Biodefense in the Age of Synthetic Biology[119] published by the National Academies of Sciences, Engineering and Medicine (NASEM) in 2018.

This material should be read in conjunction with my discussion with Dr. Sabine Hazan[120] and associated musings on microbiome and its vital role in human health (Conversation with Dr. Sabine Hazan + my own thoughts on Ralph Baric, FDA and other pathogens).

Quotes below are from the NASEM Biodefense textbook (emphasis mine):

> Human health is highly dependent upon the human microbiome—the microorganisms that live on and within us, especially those associated with the gut, oral cavity, nasopharyngeal space, and skin. These populations of microbes are likely far easier to manipulate than the human host itself, making the microbiome a potentially accessible vector for attack. The human microbiome is the focus of a great deal of academic and commercial research, and microbiome manipulation is an area that is rapidly developing[…]. Several possible ways the microbiome could be manipulated to cause harm were considered; these possibilities were analyzed, in aggregate, to determine the level of concern warranted.
>
> Delivery of harmful cargo via the microbiome.
>
> […]the engineering of microorganisms to produce hazardous chemicals or biochemicals (including toxins) poses […] the potential for making chemicals or biochemicals in situ via the microbiome [and] warrants a high level of concern. The microbiome could be used as a vector for other types of harmful cargoes, as well.
>
> For example, microbes could be modified to produce functional small RNAs (e.g., microRNAs [miRNAs]) that could be transferred to the host via the gut or skin microbiome to cause a variety of health impacts. Microbes also could potentially be engineered to horizontally transfer a genetic cargo to the native microbiome to, for example, cause a host's own well-established microbes to produce a harmful biochemical.

Note that while the book says “modifying” microbiome, I do not believe any functional modifications are possible. They are talking about killing and injuring the beneficial microbes, as an easier way to attack the human body.

119 https://www.ncbi.nlm.nih.gov/books/NBK535870/
120 https://sashalatypova.substack.com/p/conversation-with-dr-sabine-hazan (Latypova, March 24, 2023)

I believe the highlighted part above explains the operating principles behind weaponizable synthetic DNA/RNA material which was designed to induce "covid" illness in population via deliberate deployment. More about these mechanisms discussed below, including the #Plasmidgate - results of sequencing plasmid DNA from vials of Pfizer and Moderna by Kevin McKernan.

Notice the use of small RNAs, i.e., using inherent RNA instability and propensity to shatter to produce desired harmful cargoes as weaponized payload.

Continuing with the book chapter, it explains the main obstacle to microbiome weaponization - the healthy microbiome of course! Healthy microbiome already occupies all the available space in the body while the weaponized material needs to be transferred to enough members of the species to be effective:

> In such a scenario the harmful agent would be manufactured by organisms in the established microbiome, so the engineered microbe would need to infiltrate and persist within the microbiome only long enough to transfer its cargo to a sufficient number of native microbes. Thus, this approach would circumvent the challenges associated with establishing engineered microbes in otherwise occupied niches. There are many known instances of natural horizontal transfer events that result in the production of toxins (Kaper et al., 2004; Strauch et al., 2008; Khalil et al., 2016). It may be possible to harm a population by enhancing the spread of vectors or phage (viruses targeting bacteria [Krishnamurthy et al., 2016]) carrying such genetic cargoes. Synthetic biology methods could advance such a capability, for example, through the engineering of toxin:antitoxin couples that would help ensure retention of plasmids. It is also conceivable that microbes could one day be engineered to horizontally transfer genes directly to human cells.

The textbook chapter further describes potential delivery mechanisms via adulterated pet food for example. They are coy about this being applicable to only pet food. Does injecting cattle with mRNA make more sense now?

> *Use of the microbiome to increase the impact of an attack*. The microbiome can also potentially be exploited to design a more effective bioweapon or increase the impact of an attack. Knowledge of the human microbiome could be used to modify pathogens or their delivery mechanisms to allow more efficient propagation within or between populations, for example, by taking advantage of the frequent exchange of bacteria between humans and animals. In particular, domestic animals could be used as carriers for engineered agents transmitted via the microbiome. For example, engineered dog or cat microbiomes could be established via adulterated feedstocks or via purposeful contamination of populations in animal shelters or pet stores and then subsequently transmitted to humans. Natural transfers resulting from animal-human contact, such as the transfer of the parasite *Toxoplasma gondii* from cats to humans and the transfer of *Campylobacter* from dogs to humans, illustrate the feasibility of this approach (Jochem, 2017). Similarly, research into the role of the microbiome in pathogenesis could provide a roadmap as to how to generate improved pathogens that are better supported by their microbial peers. Studies involving wide-ranging transposon- or CRISPR-based deletion libraries of pathogens (Barquist et al., 2013) have provided many insights into pathogenesis that might have dual-use

> implications, and such libraries could prove useful in identifying which genes productively or specifically interact with endogenous flora to better establish a pathogen.

Hijacking of microbiome can be used to spread toxins and further damage microbiomes of the population by engineered dysbiosis:

> In addition to using the microbiome to spread toxins and pathogens, manipulating the microbiome might also prove to be a useful adjunct for other biological threats. Recent research shows, for example, that eukaryotic viruses utilize bacteria to improve their chances of infection (Kuss et al., 2011). It is also conceivable that an actor could introduce an initial agent into a population in order to trigger widespread treatment with broad-spectrum antibiotics and then take advantage of the treated population's "clean slate" to introduce or expand an engineered organism via the (now disrupted) microbiome. An actor taking this two-step approach could even incorporate antibiotic or antiviral resistance elements into the initial attack.
>
> *Engineered dysbiosis*. Our ever-increasing understanding of the human microbiome may lead to opportunities for engineered dysbiosis—that is, the purposeful perturbation of the normally healthy microbiome. This could be accomplished either by causing a known dysbiosis or engineering a new one, and in either case would likely involve introducing otherwise nonpathogenic microorganisms that then lead to diminutions in human health and performance. Since the microbiome likely plays a key role in human immunity (Kau et al., 2011), dysbioses could also potentially be used to cause longer-term debilitation of a population's ability to defend against disease. Gut, oral, nasal, and skin microbiomes could be targets for such an approach. The degradation of military readiness due to continued operations in harsh climes is an ongoing issue. This situation could be made much worse by targeted additions to or alterations of the skin microbiome that lead to heightened chafing, rashes, windburn, and itchiness. While these are seemingly minor concerns, over time they could degrade military capabilities to the point of impacting readiness.

And, when you inject someone with a microbiome damaging substance marketed as "Covid-19 vaccines" the weapon works as designed! The microbiome gets destroyed, even in newborns from vaxxed mothers during pregnancy:

Here is what is currently definitively proven by Kevin McKernan's sequencing of Pfizer and Moderna vials. Kevin's own writing is highly technical and difficult for lay audience, so I am quoting here from an excellent "human language translation" by the "Very Slow Thinking"[121] substack. Please make sure to subscribe to this stack to show appreciation! (Emphasis mine)

Let's recap and combine what McKernan has found with what he knows from broader research.

- The shots contain dsDNA (circular and linearized) plasmid contaminants that are replication competent in human cells and bacterial cells, antibiotic resistant and carry the spike protein coding.
- Moderna samples were initially estimated to conform to the EMA's contaminant limit (1:3000). Pfizer's did not, by an order of magnitude (1:350).
- The plasmids are an undesired artefact of the industrial manufacturing process of the mRNA payload, which raises questions about the manufacturing process quality control, assurance and oversight, specifically around purification of the mRNA payload from the engineered E.Coli and the plasmids they contain.
- The formulation of the Covid gene therapies comprises the LNP components, the mRNA payload and the dsDNA plasmid contaminant.
- At working temperature, the LNP components self-form into "lipid wrappers" that encapsulate, protect and deliver the mRNA, but have the potential capability to do the same for the dsDNA plasmid contaminant.
- The host/patient could be receiving a combination of:
    - mRNA payload with a capacity to produce an intended amount of spike protein; plus
    - an unintended and unknown amount of dsDNA plasmid with a capability to radically replicate itself inside the host's cells and also inside bacterial cells inside the host's own gut microbiome, should the plasmids make it into the host gut.
- Per available manufacturer biodistribution studies, it is now known that LNPs build up in the intestines over the observed initial 48 hours post injection, implying that should LNPs encapsulate the dsDNA plasmid contaminant, the LNPs will carry it into the host gut and provide access to the bacteria there.
- Should this occur, the host could experience a radical increase of plasmid burden as it replicates in the gut, with unknown effect. In order to stop the replication, a logical step would involve using antibiotics to kill the plasmids and the host bacteria in the gut.

121 https://veryslowthinking.substack.com/p/mckernan-dna-contamination-in-covidh

Trouble is, the plasmid is antibiotic resistant by design and may survive ("the selection of neomycin and kanamycin resistant bacteria in the gut microbiome").

So, here we have it all: the mechanism of weaponization of the mRNA/DNA "injections" is the same or largely similar to what is described in books on weaponizable biotechnologies: transfection of cells by delivery of RNA + "DNA contaminants" into the cells and induction of dysbiosis, which will in turn cause cascades of many chronic illnesses.

This mechanism is now confirmed to be included in Pfizer and Moderna vials by direct testing with sequencing techniques by a highly experienced genomics scientist.

If we look at the seasonal respiratory illnesses as being initiated by imbalances of microbiome, and their symptoms (fever, cough, congestion, etc.) as "healing crises" - body's way of trying to re-establish the balance, then a bioweapon would need to be able to trigger the microbiome imbalance in large numbers of people.

I am getting more convinced that this is what happened with "covid". It was a way to trigger microbiome imbalances (with some unusual symptoms) by deploying large quantities of cloned purified RNA materials in the environment which would be picked up by inhalation/ingestion or perhaps transdermally. They would only last for a short period of time before degrading as RNA clones do not replicate and do not have cellular machinery to maintain themselves.

These are not living organisms, they are simply genetic "spam mail" messages that all living things combat and try to get rid of. Since this material was cloned (purified), it would produce just enough consistent signature on (highly upcycled and manipulated) PCR and thus appear as a "new virus" for purposes of lying to the public about the existence of a viral pandemic. The lockdown, stress, fear, and especially masking (oxidative stress) were all the ways to lower the immune system defenses and ensure that more people would be affected by this attack. So, all of this together makes sense and shows a very clear pre-planned intent to harm.

April 13, 2023 - Vaccine production facilities are indistinguishable from bioweapon production facilities, and vaccines are indistinguishable from bioweapons.

January 2010 - Seeking Biosecurity Without Verification: The New U.S. Strategy on Biothreats[122] (Jonathan B. Tucker, Arms Control Association)

> …During a December 9, [2009] speech to the annual meeting of states-parties to the Biological Weapons Convention (BWC) in Geneva, Undersecretary of State for Arms Control and International Security Ellen O. Tauscher declared, "The Obama administration will not seek to revive negotiations on a verification protocol to the Convention. We have carefully reviewed previous efforts to develop a verification protocol and have determined that a legally binding protocol would not achieve meaningful verification or greater security."
>
> In effect, President Barack Obama has decided not to reverse the 2001 decision by the Bush administration to reject a draft BWC compliance protocol that had been developed over six years of multilateral negotiations from 1995 to 2001. The protocol would have created a legally binding inspection regime for the BWC, which still lacks formal verification measures….
>
> The BWC, which was opened for signature in 1972 and entered into force in 1975, bans the development, production, stockpiling, and transfer of biological and toxin warfare agents, as well as delivery systems specifically designed for their dispersal…Although the BWC serves as the cornerstone of international efforts to prevent biological weapons proliferation and terrorism, it is widely considered a weak instrument…
>
> At the third review conference of the BWC in 1991, several countries tried to launch a formal negotiation to bolster the treaty with a legally binding verification regime, but they failed to achieve consensus. The George H. W. Bush administration argued that verification was not possible with any degree of confidence because of the dual-use nature of biotechnological materials and equipment, which makes it easy to divert legitimate facilities such as vaccine plants to illicit production…
>
> Advances in fermentation technology have also eliminated the need to stockpile biowarfare agents. Instead, a legitimate production facility, such as a vaccine plant, could be commandeered to grow seed cultures into militarily significant quantities of agent within a period of weeks. Given these technical realities, the detection of illicit biological weapons activities poses daunting challenges for any conceivable monitoring regime…

122 https://www.armscontrol.org/act/2010-01/seeking-biosecurity-without-verification-new-us-strategy-biothreats

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.

I've been reading recently about calls for global bans on "gain of function" research, as a means of preventing future so-called pandemics.

In my view, these gain-of-function (GoF), lab-leak, directed-evolution, dual-use-research-of-concern (DURC) analyses are built on the false premise that Covid-19 was and is a pandemic.

Covid-19 was never and is not now a pandemic. Covid-19 is a psychological and biochemical warfare program designed and executed to bypass Constitutional crises at the nation-state level and clear the path for global biomedical totalitarianism.

To stop the psychological and biochemical warfare program, it would be more effective to send do-it-yourself gain-of-function kits to every household, than to ban gain-of-function research.

DIY gain-of-function kits — and the observable self-limiting outbreaks and low transmissibility of the resulting pathogens — would further clarify for people that "gain of function" or weaponization of naturally-occurring biological pathogens is a myth circulated to drive fear and to elicit behavioral compliance with biochemical weapon/toxic injection attacks camouflaged as "vaccines," including but not limited to members of the mRNA-LNP biochemical weapons class, soon (if not already) in continuous batch production[123] as authorized and funded by Congress.

See Omnibus brings new advanced manufacturing programs to FDA[124] (Jan. 11. 2023, Regulatory News) and 21 USC 399h as amended/expanded Dec. 2022 in Consolidated Appropriations Act for FY2023[125] at Section 3204 (National Centers of Excellence in Advanced and Continuous Pharmaceutical Manufacturing) and Section 3213 (Advanced Manufacturing Technologies Designation Program):

> Definitions.
>
> (1) The term 'advanced and continuous pharmaceutical manufacturing' refers to a method of pharmaceutical manufacturing, or a combination of pharmaceutical manufacturing methods—
>
> > (A) that incorporates a novel technology, or uses an established technique or technology in a new or innovative way, that enhances drug quality or improves the manufacturing process for a drug, including processes that may apply to advanced therapies and the production of biological products, such as cell and gene therapies; or

123 https://www.mdpi.com/1999-4923/13/9/1371
124 https://www.raps.org/news-and-articles/news-articles/2023/1/omnibus-brings-new-advanced-manufacturing-programs
125 https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

> (B) for which the input materials are continuously fed into and transformed within the process, and the output materials are continuously removed from the system, utilizing an integrated manufacturing process that consists of a series of 2 or more simultaneous unit operations…

Translation: Pharmaceutical factories are now engaged in continuous production of injectable biochemical ammunition — biochemical weapons — for the globalists' war on humanity.

I think the would-be gain-of-function killers (Ralph Baric, Anthony Fauci, Peter Daszak, Bill Gates and their co-conspirators) discovered in the 1990s if not earlier, that lab-enhanced communicable pathogens are not unpredictable and dangerous at all, but instead that they're predictably non-dangerous.

They decrease in harmfulness (move toward harmlessness) as soon as they enter living populations outside the lab, killing only people whose immune systems and detoxification systems were compromised prior to exposure, or people who get an extremely high load of an extremely purified sample.

So all their mass murder eggs are now in the one basket of directly injecting biochemical poisons, and genetic instructions for the body's own cells to produce biochemical toxins, and using fear to keep people from understanding what they're submitting to when they accept lethal injections.

The killers maintain the fear at very high levels, and direct it away from the real threat to life and limb (which is the globalist totalitarians and the lethal biochemical injections they push) by keeping public attention focused on an invisible threat that isn't there at all: naturally-occurring or lab-enhanced, *highly-lethal* communicable pathogens that *readily* carry genetic information from one organism to another across large populations and long periods of time.

Baric, Fauci, Daszak, Gates & Co. know that the self-spreading thing won't work.

The unimpaired human immune system and chemical detox system is too good.

They could just chemically gas people, updating methods like mustard gas in World War I,[126] the Nazi Aktion T4 euthanasia programs[127] and the Bhopal disaster in 1984.[128]

But that's too visible. Those acts look like intentional acts of war, or as accidental industrial disasters at best. The bodies pile up at the battlefields, gas chambers and factories.

With the falsified threat of pandemics plus the proffered protection of injectable compounds, mass murder can be presented as benevolent medical intervention intended to protect people.

126 https://www.theworldwar.org/learn/about-wwi/spotlight-first-usage-poison-gas
127 https://encyclopedia.ushmm.org/content/en/article/euthanasia-program
128 https://en.wikipedia.org/wiki/Bhopal_disaster

And the bodies can be dispersed across wide geographic regions and across time, hidden in miscarriages, stillbirths and permanent infertility, long-term disability, chronic disease, and sudden, unexplained deaths[129] that happen behind closed doors in private homes.

To build out this analysis further, it's important to untangle the differences between at least two types of biologically-active material conflated by the mass murderers to confuse people.

I haven't fully untangled my own thinking on those different but conflated types of biologically-active material, but here's my first attempt: One type of material includes packets of genetic information that can be transmitted through air, bodily fluids, water and food, across nasal passages, digestive membranes and skin, to which the body responds with immune reactions and detox functions.

Another type of material includes packets of chemical toxins, or packets of genetic instructions for human cells to produce chemical toxins, that cannot naturally breach a healthy body's self-protective barriers against invasion and poisoning, but can bypass the target's immune system and chemical detox system if injected by needle.

I'm developing these views from thinking through recent work by Sasha Latypova (Design of a Weapon: Targeting the Human Microbiome[130]), Kevin McKernan and Jonathan Couey, and also reading between the lines a bit in the 1990s and early 2000s records of efforts to establish verification methods for the Biological Weapons Convention (BWC), and the conclusion of the BWC parties (especially US Government negotiators) that verification protocols need not ever be adopted or enforced, because "vaccine" production and "bioweapons" production are indistinguishable,[131] while biological weapons (referring to naturally-transmissible pathogens) are "free of serious security risks."

Key quote from a 1997 Josef Goldblat paper, The Biological Weapons Convention: An Overview:[132]

> …Biological weapons are unpredictable in their effects and of limited value in combat. Since cheating under a BW Convention could not yield significant military advantages to the cheating party, a ban on biological weapons without verification of compliance was considered by the negotiators to be free of serious security risks. By contrast, chemical weapons are predictable, capable of producing immediate effects and, consequently, useful in combat...

Related Bailiwick reporting and analysis:

- April 1, 2022 - Lipid nanoparticle production facilities are the munitions factories of World War Biochemistry.

129 https://markcrispinmiller.substack.com/p/in-memory-of-those-who-died-suddenly-b73
130 https://sashalatypova.substack.com/p/design-of-a-weapon-modifying-the
131 https://bailiwicknews.substack.com/p/vaccine-production-facilities-are
132 https://www.icrc.org/en/doc/resources/documents/article/other/57jnpa.htm

Nov. 23, 2023 - Weaponization of Disease Agents - Part 1. Real technologies or sci-fi narratives?

By Sasha Latypova

...The use of disease as a weapon is thought to date back to at least the Middle Ages, for example, when the Tatars (partially my ancestors, yay) used catapults to hurl plague victims over protective walls of the city of Caffa. Use of blankets from smallpox victims in order to expose Native Americans to smallpox is also well publicized. I don't know of many historical accounts where this produced a decisive advantage in a war. It was always a psy-op and fear tactic, while brutal military force was required to actually win wars.

Nevertheless, weaponization of "pathogens" has been a coveted area of military machinery for a very long time. After decades of beating heads against the wall of nature and definitively confirming what I learned in the 1980's in a Soviet high school class taught by a drunk colonel, namely - it is impossible to make bio-weapons both lethal and highly spreadable - new approaches were needed. Fabricating scary narratives about superbugs is much easier than delivering on promises of making those bugs in labs. This is also a very productive avenue as people are woefully gullible and thus can be controlled by narratives[133] just as effectively as by an actual scary-scary bioengineered virus.

I will be quoting from this [2002] Air Force bioweapons report: Next Generation Bioweapons: Genetic Engineering and Biological Weapons,[134] by Michael J. Ainscough, which is written for imbeciles they think we are. To be honest, this is not an entirely unfounded point of view, as most "science experts" today cannot distinguish reality from sci-fi narratives they are obligated to produce in order to get grants from the NIH, DARPA, BARDA, DTRA, NSF, etc.

The report discusses the origin of "biodefense" which has since grown into the military-industrial-pharma-"healthcare" trillion dollar behemoth of "Pandemic Preparedness" racket[135]:

> Emerging Infectious Diseases
>
> Richard Preston's 1997 novel The Cobra Event was a fictional scenario of bioterrorism with a genetically engineered supervirus. President Clinton's reading of this novel sensitized him to the bioterrorist threat. He looked more deeply into the BW/BT threat and subsequently issued two Presidential Decision Directives to address national security deficiencies related to biological and chemical terrorism and warfare.
>
> In the wake of the September 11 terrorist attacks on the World Trade Center and the Pentagon, and the multiple anthrax tainted letters subsequently sent to national legislators, the Governor of New York, and news media offices, President Bush established the Homeland Security Council to coordinate a national effort of some 40 diverse agencies and organizations that were already involved in homeland security.

133 https://sashalatypova.substack.com/p/on-mind-control-part-2-word-to-vector (Latypova, Aug. 21, 2023)
134 https://media.defense.gov/2019/Apr/11/2002115480/-1/-1/0/14NEXTGENBIOWEAPONS.PDF
135 https://sashalatypova.substack.com/p/pandemic-preparedness-a-government (Latypova, Feb. 15, 2023)

> Because we do not know what new diseases will arise, we must always be prepared for the unexpected. The Centers for Disease Control and Prevention (CDC) in Atlanta is the nation's lead agency for disease epidemics and tracks naturally occurring emerging infectious diseases worldwide. The CDC has traveled all over the world and investigated outbreaks of Ebola hemorrhagic fever, Marburg virus, hantavirus, and other emerging diseases. These were challenging natural outbreaks of pathogens that had not been previously known to man. An outbreak of a biologically engineered pathogen might create a similar situation and may have an even greater disease potential (contagion and mortality) than recently discovered naturally emerging diseases. The epidemiological investigations of these emerging infectious diseases and other outbreaks serve as templates for responses to future biowarfare and bioterrorist events. (US Air Force, 2014, at p. 263)

So much to unpack here!

First, Bill Clinton gets inspired by a trashy novel[136] which spins standard-issue baloney about "bioengineered" viruses cooked by a rogue mad scientist in his apartment. The mad scientist is tracked and found by a heroic super smart CDC agent (yes, I am laughing as I type this while visualizing Mandy Cohen). The motivation of that absolutely lonesome not-attached-to-the-DOD/biodefense-racket scientist is that he is extremely mad and wants to reduce the world's population in order to save the planet! Oh no! Who would have thought of such craziness? Not the do-gooding billionaires of course, they never discuss this at their conferences or write government policies about "population control"[137]...

The script of the trashy novel about "bioengineered viruses" has been since recycled through many Hollywood and Netflix productions as predictive programming narrative for the masses. It always contains a rogue batshit crazy scientist and he is always defeated by a heroic CDC/FBI agent. The masses buy this trope because unlike the Soviet schools, the American ones do not employ enlightened drunk colonels to teach the basics of bioweapon technologies. Notice that most of the current "freedom" narratives studiously avoid the truth and circle around "evil Fauci did it" or "pharma bad", or "FDA/CDC stupid, negligent and paid by bad pharma".

Sometimes they try to claim that CCP employed and directed Fauci (that's hysterical). If repeated enough with angry intonations by Rand Paul, eventually everyone will believe that Fauci did it all by himself, or with/for China, or whichever clump of spaghetti that sticks to the wall. And that it was not orchestrated by the Pentagon in collusion with numerous government agencies and private entities working on behalf of the private interests of the globalist psychopaths that own the BIS and other central banks. I am not at all defending bad pharma or Fauci, or China, but let's be real.

Back to the bioweapons history: September 11 inside job and anthrax hoax to shake down US Congress. George Bush, working for the same set of masters as Clinton, implements the next phase of the "homeland security" and biodefense racket. To date this racket has grown into the global enslavement and murder agenda being hastily finalized at WHO/WEF - "One Health". By now it should be clear that we are talking about unrestricted warfare using prohibited chemical and biological weapons (toxins) camouflaged as "pandemics" in humans and animals, as well as other

136 https://ew.com/article/1997/11/07/book-review-cobra-event/
137 https://sashalatypova.substack.com/p/population-control-policy (Latypova, July 26, 2023)

acts of state terrorism against the people. The racketeers initiate the attacks, and then offer "protection" in the form of poisonous injections and digital slavery, and use grandiose slogans like "resilience to biological threats":

Continuing to quote from the Air Force report on bioweapons:

> Yet, as bad as anthrax-by-mail was, an outbreak of a biologically engineered pathogen could be potentially even more devastating. Although highly lethal, the anthrax of September 2001 was determined to be a well known strain… (Ainscough, 2002, at p. 264

Steven Hatfill can probably explain where it came from! And why this "outbreak-by-mail" happened to hit the offices of the only 2 US Senators who were blocking the Patriot Act?

> …and it was not contagious (spread from person to person). Although anthrax spores are highly stable and can remain viable for years, compared to other pathogens a relatively large number of organisms is required to cause illness. These facts may explain why investigators found traces of anthrax spores in many office buildings and post offices, but only a few people actually contracted the disease. Furthermore, if evidence of an anthrax attack is determined (as was the case just after September 11), people can be screened for exposure and/or treated with antibiotics that are highly effective if taken before symptoms begin. There is also an FDA-approved vaccine for anthrax. (Ainscough, 2002, at p. 264)

Translation: in theory biologically engineered pathogens can be devastating, but in practice we didn't need those things. We blackmailed the US Congress with stuff that's not contagious, generally not very dangerous and treatable. Then we wrote many scary news articles and appropriated trillions for "biodefense". Mwah-ha-ha!

We also used this hoax to inject military servicemembers with 6 doses of total shit beautiful "anthrax vaccine" and caused hundreds of thousands of injuries, aka "Gulf Syndrome". An excellent expert report by Norman Fenton[138] on the complete improbability of the Gulf Syndrome being anything but the anthrax vaccine injury can be found here.[139] That was a test of the concept of mass poisoning under pretense of "biodefense preparedness". The Gulf experience allowed the DOD to test out the pesky informed consent thing, and then push the zombies in Congress to pass some necessary legislation for the future, i.e. the ironclad license to kill - the PREP Act.

138 https://open.substack.com/users/73818725-norman-fenton?utm_source=mentions
139 https://whereareethenumbers.substack.com/p/gulf-war-illness-a-statistical-analysis (Fenton, Oct. 5, 2023)

Modern Weaponization Approaches Based on Linguistics

The advent of microbiological techniques enabled several nations, but most extensively the Soviet Union and the United States, to develop offensive biological weapons programs, which continued until they were legally prohibited by the Biological Weapons Convention, signed in 1972. After the BWC was signed, the development of pathogens as weapons became the province of clandestine nation-state programs and non-state actor terrorism (aka "private contractors").

More prosaically however, renaming an offensive bioweapons development into "defensive medical countermeasures" program enabled continuation of the bioweapon development without interruption, and further provided trillions of funding for DARPA, BARDA, other defense and intelligence outfits for capturing key areas of scientific research and biopharmaceutical manufacturing via consortia of "non-traditional" defense contractors, such as for example - MCDC Consortium[140] which was heavily involved in "covid countermeasures" and currently lists 300+ companies and academic institutions as members.

> …although security protocols such as the Federal Select Agent Program primarily in North America and Western Europe, have attempted to limit access to dangerous pathogens for many years, synthetic biology makes it possible to synthesize genomes and use those to generate, or "boot," copies of naturally occurring organisms in the laboratory, opening new opportunities for the acquisition of existing, regulated pathogens. Second, synthetic biology techniques could […] potentially result in pathogens that have, in comparison to the original pathogen, increased virulence; antibiotic resistance; ability to produce toxins, chemicals, or biochemicals; or ability to evade known prophylactic or therapeutic modalities. (Biodefense in the Age of Synthetic Biology,[141] NASEM, 2018, at p. 37)

They call it "synthetic biology", but it has little to do with the biology of living things. Despite what is claimed in the quote above, nobody can make a synthetic living or compatible-with-life organism (such as a real virus to the extent that they exist as a communications protocol between real living cells). Current scientific understanding of what makes things "live" is approximately nil, and hyped-up gene sequencing and decoding of human DNA resulted in no significant improvement of this situation. I am old enough to remember that cancer was going to be cured right after human genome was fully sequenced, but somehow all those hyped up dreams went quickly bust.

What can be synthesized in the lab are chemical macro-molecules containing nucleic acid chains. They are different from those produced and operated by living beings due to limitations of chemical engineering, which are too complex to cover here. Sometimes the methods of synthesis are chemical reaction (to make RNA), sometimes it's a combination of chemical and biological reaction, such as growing DNA material in e.coli cells replicating DNA plasmids. Macro-molecules are often unstable and require additional substrates for preservation and delivery, such as LNP envelope and hydrogels. Synthetic compounds inspired by natural toxins (and venoms), including stable small peptides can also be made, and these are used pretty widely in drugs and cosmetics.

140 https://www.medcbrn.org/current-members/
141 https://nap.nationalacademies.org/catalog/24890/biodefense-in-the-age-of-synthetic-biology

In other words, the weaponized "disease agents" are mostly chemicals. Some of them are bio-chemicals.

This explains how anthrax used in the US Congress shakedown was easily identified as a "known strain" by those who made it. It was not some random spore from Siberian permafrost - it was a synthesized chemical product traceable to the source.

These bio-agents are a new generation of chemical weapons of mass destruction. The innovation is the combination of chemical and informational weapons (i.e. weaponized government/corporate lies). They are mass destructive alright: double digit sustained excess mortality globally for 3 years is higher kill than any nuclear bomb! Most of it is self-inflicted, too! These new upgraded versions of WMDs cannot be as easily categorized into old chemical WMD classifications and have an advantage of plausible deniability. When deployed, they do not look obvious like a mustard gas attack. They are mild, diffuse, overlap with seasonal flu like illness, and, with a lot of propaganda can be playacted as a "pandemic" convincingly enough for the public dumbed by fear and predictively programmed by Hollywood. Most importantly this can be playacted for the professional class, who are so obedient that they nod in agreement to idiotic statements such as "asymptomatic spread of deadly disease" and proceed to murder the hospital patients with remdesivir and ventilators. Even when concrete evidence of man-made malfeasance exist, we can still run Congressional hearings for years discussing whether it was a bat, or a "lab leak" and scream that Fauci is responsible. Social media can be awash with "experts" and "influencers" on both sides debating the same dead-end topics till cows come home.

In July 2023 US finally destroyed all declared chemical WMDs,[142] even though this had been promised by 1997. Again, they write this for idiots - what about the "undeclared" ones, used for faking pandemic "emergencies"? Right!

The stupefied predictively programmed public reacts with fear to a very treatable and often non-existing illness accompanied by the keywords of "novel virus", "bioengineered pathogen", "superbug", "pandemic", "outbreak", "lockdown," "asymptomatic", "gain-of-function" etc. and runs off the cliff to self-destruct.

Additional narratives designed to drown the truth in the sea of irrelevance are also simultaneously launched, e.g., the cult of "no virus" (ideology stems from the older cult of Christian Science), or the cult of "transhumanism." Check out Yuri Bezmenov[143] and Yuri's post about cults[144] including the history of transhumanism. All such cults are ideologically similar as they rely on extreme narrow-mindedness and inability or prohibition of independent thought.

142 https://www.cbsnews.com/news/us-destroys-last-chemical-weapons/
143 https://open.substack.com/users/64905469-yuri-bezmenov?utm_source=mentions
144 https://yuribezmenov.substack.com/p/how-to-become-a-cult-leader

I was asked by a reader referring to this May 2023 interview[145]:

> Sasha, at minute 43:36 in this interview you said to Mr. Kirsch "...There's no way to develop viruses that are both lethal and spreadable. That's a myth. That's a science-fiction myth. Ok, so that doesn't exist - off the table."
>
> I haven't heard or read anyone else say that. What I hear and read from many sources, is the story about lovely gentleman and ladies that enjoy working in BSL3 & BSL4 labs, and they cobble together bits and pieces of biological things and attach them to other biological things and make scary-scary viruses they call chimeric bioweapons. Some journalists, and some lawyers, cite papers that explain what the gentleman & ladies of the labs have fabricated using gain-of-function, dual-use research, synthetic biology magic. And then tell us that these lab-made very scary things are bioweapons that may kill everybody.
>
> If what you say is true {I'll take your word for it} then all the work to make scary-scary viruses and frighten billions of people into getting injected is a huge scam, setup to make the participants wealthy.
>
> Are there other people, with skill sets similar to yours, that have said the same thing?

Not just frighten billions of people, but importantly blackmail legislators (or create cover for the cooperating legislators) to approve the illegal laws and billions for the biodefense scam. All they had to do is poison or pretend to poison a handful of politicians. Of course, you can poison one person with anything. Or 10 people in one location. But these bioweapon deployments are not anything alive and they don't spread by themselves. Fear and lies are self-spreading, however, and can be skillfully used to drive people to self-destruction and to killing of others.

Other people are not talking about it, because biodefense is a huge grift on both sides.

"Their" side appropriates money and power, and new billion dollar agencies for "Pandemic Preparedness."

"Our" side gets millions of followers talking about them evil guys, or spinning stories about biolabs in Wuhan, Ukraine and lately California. Remember, any rogue crazy PhD can build a scary biolab, and no PhD degree is actually needed. All you have to do is rent some space, leave a bunch of mice and random equipment that can't be used for anything, and voila - scary biolab narrative is all over the news.[146] Those evil CCP masterminds are working on weaponized mice! Did we forget that Ralph Baric has done the same for decades in North Carolina[147] and failed to produce any pandemics there? Come to think of this, has your cat ever brought a weaponized mouse home to you as a present? Why not? They "leak" from labs almost every week, and using CRISPER gene drive narrative logic, all mice in the world should look like Ralph Baric by now.

Nobody can make a super-virus in a lab.

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145 https://sashalatypova.substack.com/p/full-video-of-the-discussion-with
146 https://www.foxnews.com/us/illegal-chinese-linked-biolab-filled-mice-medical-waste-discovered-california
147 https://sashalatypova.substack.com/p/the-mouse-king (Latypova, Dec. 24, 2022)

2024

St. Matthias. Peter Paul Rubens.

Work published at Substack, 2022 - 2025. October 2025 version.
Katherine Watt - PO Box 1142 - State College PA 16804

Jan. 9, 2024 - Biologic Markers in Immunotoxicology.

Re: 'Biologic Markers in Immunotoxicology,' a 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: Biologic Markers in Immunotoxicology[148] (National Academy of Sciences, 1992)

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.

Hypersensitivity overview (p. 2):

> Hypersensitivity (Chapter 3) has become an important human health problem in industrialized societies. Inhalation of a variety of chemicals can cause asthma, rhinitis, pneumonitis, or chronic granulomatous pulmonary disorders. Hypersensitivity is an immunologically based host response to a compound or its metabolic products.

Autoimmunity overview (p. 2):

> Autoimmune disease occurs when an immune system attacks the body's own tissues or organs, resulting in functional impairment, inflammation, and occasionally, permanent tissue damage (Chapter 4). Some xenobiotics are known to induce autoimmunity…

Immune Suppression overview (p. 3):

> The immune system provides protection against invasion by pathogens and the growth of neoplastic cells. Exposure to some drugs and chemicals can impair this natural host defense mechanism, and this can lead to an increased incidence of infectious disease or cancer (Chapter 5). Several xenobiotics have been identified as causing immune-system dysfunction. In some cases, the immune system has been identified as the most sensitive target for the minimum toxic dose of a xenobiotic. Although one or more of the many compartments of the immune system can be suppressed significantly, this suppression

148 https://bailiwicknewsarchives.files.wordpress.com/2024/01/1992-biologic-markers-in-immunotoxicology-national-academy-of-sciences.pdf

might not be expressed as an immune-mediated disease. Rather, suppression can be viewed as a potential risk because of the reduced ability of the host to resist natural and acquired diseases. There is limited information to suggest that humans exposed to environmental pollutants are immunologically compromised. However, it has been well established that treatment of humans with immunosuppressive therapeutic agents can result in an increased incidence of infectious disease and neoplasia.

It is universally accepted that the immune systems of many animals and humans are comparable; that animal models are available to assess immune dysfunction objectively; that positive immunosuppressants, such as cyclophosphamide and cyclosporin A, are used to validate assays; and that data obtained from animal studies can sometimes be verified in humans.

For immunosuppressants, the plasma concentration of an agent is an adequate marker of exposure that also serves as the effective biologic dose. Markers of effect suggesting changes in the immune system are indicated by alterations in subpopulations of cell type, such as the helper-to-suppressor cell ratio. Although the principles and phenomena in humans and animals are basically similar and comparable, it is recognized that different responses can occur.

Bioassays of Immunotoxicity (p. 3)

Animal bioassays for toxicity (Chapter 6) are useful for identifying possible hazards that could attend human exposure to xenobiotics. Researchers have used animal models to identify immunotoxic agents, to develop immune-system profiles, to identify mechanisms of action, and to identify potential health risks associated with exposure to specific xenobiotics, either consumed as drugs or through environmental exposure. The results of animal studies are useful for determining chemical hazards, managing risk, and determining relatively safe conditions of exposure. A series of animal bioassays has been developed to detect changes in the immune system caused by low oral doses of immunosuppressants. These bioassays give consistent results in different laboratories. Assays for pulmonary immunocompetence have been developed but require broader use. There is a need for additional mechanistic studies, particularly those that relate the immune system to the development of cancer.

Role of Biologic Markers of Immunotoxicity in Epidemiology, overview at p. 4

The limits on experimentation in humans restrict the use of epidemiologic methods to obtain health information after accidental or occupational exposure to toxic substances. Epidemiologic research (Chapter 8) can involve experimental studies in which conditions are controlled and effects are subsequently observed in a test population, or it can use cohorts or cases in which the test population is observed without the circumstances being altered. Epidemiologic procedures frequently permit long-term monitoring of health effects in large numbers of persons exposed to undefined quantities of a given environmental xenobiotic. Data obtained in such investigations, which cannot be obtained otherwise for normal human populations, can provide information about immunotoxic effects. However, a review of the literature reveals no epidemiologic studies that have made full use of

markers of exposure, markers of adverse immunologic effect, or markers indicating susceptibility because of variation in the capacity of the immune system.

Introduction at p. 9:

At the request of the U.S. Environmental Protection Agency (EPA), the National Institute of Environmental Health Sciences (NIEHS), and the Agency of Toxic Substances and Disease Registry (ATSDR), the Board on Environmental Studies and Toxicology in the National Research Council's Commission on Life Sciences convened the Committee on Biologic Markers to examine the use of biologic markers in environmental health research.

Biologic markers are broadly defined as indicators of events in biologic systems; they can be variations in the number, structure, or function of cellular or biochemical components. Biologic markers are of interest as a means to identify early stages of disease and to understand the basic mechanisms of the effects of exposure and the biologic responses to substances found in the environment (Committee on Biological Markers of the National Research Council, 1987). Four specific biologic systems were chosen for study: the reproductive system (NRC, 1989a), the respiratory system (NRC, 1989b), the immune system, and the urinary system.

This is the report of the Subcommittee on Immunotoxicology.

The immune system recognizes and defends against infectious micro-organisms and neoplastic cells. Many foreign materials are prevented from entering the body or are rapidly eliminated by nonspecific, nonimmune mechanisms (e.g., mucous secretions and phagocytosis by macrophages) and by immune mechanisms. With some substances, individuals may develop an immune response that is specific to the substance so that the body is able to react more quickly and effectively to a future attack by the substance. This adaptive immune system may be considered in simple terms to consist of three specific elements: the foreign substance, which is called the *antigen; lymphocytes*, which are cells of the blood and lymphoid system; and *antibodies*, the immunoglobulin (Ig) proteins formed by the immune system.

Interactions among these three specific elements and other nonspecific cells (e.g., antigen-presenting cells) or other biologic systems (e.g., the immune-complement system) form the basis of the activity of the immune system. A response against an antigen that requires the local accumulation of lymphocytes is termed cell-mediated immunity and the lymphocytes involved are called T cells. Responses involving antibodies made at a distant site are referred to as humoral immunity and the lymphocytes producing the antibodies are called B cells.

A generalized reduction in the capacity for either type of response is known as immunosuppression and may result in an increased susceptibility to infection by micro-organisms or to the development of tumors, as seen, for example, in acquired immune deficiency syndrome (AIDS). A generalized increase in immune responsiveness is known as immunopotentiation. One manifestation is hypersensitivity (allergy). When the immune system responds to and attacks the proteins of its own tissue, autoimmune disease may

occur. In Chapter 2, the function of the immune system is given with greater detail along with an explanation for how disease may evolve from disregulation of the immune system.

Immunology is primarily a science that began in the late nineteenth century. Special interest in chemicals from nonbiologic sources—xenobiotics—is of recent origin.

Immunotoxicology formally emerged as a distinct discipline within toxicology during the 1970s (Descotes, 1988), prompted by animal studies that demonstrated the researcher's ability to measure the effects of chemicals on the immune system (Koller, 1980; Vos, 1980; Dean et al., 1982; Luster et al., 1982).

Jan. 27, 2024 - Reports that may help readers explain the public-health/vaccines/ bioterrorism program to others.

[October 2025 Note: In light of what I later learned about biology, synthetic biotechnology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory-developed, stable, pathogenic, easily-transmissible substances to be credible.]

Email from a reader: "…[We] read that either the Pharmaceutical Industry or DOD or someone admitted to it as a bioweapon or some similar language. We have been searching but are not able to find a reference. Is this accurate and could you…point me in the right direction?…"

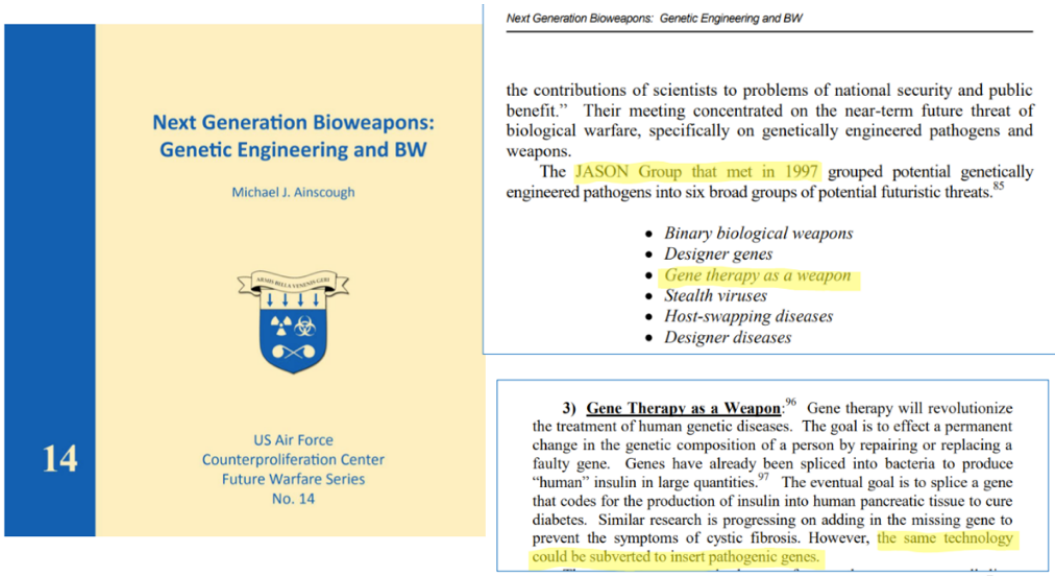
My reply

Attaching four reports and a slide deck that may be helpful.

- 1997 Paper Goldblat Bioweapons Convention[149]
- 2002 Ainscough Genetic Engineering and BW US Airforce No. 14[150]
- 2002 Ainscough JASON Group Latypova slide deck[151]
- 2010.01 Jonathan Tucker Arms Control Association vaccine and bioweapon production indistinguishable[152]
- 2010.06 Almosara Biotechnology Genetically Engineered Pathogens Paper USAF No. 53[153]

149 https://bailiwicknewsarchives.files.wordpress.com/2024/01/1997-paper-goldblat-bioweapons-convention.pdf
150 https://bailiwicknewsarchives.files.wordpress.com/2024/01/2002-ainscough-genetic-engineering-and-bw-us-airforce-no.-14.pdf
151 https://bailiwicknewsarchives.files.wordpress.com/2024/01/2002-ainscough-jason-group-latypova-slide-deck.pdf
152 https://bailiwicknewsarchives.files.wordpress.com/2024/01/2010.01-jonathan-tucker-arms-control-association-vaccine-and-bioweapon-production-indistinguishable.pdf
153 https://bailiwicknewsarchives.files.wordpress.com/2024/01/2010.06-almosara-biotechnology-genetically-engineered-pathogens-paper-usaf-no.-53.pdf

Sasha Latypova cites Michael Ainscough's work more than I do, so the screenshot is from one of her slide decks. The screenshot quotes are from pp. 267-268 of the 2002 report.



One thing to keep in mind when reading and using these reports is that the authors exaggerate the potential threat posed by communicable bioweapons and exaggerate the success record of gene therapies, because the reports are written to advance the interests of the biodefense industry and the depopulation/public health industry. The reports are not written to accurately convey threats and safety/efficacy of products.

I mention that because in conversations, it will probably be useful to explain to people that the health risks of circulating biologically-manipulated airborne, waterborne, foodborne, products are very low, but the threat posed by the injectable and sprayed chemical products that the government endorses (falsely) as preventatives and treatments is very high.

I call the vaccines biological weapons and biochemical weapons because their effects are biological and biochemical. Sasha tends to emphasize the synthetic chemical character of some of the products, especially the chemical poisons/products deployed in stores, subways, etc., that induce detoxification responses in targets, that the government falsely classifies as virus-caused disease.

The overlap among biological, chemical, natural, synthetic, genetic and non-genetic, is a complicating factor for everyone trying to understand what the killers are using against living creatures at any given time and place.

But the key point is that the threats posed by things that can be inserted into air, water and food, are magnified beyond their actual feasibility and lethality, to induce fear, overcome self-preservation instincts and thereby drive uptake of the more effective weapons (injections, nasal sprays, dermal patches) that are able to bypass the immune system's defenses.

Two of these reports address the dual-use purpose of 'vaccine' production facilities, which can help people understand that all vaccines have been biological weapons since the inception of vaccine programs, although prior to 2020, they were generally slower acting and more difficult to see as such (SIDS, autism, induction of many other chronic diseases population-wide, but plausibly denied by CDC/FDA and manufacturers).

From the Goldblat paper:

> "…Biological weapons are unpredictable in their effects and of limited value in combat. Since cheating under a BW Convention could not yield significant military advantages to the cheating party, a ban on biological weapons without verification of compliance was considered by the negotiators to be free of serious security risks.
>
> By contrast, chemical weapons are predictable, capable of producing immediate effects and, consequently, useful in combat..."

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

[October 2025 Note: In light of what I later learned about biology and related biomedical and scientific subjects, I do not find claims or predictions about naturally-occurring or laboratory-developed, stable, pathogenic, easily-transmissible substances to be credible.]

Another example of how clear definitions, thinking, writing and speaking are helpful for moving human society through and past the crises.

Related to Sasha Latypova's latest: Feb. 7, 2024 - Audio recording leaked from AstraZeneca: Covid was classified a national security threat by the US Government/DOD on February 4, 2020.[154]

Other key Feb. 4, 2020 events:

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 '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[155] they were actually receiving.

All four of those PHE determinations, and the derivative declarations, are still in force today.

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

Feb. 4, 2020 is also the date on which the World Health Organization distributed a list of "candidate vaccines developed against SARS-CoV[156]," drafted by Pierre Gsell...[157]

154 https://sashalatypova.substack.com/p/audio-leaked-from-astrazeneca-covid
155 https://sashalatypova.substack.com/p/eua-countermeasures-are-neither-investigational
156 https://cdn.who.int/media/docs/default-source/blue-print/classes-of-candidate-vaccines-against-sars-cov.pdf?sfvrsn=5d3b1d2f_1&download=true
157 https://www.researchgate.net/scientific-contributions/Pierre-Stephane-Gsell-2081518109

Reader sent a question about this timeline point:

> Nov. 17, 2021 - US-HHS added “SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV-2 virulence factors” to the list of “biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety” to 42 CFR 73.3 (86 FR 64075)...US-HHS definition change may also be an attempt to forestall accountability efforts by preemptively reclassifying bioweapons as legally identical to pandemics, to block international law claims brought under the theory that SARS-CoV-2 is a bioweapon, and not a pandemic, thus nullifying the PHEIC pretext for sovereignty-removal issued by Tedros on Jan. 30, 2020 and still in effect, and instead bringing international laws prohibiting chemical and biological weapons to bear.

Reader questions:

> You say that US HHS's act classifying C19 as a biological agent (or weapon) or toxin (or weapon?) nullifies lawyer claims (that gain-of-function chimera viruses like C19 are not pandemic-eligible)? And HHS/WHO are saying WHO has power to wage war against a bioweapon attack(?). I'm not clear on that. So if WHO and co-conspirators develop a killer virus, WHO is entitled by its mission statement to hunt it down and "vax it"? WHO has an expanded power to wage war? Against itself now — an unscalable criminal conflict of interest.

<u>My reply, edited</u>

Briefly, yes.

The recursivity is a feature, not a bug, of the worldwide warfare system.

WHO defines, develops and deploys the threats/pathogens/weapons platforms, which WHO orchestrates (with US-DoD and HHS) and WHO defines, develops and deploys the responses/treatments/prophylactics/weapons platforms.

In the same way that HHS Secretary has infinite recursive authority to deploy countermeasures allegedly against pathogens capable of causing “public health emergencies,” and then countermeasures allegedly against the adverse effects of previously-deployed countermeasures.

> 21 USC 360bbb-3(c)(2)(A)(ii) -
>
> “…the product may be effective in diagnosing, treating, or preventing (i) such disease or condition; or (ii) a serious or life-threatening disease or condition caused by a product authorized under this section…for diagnosing, treating, or preventing such a disease or condition caused by such an agent.”

WHO/US-DoD/US-HHS is the threat, although they project attention away from that fact by presenting the threat as external to themselves: natural or lab-made but deployed by an "other," and they also present themselves as the defense against the threat.

Foxes guarding henhouse. Trojan horse. Many ways to think about it.

Re: the specific addition to the scheduled toxins list, I think it's another example of the muddying-the-waters strategy they've used throughout and have built-in redundancies for.

I think the timing of the addition (Nov. 2021) was related to the August 2021 Joseph Murphy report, which was released publicly through Project Veritas in January 2022.

The Murphy report was also (I now think) a controlled release of partly-true, partly-false information to further confuse and misdirect public attention and create a muddy paper trail for use in later legal proceedings.

If a legal case were ever to be brought against WHO or US-DoD or US-HHS/CDC/FDA officials under international laws prohibiting biological or chemical weapons development or use, the defendants would point to the Nov. 2021 addition of the compounds to the scheduled toxins list, as another layer of plausible deniability, to make it harder to pin down the legal status of the SARS-CoV-2 compounds themselves, and the legal status of the products deployed later (vaccines etc.) allegedly against SARS-CoV-2, and the legal character of the actions of the people who developed and deployed both classes of weapons.

…I think that's what the blurring of lines between national security threat/natural pandemic/public health emergency, and scheduled toxin/biological weapon/natural pathogen are mostly about: Confusing things and making it harder to get to legal clarity about what's happening and what the legal status of the various compounds and products are, and what the legal statuses of the people using, manipulating and deploying the products are.

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.

Comment I posted on Kevin McKernan's latest re contaminants found[158] (by McKernan's lab and other labs) in vaccines:

> There is no legal limit to the amount of so-called contamination that can legally be included in Covid-19 vaccines or any other vaccines or biological products. The FDA has no regulatory obligation to enforce compliance with any safety, efficacy or purity standards, and there are no defined safety, efficacy or purity standards to which FDA could enforce compliance, even if FDA inspectors were legally obligated to enforce compliance, which FDA is not obligated to do.
>
> The entire FDA regulatory system pertaining to biological products, including vaccines, is fake: it's intended only to deceive the public into believing that unregulated poisons are regulated medicinal products.

My reply to a comment[159] at one of Sage Hana's recent posts,[160] about mRNA technology having been around since the 1970s, but not used "because of the regulations."

> From my findings about the non-regulation/pretend-regulation and non-definition of all biological products including vaccines, going back to 1902 and earlier, but better documented since the 1944 Public Health Service Act, 42 USC 262, and even better documented since the transfer of fake-regulatory functions from NIH to FDA in 1972, I think the statement that they've had the tech for about 50 years is also a mischaracterization.
>
> There is no "tech" in the sense of a predictable method to produce measurable, physically/chemically/pharmacologically identifiable, standardized, pure 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.
>
> The innovation of the post-2020 vaccines, I think, is slightly more effective lipid packaging to get the encased unstable junk into cells better and faster, to better bypass the functional parts of the immune system that can flag and destroy non-self genetic material (xenogeneic/different species, allogeneic/same species, different individual).
>
> Maybe they've known about the better lipid packaging since the 1970s, but also were playing the long con and then decided circa 2019 to put the pedal to the floor.

158 https://substack.com/@bailiwicknews/note/c-56854218
159 https://sagehana.substack.com/p/the-job-is-to-include-things-like/comment/56810869
160 https://sagehana.substack.com/p/the-job-is-to-include-things-like

> The statutes and regulations were never in the way of putting toxic junk into babies and children and adults. They were always written to make and keep clear the legal path for the junk to get injected, and to make it look to the public like there was a real regulatory process to monitor and control manufacturing and use for safety, efficacy and purity. Which there was not.

*

As I've written previously, I have a firehose of information and supporting evidence that I would like to share, because the information may be useful to one or more readers, but my available time, energy and ability to concentrate to digest the material and write it in more-accessible form comes nowhere near close to enough...

For readers interested in putting together more of the data points themselves, a key false concept and FDA term to study is "well-characterized therapeutic recombinant DNA-derived" biotechnology products.

Briefly, in the mid-1990s, analytical equipment, techniques and skilled labor capable of more fully characterizing nucleic acids, genetic material, chemicals, metals and other biologically-active compounds became more readily available.

By that time, people working in the US Government, especially in the Public Health Service (PHS), Department of Health and Human Services (HHS), National Institutes of Health (NIH), Food and Drug Administration (FDA), National Institute for Allergies and Infectious Diseases (NIAID), Centers for Disease Control and Prevention (CDC) and related military divisions, had already been working since 1955 (mass vaccination of children with polio-predicated immunotoxins) to systematically poison American babies and children using heterogeneous slurries of bacteria-, animal- and human-derived genetic material, toxic chemicals and toxic metals.

They had been increasing the toxic loads deliberately put into American babies and children by leaps and bounds since the 1986 adoption of the aptly-named National Childhood Vaccine Injury Act (Pub.L. 99-660) through the childhood immunization schedule inflicted by pediatric vaccine nurses.

And the health of American children was clearly deteriorating, as chronic disease rates shot up for autism, asthma, diabetes, cancer, depression and many other disorders.

The NIH/FDA regulatory record for biological products is non-existent, because the object of the vaccination program was and still is to systematically poison people and induce chronic disease for two purposes.

Long-term, over several decades, the perpetrators want to lower vitality, fertility and life expectancy among the population and thereby bring down budget expenditures for education, health care and pensions.

Short-to-medium term, the perpetrators want to increase profits, kickbacks and money-laundering for pharmaceutical corporation shareholders and Congress members, by supplying additional poisons to sick people, to manage the symptoms of induced chronic diseases.

To meet those dual goals, the most important thing was to build and maintain unquestioning public trust in the product class of vaccines.

The best way to build and maintain that trust — to shield the intentional poisoning from public view — was to pretend to operate a regulatory system that sets standards for product safety, efficacy and purity; monitors vaccine production to assess compliance by testing samples; and removes unsafe, ineffective and contaminated vaccines from the supply chain.

NIH-FDA set up and operated the required fake regulatory system from 1944 to the mid-1990s. Without going into detail, it hinges on provisions including 21 CFR 610.2, promulgated by Federal Register notice Nov. 20, 1973:

> 21 CFR 610.2. Requests for samples and protocols; official release.
>
> Samples of any lot of any licensed product, together with the protocols showing results of applicable tests, may at any time be required to be sent to the Director, [FDA] Bureau of Biologics [now CBER].
>
> Upon notification by the Director, Bureau of Biologics, a manufacturer shall not distribute a lot of a product until the lot is released by the Director, Bureau of Biologics;
>
> *Provided*, That the Director shall not issue such notification except when deemed necessary for the safety, purity or potency of the product. 38 FR 32048.

This is called "lot-release" or "lot-by-lot release."

It was a non-regulatory regulation when published in 1973.

Why non-regulatory or performative only?

1. Because of the conditional terms. Director "may" require samples and protocols, but "shall not except when deemed necessary."

2. Because the regulatory definitions of safety and potency were relative, not objective (all medical interventions involve personalized calculations about the starting condition of the patient, the risks of causing harm, and the potential benefits of the intervention);

3. Because the regulatory definition of purity was also given in relative, not objective terms (biological products are intrinsically impure, unstable, heterogeneous and non-standardizable, and FDA regulators and vaccine manufacturers knew this, have known this since the early 1900s and still know it.)

4. Because the patient, in the case of vaccines, is a healthy baby or child, and the probability that introducing mixtures of foreign genetic material, chemicals and metals into a healthy

> child's body will cause more harm than good, by inducing chronic disease and death, approaches 100% as more toxins are introduced (sooner during pregnancy or after birth, additively, and cumulatively.)

That's the nutshell version of the non-regulation regulation "lot-release" system that was in play between 1973 and 1996.

In 1996, under the deregulation framework launched by President Ronald Reagan and continued by President Bill Clinton, the FDA eliminated lot-release for "well-characterized therapeutic recombinant DNA-derived" biotechnology products, stripping itself of the manufacturing quality control lot-release tool it had pretended to have and had pretended to use since 1973.

Lot-release was only one of many regulations eliminated or rendered more inapplicable to and unenforced for biological products since the mid-1990s.

*

If you work for an organization (Public Health Service-HHS-FDA-CDC-NIH-NIAID) that's systematically poisoning people with intrinsically heterogeneous, unstable, immunotoxic products, and you understand that parents will eventually start to notice the sickliness of their children and themselves, the last thing you want is a regulatory process — supported by analytical equipment and techniques — through which toxins might be identified and disclosed to the public, justifying removal of those toxic products from the supply chain.

But you also don't want to reduce public trust in the poison-products known as vaccines.

That's the point the systematic poisoners had reached by the mid-1990s.

The solution, to buy themselves what turned out to be another 30 years, was to further eliminate the pretend-regulatory functions they had pretend-fulfilled, by simply claiming that the manufacturers would self-regulate using the analytical equipment, methods and skilled labor that became available by the mid-1990s.

Throughout the process, FDA would make true statements such as:

> Biologics have traditionally been complex mixtures of substances produced primarily from living organisms, and have been difficult to characterize by precise tests. They include vaccines, products made from human or animal blood, and other products made from a variety of materials. 60 FR 63048

And then establish non-regulatory policy based on the false, opposite premise:

> …technical advances over the last 15 years have greatly increased the ability of manufacturers to control and analyze the manufacture of many biotechnology- derived biological products. 61 FR 24227

In other words, FDA offers the public a series of lies — that biological products are homogeneous, stable and non-toxic; that biological products can be "well-characterized" as such; and that

biological products are produced and distributed in safe and pure form by manufacturers, who police their own compliance with regulatory standards so thoroughly that FDA need not test samples or enforce compliance.

The lies are offered as a substitute for the truth: biological products are heterogeneous, unstable and toxic; every vial tested provides evidence of those truths; and FDA and manufacturers coordinate with each other to ensure that vials are not properly tested and that information about the intrinsic heterogeneity, instability and toxicity of vaccines doesn't reach the public in credible, actionable form.

There is no legal limit to the amount of so-called contamination that can legally be included in Covid-19 vaccines or any other vaccines or biological products.

Some relevant documents linked at footnote of post[161] for readers who want to track this a bit more around the mid-1990s, and also bring it up to date with Antonietta Gatti and Stefano Montanari's 2017 study identifying contaminants "not declared among the components," in 43 of 44 vaccine samples tested; HHS' 2018 stipulation that HHS has conducted no valid, public vaccine manufacturing or vaccine safety monitoring since 1986 adoption of the National Childhood Vaccine Injury Act; Joy Garner's 2019-2020 study comparing chronic disease burdens of vaccinated and unvaccinated cohorts, cited in her 2021-2022 federal litigation; Mike Yeadon and Wolfgang Wodarg's December 2020 petition to European Medicines Agency; Sasha Latypova and Craig Paardekooper's initial study from October 2021 on Covid vaccine batch variability, foundation for HowBadIsMyBatch website; Max Schmeling, Vibeke Manniche and Peter Riis Hansen's March 2023 study of batch variability; and Kevin McKernan's April 2023 study of DNA contamination.

Note: Readers who read very closely will notice that in some documents, FDA states that vaccines are in the class of "well-characterized" biological products exempt from manufacturing regulation, and in other documents, FDA states that vaccines are excluded from the class of "well-characterized" biological products. World Health Organization does the same thing.

Following the paper trail long enough, and looking at the documents alongside what you can see happening and not happening in your own body, your own family and friends, in the regulatory agencies and in the courts, supports the conclusion that vaccines are not subject to valid regulation.

FDA and WHO use a wide variety of ill-defined terms, which cannot be clearly defined because biological products are inherently heterogeneous, unstable and toxic, and an intricate web of cross-references, exemptions, exclusions, suspensions, conditionals and waivers, because those linguistic and legal tools are very effective for deceiving the public.

FDA and WHO have forged those linguistic and legal tools for themselves, to obscure the criminal nature of the systematic, deliberate worldwide poisoning campaign they have conducted for about 100 years in collaboration with pharmaceutical companies and non-governmental organizations such as Bill and Melinda Gates Foundation and GAVI.

161 https://bailiwicknews.substack.com/p/there-is-no-legal-limit-to-the-amount

June 24, 2024 - On misconstruction of EUA countermeasures and vaccines as medicinal products, rather than weapons and poisons, and on legal-judicial system role in sustaining public ignorance and submission.

On lawsuits challenging the practices of administering remdesivir, sedatives, ventilators and other hospital homicide Emergency Use Authorization (EUA) countermeasure products and protocols without obtaining "informed consent" from patients as comprising medical malpractice not subject to PREP Act preemption and defenses (I read another of these complaints this morning):

I hold the view that none of the products classified as "countermeasures" and incorporated into NIH treatment guidelines are intended to help or heal patients. The products are weapons intended to harm patients, and the people who use them on patients are military contractors engaged in intentional killing.

EUA countermeasures, and routine and EUA vaccines, are chemical and mechanical abortions to kill adults, adolescents, children and babies at any time after birth (and before birth, when given to pregnant women), and they're legalized, just as abortion was legalized nationwide in 1973 through *Roe v. Wade*, and (post-*Dobbs*, 2022) is still legalized in many US states.

So traditional legal principles and precedents about medical treatment, informed consent, medical malpractice and medical product liability are inapplicable.

I also hold the view that *Saldana v. Glenhaven*[162] (cited in many complaints claiming to challenge PREP Act) stands for the proposition that PREP Act is written to drive medical practitioners into criminal activity (intentional battery and homicide) by imposing liability exposure only on practitioners who do not use NIH-CDC-FDA-CMS directed products and protocols [weapons] as directed and incentivized by NIH-CDC-FDA-CMS and hospital administrators, for the purpose of intentionally harming and killing recipients, and PREP Act therefore offers "complete" preemption in the sense that the HHS-Office of General Counsel argues in its legal memos.

These cases may drag on for another 5-10 years, and can be seen as intentional legal-judicial system distractions to allow military-financial-Congressional biological products weapons-systems and covert military-financial-Congressional biological-product warfare to continue under the cover provided by being falsely presented to the public, and widely misconstrued by the public, as medicinal products forming components of health care practice.

I have not written a detailed analysis of *Saldana v. Glenhaven* yet. I mentioned the case in an Oct. 23, 2023 post, as another example of the pattern (legally funneling HCWs into committing otherwise criminal acts by providing indemnification only for the criminal acts HHS-DoD wants to induce them to commit) that also includes *Nowacki v. Gilead*.

Related: April 28, 2023 - Draft discovery materials for civil and criminal cases. Useful for promoting understanding that the factual record of events since January 2020 supports the legal conclusion that products labeled 'vaccines' are presumptive injectable [or nasal spray; microneedle patch] biochemical weapons.

162 https://law.justia.com/cases/federal/appellate-courts/ca9/20-56194/20-56194-2022-02-22.html

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[163]

A reader in the comment section discussed FDA's role in promoting public submission to vaccination and Brook Jackson's federal *qui tam*[164] 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. [Update May 2025 - Jackson's case was dismissed for the second time by order dated Aug. 9, 2024. Jackson's lawyers filed a brief in support of her appeal to the Fifth Circuit Court of Appeals in February 2025.]

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…"

163 https://sashalatypova.substack.com/p/gen-perna-and-col-hepburn-heritage
164 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[165] - [US-DOJ March 12, 2024 Motion to Intervene and to Dismiss[166]:] (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[167] 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.[168]

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.

165 https://sashalatypova.substack.com/p/department-of-justice-admits-pharmaceutical
166 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
167 https://substack.com/profile/8540123-katherine-watt/note/c-61318913
168 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*[169] (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[170] - 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.

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

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,[171] 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.[172] 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[173]
- 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[174]
- 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[175]
- 2024.06.26 Aaron Siri testimony to Thomas Massie House committee[176]

171 https://en.wikipedia.org/wiki/International_Criminal_Court
172 https://hannahroselaw.wordpress.com/icc-complaint-uk/
173 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/07/2024.05.27-affidavit-francis-boyle-re-biological-weapons.pdf
174 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
175 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
176 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; 42 CFR 73]

§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".

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

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

I argue that there is no such enforceable regulatory framework and that the so-called "clinical trials" were non-valid and were performative only.

There is only a pretense or sham regulatory process, including fraudulent oversight of fraudulent clinical trials. The only purpose of the multi-layer fraud is to deceive the public into believing the lies that a regulatory framework exists and has been applied to Covid vaccines, and any/all other vaccines.

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

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[177]:

> "…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…"

177 https://crsreports.congress.gov/product/pdf/R/R47981/2

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.

A couple of Substack notes.

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*,[178] 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.

> 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[179]
>
> "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…"

178 https://www.usp.org/sites/default/files/usp/document/our-impact/covid-19/standards-for-quality-vaccines-general-development-and-manufacturing.pdf
179 http://fda.gov/media/78428/download

Related

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

> "…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…"

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[180]
>
> "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…"

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

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.[181] (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…"

*

181 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,[182] picked up name of Charles Richet, awarded Nobel in 1913 for his work on anaphylaxis.

Skimmed his lecture, attached.[183] 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[184]; 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[185]; 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.

182 https://northerntracey213875959.wordpress.com/2022/02/26/anaphylaxis-the-real-bio-weapon/
183 https://www.nobelprize.org/prizes/medicine/1913/richet/lecture/
184 https://www.merriam-webster.com/dictionary/effraction
185 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,[186] 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.[187]

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

186 https://www.liebertpub.com/doi/10.1089/hum.1991.2.3-251
187 https://en.wikipedia.org/wiki/Biologics_Control_Act

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.)

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, antitoxin, 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. (*See* 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.[188])

> 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.

188 https://bailiwicknews.substack.com/p/deregulation-of-biological-product

> (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.
>
> (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,[189] 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*,[190] and Jan. 22, 1910, *The Federal Control of Vaccines, Serums, etc.*[191])

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.

189 https://www.ecfr.gov/current/title-42/chapter-I/subchapter-F/part-73
190 https://jamanetwork.com/journals/jama/article-abstract/431147
191 https://jamanetwork.com/journals/jama/article-abstract/431146

Rosenau, 1910:

> "*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. The organism, whatever it is, exists chiefly in the epidermal lesions, and the pulp, therefore, contains more potent and concentrated virus than the lymph…"

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 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.

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, Possession, use, and transfer of [animal] select agents and toxins and 7 CFR 331, 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).

Current list of overlap select agents and toxins is at 42 CFR 73.4.

Below [is a list] of relevant Congressional acts, US Code sections (statutes) and Code of Federal Regulations (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, Biological weapons, a federal crime statute with exemptions for HHS/PHS, USDA and DoD programs, and 50 USC 1511-1528, Chemical and Biological Warfare Program.

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

Oct. 30, 2024 - Dogma, or the silver lining of the "settled science" More in-depth material on why it is not possible to make pandemic-causing GOF viruses in a lab.

By Sasha Latypova

This is going to be Part 1 of several articles I plan to write on the topics of the stalled, corrupted and falsified biological science, using some specific examples such as claims of creating living things in the lab.

I often get into arguments about "weaponized gain-of-function (GOF) viruses". I am going to provide my working definition of this concept, so that we are on the same page for the purposes of this discussion. "Weaponized virus" is the idea that someone can design and make a new virus that, if released from the lab, can transmit by air or casual contact human-to-human and infect a substantial % of the population of the world (e.g. >10% or >800M people in all regions of the world simultaneously) while causing severe illness and millions of deaths.

In government parlance, the allegedly pandemic-causing pathogens are called "select agents", as they are subject to all sorts of biosecurity fears and regulation. There is a listing of presumed naturally occurring select agents maintained by the HHS and the USDA:

> Under United States law, Biological select agents or toxins (BSATs)—or simply select agents for short—are bio-agents which (since 1997[1]) have been declared by the U.S. Department of Health and Human Services (HHS) or by the U.S. Department of Agriculture (USDA) to have the "potential to pose a severe threat to public health and safety."
>
> The agents are divided into (1) HHS select agents and toxins affecting humans; (2) USDA select agents and toxins affecting agriculture; and (3) overlap select agents and toxins affecting both. (Wikipedia[192])

The problem with the select agents - they are not scary enough! You see, they can't be used for real bioterrorism.

For one, it's mostly illegal to work with them under international law. The samples, if they exist, are allegedly locked up in just a few government facilities. Almost nobody is allowed to work with them, so the facilities, labs and expertise are very limited. Collecting, storing and deploying natural pathogens in quantities that could produce any noticeable biological attack is not feasible. Once released, these things quickly denature. Even if some infections occur, they quickly attenuate into nothing and self-extinguish.

On the other hand, we have the idea of novel, man-made, chimeric, engineered, GOF weaponized bioterrorism agents that are not on this list because they don't exist in nature but, as the GOF narrative claims, can be potentially invented by evil scientists. This makes a very effective scary story. Secret, unknown, invisible, deadly pathogens ready to pounce from a lab at any moment!

192 https://en.wikipedia.org/wiki/Select_agent

"Worse than nuclear weapons!" (Rand Paul and many other purveyors of weaponized virus fearporn).

I have stated in the past that it is not possible to manufacture pandemic-causing pathogens with existing state of tech and science.

I will highlight some of the scientific and technical challenges in this article which boil down to:

1. Viral transmissible causes of mass illness is a false biological theory.

2. Even if we assume that viruses can cause mass illness, i.e. that the viral theory is correct, the science dogma safely prevents any progress toward solving the technical challenges of making such agents.

This book was published in 2010 by the National Research Council of the National Academies: Sequence-Based Classification of Select Agents: A Brighter Line (NASEM, 2010)[193]

By some very learned authors, including Ralph Baric, Associate Research Professor, Microbiology and Immunology, University of North Carolina at Chapel Hill School of Public Health.

The objectives of this scientific and technical committee:

> Recent studies by the National Research Council have focused on the tension between the rapid advances in biotechnology that clearly benefit hu- mankind and the potential use of the same advances for nefarious purposes. The 2004 report, *Biotechnology Research in an Age of Terrorism* helped to focus attention on the issue, and among other recommendations called for the creation of a National Science Advisory Board for Biodefense (NSABB) to serve as a bridge between the government and scientific communities in raising awareness of the potential for misuse of biotechnology. A later report, *Globalization, Biosecurity, and the Future of the Life Sciences* carried the discussion forward with a global perspective and promoted a global common culture of awareness and a shared sense of responsibility among life scientists. In 2006, the NSABB issued *Addressing Biosecurity Concerns Related to the Synthesis of Select Agents,* which called for expert evaluation to determine whether an alternative framework based on predicted features and properties encoded by nucleic acids, such as virulence or pathogenicity, can be developed and used in lieu of the current finite list of specific agents and taxonomic definitions. (NASEM, 2010, at p. vii)

In other words, the task of this committee was to determine if the current state of technology allows for making novel, transmissible, pandemic causing pathogens in a lab. If the answer to artificially making new, not yet listed or known to science pathogens is "yes", then the committee was supposed to propose a system to classify such novel agents based on their genetic makeup.

193 https://www.ncbi.nlm.nih.gov/books/NBK50865/

Here are the categories of "pandemic pathogens" that the biodefense industry is concerned with (BTRA = bioterrorism agents):

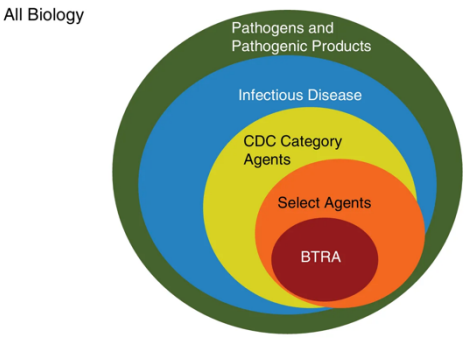


FIGURE 2.2 The universe of potential genes and sequences that could be drawn upon to create a biological weapon involves all biology. From "All Biology," some pathogens and pathogenic products such as toxins, venoms, and others may be known to cause disease or death in humans, animals or plants. In the context of human health, some are recognized as causes of infectious diseases and are reasonably well characterized. Among all infectious diseases, some are further classified as Category A, B, or C pathogens by CDC or NIH, and they may or may not be assigned a biosafety level of laboratory containment (BSL-1, -2, -3, or -4) in the BMBL. Of these, some are designated Select Agents, and a few are prioritized under the DHS Bioterrorism Risk Assessment.

NASEM, 2010, at p. 67

Quoting from the summary, the report states that currently and in the foreseeable future there is no technical ability to predict functions of the pathogen from a new genetic sequence.

Therefore, there is no possibility to construct a system/database that would categorize the agents into increasingly restricted classes based on their so-called "genetic code" (which doesn't code, but you must think in terms of computer analogies that are pushed on you by the likes of Bill Gates, regardless):

> 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. (NASEM, 2010, at p. 2)
>
> 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, and the degree to which these are expressed fall along a spectrum for each biological characteristic [FN1. For example, one microorganism may be highly virulent, but poorly transmissible from person to person, whereas another agent may spread easily, but produce only mild illness]; consequently, agents present varying degrees of risk. (NASEM, 2010, at p. 3)

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

Oh! So here, nonchalantly, we have an admission that the science of genetics has failed. Right?

The book also accidentally acknowledges that the viral theory of disease is a failure:

> The biological reality is that most microbial infections are relatively benign and that symptoms of disease are sometimes the result of the human immune system's response to infection rather than the product of the infecting microorganism. (NASEM, 2010, at p. 47)

Despite admitting that genetics and virology are both failed theories, the authors insist on using genetics and virology. They state that to solve the problem of predicting protein function from its genetic structure, the following major issues in science must be solved:

> Long-term areas of research include
>
> - Protein structure and function;
> - Gene expression and regulation;
> - Pathogenic mechanisms;
> - Animal models of disease;
> - Data and information management for systems biology;
> - Synthetic biology;
> - Metagenomics and phylogenomic, including the human microbiome. (NASEM, 2010 at p. 6)
>
> As will be discussed subsequently, pathogenicity of an organism may be the result of a specific sequence and gene, or more frequently the result of interactions between several genes, various sequences, structural characteristics, and host characteristics. There are too many variables involved on the host side alone to be able to accurately predict whether any given nucleic acid change in the pathogen will involve greater or lesser pathogenicity. (NASEM, 2010, at p. 36)

If only we solve the genetic code thingy (that doesn't code), and then figure out the "pathogenic mechanisms" (meaning, what actually causes illness? wait, so it's NOT viruses???) and "synthetic biology" (you are saying you CAN'T make biology synthetically today???)…

What about designing new pathogenic viruses in labs?

In further admission that genetic theory is bunk, the report states that nobody can predict pathogenicity or transmissibility from a genomic sequence:

> Predicting pathogenicity or transmissibility of a microorganism requires a detailed understanding of multiple attributes of both the pathogen and its host. It is a prediction problem of the greatest complexity. Using a single genomic sequence to predict the potential consequences of the interaction of a microorganism, or a microbial virulence determinant, with a host clearly is not within the bounds of contemporary biology. (NASEM, 2010, at p. 40)

Furthermore, nobody can predict whether a vaccine will work for any "novel" virus:

> What could not be readily foretold from the sequence-homology analyses described above is whether the influenza-like virus is highly pathogenic for humans and other mammals, or whether a particular vaccine will protect against it. Those traits depend on a small number of genetic changes that evolve rapidly in ways that are not well understood; even subtle changes may have a profound biological effect. Those features change so rapidly, they do not correlate well with evolutionary history. Thus, sequence-homology analysis is less informative for such viral characteristics than for simply identifying genome parts components of an influenza or related virus. (NASEM, 2010, at p. 42)

On the question of designing viruses de-novo (these new, chimeric, weaponized, GOF things that are worse than nukes…) the report is unequivocal - that is not possible!

> 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? (NASEM, 2010, at p. 68)

Quick, someone please inform Rand Paul, that he doesn't need to make a new regulatory agency with Rick Bright and Bob Malone in charge to regulate the weaponized viruses after all: Rand Paul proselytizing the Gospel of Fauci (GOF) on RFK Jr podcast. Wants to create a bioweapons inspection toll-booth.[194] (Latypova, Aug. 18, 2024)

194 https://sashalatypova.substack.com/p/rand-paul-proselytizing-the-gospel

“Alternative approaches”, whatever they are, also fail:

> The formation of a replication complex includes tailored protein-protein and protein-nucleic acid interaction networks that are not known and cannot be predicted or engineered with existing technology. Pathogenesis involves a regulated set of virus-host interaction networks that influences host responses that antagonize or potentiate disease; these networks are poorly understood and cannot be designed *de novo*. Virulence genes work together, and the levels of expression that permit virus persistence or spread and transmission, depending on the replication mechanism, are highly regulated. Finally, efficient virus egress from the cell usually involves discrete cellular and viral constituents. The protein-protein interactions, the regulation of the components involved in efficient release, and the design of *de novo* systems are beyond the capacity of the scientific community.
>
> The level of abstraction required to piece together a new life from defined parts is difficult enough — it is a misconception that a viable *de novo* microorganism can be designed today directly from sequences and a pool of uncoupled gene parts — it would be even more difficult to predict the virulence of such a microorganism if it were assembled and recovered. (NASEM, 2010, p. 69)

The report states that "progress has come mostly from the growing database of experimentally determined structures (the Protein Data Bank contains over 60,000; http://www.rcsb.org/pdb), which enable the modeling of new sequences on the basis of homology to known, related structures." (NASEM, 2010, at p. 43) Homology modeling can occasionally predict structure and function based on previously obtained experimental models, but not consistently and not for anything very new or different from existing data.

In summary, the yet unsolved technical barriers to making new chimeric pandemic causing viruses in the lab include:

- Accurate prediction of protein structure and function;
- Accurate understanding, prediction and implementation of protein-protein interactions within a host cell (orders of magnitude greater complexity vs a lab designed “virus”).

Ok, but you might say with enough effort and money these technical challenges will be solved, or maybe already secretly solved.

Let's look at the protein structure problem.

> Another possible route to prediction of function from sequence is to predict the folded 3D structure of a protein from its sequence and then use features of that structure (which evolve much more slowly than sequence) to infer catalysis, binding partners, or other functional properties.
>
> Function prediction based on structure has been one of the "Grand Challenge" problems in science for the last 50 years, since Anfinsen showed that the information to determine protein 3D structure is encoded in the linear amino-acid sequence (Haber and Anfinsen 1962). (NASEM, 2010, at p. 42)

The molecules are structures in a 3D space (or 4D including time). Proteins are very large molecules made of polypeptide chains that twist and fold into complex 3D forms. Molecular structures are stable, because they are believed to be "minimum energy" structures.

Let's stop right here. Where does the notion of "minimum energy" come from? Well, of course, that's the product of using the Newtonian model of physics and applying it, inappropriately I must add, to biology. You may say - but there is no other model to use! And you would be correct. That is because all other models have been eliminated from the field a long time ago. If you don't affirm the great Sir Isaac, you are not going to get funding for your research grant. You would also have to invent many things from scratch, as there isn't any other physical theory with well developed mathematical toolkit for you to use.

However, few scientists ever stop to consider that the Newtonian model of physics is merely a model, and it includes substantial simplifications. For example, calculations using the term "energy" are simplifications from the original ones based on "force", and this simplification completely removes any ability to distinguish physical causes from effects, leading to purely statistical description of the world (including our focus, the proteins).

So, as there is no other model to use in biology, we are left with making an assumption that the molecules prefer the state of "minimum-energy", i.e. thermodynamic equilibrium. There can be numerous other causes and drivers of the molecular structures, but we will have to assume the minimum-energy hypothesis as it's simply the only model we are allowed to use in modern science.

In case of small molecules, it is a more or less workable model as their structures are simple (e.g., H2O or CO2 - even though that's also an over-simplification, because H2O has many physical states). However the problem of predicting the "minimum-energy structure" for a large protein remains unsolved in science.

Here is a quote from Rupert Sheldrake's "Science Set Free" (2010):

> Calculations to predict the three-dimensional structures of proteins give far too many solutions… known as the "multiple-minimum problem".[195]

Each protein, when folding, must "examine" numerous pathways to reach that theoretical minimum-energy state. However, not so easy - it turns out that for an average protein, the number of these pathways is such that it would take approximately 10^26 years (!!!) to examine all possible conformations. It is currently believed that the age of the universe is 10^9 years.

The minimum-energy hypothesis fails from the start because there are multiple conformations that a protein can assume with the same minimum energy. Yet, all natural proteins fold into their own unique shape/assume their own unique path within minutes. How do they figure this out? Nobody knows. The Newtonian/standard model-based physics/chemistry cannot explain how.

So, what do we do when a scientific hypothesis fails? We search for another hypothesis, right?

WRONG.

The correct answer is - we codify the failure into dogma and award it the Nobel Prize!

Sheldrake points to Christian Anfinsen:

> … Christian Anfinsen, who won the Nobel Prize for work in protein folding, put it thus: "If the chain explored all possible configurations at random… it would take too long to reach the native [correct] configuration.

Anfinsen's dogma[196] [1973 paper, Principles that Govern the Folding of Protein Chains[197]], states the following:

> Anfinsen's dogma also known as the thermodynamic hypothesis, is a postulate in molecular biology. It states that, at least for a small globular protein in its standard physiological environment, the native structure is determined only by the protein's amino acid sequence.

In fact, Anfinsen's dogma hard-coded not one, but two false hypotheses into the entire molecular biology field since 1970s: the notion that protein's structure is determined ONLY by it's molecular sequence, and that the structure is found via the minimum-energy state. Clearly both of these ideas are wrong. There is no evidence that the molecular structure is the cause of the shape of the protein: there can be numerous other causes, and the molecular sequence can be the effect of the shape just as likely as the cause of it (simplified Newtonian physics can't distinguish causes from effects).

195 https://www.cambridge.org/core/journals/quarterly-reviews-of-biophysics/article/abs/protein-folding/C24BF927B4AAE324950FEAC570B19BBB
196 https://en.wikipedia.org/wiki/Anfinsen's_dogma
197 https://www.science.org/doi/10.1126/science.181.4096.223

And, as we already know, there are too many minimum-energy states for each protein. The ultimate low-energy conformation is not the only possible one. It remains an unsolved mystery how and why "the one" protein conformation is arrived at, and how it happens with remarkable precision, speed and reproducibility in nature, every single time. Energy state alone (Newtonian hypothesis) cannot select between these alternative possibilities and determine the specific structure taken up by the system.[198]

Do you also see why it is not possible to solve the protein folding issue that you would need to solve to actually make pandemic causing viruses in a lab?

That's why I sound so confident when I say this is not possible to do. I am feeling safe and secure knowing these asshats are safely and securely fenced into their viral theory + DNA/RNA+ the "minimum energy" $cience dogma.

There is a silver lining to this whole mess…

We haven't even touched on the protein-protein interactions within the cell. Recall that the complexity is orders of magnitude greater than that of the protein folding. So, that's not going to be solved any time soon.

You can also see why the AI won't solve this problem either. That's because the AI models are going to assume the Newtonian-Anfinsen's (wrong!) principles for protein folding and will try to solve the 10^26 years of the folding pathways, and even with all the nuclear power powering all the data centers in the world, they will still not be able to find why the protein decided to fold along a particular low-energy pathway.

Right on cue, the Nobel Prize in chemistry in 2024 was awarded for AI software that "predicts protein structures": Chemistry Nobel goes to developers of AlphaFold AI that predicts protein structures (*Nature*, Oct. 2024)[199]

Except it doesn't. I will address this in more detail in the future posts.

In conclusion, if you "settle" the science by ramming through failed ideas, dogmatizing them, awarding them Nobel Prizes and censoring/defunding any alternative ideas - good news! you can't make any scientific progress to whatever goals, including making of GOF viruses in the lab.

198 https://en.wikipedia.org/wiki/Walter_M._Elsasser
199 https://www.nature.com/articles/d41586-024-03214-7

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. On Dec. 22, 1987 Congress and President Reagan passed Omnibus Budget Reconciliation Act of 1987, PL 100-203, 101 Stat. 1330, 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 (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.

See *Dean* v. *HHS,* No. 16–1245V, 2018 WL 3104388, at * 9 (Fed. Cl. Spec. Mstr. May 29, 2018), cited in 86 FR 6249, 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,[200] when the majority opinion by Justice Scalia 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."

See July 11, 2024 - On "unavoidable, adverse side effects" as deceptive language used to conceal the intentionality of vaccine toxicity; June 27, 2024 - Intentional infliction of harm is not a legitimate government purpose; enabling it is not a permissible legislative object.

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.

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

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.

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[201] (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[202]); Lanka's 2020 4-part series (The Misconception Called Virus); Andrews' 2021 report (The Lansing Strain of Polio[203]); and Andrews' November 2024 interview with Sasha Latypova (Virology Control Studies Project).

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[204] (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.

201 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
202 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2015.06-dismantling-the-virus-theory-stefan-lanka-wissenschaftplus.pdf
203 https://viroliegy.com/2021/10/27/the-lansing-strain-of-polio/
204 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2024/12/2003.02.08-jim-west-report-biskind-pesticides-and-polio.pdf

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[205] (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.
>
> 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[206] (Charles Armstrong)
> - 1939.12.29 PHS Public Health Reports Successful transfer Lansing strain poliomyelitis virus from cotton rat to white mouse[207] (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..."

205 https://viroliegy.com/2021/10/27/the-lansing-strain-of-polio/
206 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
207 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

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.

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.[208]

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.

208 https://sagehana.substack.com/p/they-didnt-forget-how-to-science

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-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.[209]" 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

209 https://bailiwicknews.substack.com/p/on-vaccination-as-intentional-induction

> 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, 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[210] (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[211] (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[212] (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.

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210 https://www.science.org/doi/10.1126/science.109.2822.85
211 https://journals.sagepub.com/doi/abs/10.3181/00379727-72-17359
212 https://journals.sagepub.com/doi/abs/10.3181/00379727-86-21073

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).

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[213] (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

213 https://controlstudies.substack.com/p/the-spanish-flu-hoax

2025

Christ in the House of Martha and Mary. Johannes Vermeer.

Work published at Substack, 2022 - 2025. October 2025 version.
Katherine Watt - PO Box 1142 - State College PA 16804

Jan. 13, 2025 - On using opposition to public efforts to block use of mRNA vaccines specifically, to help more people understand history of intentional heterogenicity, instability and toxicity of all vaccines generally.

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

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

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

Military/WRAIR-Pilot Bioproduction Facility-PBF[214]/US-AMRIID/ DARPA, HHS-PHS-NIH-FDA and drug companies change the terms, to hide the consistent underlying facts about biological materials taken from many different living creatures, including human embryos, mixed together with each other and with synthetic chemicals, and then inserted into a recipient living organism for which they are foreign materials and therefore toxic.

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

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

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

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

214 https://wrair.health.mil/Collaborate/Pilot-Bioproduction-Facility/

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

- faked outbreak of communicable disease — faked by false testing, false diagnosis, false epidemiological data collection and distribution — illnesses that are actually caused primarily by pesticide application and prior vaccinations →
- false attribution of cause-of-disease to transmissible, stable pathogen (=false definition of virus) →
- fake R&D and investigations (jointly by military, PHS/HHS, drug companies, universities and NGOs such as National Foundation for Infantile Paralysis; BMGF, GAVI) allegedly to develop vaccines designed to prevent virus infection: so-called non-clinical trials, preclinical trials, in vitro studies, in vivo animal studies, field trials (human), clinical trials (human), investigational use (human) →
- BLA application forms submitted by manufacturer to FDA →
- fake product review by FDA →
- marketing approval by FDA (known as "licensing" although no license numbers are issued to correspond with any specific product; my current understanding is that license numbers are issued to manufacturing companies to provide indiscriminate, blanket authorization for all products they manufacture regardless of contents. *See* 2002 NIAID Jordan Report at Appendix D[215] and Aug. 23, 2021 FDA letter issuing BLA license no. 2229 to BioNTech Manufacturing GmbH) →
- manufacturing and labeling →
- marketing (mass media) and distribution →
- general use by physicians, uptake by public

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

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

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

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

Some contributions to an email discussion thread this week.

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

> …My view is that vaccines have all always been DNA/RNA platforms — developed, distributed and used under many different terms — going back to the very beginning of legalized, militarized, systematic mass poisoning under the medicalized cover of vaccination campaigns.
>
> Military/WRAIR-PBF[216]/US-AMRIID/DARPA, HHS/PHS/NIH/FDA and drug companies change the terms, to hide the consistent underlying facts about biological materials taken from many different living creatures, including human embryos, mixed together with each other and with synthetic chemicals, and then inserted into a recipient living organism for which they are foreign materials and therefore toxic…

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

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

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

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

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

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

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216 https://wrair.health.mil/Collaborate/Pilot-Bioproduction-Facility/

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

The drug companies do it; they play their parts.

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

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

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

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

The only remaining FDA Bureau of Biologics employees were willing participants in the deception and poisoning project, didn't understand what they were doing, or, as the virtual-mailbox hypothesis[217] holds, there just weren't any real employees in BoB at all.

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

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

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

...I think of it as a combined pay-to-play and play-to-get-paid system. Through the consortia, interested companies and universities pay to get a shot at the government contracts. Once they have the contracts, they have to play along with the pretense of scientific validity and regulatory review, in order to get paid.

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

217 https://bailiwicknews.substack.com/p/on-fda-buildings-as-virtual-mailboxes

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

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

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

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

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

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

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

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

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

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

Laws and regulations and guidance-for-industry documents are intentionally written to hide/cover up historic and ongoing, systematic criminal malfeasance in vaccine development, manufacturing, distribution, promotion and use. They are staging instructions for laboratory acts in government, academic and corporate laboratories and dialog scripts (for written exchanges and for public oral statements) transmitted by theatrical performance directors to theatrical performers.

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

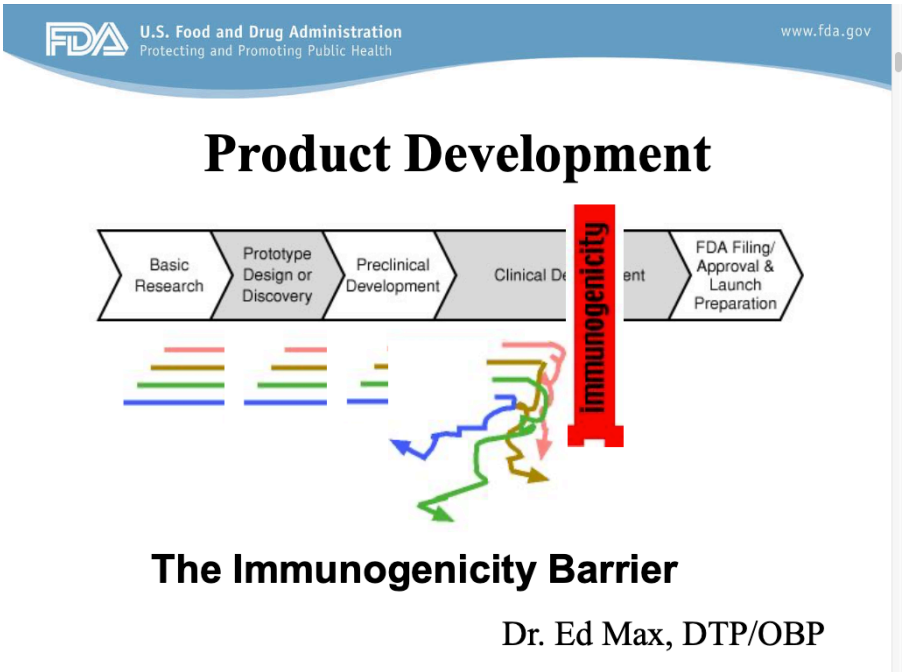
Cells and tissues can only be artificially sustained outside a living body temporarily with nutrient feeding, and their decay can only be temporarily suspended by encapsulation, refrigeration and freezing; when restored to room or body temperature, infinitely-variable transformation and decay processes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

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

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

Immunogenicity is toxicity.

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



Source: FDA slide deck, *The immunogenicity of therapeutic proteins - what you don't know can hurt you and the patient*. (Joao A. Pedras-Vasconcelos, FDC-OBP-CDER, 2014)

Jan. 20, 2025 - UWash-n-Fold: Part 2 of the unsolved problem of protein folding. The 2024 Nobel Prize in chemistry is awarded to the developers of AlphaFold for FAILING to solve the protein folding problem.

By Sasha Latypova

In 2024, the prestigious Nobel Prize in Chemistry has been awarded to David Baker,[218] the director of the Institute for Protein Design at the University of Washington (UWash). He is sharing it with - but of course! - Google DeepMind CEO Demis Hassabis and his colleague John Jumper, a scientist at the Alphabet/Google unit.

Baker received one half of the Nobel for his lab's work on computational protein design. Hassabis and Jumper received their half for work on protein structure prediction, including the AlphaFold models.

Baker is positively bubbling in this interview for Endpoints News:[219]

> We know proteins can carry out an amazing array of functions, evolved over millions or billions of years to solve the problems. You think about photosynthesis or all the ion channels in our brains that mediate cognition. We work just amazingly well because we have amazing proteins.
>
> There are new problems today. In medicine, we live longer, so there are new diseases. There's always potential for new pandemic viruses. And outside of medicine, we're heating up the planet and polluting it.
>
> Some of these probably would be solved if there was evolutionary pressure and we had another 100 million years to wait. The promise of protein design is to be able to design new proteins that solve current problems as well as proteins in nature solve problems that were relevant during natural selection.

Note that this is not from a live video interview, this is a written quote submitted for an article in trade press. If you are confused by the neo-Darwinian word salad, so am I. Amazing proteins work amazingly because of amazing evolution. Pandemic viruses jump out suddenly from everywhere. In the previous sentence billions of years of evolution was good. But in the next sentence it's bad and we can't rely on it because climate change and too many people…. yada-yada… goes the Alphabet mafia errand boy, claiming he is going to OUT-DESIGN billions of years of natural evolution (or God's design). Phew, nature is stupid and slow. We can't wait… must accelerate…

OK. Maybe written communications is not the strongest side of the Nobel laureates in chemistry.

218 https://endpts.com/david-baker-demis-hassabis-and-john-jumper-win-chemistry-nobel-for-computational-protein-prediction-and-design/
219 https://endpts.com/nobel-winner-david-baker-on-ai-in-biology-and-protein-design/

Baker is credited with co-founding 21 (!) biotech companies. However, it does not appear that any of them generated substantial monetary value, as he still seems to need the full time employment in academia. Baker's most recent venture - Xaira Therapeutics, which received $1B from 13 venture investment funds on April 23, 2024, is one of the most richly funded new companies, not only in biotech but across the startup world. Yes, $1B is a heck of a lot of money for the initial round for any company! Typical first VC round is $1-10M. It may seem that way, until you start considering that in AI-dollars, this is like $1.95, and the start-up (now counting about 50 employees) will blow through this pile of cash in no time. Here is a very sane review of the current AI economics and why they don't make any business sense.[220]

And - you are not going to believe this! - the group has tapped Marc Tessier-Lavigne, formerly the president of Stanford University and chief scientific officer of Genentech, as CEO to turn a cash-flush vision into reality. Remember this story? This is the guy who may or may not have falsified his scientific research and was ousted by Stanford as a result: What I Find Odd About Stanford University President's Resignation[221]

Tessier-Lavigne is aglow about Xaira and AI, too. Quote from an interview:[222]

> "AI is going to transform every step of the drug discovery process," Tessier-Lavigne said in an interview with Endpoints. "At the very least, everybody would agree it's going to improve things incrementally: 10% here, 20% there, 30%. You multiply all of that out and you could get two-, three-fold improvements in speed and success rates."

Maybe math is not a strong suit of former deans of major universities? A 10%-30% incremental improvements in some steps of the highly complex and multi-step process of drug discovery and development cannot possibly generate a 2-3X improvement in the overall speed and success rates.

You are not going to believe this even more! - Board members include former FDA head, CIA-DOD-Resilience guy, Scott Gottlieb.[223] Scott Gottlieb is reliably found in every corner of the military-industrial globocabal flush with deep state cash and asinine ideas that lead to mass poisoning (as this one surely will, unless, hopefully, they implode first).

The business plan of this venture is pure genius. They are claiming that they will not only design proteins that do not exist in nature, but also "predict" how people's bodies will respond to them, thus eliminating the need for clinical trials!

It goes without saying that I advise all my readers to stay as far away as possible from any "biologics", injectable proteins, antibodies and vaccines. This will only get worse, until these morons win all the Darwin awards. Sit this one out, folks, and we will end up running planet Earth.

220 https://www.wheresyoured.at/subprimeai/
221 https://sashalatypova.substack.com/p/what-i-find-odd-about-stanford-university
222 https://endpts.com/in-biggest-ever-bet-on-using-ai-to-design-drugs-biotech-heavyweights-launch-xaira-with-1b-in-backing/
223 https://open.substack.com/pub/sashalatypova/p/scott-gottlieb-whining-at-the-jp?

Review of AlphaFold

I have previously written about the unsolved problem in biological sciences - protein folding.[224] This problem remains unsolved because at least two failed theories have been hard-coded into all protein science:

> 1) the "dogma" that protein structure and function are determined ONLY by its molecular sequence;
>
> 2) the "dogma" that protein folds from the amino-acid chains based on the Newtonian principle of the minimum energy state.

Both of these dogmas are hogwash, yet no research grant in this area of science will get funding if it does not affirm these failed concepts. If you are forced to build a house only with plastic cups, forks and spoons you may construct something, but it ain't going to be a Taj Mahal.

Please note that this section is based on summarizing available information about AlphaFold, that is heavily reliant on the mainstream-acceptable views on the DNA/protein science.

These methods are at best guesses. The numerous assumptions and simplifications that most scientists don't know they are making, and the inability to distinguish causes from effects renders the whole thing into a complex, money and energy-intensive, but largely useless and dangerous "science" ritual.

Training of the AlphaFold model, using available data:

AlphaFold's training relied heavily on data from existing databases of known protein structures and sequences. The data in these databases has been assembled from historical experiments on protein folding using methods such as X-Ray crystallography, which I will cover in a future article. The point is, data exists only for a small portion of proteins that could be crystallized by chemists into solids (not at all their natural state, unless you were turned into a salt pillar because you were a bad Sodomite - Gomorrahn):

- Protein Data Bank (PDB): A repository of experimentally determined protein structures. The PDB provides a wealth of data that AlphaFold used to learn the relationships between amino acid sequences and 3D structures.

- Sequence Databases (e.g., UniProt): Extensive databases containing millions of protein sequences. While these sequences don't have experimentally determined structures, they provide valuable information about evolutionary relationships and conserved patterns.

- Multiple Sequence Alignments (MSAs): These alignments are created by comparing sequences across different species to identify conserved regions. Evolutionarily conserved regions are often critical for the protein's function and stability, and they can provide clues about the protein's structure.

224 https://sashalatypova.substack.com/p/dogma-or-why-it-is-not-possible-to

How AlphaFold makes its predictions:

AlphaFold takes as input a multiple sequence alignment (MSA)[225] and processes them using an architecture inspired by transformers (a type of deep learning model).

In the first step of the process it's already evident that it's full of assumptions, averaging and reliance on guesses "suggestions" of "likelihood" of the interactions of parts of amino acids.

One of the features of AlphaFold, which is hailed as innovative, but in reality is a compounding of assumptions and thus compounding of errors - the use of distance predictions between pairs of residues. Instead of directly predicting the 3D coordinates of atoms, AlphaFold first predicts a distogram, which is a probability distribution of distances between pairs of amino acids. The distogram provides insights into which parts of the protein are likely to be close together, allowing the model to infer how the protein might fold.

The structure module takes the distance and orientation predictions and converts them into 3D atomic coordinates. This module refines the predicted structure by iteratively adjusting the coordinates to minimize physical constraints, such as bond lengths and angles. It "folds" the protein based on the learned patterns and generates a final 3D model.

As an example of how probabilities compound errors, if you have a two-step process, each of the steps with 90% probability of being correct, then the probability of success of this process is 90% x 90% = 81%. If the probability at each step is 50%, then the total is = 25%. In a system with 7 steps, even if each is 90% correct, you get 47% correct as the system output. AlphaFold contains many more steps than that. So you can appreciate how bad it is at predictions.

After the initial prediction, AlphaFold refines the 3D model to ensure it obeys the physical constraints of proteins, such as bond lengths, angles, and torsion angles using energy minimization (i.e. the false dogma of current protein science).

To evaluate and benchmark its performance, AlphaFold participated in the CASP (Critical Assessment of Structure Prediction) competition:

- In CASP13 (2018), the first version of AlphaFold won the competition, demonstrating that its deep learning approach could outperform traditional methods. However, there was still room for improvement. Translation - all models in this competition failed.

- By CASP14 (2020), AlphaFold's next version predicted structures that were comparable to, and sometimes indistinguishable from, experimental results. Translation - AlphaFold improved, but it still falls short of the experimentally obtained protein folding maps.

Just to be clear, all this modeling is simply trying to train a computer program to regurgitate the existing experimental data! The experimentally obtained maps are not entirely correct either, and, importantly, only possible to obtain for some relatively small % of proteins in nature, and only those that can be chemically coaxed into crystallization.

225 https://en.wikipedia.org/wiki/Multiple_sequence_alignment

What can possibly go wrong?

There are many scenarios where AlphaFold can produce errors or unreliable predictions:

Intrinsically Disordered Proteins (IDPs) or disordered regions within proteins do not adopt a fixed, well-defined 3D structure under normal physiological conditions. Instead, they exist as flexible, dynamic chains that can adopt multiple conformations. In fact, the "disordered" is a misnomer. The dynamic state maybe the true state for proteins, because they are part of one-directional, irreversible, asymmetric, cause-effect chain called the process of living, which the current "science" fails to recognize as anything worth studying.
AlphaFold, like many structure prediction tools, is trained primarily on static dead structures. This can result in:

- Overconfidence in bad predictions: AlphaFold may try to force disordered regions into a fixed structure, even though these regions are naturally flexible. This can lead to incorrect or misleading models, especially if users are unaware that the region is supposed to be disordered.

- Forcing false order: AlphaFold might not always recognize when a segment should remain unstructured and may predict it as structured, even when that contradicts experimental evidence.

AlphaFold, particularly in its early versions, was designed to predict the structure of single-chain proteins. However, many proteins in nature do not function alone; they operate as parts of larger complexes consisting of multiple protein chains (homomers or heteromers). This can produce:

- Errors in predicting interfaces: AlphaFold can struggle to accurately predict how two or more protein chains interact, leading to errors in the binding interfaces.

- Incorrect Domain Packing: AlphaFold might predict individual domains correctly but fail to model the way these domains are oriented and packed against each other.

- Fragmented Predictions: In some cases, AlphaFold can predict a structure that appears to be correct when looked at in parts, but when analyzed as a whole, the domains do not interact as they should, leading to a fragmented or unrealistic global structure.

Proteins often interact with ligands, cofactors, or metal ions as part of their biological function.

AlphaFold does not explicitly model these interactions. This will result in:

- Incorrect or Missing Binding Sites: AlphaFold may predict the overall structure of a protein correctly but fail to identify the correct binding site for a ligand or ion, leading to an incomplete understanding of the protein's function.

- Inaccurate Side Chain Conformations: Since ligands can induce changes in nearby side chains, AlphaFold may not accurately predict these adjustments, leading to errors in modeling enzyme active sites or receptor binding pockets.

AlphaFold's uses multiple sequence alignments (MSAs) and co-evolutionary signals to predict how amino acids might interact based on evolutionary conservation. This feature was made for designing fantasies about "virus evolution" and "variants". Of course this bullshit-making feature is crucial for Faking Fakery Faster! (TM) and claims of evolving pandemic viruses, "variants" and zoonotic jumps of, for example, the "avian flu" from an earthworm to dolphin to a nursing home resident that has never been in contact with either of them.

AlphaFold is designed to suggest interactions that are not actually present in the native structure, particularly if the sequences are not closely related (earth worms and dolphins), or if there are errors in the alignment (which are guaranteed to be present).

- False Positives in Contacts: AlphaFold might predict interactions between residues based on co-evolutionary data that do not actually occur in the native protein. This can lead to errors in the predicted structure, particularly in regions where the evolutionary signal is weak or misleading.

- Overfitting to Evolutionary Data: In some cases, the reliance on MSAs might cause AlphaFold to overfit the evolutionary data, leading again to false predictions.

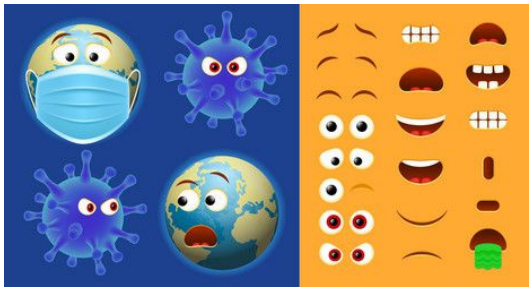
This results in "errors" which are, in fact, the intentional outcomes that pandemic mongers call "pandemic potential variants", and based on which the "global emergencies of novel viruses" are declared and new mRNA "vaccines" (chemical poison) are produced in a few hours!

Conclusion:

Does the Nobel Prize validate that AlphaFold solved the protein folding problem? NO. The prize, in this case, is false validation that at best says that AlphaFold may one day solve it. There is no evidence today that it will solve it, however. Even the fawning industry press Endpoints News describes it as a version of Midjourney for making up 3D pictures of imaginary proteins:

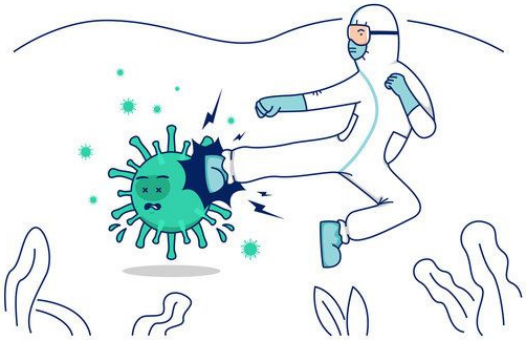
These computer programs are similar to the diffusion models that power image generators like OpenAI's DALL-E. But instead of concocting art or a photo based on a text prompt, Baker's models can create molecular structures of built-to-purpose proteins, such as antibodies that neutralize a virus or kill cancer cells.

You can design your virus or an antibody or whatnot:



Make them scary looking:

Then design the antibody! Kapow!



I am not kidding as much as you think I am. AlphaFold, like all AI models, is not sentient and can't solve a problem for which there isn't even a valid theory today, and can't predict anything. It can only scrape the existing data and provide data parsing/manipulation features. This can have some positive utility for speed and convenience of manipulating existing data, and can be a good tool for some experienced, knowledgeable designers to quickly iterate their own hypotheses, but it does not make anything new.

Deep learning models, including AlphaFold, operate as "black boxes". Tools like this do not improve human knowledge overall. They are useful for speed and computing power IF YOU KNOW WHAT YOU ARE DOING. While they can at times make accurate predictions, it is not always clear why. They also produce "hallucinations" routinely, confidently, and lie quite effectively. Most operators of these models do not understand this, nor can catch all instances of the model hallucinating or being programmed to lie, because some politically motivated behaviors were forced into it at the master level.

Thus, AlphaFold might predict a high-confidence structure for a protein with no known homologs, but the result will be incorrect and largely imaginary.

I may go as far as suggesting that the Nobel Prize was awarded for creating a protein video game so that the new generation of chemists and biologists are zombified into playing it, instead of running valid physical experiments. Thus, it is easier to hypnotize them into rubber stamping the

nonsense of “global pandemics” and forget that they are just moving characters on screen that have no relationship to anything real. Chemistry is one of the most precise physical disciplines, and experienced chemical engineers are some of the last remaining bastions of real scientific rigor. That’s about to be finished.

Those few remaining people who insist on physical reality and controlled experiments in science will be screened out by yet another method: if you are not using UWashnFold video game engines and the hard-coded conclusions about “pandemic potential viruses” therein, you won’t get any funding for your work...

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

Questions received by email, paraphrased:

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

My reply

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

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

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

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

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

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

There are no objective legal or scientific standards for the words, objects or events 'communicable disease,' 'communicable disease pathogen,' 'epidemic' or 'pandemic.'

As a result, any biological material can be classified as a 'communicable disease pathogen,' 'virus' or 'vaccine,' and any biological material can be described as 'pathogenic,' 'toxic,' 'safe' or 'effective,' without violation of any laws about labeling, dosing, contamination, adulteration, or misbranding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Some supporting evidence from US law, about the arbitrary dual legal classification of biological material/processes/bottled products as simultaneously biological weapons and licensed biological products:

SARS-CoV-2 is listed as a biological select agent or toxin subject to transportation and use restrictions, having been so classified by US-HHS as of November 2021, under the statute 42 USC 262a, which provides exemptions from 18 USC 175 (the biological weapons criminal law), through the implementing regulation for 42 USC 262a, which is 42 CFR 73.3. (86 FR 64075)

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

March 19, 2025 - On the absence of legal and scientific standards of evidence for public health emergency and emergency countermeasure determinations and declarations by HHS Secretary.

Jessica Hockett responding to Erwin Chemerinsky letter to Senate, Dec. 20, 2005, on unconstitutional PREP Act[226]:

> I find the timing of this and connection to hurricane (Katrina) recovery incredibly interesting and not-insignificant. There are numerous connections between Katrina (2005) and the initial COVID event (2020). Needless to say, Hurricanes "hit." Viruses do not.

My reply

To some extent hurricanes "hit." But also, apparently natural disasters are also manipulated to make them more disastrous. For example, by demolishing levees. Orchestrated, unilaterally-declared "Public health emergencies" of all sorts — hurricanes, pandemics, others — are facilitated by the same sets of laws. And each event is used to drive the Congressional passage of the next legal instruments to concentrate power and wealth even more.

Hockett:

> Yes, I agree 100%. TPTB 'need' these disasters and emergencies for many evil reasons and they are, indeed, orchestrated and coordinated - including between countries. Tangent - I know you are very busy, but I am curious about how you would characterize the "15 Days to Slow the Spread" decree from a legal standpoint. I hold certain views about it as an instrument of propaganda but, as I said here,[227] "The legality of such a decree—how it falls within the bounds of executive power—and the federal government's ability to declare a threat without demonstrating its existence before taking emergency action have never been fully explained."

My reply

Very briefly, my understanding is that the legality is based in the absence of any legal requirement to demonstrate, with material evidence, the existence of anything.

The wording of the PHE laws is such that simple statements, by the HHS Secretary, that a threat "exists," or might exist in future, made without any testable factual claims, are legally sufficient. There is no evidence required. It's just emergency-by-unilateral-declarations and determinations.

And that's also why the laws are specifically written to preclude evidentiary testing by courts or Congress, and to make it so that the only way that a threat can stop existing, is if the HHS secretary says it doesn't exist anymore.

226 https://bailiwicknews.substack.com/p/edwin-chemerinsky-letter-to-senate
227 https://www.woodhouse76.com/p/16-march-2020-15-days-to-slow-the

There's no legal requirement to produce any evidence to support the declaration that something exists, so there's no evidentiary standard that an HHS secretary can be challenged for not having met. HHS secretary could say that unicorns exist, and pose a threat, and that would be enough.

It's very difficult to convey that the non-presence of provisions in the laws and the presence of provisions blocking judicial review and Congressional oversight, are more important than the provisions that are in the laws.

It's a shell game con or illusion in which there's nothing under the cups at all, and no requirement that there be anything under the cups, and no opportunity for anyone to lift up the cups and see that there's nothing under them.

March 22, 2025 - Illusion that 'something is spreading' as one foundational pillar for the lie that vaccines are medical products intended for prevention of disease infection and transmission.

Sharing a useful cautionary essay by Jessica Hockett and Jonathan Engler.

> March 21, 2025 - On dividing a resistance, the existence of viruses, 'the COVID response', & spreading-non-deadly threats. Preventing pandemic re-runs[228] (Jessica Hockett and Jonathan Engler) - "…*The virus/origins of the virus don't matter*, some say, *what matters is the RESPONSE*. This position may appear well-meaning, yet it is flawed. It absolutely matters whether a novel coronavirus was "spreading," because this was the terminology used to scare the populace, shut down schools and places of worship, hurt industries, and justify deployment of a dedicated shot. For both of us, the biggest lie told by governing authorities wasn't *there is a virus* or *there is a novel virus*. It was *something is spreading*…"

This morning (in a different email thread) I had an opportunity to summarize my views on the "roots" of what happened under SARS-CoV-2/Covid pretenses and will continue to happen under any other pretense presented by HHS Secretaries and their colleagues in the whole-of-government system.

On the legal and military side, the roots lie in the 1902 virus-toxin law and the 1944 PHSA.

On the science and medicine side, the roots lie in the falsification of bench science, medical diagnosis and statistical data starting with Louis Pasteur, Robert Koch, Paul Ehrlich and Rudolph Virchow, to enable the projection of illusions of communicable diseases as threats, which enable the projection of undefined and indefinable viruses, toxins, serums and vaccines as prophylactics and treatments for the illusory communicable diseases, and enable the projection of legal and military preparedness and responses as justifiable.

Mike Yeadon comment[229] on Hockett-Engler essay:

I don't know of anyone who has looked at a lot of evidence used to underwrite claims for a new virus, which they called "SARS-Cov-2" says "viruses don't exist".

The scientific method is NOT able to yield evidence of non-existence of anything.

A more precise and more correct statement, which the scientific method can yield information on the basis of which to express an opinion, is "There is no scientific evidence for the existence of viruses".

That's the position I've reached. Initially, it seemed an absurd notion, because of the horrifying implications (which include organised fraud over several decades on "viruses" themselves as well as meaning many diseases were misattributed, that contagion must also be fraudulent and have

228 https://www.woodhouse76.com/p/on-dividing-a-resistance-the-existence
229 https://www.woodhouse76.com/p/on-dividing-a-resistance-the-existence/comment/102335597

alternative explanations & finally that all vaccines with the possible exception of those against bacterial toxins, such as Tetanus, are also wholly fraudulent.

It's not necessary to be a scientist in order to understand the evidence that led me to my current opinion.

The claim for their existence rests upon several techniques which could be termed "pillars".

These are routinely used & have become widely accepted as "the kind of information that's needed to validate the existence of a new virus".

Pillars include "isolation" in which oddly enough, no separation whatsoever is involved. On the contrary, isolation in virology involves adding a sample purporting to contain the claimed pathogen to cells in culture and watching these calls die, described as a "cytopathic effect" (CPE).

What you're never told is that the cells have had their culture conditions altered in several ways, such as starvation of essential nutrients and addition of drugs, claimed to be required to prevent bacterial infection of the culture, which however are directly toxic to the starving cells. We know this because control experiments are never conducted, in which all steps except adding the claimed virus are done. The results of such control experiments are simply missing from every paper, or its stated they were done yet nothing happened to the cells, so it MUST be die to the new virus!

The scientific method has been breached since 1956 in the fake discipline called Virology. The key journals must be controlled by those in on the fraud, because everyone I know who had ever been a peer reviewer would decline to consider the manuscript on the basis of failings of the most serious kind.

There are a handful of other pillars, such as claimed visual identification using a special kind of microscopy, called "Electron Microscopy" (EM).

The objects, if they existed, are claimed to be so tiny that they remain invisible to the human eye, even magnified to the optical limits inherent in "Light Microscopy", the kind you might have peered down at college. The most important thing to know about the results of EM, which are images assembled by computers from beams of electrons fired at the prepared sample, which has been distorted beyond recognition by being coated with platinum, gold or other materials, are simply declared as "a virus" by the investigator.

There is no evidence linking the objects visualised by EM and a disease, or a genetic sequence or anything at all. Some call this "the point and declare" school of virology. Because nobody has ever really "isolated a virus", using techniques that pass muster using the scientific method, there is simply no basis to claim that anything seen on an EM images is a particular thing.

Genomic methods make up at least two other "pillars", and in here we find PCR, a method for amplifying the amount of a gene sequence (the method originally invented by Kary Mullis). It is not valid to use this method to then declare that a sample "contains virus X". It's circular logic. Recognise we cannot know what the genetic sequence of a novel thing is. Yet "probes" are designed in order to amplify particular sequences on the grounds that "the new virus is thought to

be related to a previous family of viruses called “virus A”, “virus B” and “virus C”. Since neither A, nor B, nor C have ever been isolated, I hope you can immediately see the circularity of this.

The PCR method in any case picks out only 2 or 3 tiny pieces of the claimed “full length genetic sequence” of the purported virus. Further sequencing is done on all the other pieces sitting, it is claimed, between the pieces that were claimed to have been identified by the PCR method.

What you end up with are hundreds of thousands or short pieces which could have derived from anything including the animal or human from which the original sample was taken, or from bacteria or fungi present in that sample.

It’s impossible to assemble this molecular jigsaw & what is now introduced is computer trickery called Next Generation Sequencing, which assembles all the huge number of short pieces in every conceivable manner by means of common ends to the short pieces, a technique of assembling “Contigs” (potentially overlapping or contiguous endings).

The permutations & combinations that this software can yield are nonsensical unless you constrain the “full length sequence” in some ways.

As soon as you apply limiters (such as conditions, requirements and exclusions) you’re not discovering anything, you’re MAKING it up.

Contagion or transmission is another “pillar”. Clinical symptomatic transmission has never been demonstrated for any claimed “viral illness”. Not one.

I could go on but here’s the key point:

Anyone familiar with the absolute minimal requirements of the discipline of the scientific method for examining the physical world soon realises that EVERY single one of the evidential “pillars” is not only invalid nonsense but it’s knowing fakery.

The person doing it knows key controls are missing. The reviewer knows that none of the lodged genetic sequences have valid connections to anything in the real world & the journal editors must be in on this long lived, systematic fraud.

I will have missed some “pillars” but I hope you’ve at least understood my realisation that these are not of stone but pretend supports of papier mache, assembled to create an illusory world.

I don’t want anyone to “believe me.” Science doesn’t care about my or your beliefs. You can however verify any or all of what I’ve said here.

I recommend anyone who understands the scientific method well enough to review the evidence for themselves.

I put it to you that, having done so, you realise that the answers to many other questions become completely obvious: all claims made by the authorities about viruses, illnesses claimed to be caused by them, their transmission, their treatment and all vaccines are definitely, unambiguously, deliberately lies.

April 4, 2025 - How to fake pandemics, the maestro edition: Ralph Baric. GOF Viruses are dead on arrival.

By Sasha Latypova

About a year ago, the "Courageous Discourse" publication compared Ralph Baric to Johan Sebastian Bach, calling him a "JS Bach of Viral Genetic Engineering."[230]

At the time many of us gave Peter McCullough and John Leake grief for comparing Ralph Baric to the musical genius Johan Sebastian Bach. I am now going to commit a similar crime, but I will offer what I think is a more accurate artistic comparison - Baric is not like Bach (Johan Sebastian didn't fake anything), he is much more like Leonardo da Vinci, who faked a lot of weapons for his employer, the Duke of Milan. The war machines looked impressive and scary, and undoubtedly won many wars without firing a single shot. In fact "imagineering" weapons and special effects was Leonardo's primary job and his main source of income. He listed his painting skills as number 13 or 14 on this own CV.

None of Leonardo's war machines worked, however!

As I discussed in several previous articles,[231] centuries of attempts at making lethal/spreadable bioweapons from naturally occurring pathogens (mostly bacterial toxins) failed:

- Hyped up "genomics revolution" promised after sequencing full human genome resulted in nothing useful in terms of improving medicine. It did proliferate "testing and sequencing" for a variety of applications. These include but are not limited to fake-diagnosing people with all sorts of illnesses they do not have, and invention of "rare genetic conditions" which are also absolute fakes covering up for generations of vaccine injuries.

- Faster techniques to sequence nucleic acids did not solve the "weaponization of viruses/bacteria" problem either, but provided more information on why it is not solvable.

The narrative is too seductive for generating media sensations and thus the flow of money on all sides of freedom. Here is the famous James O-Keefe/Pfizer incident: OMG! Pfizer is MUTATING COVID!!![232] (Latypova, Jan. 26, 2023)

Remember this absolute bombshell? Tucker Carlson was opining on it with a very-very stern face, and Robert Malone was also urgently consulted on this potentially world ending scenario! How many viruses can mutate into GOF bioweapons in 2 years at an advanced BSL facility at Pfizer? Asking for a friend… Where are those GOF viruses that O'Keefe's drunk date promised??? The drunk date also turned out to be not a Pfizer employee, but a Boston Consulting Group's staffer placed at Pfizer (my guess would be to play this exact O'Keefe date scene). BCG was awarded a $1B contract[233] by the DOD (Navy) to work on the covid "programs" - i.e. propaganda and censorship ops which include generation of fake news sensations like this one.

230 https://www.thefocalpoints.com/p/another-ralph-baric-lecture
231 https://sashalatypova.substack.com/p/weaponization-of-disease-agents?r=uaapz
232 https://sashalatypova.substack.com/p/omg-pfizer-is-mutating-covid
233 https://www.keionline.org/misc-docs/DOD-BCG-Federal-Corp-Contract-W911QY20P0198-30June2020.pdf

After several decades of failing to weaponize natural bacteria and toxins (more about this in future articles) the bioweapons development took on the form of making synthetic analogues to already well-characterized natural bacterial toxins.

In 2006 Ralph Baric published a 50-page paper: "Synthetic Viral Genomics: Risks and Benefits for Science and Society".[234]

Note: to check all the statements made by Baric in this very long report plus 100 references I would need a team of 10 analysts, which I do not have.

The paper is highly self-contradictory. This is because Baric is both lying and telling the truth while pitching for more money. It's complicated.

Overall, this paper is a sales pitch for the biodefense money disguised as a scientific report. It oscillates a few times between "bioweapons can be made easily and cheaply" by rogue PhDs in garages or by hostile state actors (like Chynaaaa!) and discussing the reasons why weaponization of viruses fails in practice.

First half of the report touts the world-ending danger of biological weapons while providing reasons why none have been actually achieved since the 1400's to date…

The second half explains why GOF viruses are quite impossible to make. It then promises that "synthetic biology" might finally be able to do it, but only if one has a blank check from the government for more science… Yeah, Ralph Baric needs to eat!! Who could doubt that? Every academic claims this in nearly every paper they publish, there is always a statement about "more research needed", i.e. give us more money, the miracle of science is just around the corner...

To address the first half of the paper, briefly.

Baric provides the definition of a "bioweapon", emphasis added:

> Biological warfare (BW) agents are microorganisms or toxins that are intended to kill, injure or incapacitate the enemy, elicit fear and devastate national economies.

He then goes into a lengthy discussion of several types of what virology calls "natural pandemic viruses" - DNA and RNA based nucleic sequences that no one has ever seen in a living body of anything, but may be produced as a lab trick from lots of chemicals and other manipulations of biological samples and, more recently "sequenced" by PCR.

Baric goes into a detailed discussion on which of these computer model DNA/RNA thingys have been attempted as weapons, and discusses why that is a very difficult enterprise, especially with traditional tech such as culturing them in cell lines or recombinant methods. These methods are akin growing a crop - to make a dangerous virus you need to have that dangerous virus in the first place! That's the hard part. You need to obtain a viable infectious and dangerous sample first. For example, smallpox is claimed extinct, but the US and Russian governments claim they have samples of it in extremely secure locations. Do they, indeed? Is it dangerous to anyone? Can one

234 https://drive.proton.me/urls/2ND22H2JCW#xRNIYusDTEDb

start a pandemic with it? Well, we don't know, really, it would be too dangerous to demonstrate anything, we just have to take their word on that…

This is the usual kindergarten-level fearmongering of the bioweapons industry: we have invisible deadly monsters that can "leak" from labs, but we can't show you any real evidence that they exist, can be produced at scale, viable, transmissible and so forth, because that would be too dangerous! Yeah, I have a f-king scary dragon under my bed!!

According to Baric, less dangerous or benign viruses are more widely available, but that's not useful for the weaponization efforts:

A general rule of thumb is that the BSL2 positive single stranded RNA (e.g., human noroviruses) pathogens are more readily accessible than the BSL3 pathogens (e.g., SARS-CoV, VEE, etc.) in laboratory settings.

So, we conclude that dangerous weaponizable viruses are locked up and the non-dangerous ones are not dangerous… m-kay.

Without having the right kind of seed, you can't hope to grow the right kind of crop. Additionally, as with any technology, you have to practice working with it. If you are not allowed to even get access to the material then what?

Next, let's talk about the "serial passaging". It has to be THE GOF method, right? James O'Keefe's Pfizer date, Tucker Carlson, Robert Malone, every Hollywood production about bioweapons and every knowledgeable social media pundit say so!

Next time anyone tries to tell you that evil scientists mutate viruses in labs by serial passage through cell lines or animals, please remind them that by 2006, the Leonardo of bioweapons industry, Ralph Baric himself confirmed that this method does not produce anything dangerous:

> Although many Category I-V agents are available in laboratory settings, serial passage of virus in cell culture oftentimes selects for "culture adapted" variants that display altered or reduced pathogenicity in the original host. In fact, serial passage in cell culture or alternative animal model has been used to attenuate virus pathogenesis and was used as a method to develop live attenuated poliovirus and measles virus vaccines. Consequently, laboratory strains may not reproduce wildtype virus pathogenicity and virulence when reintroduced into the natural host and may not represent the preferred source of starting material for bioterrorism applications. (Baric, 2006, at p. 57)

The maestro says that serial passaging only makes WEAKER viruses. Oopsy.

An important consideration for making viruses in labs is the lengths of the genome. Larger ones are difficult-to-impossible to construct de-novo with any method, and not possible to grow in cells either - remember, that only makes them cell adapted and benign. Baric lists different types of viruses in several tables, providing information such as the genome length, the levels of restriction as select agents, availability in nature, labs and commercially, and the possibility of making synthetic versions.

Keep in mind that Baric and his target audience from whom he solicits money via this report (the public-private biodefense consortium) firmly believe in virology, and vaccinology. They believe that if some dangerous virus has not been in circulation or routinely "vaccinated" for, then the population is particularly vulnerable to it. This does not stand up to scrutiny by the proper scientific method, but this doesn't matter. What matters is that these people believe in these ideas and are given huge resources to act upon their belief.

Therefore, Baric's "ideal" proposed virus to turn into a bioweapon has the following characteristics:

- Relatively small genome size and known (sequenced) genome;
- Widely available in labs, not restricted to BSL3 - BSL4 only;
- Extinct in human populations;
- Technical tools like suitable animal models and cell assays for it exist;
- No vaccines for it exist.

Looking at the tables in Baric's report, Sars-Cov and "avian flu" are just about the only ones that check all the boxes on this list.

In the second half of the paper Baric is shilling for "genomics" and "synthetic biology" as the solution to previously identified lack of any weaponized viruses since, well, forever. He is, of course, promoting his own method of making "infectious clones", i.e. stitching a larger, otherwise impossible to synthesize genome out of 5-6 pieces of DNA starting material using restriction enzymes (molecular glue and scissors):

> Genetic engineering of viruses requires the development of infectious clones from which recombinant viruses can be isolated. Two basic strategies exist to develop and molecularly clone a viral genome: classic recombinant DNA approaches or synthetic biology. Although the basic methodology is different, the outcome is the same, a full length DNA copy of the viral genome is constructed which is infectious upon delivery to a permissive host cell. (Baric, 2006, at p. 57)

Note this last highlighted part - it is only a "value proposition" statement. It's like saying, if we build large enough rocket from these typical components that have been used in building rockets, we can go to Mars and build a colony there. Yeah, you can build a massive rocket, maybe, and it might even fly, but there isn't a shred of evidence we are anywhere close to building a colony on Mars! And, in fact, Baric lays out the precise technical reasons why, of course, just like to Leonardo of YUGE! rockets, Elon Musk, surrounding his statements by the soft glow of "solution is just around the corner if you pay me enough".

The best part, nobody can make the exact "Da Vinci-Virus" sequence one needs, because PCR and PCA are abracadabra gobbledygook:

> Most commercial suppliers, however, use polymerase cycling assembly (PCA), a variation on PCR. […] As PCR is an error prone process, the PCA approach is also error prone and it requires sequence verification to ensure accurate sequence. (Baric, 2006, at p. 59)

…But if you pay me enough, it will work. But not so fast…

> Three major issues are generally recognized: sequence accuracy, genome size and stability, and expertise.
>
> Sequence databases record submissions from research facilities throughout the world. However, they have limited ability to review the accuracy of the sequence submission. Consequently, these databases are littered with mistakes ranging from 1 in 500 to 1 in 10,000 base pairs. In general, large sequencing centers are more accurate than independent research laboratories (18, 36). Accurate sequence is absolutely essential for rescuing recombinant viruses that are fully pathogenic (7, 10, 30, 85, 86) as even a single nucleotide change can result in viable virus that are completely attenuated in vivo (74). Sequence accuracy represents a significant barrier to the synthetic reconstruction of these highly pathogenic viruses. RNA viruses exist in heterogeneous "swarms" of "microspecies," thus requiring the identification of a "master sequence;" i.e., the predominant sequence identified after sequencing the genome numerous times. Consequently, full length sequence information may have been reported, but the published sequence may actually not be infectious. Problems with sequence accuracy are proportional to genome size, as reported sequence for large viral genomes will more likely include a higher number of mutations than small genomes.
>
> In the absence of documentation of the infectivity of a reported sequence, it becomes difficult to accurately predict the correct sequence that will allow for the recovery of infectious virus. (Baric, 2006, at p. 60)

In summary:

1. Unless someone has an EXACT "toxic" sequence, they are benign. Nobody has an exact sequence. Sequences uploaded to Genbank are "consensus" averaged sequences, they have errors, and are theoretical models. PCR sequencing creates errors, and the larger the molecule, the more errors.

2. Even if one has an exact sequence with no errors (by some yet to be invented method), synthesizing huge molecules like postulated viruses is extremely difficult. It's impossible at scale, again due to errors in the process.

3. Even if you managed somehow to synthesize it (by some yet to be invented method), the results fall apart almost immediately as huge molecules are unstable and denature easily.

4. Even if you managed to produce some large quantity of it (by some yet to be invented method), it is almost impossible to "infect" anyone. There is no human to human transmission!! That's why they want to scare everyone to submit to injections of poison "vaccines".

5. Even if you managed to infect some people via aerosol droplets - it does not spread! Our bodies process toxins and expel them. There may be secondary shedding effects from a

> severe poisoning, but expelled toxins are always milder than primary poisoning, and do not travel far. That's why all apparent "outbreaks" self extinguish.

Now, after I told you how GOF doesn't work, let me tell you what it DOES work for. Just like Leonardo's non-functioning but very impressive-looking war machines it works for the same purpose, and Baric articulates it clearly in his report:

> If notoriety, fear and directing foreign government policies are principle objectives, then the release and subsequent discovery of a synthetically derived virus bioweapon will certainly garner tremendous media coverage, inspire fear and terrorize human populations and direct severe pressure on government officials to respond in predicted ways. (Baric, 2006, p. 66)

Bingo.

He explained how the mass of government drones, big-brain PhD academics, very smart MDs, and hypochondriacs everywhere mooed in fear and ran off the cliff to self-harm and destruction nudged by the directors of the Global Private-Public Pandemic Preparedness Cabal. There was a severe pressure put on them to "respond in predicted ways". Predicted by all the "preparedness" regulations, laws, mutual recognition agreements, tabletop exercises, think tank reports, propaganda, protocols, etc. This self-fulfilling prophecy was "predicted" of course by those who put this structure in place.

There were additional things conveniently explained by Ralph Baric in his report. For, example the assigning of blame to China:

> ...synthetic viral genomes can be designed to be identical with exact virus strains circulating in any given location from any year. This powerful technique provides the bioterrorist with a "scapegoat" option; leaving a sequence signature that misdirects efforts at tracking the true originators of the crime. Even better, the approach could be used to build mistrust and/or precipitate open warfare between nations. (Baric, 2006, at p. 69-70)

Isn't this great? Just make a bunch of fake footprints and claim that Yeti from China did it! The error-prone dysfunctional PCR and PCA are perfectly good for this task.

He gives an example of a methodology for faking an Foot and Mouth Disease (FMDV) outbreak in cattle with a required signature "scapegoat" PCR signal to induce fear, media panic, blaming of other nations - in short, all things that both Democrats and Republicans love to justify the increase in domestic tyranny and starting more wars!

> A North American outbreak of an infectious "synthetic" FMDV virus containing signature sequences reminiscent of strains found in select Middle East or Asian nations that are viewed as terrorist states by the US government would inflame worsening tensions and could provide a ready excuse for military retaliation. Project costs would likely be less than $50K, including synthesis, recovery and distribution. Another possibility may be to optimize replication efficiency by optimizing for human codon use, especially useful in "humanizing" zoonotic viruses although to our knowledge codon optimization has never

> been linked to increased replication or pathogenesis. In both examples, standard recombinant DNA approaches would be difficult and tedious, while synthetically derived genomes could be readily manufactured within weeks." (Baric, 2006, at p. 70)

Notice that he is not claiming a GOF FMD illness and epidemic will be produced.

He is simply saying we will have a bunch of PCR tests coming positive for FMDV to make the governments freak out and "act" destroying their own cattle! Same game plan the CDC and its bioterrorist network of agencies around the world are currently running for "avian flu" destroying poultry and cattle. They are killing perfectly normal chickens using the fake-PCR strategy that Ralph Baric outlined.

Is there an "avian flu" virus? NO.

This is Fake Fakery Faster with PCR: Avian flu virus H5N1: No proof for existence, pathogenicity, or pandemic potential; non-"H5N1" causation omitted[235] (Latypova, July 11, 2024)

Also, wait… rewind a bit… Did you notice that in passing, nonchalantly, Baric stated that "codon optimization" is bullshit. No really. He did. Because he knows it doesn't work! Because the "furin cleavage" and "HIV insert" all those other scary computer modeled genome features of the SARS-cov2 that supposedly made it "optimized" are fake feathers on a fake dragon.

And before I am accused again of "not being an expert! (TM)" by other big experts who themselves built viruses in labs and know all the great science that I don't, wait a bit. I know Baric is telling the truth about codon optimization, because it checks out with Pfizer's experimental data from 2020. Turns out, the "super pathogen" which was "optimized for ACE receptors" which, science assures us, are the same in humans and monkeys - did not make any monkeys ill with covid in Pfizer's studies. They tried the usual approach to "transmission" of "supper transmissible, codon optimized" virus, namely virusboarding the monkeys in the "ACE-receptor optimized" solution. They even measured large "viral loads" in the lungs, but this produced NO COVID ILLNESS in the monkeys carrying large viral loads: When "Mutated Lab Made Viruses" Are Used on Captive Monkeys[236] (Latypova, Feb. 10, 2023)

By this one experiment Pfizer simultaneously falsified both the virology and the GOF theory! Isn't science fun?

Baric of course also "helped" the NIH/USGov to "act in predicted ways" by writing up those ways to act when you hear the magic words "GOF virus genome uploaded to Genbank". You must proceed thusly:

1. Light your hair on fire;

2. Announce the national security threat, suspend the Constitution by issuing the PREP Act declarations and invoking the CBRN/military law, but don't tell anyone;

235 https://sashalatypova.substack.com/p/avian-flu-virus-h5n1-no-proof-for
236 https://sashalatypova.substack.com/p/when-mutated-lab-made-viruses-are

3. Give members of the Club-of-Satan public-private-pandemic-preparedness affiliates YUGE-$ under Defense Production Act, PHE, PREP Act, and OTA.

4. Destroy all economy and kill and injure millions of people in the complete safety of all those liability shielding laws.

This is an excited email Baric sent to the co-conspirators at the Eco Health Alliance (Peter Daszak) 4 days after some scary SARS-Cov2 genome was uploaded to Genbank.

-----Original Message-----
From: Baric, Ralph S [mailto:]
Sent: Monday, January 13, 2020 6:50 PM
To: Peter Daszak
Subject: RE: Call with NIH tomorrow

Hi Peter, I have to participate on an NIH call tomorrow at 10. I believe it's a strategic meeting designed to help craft a NIH response plan to the WU-CoV. Hope things are going well. Looks like we found our highly variable SARS-like CoV! Ralph

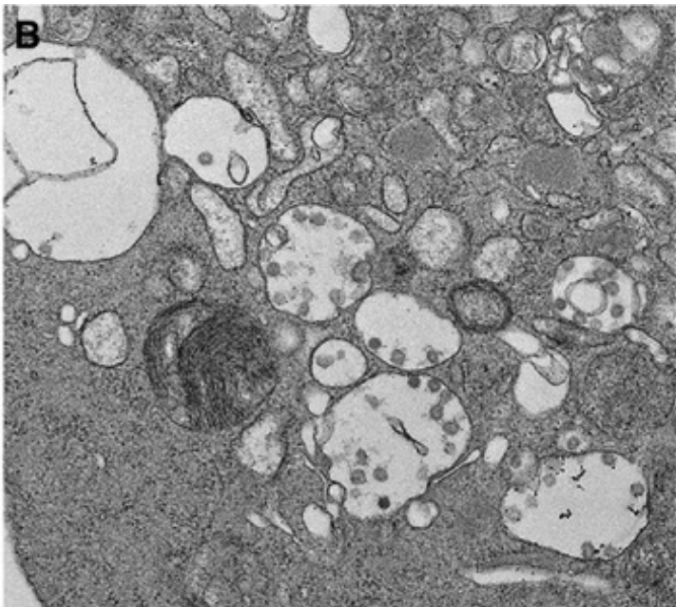
Peer reviewed studies show, that Baric lied in his 2006 report. Not "every PhD can assemble the full genome deadly virus for $500", they need to find/own the right assembler, and even then it's not a certainty at all…

From: Agustín SáncheZ-Cobos, https://x.com/Agus_Z_X/status/1800797197921034563:

> [Whole Genome Sequencing] is biased by design. First of all, de novo sequencing is assembler-dependent [1], which will bias all future alignments to the reference genome.
>
> > [Choice of assemblers has a critical impact on de novo assembly of SARS-CoV-2 genome and characterizing variants (*Briefings in Bioinformatics*, 2021): "We performed 6648 de novo assemblies of 416 SARS-CoV-2 samples using eight different assemblers with differing k-mer lengths...We showed that the choice of assembler plays a significant role in reconstructing the SARS-CoV-2 genome..."]
>
> On the other hand most sequencing is done via targeted/biased tiled amplicon enrichment, which has additional problems [2]
>
> > [Nanopore sequencing of SARS-CoV-2: Comparison of short and long PCR-tiling amplicon protocols, *PLoS One*, Oct. 2021: "Analysis of several sequencing runs demonstrated that using the long amplicon schemes outperforms the original protocol based on the 400-bp amplicons. It also illustrated common artefacts and problems associated with PCR-tiling approach, such as uneven genome coverage, variable fraction of discarded sequencing reads, including human and bacterial contamination, as well as the presence of reads derived from the viral sub-genomic RNAs...]

This is the mess that is sequenced. No 30,000bp genome exists in this mixture but only short reads from 30-200bp. The computer assembles them together. Like dominos.

For Covid, over 1.5 million genomes were made up. In this pic, what particle does that genome come from?



Finally, alleged viruses are proteins or involved in protein making in the cells they are accused of hijacking. As I have written in detail in the article below, nobody has any clue how or why any proteins fold. The current theories are based on modeling of DNA and RNA and false assumptions which were known to be false from the start, when they were rammed into "settled science" with the Nobel Prizes:

2010 publication of the National Academies of Science (NASEM) report, Sequence-Based Classification of Select Agents, A Brighter Line[237] states (at p. 68):

> 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 noo* 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?

Gain of Function is badly (or cleverly, depending on your point of view) named process that relies on fiction - computer modeling and attempts at creating molecules too fleeting to be cultured and grown at scale. They are named "consensus" strains, because they exist largely as averaged computer models.

237 https://www.ncbi.nlm.nih.gov/books/NBK50865/

It may be possible to construct and even breed some specimens in petri dishes. You can selectively breed animals and plants, and the same rules apply to microorganisms: with many lab tricks you can probably coax some new features out of them. Selective breeding has one rule however - you have to build secure fences to isolate your new breed from nature!!

The BSL facilities are protecting the lab creations, not the people around them. If your prized new breed escapes into the wild and intermingles with the wild types, they quickly become what Nature intended - lunch or mates for the wild types, and thus only the wild types will continue as a going concern! The “selectively bred” sequences do not change the laws of nature. They cannot cause pandemics “once released” because once these pure breeds (even if they may be theoretically poisonous in high concentrations) quickly get transformed into variegated and thus benign background biologic noise. They are dead on arrival.

NIH funded a 1000+ page report on GOF that discusses these theoretical “pure bred” models of viruses for the ostensible purpose of making vaccines: Risk and Benefit Analysis of Gain of Function Research[238] (Gryphon Scientific, April 2016)

One reader provided a good way of handling 1000+ pages of the propaganda nonsense like this:

Search for "however" where every section notes the petri dish models of GOF clones do not reflect "wild type" virus or human immune systems reactions. This GOF clone model claimed as possible RNA replication fidelity is as ridiculous as taking lab made highly enriched uranium to claim all the raw earth minerals now have the same characteristics!

Models do not reflect reality and vaccine production models drive marketing. Pandemic potential is a dream! Mother Nature does not change the rules for GOF molecules that are simply pure concentration of identical sequences that will never be naturally reproduced.

238 https://web.archive.org/web/20161206155142/http://www.gryphonscientific.com/wp-content/uploads/2016/04/Risk-and-Benefit-Analysis-of-Gain-of-Function-Research-Final-Report.pdf

April 22, 2025 - Overview of biological product non-regulation history, video presentation

Video available on Rumble.[239] Slide deck.[240] (PDF)

Transcript

Hello, this is Katherine Watt. I'm recording a tutorial video on April 21st, 2025. I'm doing it with the camera off because I get very distracted when it's on. This series that I'm doing, I'm hoping will have a number of different presentations. This is the first one, which has outlines and overviews.

The general topic is trying to lay out in spoken form, some of the information that is provided in the long, written form reports that Lydia Hazel and I wrote together between August 2024 and February 2025 about non-regulation of biological products in the United States by the Food and Drug Administration and its precursor agencies, mostly the National Institutes of Health.

The title of this particular slide deck, which has 17 slides, I think, is "Biodefense and Pandemic Preparedness and Response," which is, "Government, media, and drug companies working together to instill a false sense of insecurity, ruin human lives, and centralize political control."

The first thing I want to talk about is why is it useful to even understand this legal history. I do know that it's really long and boring in a lot of ways to go back.

We started it from about 1798. It really picked up complexity in 1902 with the congressional passage of the Virus Toxin law, which is also known as the Biologics Control Act. Then it picked up another level of complexity and intensity with the 1944 Public Health Service Act.

So it is long, the history, and a lot of it is boring. And it's very confusing on purpose. So why is it useful to even try to understand? The reason why I think it's important to try to understand is that the people who are doing what I see as mass murder worldwide using vaccines, which is governments working together with drug companies and using vaccines as a delivery system to make people sick, to make people infertile, to cause abortions, to cause people to die earlier than they would otherwise die. They started projecting illusions about disease, communicable disease, and about vaccination many, many decades ago.

One of their goals with the Covid-19 events from 2020 is to take the false information that they had pushed into people's minds a long, long time ago and root it more deeply, so that people would have a more deep, more reinforced fear of communicable disease and a more reinforced false trust in testing and vaccination, testing for communicable disease infection, which is false, false testing, and a false trust in vaccination as a response or a preventative medical process.

239 https://rumble.com/v6sfg93-overview-of-biological-product-non-regulation-history.html?e9s=src_v1_upp
240 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/04/2025.04.21-biological-product-non-regulation-outline-overview.pdf

Because they want it to be embedded more deeply in people's minds, anything that can be done to block or thwart their goals, involves helping people to look back on that history that goes back to 1798, goes back very specifically to 1902 for the regulatory, congressional component, and see and understand how the false fear and false trust system was pushed into targets in the past, so that people can consciously reject it now and reject it in the future.

Just putting that another way, if you thought before and still think that vaccination made sense in the past, it's harder to see and it's harder to avoid falling into the current and future deception campaigns.

But if you understand that vaccination never made sense, if you can break down the illusion that's been projected into your mind, then it's easier to see and avoid falling into the current and future deception campaigns.

I also know that this is really hard. This is really hard for me personally, because I was vaccinated by pediatricians in the 1970s. I took vaccines as an adult. I vaccinated or allowed pediatricians and pediatric nurses to vaccinate my kids.

I can see the injuries now in retrospect among my kids, among other people's kids that I know, families that I know. So to look back and realize that I was deceived into hurting my own kids, and my mother and father were deceived into hurting me and my siblings, and that that tragedy has been amplified by millions and millions of people in the United States and all around the world, is very, very hard to think about.

I think it's still important to think about it because breaking through that and admitting or recognizing that I was deceived, other people were deceived, my parents were deceived, other people's parents were deceived, is part of the process of not being deceived anymore and helping to make sure that other people now who can still make the choices not to take vaccines themselves if they're adults and not to vaccinate babies and children if they're parents, anything that we can do that can be done to help people now not fall for the same illusions that were pushed on those of us who had to make the decisions in prior years is a good thing to do.

I know there were lots of people who figured out many pieces of this long ago and didn't vaccinate their children or didn't take vaccines themselves. And that's great. Their knowledge was suppressed and their ability to get other people to understand what they were seeing was suppressed. So anything that can be done now to break through that suppression process is also a useful thing to do.

That's why Lydia and I have worked for a long time to get the legal history figured out and written down and published. And that's why I think it's worth the time for other people to read the stuff that we've written, read the stuff that other people have written, and understand how these illusions are being pushed into your mind and made more firm, reinforced there over time.

Now we're going to move on to the third slide, which is an outline of what's in this slide deck presentation. It starts with a few key points.

Then there's a little bit of discussion about the general way of looking at it as legal magic tricks or illusions projected into people's minds. There's a little bit about the American Domestic Bioterrorism Program, which is what I worked on mostly between 2020 and I'm still occasionally adding bits and pieces to it.

Then a little bit about the series that Lydia Hazel and I wrote covering the period from 1798 to 1972. Then I'm going to emphasize that I focus on the role of the US Department of Health and Human Services, which includes the National Institutes of Health, the National Institute of Allergies and Infectious Diseases, the Food and Drug Administration, the Centers for Disease Control, the Administration for Strategic Preparedness and Response and BARDA, which is the Biomedical Advanced Research and Development Authority. I'll talk a little bit about why I focus on those actors, those organizations, government offices, and what they do.

There are several different ways to break down the information. You can break it down chronologically. You can break it down by the types of legal instruments that are used. You can break it down by the different sections in biological product non-regulations, which I call non-regulations because they don't actually regulate anything, even though they are called regulations when they're presented in legal documents.

You can also break it down by listing the American federal laws that it would be good if Congress repealed.

I also suggest that people try as much as possible to focus on omissions, things that are missing in terms, in definitions, in things like standards and criteria by which you can measure something or assess something, omissions in procedures and methods, and omissions in legal duties and obligations.

I'll talk about that a little bit more later. Then it wraps up with a slide about how I understand agency functions now, which is different from how I understood them before 2020, before I understood this biological product, non-regulation, vaccination, intentional sickening, project that's been going on since the early 1900s.

The key points I want to emphasize are: do as much as you can to avoid sources of poisoning, sources of spiritual poisoning, sources of cognitive poisoning, psychological, emotional and physical. It's important to understand that there are people who do actually want to demoralize you and sicken you and render you infertile and kill people. And they are doing that to centralize their own political control and wealth, as a sort of natural temporal reason why they're doing it, and also there are supernatural reasons why they're doing it.

They're doing it because they want to block the development of each human person as a member of Christ. I don't talk about that in detail in this slide deck, but I do think it's important to understand there are natural and supernatural elements of what's happening.

The second specific key point is to stop consuming the projected illusions that are being projected through media and through public PR press releases and statements by government officers and statements by corporate executives. Those illusions include things like the idea that viruses are something stable, something threatening, something that can cause a specific disease.

The illusions also include the illusion that diagnostic tests are evidence of infection with a specific disease. And ways to do this, to stop consuming these illusions, is to shut off the information drips. Don't listen to public health agencies. Don't listen to mainstream media. Don't watch internet panic videos. Get off of social media. Throw out smartphones.

Because all of those are vehicles or delivery systems by which this poisonous information in support of physical poisoning is getting into your mind. Stop consuming the projected illusion that vaccines are something that will protect health. Stop consuming the illusion that they are something that's a substance specific to one disease vector. Stop taking vaccines. Stop vaccinating babies and children. If you're a vaccinator, don't do it anymore. Don't sign up for digital ID or digital currency. Those are or will soon be connected to these kinds of medical, pseudo-medical, actual poisoning products. And understand, like I said in the first, why is it important to understand this stuff?

The US government and the World Health Organization do have goals and their goals include promoting irrational fear of disease, promoting irrational fear of population, meaning births of babies. They want you to be afraid that there's too many people. There are not too many people. They want you to be afraid of death, death from these diseases.

They also want you to irrationally trust in vaccines and in the people who promote them. And so the counter-goal, which is what I'm working on with writing and with presentations like this, is to demonstrate so that more people can understand the non-credibility of the U.S. government, World Health Organization position, understand the non-credibility of vaccination, understand the non-credibility of vaccine proponents.

All of these different public health disease control and biodefense offices and agencies, they need to be shut down, and vaccination programs need to be shut down. And from a supernatural goal or perspective, my goal is to promote rational trust in God's Providence, in the bodily and spiritual integrity that He has made us with, trust in marriage, trust in having babies and raising children and trust in sound money.

I will eventually, I hope, be writing more about those things. I'm trying to make a shift from the biological product writing to writing more about Catholic teaching about law and the relationship between the Catholic Church and governments. I'm not quite there yet, but I am working towards writing about that more.

If you want more information on how scientists from about the 1850s until now and still are projecting these false illusions about viruses, I recommend the work of Stefan Lanka, Jamie Andrews, and Mike Yeadon. I will put links to Stefan Lanka's papers under this video.

If you want more information on mechanisms of fraud in disease epidemiology, I recommend the work of Jessica Hockett and Jonathan Engler.

If you want more information on mechanisms through which injected foreign biological material and toxic chemicals, which is basically what vaccines are, cause harm, I recommend the work of Sasha Latypova on anaphylaxis.

If you want more information on avoiding digital commerce prisons, I recommend the work by Catherine Austin Fitts and the people that she works with through her company Solari.

Moving on to slide five, when I started working on understanding the laws around vaccines and public health emergencies, which is what I write about at my Substack called Bailiwick News, I described the project as "structural analysis of really big lies."

I still look at it that way, that there are legal magic tricks being played on people.

There is an audience and there are performers and the performers are causing shared optical illusions or hallucinations among the audience. I think about it sometimes in terms of what Penn and Teller used to do, maybe still do. They are a comedy and magician duo who their shtick is, basically, they do magic tricks and then they explain how they did the magic trick.

One example of that, I put the link up here to a YouTube video.[241] I remember seeing this video sometime in the 90s, probably. And it involves a semi truck that Penn is driving and Teller is lying on the ground and the tires go right over Teller, but he jumps up and is totally fine afterwards. And they invite the audience to guess, like, "What did we do? How did we make this trick work?"

Then they show you. This video is about two minutes long. The second half of it is Penn with the camera going around to the other side of the semi-truck showing that there are very, very heavy counterweights over there, pulling all of the weight of the truck over to the passenger side, so away from where Teller is lying down the ground. And one of the tires, the ones that go right over Teller's body, have been replaced with foam. So there's no weight on those tires anyway, and they're made of a squishy material so that it looks like he's getting compressed under them, but he's not.

The legal tricks are tricks in the same way. They're projected illusions, and it's possible to understand how it's done. It's done with deceptive words, it's done with ambiguities, it's done with omissions, as I mentioned.

The legal tricks go hand in hand with tricks in scientific method and scientific publishing that have been going on also since the 1850s, if not before. It's important to understand that science side in broad form. Like I said previously, I recommend Stefan Lanka2, Jamie Andrews, and Mike Yeadon. There are other people working on this, to try to unpack what was done and how the deception was carried out. Those are just three that I have found their written work and their oral presentations of their work to be more clear than some others. So that's why I recommend them.

Between 2020 and now, like I said, I'm still working sometimes on this aspect of things. It's the main subject of the main work product I had produced, before the series that I wrote with Lydia Hazel, called the American Domestic Bioterrorism Program.

241 https://www.youtube.com/watch?v=39JHf0wozJs

That project was to try to understand the whole-of-government treasonous conspiracy that is public health emergency law centered on the PREP Act, which was passed in December of 2005, and the PREP Act declarations and amendments that have been issued since 2020 and are in effect through 2029 at this time.

The PREP Act can be repealed by Congress, and James Roguski and Sasha Latypova are working on a campaign to get Congress to repeal the PREP Act.

The PREP Act declarations can be terminated by the HHS secretary, which is currently Robert F. Kennedy Jr. That would not require any action by Congress. Kennedy could just do that as a Federal Register notice saying "That's it, the PREP Act declarations are terminated" and they would be terminated effective whatever date he set.

Those laws, and there are many of them, the PREP Act is just one, amount to a license to deceive, a license to mutilate people, and a license to kill people under emergency conditions using toxic products that are presented as medical products but are actually just poisons.

The emergency is declared by the HHS Secretary. He does not have to present any evidence in support of making that declaration. There are no standards of evidence he has to meet. There is no judicial oversight or legislative oversight or state oversight of those declarations. There is no forum for adversarial evidence presentation or evidence testing or evidence review.

And the reason why none of those things are in the laws, those are all things that are omitted from the laws, is because if evidence were required or there were any way for people to challenge presented evidence, the evidence would not hold up because of all the material that people are starting to understand about the fraud of viruses as causes of disease, and as transmissible causes of disease.

So again, to understand that better, I recommend Stefan Lanka's work, Jamie Andrew's work, and Mike Yeadon's work.

But the point for the legal connection is, there's no evidence required in these laws, because there can't be evidence that would meet any standards. The evidence is all garbage, essentially.

As I was researching what I had been studying about the emergency conditions, I also came across information which led me to the conclusion that there was prior to Covid and prior to the PREP Act, a more all-encompassing whole-of-government treasonous conspiracy related to communicable disease control and poisoning programs that operated under routine conditions and still does operate under routine conditions.

That set of programs is the childhood vaccine schedules and adult vaccine schedules.

Lydia and I wrote a series of five reports covering how that system was built between 1798 and 1972. And the reason we use 1972 as a sort of turning point is because that is the year the biological product non-regulation system was moved from the National Institutes of Health to the Food and Drug Administration.

It made very little difference to what was actually happening because all of it was and still is fraud. It just put it under a different institutional department. It went from NIH to FDA.

The pieces of the routine biological product non-regulation system include the 1902 virus toxin law and the 1944 Public Health Service Act, which took the 1902 law and expanded it a little bit and formalized it more, combined with the NIH/FDA performance that is not substantive, but looks like it's substantive, around licensing of vaccine manufacturing establishments.

What those things and the related laws that go into them equal is a license to deceive people and mutilate and kill people under routine conditions.

There doesn't have to be an emergency declaration. The companies can put anything that the FDA or other government agencies want to have in vaccine containers into the vaccine containers.

They can be used by pediatricians and pharmacists.

There is no amount of adulteration or contamination or toxicity that will stop that program under the laws because there are no actual standards for what goes in the containers and what it does.

I suggest focusing on the role of the Department of Health and Human Services and its sub-agencies that are most involved in this program because they are, I believe, at the core of the 120-year fraud of biological product non-regulation.

I do agree with Sasha Latypova and Debbie Lerman that the U.S. Department of Defense is, and its sub-agencies and national security agencies and the Public Health Emergency Medical Countermeasures Enterprise are, full partners.

I do think it's a whole-of-government, and it's described that way by DOD representatives in their presentations. It's described that way by health officers.

But I focus on the FDA because all of the roads specific to vaccines and fake tests and the other countermeasures lead to the U.S. Food and Drug Administration's Center for Biologics Evaluation and Research, Office of Vaccine Research and Review, from all the other countries' regulators, specific to vaccines and to tests, but the CBER Office of Vaccine Research and Review is specific to vaccines, through legal instruments called Mutual Recognition Agreements, or MRAs.

These are part of a project for what they call "international harmonization," which is coordinated by the World Health Organization and trade organizations to essentially make the FDA the single regulator for the whole world by way of trade agreements that are used by regulators in other countries to defer to the FDA decisions.

Because I see FDA as a single centralized world regulator, to the extent that the FDA can be demonstrated as a non-credible organization, and reliance on FDA announcements, reliance on the CDC decisions of the Advisory Committee on Immunization Practices, and all other US federal public health disease control biodefense officers, to the extent that people stop seeing those as credible sources of information, that helps shut down vaccination programs in the United States and all the way around the world.

Again, this is in direct opposition to the goal that the US government and the World Health Organization have, which is to promote irrational fear of disease and promote irrational trust in vaccines.

As I've been working with this material for the last few years, and the more time that I spend with it, I've realized that there's several different ways you can break down the information. Since people process information differently, it's helpful to provide different ways of fitting the pieces together.

You can look at it chronologically. That's how the American Domestic Bioterrorism Program timeline is written. It's also how the series about the 1798 to 1972 biological product law is written.

You can look at it in terms of legal instruments, which includes international things like treaties and trade agreements, federal laws, federal regulations, state laws in the United States, like Pennsylvania and Illinois state laws, all 50 states have laws on these issue, and from the point of view of commercial contracts.

You can look at it through the lens of the different sections of biologics regulations.

You can look at it from the point of view of congressional acts that were passed at specific dates by specific voting members of Congress.

You can look at it by subject areas such as biological product manufacturing; communicable disease control and quarantine; emergency powers; biological agents.

And you can look at it through the lens of the terms and the phrases and the definitions in the regulations that are used to denote living, dynamic, unstable biological organisms and their fluctuating active subparts.

So any one of those, and hopefully as the series of videos continues, I will be able to approach it from more than one of these directions in the hope that different people will find different approaches more useful for them. For the first few videos, I'm probably going to stick with chronological explanations, probably focused on Congress, the Public Health Service, the NIH, and the FDA.

Very, very broadly speaking, that can be broken down into a period of time from 1902 to 1944 when establishment licenses were used and the non-regulations were published by the Public Health Service and later it was called the NIH.

Then there was a period of time, roughly speaking, from 1944 to about 1999, when the establishment license application and product license application systems, which were both fake anyway, prior to 1944, and the NIH-FDA non-regulations, including things like fake "additional standards" and a fake lot-release system, those were pretend in place between 1944 and about 1999.

Then they were eliminated entirely. In about 1999, the new system, also fake, came into play. That is called the Biologics License Application process, which includes CMC packages, which is chemistry, manufacturing, and controls. The BLA replaced the ELA and PLA that had been in place before.

What they replaced them with is Guidance for Industry going out from FDA to the companies and Letters of Approval going out from FDA to the companies. The thing that came into FDA from the companies was called the Biologics License Application with the CMC package. All of it fake. All of it not founded on actual evidence or data or sound scientific methods or sound production methods or quality control methods, just different names for these fake activities.

Then from 2004, roughly, to now, companies could use the BLA process and the EUA, emergency use authorization process. And both of those are still the same kind of thing. The company receives Guidance for Industry documents from the FDA, which the FDA publishes through the Federal Register and through information distributed to companies and to universities and to non-governmental organizations. Then the company puts together the application package based on the fake methods that are listed in the Guidance for Industry documents and sends that package to the FDA and then the FDA issues Letters of Approval saying, "Sure, go ahead."

I have the idea of using an empty box as a visual aid. The box is empty. You can think of it as empty or you can think of it as full of words that have no substance because there are lots and lots of words in the regulations and in the Guidance for Industry documents. And in the letters. But they don't have a substantive meaning because the science is all garbage. So the box is sort of just passed back and forth in front of the audience's eyes, the audience being the public, by the company representatives at the drug companies and the FDA officials in the US government to suggest that there is some kind of regulation going on and that there are some kind of standards going on or in place, some kind of quality control methods that work, when none of that is true.

The thing that has changed over the last 120 years is the speed at which the deception cycle happens. From the 1950s to the 2000s, roughly speaking, it would take years. Same fake thing, but it would take a while. They would move the box across your field of vision over a period of years.

Then in 2020, it happened in a period of months, from when they announced the fake threat in the beginning of 2020 to when they announced the fake protective vaccine in December of 2020.

Now as we're moving into 2025, they talk about that, they are claiming the process can unfold over weeks or days.

The other main change that's happened over that time period is the expansion of access to target populations. In the early 1900s, most of the people targeted for vaccination and for communicable disease fear campaigns were soldiers in the US military and other militaries. The populations of schoolchildren at the city and state level, like regional or local, it would be run by a health department. The health department would make its own products or contract with the drug companies to make the products. Then they would go through in schools generally and inject children.

The other main target population during the early decades was islanders, US territory island populations. They would, they would go there because it was a contained population, and sicken and kill lots of people there.

In the 1950s, the target population increased. That was done through the polio fear campaign so that they could have faster access to all babies and children and expectant mothers across the whole country. Not just in one city, not just in one state.

They started with polio. They also made combination products of diphtheria, tetanus, and pertussis. That was DTP. Then they added in the 1960s the measles, mumps, and rubella, and they kept adding from there, and they enforced those by state-level school attendance policies, mostly.

In the 1970s, again, they're trying to get more people into the system, more people thinking that there are threats that threaten them, more people thinking that vaccines are a protective product. The 1970s, especially with the swine flu fear campaign of 1976, they were getting more access to adults, especially elderly and what they call immunocompromised.

This includes things like pneumococcal, which you hear radio advertisements for, [and] annual flu shots. In the 2020s, which is where we are now, through the Covid events, they are working to get more routine access to more adults and children through things like the coronavirus initial series, and then saying there are variants, and then saying that people need to get boosters.

So I don't see the Covid events as a break with what came before. I see them as a development of what came before. This slide is just to emphasize that they're faster at getting the deception cycle to pass in front of people's eyes, and they've got more people in their target population for the promotion of irrational fear and the promotion of irrational trust.

This slide is making a few points about how the word virus has been described in scientific literature. I learned this first piece from reading Stefan Lanka's series that he published between January and April 2020, which again, I will put the links below this video.

In the 1940s to the 1950s, there was a transition from viruses described in scientific literature as submicroscopic stable disease-causing organisms or proteins or enzymes to being a package or a strand of stable disease-causing genetic material or DNA. That happened mostly as a result of the Watson and Crick papers about DNA structure.

Both of those descriptions of what a virus is are false. The Lanka series, I believe, is titled "The Misinterpretation of Virus" [Misconception Called Virus] because he is not, as far as I understand, saying that viruses do not exist. He's saying viruses are not what they have been presented to the public as being. They are not stable. They are not disease-causing. They are not transmissible.

Then in the 1960s, like I said in the previous slide, they started the routine childhood vaccine schedules with a specific congressional act in October of 1962 to get the schedule started with the DTP and the polio predicated on false virus and vaccine scientific premises and methods.

They got people to believe the false story that diseases were being caused by viruses that were transmissible. Then they got people to believe the false medical principle that a vaccine would prevent infection.

The 1980s to the 1990s was the development of liability indemnification schemes. They actually did that, I think, for the first time in 1976 with the Swine Flu Act. They broadened it out to all of the childhood vaccines in 1986.

And at the same time, on the science side, the analytical methods for things like fragment sequencing of genetic material were coming into wider use that were capable of demonstrating that it's false to define a virus as a stable disease-causing piece of matter and it's false to describe a vaccine as a stable, disease-specific, disease-preventive substance.

That is the reason I think that the further deregulation happened, in the mid-1990s until the present, of the previous non-regulation scheme, which was non-regulation throughout, all the way from 1902 to now.

But they changed the form of it a little bit because if those analytical methods had been left to be used, whenever they were used, they very quickly demonstrated that these things claimed to cause disease don't cause disease. They're not stable. They're not transmissible.

And the things claimed to prevent disease, are also not what is claimed about them. They're mixtures of biological matter. They're mixtures of toxic chemicals. They're mixtures of nutrient solutions. They're always contaminated. They're always adulterated because they are mixtures of living material and other toxic substances, and they're always toxic because they're always foreign to the biological organism that's receiving them.

Again, for more information on that side of things, I already said, Stefan Lanka, Jamie Andrews, Sasha Latypova has done a lot of work on this, and Mike Yeadon, and other people. But those are the ones that I lean on the most for my own understanding.

I'm going to go through these last few slides fairly quickly. because I will probably come back around and expand on them in future installments of the presentation videos.

As I said, you can break down the information by types of legal instruments. That includes international treaties, such as the World Health Organization International Health Regulations. That includes international trade agreements, like Mutual Recognition Agreements. It includes international supply and purchase contracts. For example, the sales contract through which the EU and Brazil and many, many other countries purchased vaccine, contracts, from Pfizer.

You can look at US federal supply and purchase contracts. For example, the contracts that are involved in Brooke Jackson's whistleblower case between Pfizer, ATI, and the Department of Defense.

You can look at federal and state statutes. Those are laws passed by Congress and by state legislatures. You can look at federal and state executive orders, which are issued by presidents and governors. You can look at federal executive agency determinations and declarations, things like PREP Act declarations. You can look at federal inter-agency memoranda of understanding [MOUs]. That's one of the ways that the different agencies coordinate into a whole-of-government system.

You can look at federal regulations. Those are the laws enacted by executive agencies through the Federal Register. That's where the most intensive level of detail and definition illusions is done.

You can look at federal non-binding Points to Consider and Guidance for Industry documents. As I mentioned, those are written by the FDA, probably written by the drug companies too, but then they're published by the FDA as if they are things that the drug companies should comply with to comply with the regulations, but it's all part of the performance. It's all non-substantive. You can look at federal biologics license applications, which are the BLA, and emergency use authorization requests, which are the EUA, and the FDA Letters of Approval that go back out.

You can look at federal and state court decisions.

There are six basic sections of the biologics regulations and looking at these subjects through those sections can be helpful. They include definitions, licensing procedures, establishment inspections, establishment standards for things like ventilation and plumbing and record keeping. They also include the standards for product labels and general standards for products, which later was, to that they later added "additional standards" and then they removed the "additional standards" again. That's related to the process called lot release, which I will also talk about more in future videos.

This is a list of federal laws it would be good for Congress to repeal. They should repeal the basic law that's about regulation of biological products. That's 42 U.S.C. 262 and the ones just after it. They should repeal the quarantine and inspection communicable disease control laws. They should repeal the law authorizing the chemical and biological warfare program research and use on human targets. They should repeal the entire public health emergencies law which includes vaccination tracking and distribution, it includes the liability immunity for vaccine manufacturers and users, that's the PREP Act stuff. It was originally enacted in 1983, then they repealed the first one and replaced it in 2000 and then they added the PREP Act sections to it in 2005.

Congress should repeal the entire vaccine program, all the liability immunity for vaccine manufacturers and users under non-emergency conditions. They should repeal the EUA medical countermeasures section of the Food Drug and Cosmetic Act, which is the main drug regulation law. They should repeal the National All-Hazards Preparedness for Public Health Emergencies, this is again related to the public health emergencies complex of laws, repeal the national biodefense strategy, repeal the Chemical Weapons Convention Implementation law.

The reason for that is that that Chemical Weapons Convention Implementation Act is a place through which they made loopholes allowing use of toxic chemicals and biological agents because they classify them as being for prophylactic or protective or research purposes. The law itself is the loophole for the use of the products that people think the law is there to prohibit.

They should, Congress should also repeal International Pandemic Preparedness laws, which have been put under the population planning and health programs section of the US Code. They should repeal the National Preparedness System and Global Catastrophic Risk Management system.

The reason for repealing all of these things is because they are just cover, they're cover for running programs to irrationally frighten people about things that are not actually threats and they're cover

for getting people to irrationally trust in vaccines and other medical countermeasures, PCR tests, the whole complex of things.

Because people are afraid of the threat that is not a real threat. So they comply with the remedies that are not real remedies, but are actually just poisons.

Just to repeat, as we go through this slide deck and the future ones, focus on omissions, focus on circularity and non-specificity in terms of omissions and definitions, no standards, no criteria, no procedures or methods that have any scientific foundation, and omissions of duties and legal obligations.

I have just a couple examples in here about how they did define virus. In the law between 1919 and 1961, a virus was defined as "a product containing the minute living cause of an infectious disease." They didn't have to provide any evidence that a virus as a stable object could be identified, could be isolated, could be shown to cause anything. They just said it. And that was that, because there was no requirement for any evidence.

In 1961, they changed the definition under the regulations to "a virus is interpreted to be," which is a phrase that I still, I've seen it a couple places. It's not really a definition. It just says it's "interpreted to be." It doesn't say who interprets it to be that or in what context. Setting that aside, "a virus is interpreted to be a product containing a minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa." So basically, this definition says "a virus is a virus and a bacteria and these other things." That's a circular, nonspecific definition, and it does not require any evidence.

There is no physical definition of the word vaccine in biologics law. The word vaccine was added to the statute for the first time in 1970. And the word vaccine has been defined so far in the tax code only, since 1987, as "any substance designed to be administered to human being for the prevention of one or more diseases." Again, no evidence is required to support that assertion.

There are omitted or absent identity standards and testing methods and duties.

There are omitted or absent safety standards and testing methods and duties. There are omitted and absent efficacy standards and testing methods and duties.

When you look at labels, there is a great deal of information that is not required to be put on labels and therefore is not provided on labels, such that a label doesn't actually give you much information at all about what is in the container.

Then a little bit about omitted and absent lot-release testing methods and duties.

This is the last slide. This is how I understand each agency now, which is not how I understood them before 2020. Congress enacts the laws to enable and fund federally directed communicable disease surveillance, vaccination and countermeasure deception, mutilation and murder programs. That's their job under this system.

The US president signs the legislation and also signs executive orders to direct execution of the programs.

The HHS Secretary signs and publishes regulations, notices, determinations and declarations to carry out the programs and also to delegate authority to lower down entities like other federal public health officers, also delegate legal immunity to them and delegate the authority and the legal immunities to drug companies, to state and local governments, to hospitals, nursing homes, nurses, pharmacists, everybody that's involved in the whole supply chain and use chain.

The Department of Defense Secretary, and delegates in the DOD, coordinates the manufacturing and distribution of the biological agents and toxic chemicals, things like tests and vaccines and drugs and "delivery systems." The delivery system includes things like promotional campaigns and mechanical delivery systems like syringes to use in the programs.

The Administration for Strategic Preparedness and Response coordinates projecting the illusion of biological threats and coordinates the multi-agency response programs.

The CDC coordinates collection and publication of false disease surveillance data to protect the illusion of the threats, and also directs the Strategic National Stockpile, which is basically a weapons depot of test kits, vaccines and drugs.

The FDA coordinates projection of the illusion that products are standardized and that regulatory compliance is enforced.

The NIH coordinates the illusion that the federal government is looking for causes and treatments for organ damages and diseases that are either exacerbated or directly caused by vaccination — things like cancer, heart failure, autoimmune disorders, infertility, neurological disorders, many more — and also coordinates suppressing research on vaccination as the primary cause of those things or the primary exacerbating factor.

I want to say I'm not saying that every program that the NIH runs and every institution that gets NIH funding is involved directly in this illusion. As with many other features of this, it's helpful to the people who are carrying it out if some of the activity that people can see is actually authentic so that the fraud pieces are kind of hidden under or behind that cover story. This also plays out, I think, on the FDA side. I do not know for sure because I have not looked and I don't have time to look. I think that much of the FDA drug regulation and device regulation may be authentic because the products that are being regulated can be standardized and can be purified. And within that, they hide this biological products subsection so that it enjoys the shield of credibility provided by the other activities of the FDA. And I think the same thing goes on at the NIH.

Then the last two agencies or entities on this slide are the NIH National Institute for Allergies and Infectious Diseases. I think that is the division that coordinates the illusion that it's investigating allergies and infectious diseases as cover for research to increase the toxicity of vaccines, so that vaccines over time are more effective at exacerbating vulnerability to disease and causing disease directly.

And the media, which copies and further projects all of these illusions to the public through written audio and visual means like the internet, newspapers, magazines, television, and films.

May 9, 2025 - Trump "finally" "bans" "dangerous" Gain-of-Function (GOF) research by continuing the military GOF research...This is not supposed to make sense. Expect more fake pandemics and mass poisoning under pretenses of public health from your favorite government.

By Sasha Latypova

...Let's talk about dangerous GOF viruses that are now absolutely positively banned. Not like Obama banned, but like, Trump banned. MAGA-MAHA banned. Which means… the opposite of what you just read.

- Link to EO 14292, Improving the Safety and Security of Biological Research, May 5, 2025 (88 FR 19611)[242]

As the backdrop, the US military has been attempting weaponization of biological "pathogens" for approximately 100 years now and achieved some things, e.g., processes to grow large quantities of bacteria in large vats and various dispersal methods for bacteria and chemicals. However, there has never been a GOF virus made that would cause a pandemic. That is because nothing (except words and ideas) transmit human to human, or animal to animal for that matter.

- Bioweapons Fearporn Collection[243]

I am scheduling more articles about US bioweapons programs in the coming week, stay tuned.

Despite breathless headlines by MAHA sycophants, Trump's most recent EO will in fact help expanding the DOD GOF efforts. It doesn't mean they will finally, after ~100 years of failed attempts, make their "weaponized viruses", because those are just militarized fairy tales [see above fearporn collection].

However, the US DOD has a lot of very lucrative projects that do nothing but launder money and traffic in crime, while generating psyops. For instance, do you know that they have a demon-summoning unit? It's a great gig if you can get it. Comes with benefits and dental. I digress.

Let's review the text of the EO:

> Section 1. Purpose. Dangerous gain-of-function research on biological agents and pathogens has the potential to significantly endanger the lives of American citizens. If left unrestricted, its effects can include widespread mortality, an impaired public health system, disrupted American livelihoods, and diminished economic and national security.

242 https://www.govinfo.gov/content/pkg/FR-2025-05-08/pdf/2025-08266.pdf
243 https://sashalatypova.substack.com/s/fake-bioweapons-narratives

That's a lie. GOF is a sci-fi fairy tale. The main evidence that it is a fairy tale: most so-called "gene and cellular therapies" use identical tools and are based on identical false science that GOF is based on. None of these "therapies" work. All they do is kill people in very expensive ways. If you can't fix someone's "faulty genes", you can't make a new functioning organism that will independently spread all over the world! If you want some examples of this, please visit:

- Gene therapy failures[244]

Next - GOF is Biden's fault! Who could have doubted that?

> The Biden Administration allowed dangerous gain-of-function research within the United States with insufficient levels of oversight. It also actively approved, through the National Institutes of Health, Federal life-science research funding in China and other countries where there is limited United States oversight or reasonable expectation of biosafety enforcement.
>
> This recklessness, if unaddressed, may lead to the proliferation of research on pathogens (and potential pathogens) in settings without adequate safeguards, even after COVID-19 revealed the risk of such practices.

Of course, this is another lie. All the relevant funding, grants, activities of "dangerous GOF" developments in Wuhan, by Eco Health Alliance and in North Carolina (Baric's lab) were authorized and funded under Trump's administration. All the relevant declarations about fake "pandemic" were made by Trump and his staff. He gave a presidential award to Fauci for the job well done.

Skipping Section 2.

Section 3 says ban "dangerous research" especially in China and those other bad places with poor oversight. Ok, let's ban it some more.

Now we come to the meat of the matter. Section 4 makes it clear that mRNA shots will stay on the childhood schedule FOREVAH! Note the magic words "biological countermeasures". The fake emergencies and genocide under pretenses of combatting viruses and whatnot are vital aspects of the USA staying globally competitive:

> Sec. 4. Secure Future Research Through Commonsense Frameworks. (a) Within 120 days of the date of this order, the Director of OSTP, pursuant to 42 U.S.C. 6627 and in coordination with the APNSA and the heads of relevant agencies, shall revise or replace the 2024 "United States Government Policy for Oversight of Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential" to:
>
> > (i) strengthen top-down independent oversight; increase accountability through enforcement, audits, and improved public transparency; and clearly define the

244 https://sashalatypova.substack.com/s/mrna-gene-therapies-and-biomanufacturing

> scope of covered research while ensuring the United States remains the global leader in biotechnology, biological countermeasures, and health research;
>
> (ii) incorporate enforcement mechanisms, including those described in section 7 of this order, into Federal funding agreements to ensure compliance with all Federal policies governing dangerous gain-of-function research; and
>
> (iii) provide for review and revision at least every 4 years, or as appropriate.

Here is my prediction. Folks, we have been lied to and played. MAHA will not do ANYTHING about mRNA shots or any other vaccines. The covid emergency declaration will stay until end of 2029, and the poison mRNA will continue flowing. I will publish an apology if I am wrong on this.

There is a paragraph about nucleic acid screening, which I skip - it's totally ineffective anyway. I suppose the nucleic acid providers can ask whether the buyer is a Muslim and is planning to build a pandemic causing virus and fly it into a tall building… and maybe ask them to remove shoes and belts for screening. Besides, nobody knows what these nucleic sequences do, since there is no real scientific theory to explain genes, nor how and why proteins fold. If you think "genetic engineering" is something real, please read these articles: Oct. 30, 2024 - Dogma, or the silver lining of the "settled science;" Jan. 20, 2025 - UWash-n-Fold: Part 2 of the unsolved problem of protein folding.

Section 5 gets more interesting, because here the government gently over-reaches into grabbing assets of the private companies and goes after the baddies that work on anything that causes significant societal consequences. No definition of what constitutes those is provided, because, it's like pornography… you know it when you see it.

> Sec. 5. Manage Risks Associated with Non-federally Funded Research. Within 180 days of the date of this order, the Director of OSTP, in coordination with the Director of the Office of Management and Budget, the APNSA, the Assistant to the President for Domestic Policy, and the heads of other relevant agencies, shall develop and implement a strategy to govern, limit, and track dangerous gain-of-function research across the United States that occurs without Federal funding and other life-science research that could cause significant societal consequences. This strategy shall include actions to achieve comprehensive, scalable, and verifiable nucleic acid synthesis screening in non-federally funded settings. Any gaps in authorities necessary to achieve the goals of this strategy shall be addressed in a legislative proposal to be sent to the President, through the Director of OSTP and the APNSA, within 180 days of the date of this order.

Guess which private companies will be at risk for this greatly increased government scrutiny? The big bad CIA-affiliated Resilience? Pfizer? Moderna? J&J? Maybe JD Vance's AmplifyBio and its parent DOD-affiliated Batelle Institute? I am old enough to remember when they made a chimeric Nipah-Ebola virus.[245] Speaking of Nipah virus - we are scheduled to have a new pandemic of it starting on July 4, 2025, according to our favorite government.[246]

Section 6 says there will be lots of transparency, except for the parties who actually are working on bioweapons (DOD/DARPA/DTRA/BARDA, etc). Those guys are good guys, don't ask questions, peasants. We cannot impede them by silly things like disclosure and they shall continue their good works unmolested by this silly EO:

> Sec. 6. Increase Accountability and Public Transparency of Dangerous Gain-of-Function Research. The Director of OSTP, in coordination with the APNSA and the heads of relevant agencies, shall ensure that the revised policy called for in section 4(a) of this order includes a mechanism whereby research institutions that receive Federal funding must report dangerous gain-of-function research, and to the maximum extent permitted by law, include research that is supported by non-Federal funding mechanisms. The reporting mechanism shall provide a publicly available source of information about research programs and awards identified pursuant to this section, including, where permitted by law, those that have been stopped or suspended pursuant to sections 3(a) and 3(b) of this order, and all future programs and awards that are covered by the updated policy developed in section 4(a) of this order. This reporting shall be conducted in a way that does not compromise national security or legitimate intellectual property interests of subject institutions.

Let's remember that the DOD/DARPA classified covid as a "national security threat" without any justification, and still did not disclose this to the public. The DOD awarded billions to Pfizer, Moderna and the rest of Warpspeeders for a "prototype", claiming it was needed to protect troop readiness.

And then deployed those "maybe effective" countermeasures by force, coercion and lies on every man, woman and child in this country. And still forces them on babies, pregnant women, healthcare workers and students.

Section 7 - enforcement. Oooh! This is where the magic happens, right?

> Sec. 7. Future Enforcement Terms. The Secretary of Health and Human Services and the heads of other relevant agencies shall, consistent with existing laws and regulations, include in every life-science research contract or grant award:
>
> (a) a term requiring the contractual counterparty or grant recipient to agree that its compliance in all respects with the terms of this order and any applicable regulations promulgated by the contracting or grant-offering agency is material to the Government's payment decisions for purposes of 31 U.S.C. 3729(b)(4);

245 https://sashalatypova.substack.com/p/jd-vances-monkey
246 https://biodefensecommission.org/wp-content/uploads/2024/05/National-Blueprint-for-Biodefense-2024_final_.pdf

> (b) a term requiring such counterparty or recipient to certify that it does not operate, participate in, or fund any dangerous gain-of-function research or other life-science research in foreign countries that could cause significant societal consequences or generate unnecessary national security risks, and that does not comply with this order and the policies ordered herein;
>
> (c) a term stating that a violation of the terms of this order or any applicable regulations promulgated by the contracting or grant-offering agency by any grant recipient may be considered a violation of such term by the recipient's employer or institution; and
>
> (d) a term stating that any grant recipient, employer, or institution found to be in violation of the terms of this order or any applicable regulations promulgated by the contracting or grant-making agency may be subject to immediate revocation of ongoing Federal funding, and up to a 5-year period of ineligibility for Federal life-sciences grant funds offered by the Department of Health and Human Services and other relevant agencies.

Ummm… all of this banning and restricting, finger wagging at Biden and China… amounts to self-certification by whoever works on GOF research. All they have to do is say that they don't. Absolutely nothing in this EO is any different from when Obama banned GOF last time around.

Definitions of GOF if anyone is interested. These are mostly fairy tales, some of these items are standard chemical synthesis for chemical (not biological) weapons, but whatever:

> Sec. 8. Definitions. For the purposes of this order, "dangerous gain-of-function research" means scientific research on an infectious agent or toxin with the potential to cause disease by enhancing its pathogenicity or increasing its transmissibility. Covered research activities are those that could result in significant societal consequences and that seek or achieve one or more of the following outcomes:
>
> (a) enhancing the harmful consequences of the agent or toxin;
> (b) disrupting beneficial immunological response or the effectiveness of an immunization against the agent or toxin;
> (c) conferring to the agent or toxin resistance to clinically or agriculturally useful prophylactic or therapeutic interventions against that agent or toxin or facilitating their ability to evade detection methodologies;
> (d) increasing the stability, transmissibility, or the ability to disseminate the agent or toxin;
> (e) altering the host range or tropism of the agent or toxin;
> (f) enhancing the susceptibility of a human host population to the agent or toxin; or
> (g) generating or reconstituting an eradicated or extinct agent or toxin.

May 9, 2025 - Are vaccines biological and chemical weapons? By physical composition and physiological effects, yes. Under deceitful American and international law, no. Part 1 of series.

[October 2025 - Only the introduction is reprinted here. *See* St Benedict Memo, September 2025, incorporating summaries of federal laws originally posted May 9, 2025 after the introduction.]

International and federal biological agent and toxin laws and facilities, including "biosafety lab" (BSL) and "biological select agent and toxin" (BSAT) regulations are theatrical props to support projected illusion of stable, self-spreading biological threats.

Just as international and federal biological product laws and facilities are theatrical props to support projected illusion of vaccine design and manufacturing quality control for protective, prophylactic, defensive or peaceful purposes.

Katherine Watt, September 2022[247]

> In October 1998, Congress and President Clinton passed the Omnibus Consolidated and Emergency Supplemental Appropriations Act.
>
> [One section] established the National Pharmaceutical Stockpile, later renamed the Strategic National Stockpile, and appropriated $51 million (regularly topped up in subsequent appropriations) “to remain available until expended…for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention."
>
> [Another section] of the same 1998 bill — the Chemical Weapons Convention Implementation Act of 1998 — established prohibitions on chemical weapons, to give the appearance of US compliance with the terms of the 1997 UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction.
>
> The 1998 dual-use legislation accomplished another key US Government objective: it rendered the DOD’s illegal stockpile of biological and chemical agents into a ‘legal’ stockpile of pharmaceutical products and vaccines.
>
> Same deadly toxins. Different labels.

Katherine Watt, January 2023[248]

> …they needed to build in loopholes and the loopholes they built in were that, ‘We're not going to do biological and chemical research and weapons development *except for* protective or prophylactic or defensive purposes.’ And that's a false characterization because all biologically active products are intrinsically aggressive and toxic and lethal… that's the thing that disciplines like toxicology, pharmacokinetics, genotoxicity, drug-drug

247 https://bailiwicknews.substack.com/p/dod-chemical-and-biological-warfare
248 https://bailiwicknews.substack.com/p/transcript-jan-24-2023-legal-walls

> interactions, are all related to that fact: that everything that goes into the human body or any living body has some effects which can be toxic.

Sasha Latypova, September 2024[249]

> Charles Richet (Anaphylaxis, 1913[250]) demonstrated that anaphylaxis is anything from mild rash to shock. And it has the same underlying mechanism. Now, later on the science has demonstrated, well, there are different antibodies and different things that happen with mild versus not mild, but the outcome is the same. The body gets sensitized by injection to whatever was injected and the injection specifically of proteins. It does not have to be toxic at all or considered toxic.
>
> As long as you inject protein directly into the bloodstream, bypassing the digestive tract, that sets up the state of anaphylaxis. By ingesting proteins [through the digestive tract], we can ingest almost anything....Our digestive tract deals with proteins extremely well. It disassembles them and then we reassemble our own.
>
> Now, when you inject foreign protein, our entire system is designed in such a way that we reject non-self proteins. And so anything, even what you think is benign, like milk, will become poisonous and can kill somebody...
>
> What [Richet] found...working on these early attempts at vaccinations [is] that it's unpredictable which — so not 100% of the population injected will react that way. This makes it even more sinister. It's unpredictable which people or animals when injected will go into the state of anaphylaxis.

Sasha Latypova, April 2025[251]

> …You can selectively breed animals and plants, and the same rules apply to microorganisms: with many lab tricks you can probably coax some new features out of them. Selective breeding has one rule however - you have to build secure fences to isolate your new breed from nature.
>
> The BSL facilities are protecting the lab creations, not the people around them. If your prized new breed escapes into the wild and intermingles with the wild types, they quickly become what Nature intended — lunch or mates for the wild types, and thus only the wild types will continue as a going concern!
>
> The “selectively bred” sequences do not change the laws of nature…”

249 https://bailiwicknews.substack.com/p/on-vaccination-as-intentional-induction
250 https://annas-archive.org/md5/cbf8666b6f20327802abe4e4d5787adc
251 https://sashalatypova.substack.com/p/how-to-fake-pandemics-the-maestro?utm_source=publication-search

Katherine Watt, correspondence, May 2025

> ...Many, many terms get thrown around — medical countermeasure, security countermeasure, qualified pandemic product, vaccine, gene therapy, chemical toxin...the lists are long and they add new terms and phrases all the time.
>
> All of the terms fall under "biological products" on the public health/FDA/fake-regulation side, and "biological agents" on the military/biological-and-chemical-weapons-exempt-from-prohibitions side.

*

Classification of vaccines as biological and chemical weapons: physical and legal analyses

Questions of fact and law:

> Can development, production, stockpiling and use of Covid-19 vaccines be categorized and prosecuted as violations of prohibitions on biological and chemical weapons under US laws implementing the UN Convention on Bacteriological (Biological) and Toxin Weapons and the UN Convention on Chemical Weapons?
>
> Can development, production, stockpiling and use of all vaccines be categorized and prosecuted as violations of prohibitions on biological and chemical weapons under US laws implementing the UN Convention on Bacteriological (Biological) and Toxin Weapons and the UN Convention on Chemical Weapons?

My views:

By their physical composition and physiological effects on living humans and animals, vaccine mixtures in vials, hypodermic needles and syringes for injection, and vaccination acts by human beings can be classified as biological, bacteriological, toxin and chemical weapons and weapon delivery systems.

But under law, vaccines, needles, syringes and vaccination acts cannot be classified, prohibited or prosecuted as acts of production and use of biological, bacteriological, toxin and chemical weapons or weapon delivery systems.

Under US law, the legal exclusions and shields lie in intent- and purpose-based classifications of living biological micro-organisms and biologically-active substances produced by living or decaying micro-organisms, or synthetically manufactured to resemble naturally-produced organic chemical compounds.

Biological products as defined under 42 USC 262 and biological agents, toxins and toxic chemicals as defined under 18 USC 178, 18 USC 229, 22 USC 6701 and related laws, are the same dynamic (living, unstable), mixtures of physical things: living organisms and the products living organisms produce.

They cause the same physiological damage, varying from person to person (or animal to animal) depending on the forms the living organisms possess when injected, the composition of the mixture of organisms and organic and inorganic biochemical substances, idiosyncratic intrinsic factors and exposures across time, but predictably harmful at the population scale, manifest in the panoply of chronic diseases that have increased since the mid-20th century.

The only legally-relevant distinctions between prohibited "biological agents" and promoted "biological products" are the stated purposes or intents of promoters and handlers.

There are no objective physical criteria to distinguish between prohibited biological agents and promoted biological products, and there are no valid physical tests that can be used to completely or accurately identify container contents or physiological effects.

The criteria upon which legal distinctions are made are the intent- and purpose-based words stated by manufacturers and regulators, and printed on the container labels.

If the label bears the word "vaccine" or a synonym denoting a substance and delivery system "designed to be administered" for the prevention of diseases, then the biological agents and toxins inside the container, and the delivery systems (i.e., syringes) are set beyond the bounds of legal prohibition and the producers, regulators and users are set beyond the bounds of criminal prosecution.

The pretense of regulation for conformity with non-existent manufacturing standards — which, among other effects, legalizes adulteration and misbranding — is part of the "delivery system" for injected biological organisms, organic compounds and inorganic substances classified as biological agents excluded from prohibitions and criminal prosecutions.

Can Covid-19 vaccines, and all vaccines, be seen and understood as biological agents, chemical toxins and delivery systems that should be avoided for self-defense, family defense and national security reasons, because they are falsely classified as being for protective, defensive or peaceful purposes?

Yes.

Legal history as method for understanding

It can be useful to look at and understand the UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (opened for signatures 1972, entered into force in 1975) and the UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction (opened for signatures 1993, entered into force in 1997), along with US federal implementation acts incorporated into biological product and communicable disease control laws (including 42 USC 262, 263 and 264 and 21 USC 360bbb) and "select agents and toxins" laws (including 42 USC 262a, enacted 2002 and 42 CFR 73, published in Federal Register in 2005) as theatrical props supporting projected illusions about threats.

The illusions of threats are projected in the same way that biological product statutes and regulations serve as theatrical props supporting false portrayal of vaccines — and all parenterally-administered organic biological material — as preventatives, prophylactics, defensive measures, therapeutics and treatments, when they are actually poisons intended to harm recipients

Stage sets and stage directions include "biosafety" level (BSL) high containment biological laboratories (HCBL); "biological select agents and toxins (BSAT), "gain-of-function" (GoF) and "dual-use" research programs; and restricted access policies surrounding such programs and facilities.

These programs, policies and facilities suggest to human imaginations that these facilities 1) contain determinate, stable substances that cause specific diseases; 2) that disease-causative agents are readily transmitted through casual contact (breathing, coughing, sneezing, sharing dishes and utensils, handshaking, hugging); 3) that transmission of disease-causative agents can cause widespread, deadly outbreaks; and 4) that infection and transmission can be prevented by vaccines.

None of those four things are true.

It's useful to understand that distinctions between biological agents, chemical agents and toxins are false and misleading. Many microorganisms are capable of reproduction, and all living biological organisms take up, use and excrete biologically-active chemical compounds (such as proteins) that in themselves may not reproduce, but are integral, inseparable, non-independent contributors to the living nature of living organisms and have the capacity, when injected into the blood of a living animal or human being for whom they are foreign or non-self, to elicit rejection responses that can weaken and kill the recipient creature.

It's useful to think of vaccines, gene therapies and biosimilars (and analogous biological products which go by many different names[252]) as binary or two-step weapons systems. Enabling laws and

252 Some terms and phrases used to denote or classify biological products in American and international legal instruments: Allergen; allergenic product; analogous product; antigen; antitoxin; arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound); attenuated infectious vaccine; bacteria; biopharmaceutical; biosimilar; biosimilar biological product; biotechnology; biotechnology product; blood, blood component or derivative cell therapies; cells pulsed with immunogen; cellular therapy products; component of pathogen; conjugates; crude or purified antigens isolated from killed or living cells; crude or purified antigens secreted from living cells; diagnostic antigen; emerging technology in the context of the pharmaceutical and related industries; first interchangeable biosimilar biological product; fraction of pathogen; gene; gene therapies; genetically-modified organism (GMO); human blood and blood components; human cellular and gene therapy

their embedded exemptions and misleading labels comprise parts of the initial step: defeating the cognitive defenses of human targets by deceiving them into believing contents of containers are stable, specific (identifiable, pure, unmixed, uncontaminated, unadulterated) and capable of mitigating or protecting from disease.

Containers (vials), refrigeration, syringes, hypodermic needles and human vaccinators comprise parts of the second step: defeating physical defenses of human targets by preventing natural decomposition and harmless dispersal of biological matter, and by crossing barriers presented by skin, mucous membranes, and digestive tract.

Key to understanding deceptions derived from communicable disease and biological poison frauds is understanding why there are exemptions in the UN conventions and US federal laws for biological agents and chemical toxins claimed to be produced and used for purposes claimed to be defensive or peaceful.

Deceivers need people to believe two sets of lies: lies about threats against which defense or protection can be presented as necessary ("something is spreading"[253]) and lies about poisons which can be camouflaged as protection-from-threats.

Deceivers have made legal instruments to serve as theatrical props in support of both sets of projected illusions.

Related

- May 10, 2022 - Shell game
- Sept. 18, 2022 - DOD chemical and biological warfare program: herd-culling plus stockpile disposal in one tidy package
- April 25, 2024 - Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.
- Dec. 13, 2024 - There is no scientific definition of vaccine in US biological product law.
- March 19, 2025 - On the absence of legal and scientific standards of evidence for public health emergency and emergency countermeasure determinations and declarations by HHS Secretary. "...There's no legal requirement to produce any evidence to support the declaration that something exists, so there's no evidentiary standard that an HHS secretary can be challenged for not having met..."
- March 22, 2025 - Illusion that 'something is spreading' as one foundational pillar for the lie that vaccines are medical products intended for prevention of disease infection and transmission.

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products; human somatic cell therapy and gene therapy; immunogen; immunotoxin; intentionally altered genomic DNA; living vectored cells expressing specific heterologous immunogens; microbial culture; microbial derived proteins; monoclonal antibody; parasite; pathogen; peptide; plasma-derived pharmaceutical; plasma-derived product; plasmid; plasmid DNA vaccine; polynucleotides; polypeptide; protein; recombinant nucleic acid molecules; recombinant or synthetic carbohydrate, protein or peptide antigens; recombinant protein; reference product; regenerative medicine therapies; regenerative medicine advanced therapy; somatic cell therapy; synthetic biological product; synthetic nucleic acid molecules; therapeutic biological product; therapeutic biotechnology; therapeutic biotechnology-derived biological product; therapeutic recombinant DNA-derived product; therapeutic serum; toxin; toxoid; vaccine; virus; well-characterized platform technology; well-characterized therapeutic recombinant DNA-derived and monoclonal antibody biotechnology products; whole, inactivated pathogen.

253 https://bailiwicknews.substack.com/p/illusion-that-something-is-spreading

May 17, 2025 - On the infeasibility of clinical trials for vaccines; on biological macromolecules (vaccine components) as exempt from prohibitions on chemical weapon production and use

Some thoughts on whether vaccines and related biological products can feasibly be subjected to clinical tests.

Alleged testing for vaccines and other "biological products" has been garbage since 1902, not just since the 1944 Public Health Service Act, not just since the 1986 National Childhood Vaccine Injury Act, not just since the 2005 PREP Act, and not just since the Covid events that entered public view in 2020.

There have never been valid scientific tests developed or used to demonstrate the transmissibility or virulence (disease-causing capacity) of alleged communicable-disease-causing particles of matter.

There have never been valid scientific tests developed or used to demonstrate the stable composition or predictable, uniform effects of biological products, which are not stable in composition and do not have predictable, uniform effects at the individual recipient level but do have predictable, variable toxic effects at the population-wide level, such as cancer-induction, auto-immune induction, brain-damage-induction, infertility-induction, heart disease-induction, and premature death-induction.

Such tests can’t ever be developed or used, although the false illusion of such tests can be projected.

There is no determinate disease state for so-called communicable diseases that could be used as a clinical trial start point, and therefore there's no way to design a study that demonstrates clinical endpoints such as infection with a specific disease as caused by a specific particle of matter, or prevention of such infection as an effect caused by previous administration of a product claimed to contain a version of the specific particle of matter.

And the products need not, legally, contain or not contain any specific particles of matter.

- Sept. 27, 2024 - Antibodies and surrogate endpoints: more pieces of the scientific and regulatory fraud puzzle. Translation of July 12, 2020 German report: Misinterpretation of Antibodies, republished November 2020 by Tracey Northern
- Feb. 28, 2025 - 1944-1972: Law and public policy imbued with scientific misconduct to better induce irrational fear of disease and irrational trust in vaccination. Part 5 of series on US federal biological product and quarantine law, 1798 to 1972 (Lydia Hazel and Katherine Watt)
- May 8, 2025 - Virus lie + Contagion lie = Vaccine lie (Mike Yeadon)

Note on unscheduled discrete organic chemicals

Working on series on biological select agents and toxins (BSATs) and following a thread on the "unscheduled discrete organic chemical" class of substances listed as prohibited by the UN Convention on Chemical Weapons and in the Oct. 1998 US implementing law (PL 105-277) except for exempt "discrete organic chemicals" classified as exempt through a May 16, 1997 decision[254] by the Convention of State Parties to the UN chemical weapons convention.

The May 16, 1997 decision was issued shortly after the chemical weapons convention entered into force on April 29, 1997.

The discrete organic chemicals exempt from prohibition under the UN chemical weapons convention include oligomers and polymers, including proteins, nucleic acids, and other biological macromolecules.

By 2014, the OPCW (Organisation for the Prohibition of Chemical Weapons) scientific advisory board (SAB) had published a report about Convergence of Biology and Chemistry,[255] and the 2014 report was cited in a 2015 OPCW SAB report on verification[256] challenges to make the point that:

Bulk and fine chemicals are being produced increasingly using biologically mediated processes, e.g. by microbial fermentation or using enzymes as catalysts. It is estimated that approximately 10% of chemical production volume will use such processes by 2020. This trend is being driven by commercial and environmental factors, and particularly by competition for conventional feedstock. Key enabling technologies have resulted in a rapidly expanding capability to redesign or manipulate organisms for specific purposes, and the ability to design and engineer improved enzymes (such as through metabolic engineering, enzyme engineering, synthetic biology, or traditional recombinant DNA technology).

Important context to understand: “synthetic biology” and “redesign” of organisms is science fiction, as Sasha Latypova has been explaining, alongside her extensive work explaining the intrinsic and well-known toxicity of non-self biological macromolecules (vaccine components) when injected into the blood of living humans and animals (vaccination), and her more recent work explaining the function of selective breeding activity within BSL [biosafety level] labs in projecting the illusion that dangerous, self-spreading, stable, disease-causing pathogens can be developed in laboratories and leaked to cause pandemics.

254 https://www.opcw.org/sites/default/files/documents/CSP/C-I/en/C-I_DEC.39-EN.pdf
255 https://www.opcw.org/sites/default/files/documents/SAB/en/TWG_Scientific_Advsiory_Group_Final_Report.pdf
256 https://www.opcw.org/sites/default/files/documents/SAB/en/Final_Report_of_SAB_TWG_on_Verification_-_as_presented_to_SAB.pdf

May 21, 2025 - Understanding how vaccines are chemical and biological weapons through lens of law and legal history.

Introductory notes reprinted here. Summaries of relevant US federal law that followed the introduction in the original post May 21, 2025, and three subsequent posts published July 17, 2025,[257] July 26, 2025[258] and Aug. 28, 2025[259] are omitted here, but are available in St. Benedict Memo (Sept. 10, 2025).

May 21, 2025, Notes

When I began writing about the law surrounding public health emergencies, communicable disease control, pandemic preparedness and medical countermeasures, I believed that there was a novel illness (Covid-19) that began circulating in 2019 or 2020, and that said disease was caused by a stable, transmissible substance classified as a 'virus' (SARS-CoV-2).

I believed it was physically possible (feasible) for stable, disease-causing pathogens to exist in stable, disease-causing form; for transmission of such pathogens to occur through casual physical contact; and for scientists to modify such disease-causing, transmissible pathogens to increase their disease-causing capacity and their transmissibility.

I have since learned that these premises are not true.

There was not a novel illness and viruses are not stable, transmissible, disease-causing substances, whether presented as naturally-occurring or lab-leaked.

Transmission of so-called communicable disease-causing organisms, along with disease-causality and the presumed ability of scientists to modify organisms in stable, replication-competent ways, and the presumed ability of scientists to modify disease-causing organisms to increase their disease-causing capacity and transmissibility ("gain-of-function") are among the false premises being exposed by Stefan Lanka, Jamie Andrews, Sasha Latypova and others. For more information, please see Book 1, Legal History of Non-Regulation of Biological Products, Chapter 2, Science and Mathematics.

Because those premises are false, there are no sound scientific or medical reasons that can justify communicable disease control or biodefense policies, programs, spending, industries or products...

257 Sections later incorporated into the St. Benedict Memo were published July 17, 2025 under the title 'Understanding vaccination as legalized, willful use of intentionally harmful chemical and biological agents'

258 Sections later incorporated into the St. Benedict Memo were published July 26, 2025 under the title 'Laws enabling the absence of physical differences between vaccines, biological agents and chemical toxins "capable of causing death and biological malfunction" to remain undisclosed and unseen.'

259Sections later incorporated into the St. Benedict Memo were published Aug. 28, 2025 under the title 'False communicable disease threat indoctrination programs, and product research, development, liability indemnification, approval, procurement and use program.'

June 7, 2025 - False binaries.

Sense Receptor posted a partial transcript[260] of an interview of Debbie Lerman, a 2023 Brownstone Fellow and retired science writer (UKColumn interview with Jerm Warfare posted to Odysee on June 5, 2025.)

Lerman:

> The whole point of my book and my research and everything, the message that I'm trying to get across is it doesn't matter what the virus was. It could have been real, it could have been fake. It could have been from a lab. It could have been from a raccoon dog. Whatever it was, the virus didn't kill the world. The response killed the world.
>
> So the lockdown-until-vaccine response, which is a military response, it is not a public health response, killed the world. It killed millions of people who were injured and killed from the vaccines. It also killed people in hospitals. It killed people who were isolated. You know what it did? It deprived children of their ability to develop normally and of socializing, and it increased every kind of disease and depression that you could possibly imagine.
>
> But that means what? That means if we say the virus didn't kill the world, it doesn't matter whether there was or wasn't a virus, because the response would have been the same. Okay? There would have been the same. So we have to look for the origins of the response. We can't look for the origins of the virus.
>
> We can argue all day long. Do viruses exist? Do they not exist? We can argue. Did it come from a lab or did it not? Was it Fauci's lab? Was it Baric's lab? Was it China? Doesn't matter.

I disagree with the false binary Lerman presents: that the deception-based biodefense and pandemic preparedness/communicable disease control framework is comprised of two separate parts, for shorthand "the virus" and "the response," one of which "matters" and the other doesn't.

In my view, the biodefense deception system is comprised of projection of several simultaneous, interlocking illusions, the most important three of which are:

> 1) that there are airborne threats posed by stable, unique, specific-disease-causing, airborne, transmissible biological organisms (known as "viruses");
>
> 2) that such threats justify societal and government-directed "preparation," "responses" or "countermeasures;" and

260 https://substack.com/@sensereceptor/note/c-123422430

3) that “vaccines” are useful responses because (so the deception runs) vaccines protect people from the threats in a pathogen-specific manner.

I think sidelining the threat-deception (No. 1 above) as if it doesn’t matter, serves to maintain the false justification for the biodefense response deception and the false scientific premises for the vaccine deception.

I also think it’s a false binary to separate the military character of the response to the events known as Covid-19, from the public health character of responses to the events known as Covid-19 and all prior alleged communicable disease outbreaks or threats in the United States.

In my view, the public health system, including the entire communicable disease control and vaccination system, is a component of the US military: more formally authorized as such since the Congressional enactment of the Public Health Service Act of 1944, and deployed nationwide as such since the 1955 polio campaign. The polio campaign was the military-public health seed from which grew the monstrous childhood and adult ~~immunization~~ poisoning schedules now recommended by the HHS-CDC.

To the extent interlocking deception systems as used in the recent past and for many decades prior, remain invisible to or poorly understood by targets, the same interlocking deception systems and programs will be used again in the future.

June 10, 2025 - Congressional acts legalizing camouflaged deceit and poisoning

June 5, 2025 presentation to Freedom Hub; video at Rumble[261]; slide deck[262]

Transcript excerpts. Full transcript available in Bailiwick News 2025 collection at p. 239.

...Katherine Watt: ...The working title of this slide deck is 'Deceitful, deceiving, repealable U.S. federal laws that enable psychological, chemical, and biological warfare to be camouflaged as communicable disease control, pandemic preparedness and response, and vaccination.'

...I'm going to go through a timeline of most of the laws that I am aware of at this point, that Congress passed and therefore Congress could repeal, and then a little bit of conclusions.

..I'm a writer and a paralegal. I went to Penn State. I got a degree in philosophy with a minor in natural sciences in 1996. And up until 2020, I worked as a reporter, as a paralegal, community organizer

...Since 2020, I've been doing legal research on the laws that legalize deception in the communicable disease control arena and also enable acts of mutilation and homicide through vaccination and other things called medical interventions or countermeasures...

...With a colleague named Lydia Hazel, we've actually tracked the laws back to 1798. I'm going to talk about the ones from 1944 to now today, but we have tracked it back farther.

...In January 2023, I did a video presentation called Legal Walls of the COVID-19 Killbox...And in that video, I kind of summarized it as saying "they needed to build in loopholes and the loopholes they built in were that, we're not going to do biological and chemical research and weapons development except for protective or prophylactic or defensive purposes. And that's a false characterization."

...In this presentation, I'm not discussing scientific misconduct in microbiology and virology and genetics and vaccination, although those are relevant. And I have learned a lot more about those in the last year. And I'm also not discussing data and statistical fraud, which is also important. I can give you names of people who I think their work is credible and useful.

But both of those things reinforce the legal misconduct, which is the part that I write about. And the key points are that the scientific misconduct hides that biological organisms are processes, not objects. They're dynamic. They're not static. Same with diseases. The laws are set up with the idea that there is a single cause, there is a single effect which is the disease, and you can use a product, a vaccine, based on that single cause, to prevent that single disease. That is not correct and they have known that that's not correct, the people who promote this lie or fiction have known that's not correct, for a very long time.

261 https://rumble.com/v6uhtrl-the-surprising-law-changes-needed-to-end-govts-war-on-humanity.html
262 https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/06/2025.06.05-american-laws-legalizing-poisoning-through-vaccination-that-congress-has-authority-to-repeal.pdf

In December 2023, I put together a repeal act covering seven of the laws that I had found by that time. I sent it to Senator Ron Johnson. Then by May of 2024, I had expanded the list to 10 and I did a post about that, the top 10 federal laws congress should repeal. I find new ones all the time because they make like a web.

The purposes of them, it's helpful, I find, to divide it up into ostensible reasons, which are false, but that's what we're told is the reason for the laws, which is that we need these laws to help public leaders in the government and the military and to help society in general, civilians, to identify and prepare for and prevent and respond to infectious disease threats. Again, those are false reasons.

The real reasons for the laws are to project the illusion that there are these specific threat-causing particles floating around that you should be scared of, to promote the illusion that governments and scientists and biomedical researchers should prepare for these things with biodefense programs, with disease surveillance, with diagnostics and tests, with vaccines. That one can kind of be summarized as take vaccines to be safe.

Some of the laws, many of them actually combine those two illusions to say, be scared and take vaccines. That's an oversimplification of what they do, but that's how the basic structure works.

I don't frame not taking vaccines as a medical freedom issue. I frame it as self-defense. And that's mostly because, to the extent the whole project is about projecting an illusion or putting on a theatrical performance, when... anyone speaks about vaccines as medical products and speaks about communicable disease as a real threat from airborne particles, they are participating in projecting the illusion. They become part of the performance team, and so I think it is not wise to do that. It is wise to not participate and to refer to them as just poisons. They have been poisons since the start of the modern vaccine era, which was in about 1798 with Jenner.

The toxic effects have been known for a very long time and very carefully suppressed by the orchestrators. So doctors, nurses, pharmacists, targets may not have known, but the people who put the programs together definitely know and have known for a long time.

My research method is basically I read the laws and I follow the connections. When a law mentions another law, I go to that other law and I read that law. And I've been doing that for about four years to build up a kind of a mental map of how the laws fit together and how they developed over time...

The key points in this fake regulation system is that the HHS Secretary now, it used to be other titles as it's gotten moved around, but now it's the HHS Secretary, designates establishments as licensed and supervises the pretense of product manufacturing regulation that is performed by the FDA and the drug companies together. They work together, with Guidance for Industry documents, with Biologics License Applications, with approval letters to project the illusion that there is a stable identity for the products that they're talking about, which are vaccines, and that they can be standardized and purified, and that they can be shown to be effective and safe and none of those things are true.

You can't do that because biological organisms in their relationships with living or other biological organisms are dynamic. There is no stable thing, but they need to project the illusion because that's how you get people to take vaccines thinking there is a specific cause for a specific named disease and this specific named vaccine will prevent it or prevent transmission of it.

That's the foundation of the whole lie system.

In that 1944 law they also put into place more formalized versions of quarantine and inspection programs and in this section you find that the president is the person who designates what is a communicable disease subject to public health control by executive order. No physical evidence is required. There's no process for anyone to assess any physical evidence to say, "yes, that really does cause disease. No, it doesn't."

And the reason -- this is another theme that goes through all of these laws, making them into this structure -- there can't be requirements in the laws for physical evidence, because if they allowed or required physical evidence to be demonstrated, and if they authorized evidentiary review procedures, the stories fall apart.

That's where I said before, I'm not going to talk a whole lot about the scientific misconduct, but there are people who are now and have been for decades, picking apart the scientific papers and the methods to show that it's garbage...

June 20, 2025 - On the contents of vaccines as capable of causing death, disease, biological malfunction, temporary incapacitation and permanent harm upon injection into living creatures.

Mike Yeadon note[263] sharing 'No HHS or FDA authority or competency to standardize or regulate vaccine-bottling processes or products' (June 17, 2025, Katherine Watt)

> I strongly urge everyone to take some time out to read this carefully, because many people are simply not going to be able to believe it. If you read it & think "This simply cannot be true: the author must have misinterpreted the regulations or made some other incorrect assumptions", please examine the final paragraphs for numerous examples of where what appear to be tightly worded regulations are utterly without meaning.
>
> FDA does tightly regulate pharmaceutical chemical substances and products made from them. This is possible because these are defined substances. It can be shown using multiple analytical techniques whether there is or is not 100 micrograms of a particular compound present.
>
> Analogous methods do not exist & cannot exist for most, so-called "biological products." These are not defined substances because all but recombinant proteins are complex mixtures which, at best, may be characterised to some extent. Yet there are no adequate tests & standards for vaccines & indeed all biological products. Even in the narrowest case of recombinant proteins, there is still a mixture of heterogeneous materials.
>
> The bottom line, for the purpose of understanding what has happened in the case of products classified as "vaccines" is that they are not subject to any proper regulation, and they never have been. It's all theatre. It's absolutely horrifying, the depth and durability of the deception.

Jessica Hockett

> So then they can't be called biological weapons, right? Weapons? Yes. Chemical weapons? Sure. But not biological. Am I understanding that correctly?

Katherine Watt

My view on that question is that vaccines can be classified as biological weapons and as chemical weapons, based on their physical composition, but that — under law — their production and use is exempt from prohibition and prosecution. (See Part 1 of series addressing these subjects: May 9, 2025 - Are vaccines biological and chemical weapons? By physical composition and physiological effects, yes. Under deceitful American and international law, no.)

The timeline lays out how the exemption holes were created (starting from the 1944 PHSA, which incorporated 1902 virus-toxin law provisions) and how they're kept open over time to drive the legalized chemical and biological warfare programs forward.

263 https://substack.com/@drmikeyeadon/note/c-126981586

Jessica Hockett

> Yes, now I remember this post. Definitions are important and (as much as possible) I like to circumvent what I've called "cacophonous polysemy"[264] which can confuse matters, unintentionally or unintentionally (though I think intentionally on the part of some, but NOT you). So, if I'm understanding correctly, what makes an injected substance "biological" is the inclusion of "mixtures of physical things: living organisms and the products living organisms produce"?

Katherine Watt

I think what makes any substance, injected or not, biological, is whether it is or once was a living organism or creature or came from/was produced by a living creature, or has been synthesized to mimic or simulate substances produced by living creatures.

In American federal biological and chemical weapons laws, and probably in most US state laws that mirror the federal laws, biological "agents" are defined (in terms that have changed over time largely because the law writers are trying to maintain exclusions for vaccines) more or less as living or once-living organisms, and their products, that are "capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism." That example is from the 1990 version of the US biological weapons law at 18 USC 178.

Toxic chemicals are defined (again, in terms that change over time because the law writers are trying to maintain plausible exclusion of vaccines) more or less as chemicals that "can cause death, temporary incapacitation or permanent harm to humans or animals." That example is from the 1993 UN Chemical Weapons Convention and was adopted by US Congress through 1998 implementing statute codified at 18 USC 229F(8).

The contents of vaccines — biological organisms, their products and toxic chemicals (propagated by organisms and/or synthesized to mimic those) — have and always have had the capacity or ability to cause death, disease, biological malfunction, temporary incapacitation and permanent harm to humans and animals. The makers and recommenders of vaccines have always known this, as have the writers of biological product laws and biological and chemical weapons laws. That's why the criteria on which the weapons laws exclude vaccines from prohibitions, seizure, destruction and criminal prosecution are based on the presumed or asserted intent of the producer or user (protective, preventative, etc.), and not on any physical compositions or characteristics of the container contents: because the contents of a container of vaccine are intrinsically capable of causing harm and death upon forcible (wound-making) insertion into the living, recipient creature.

264 https://www.woodhouse76.com/p/opinions-on-the-use-of-bioweapon

July 10, 2025 - International legal instruments supporting the conclusion that each vaccination is a willful act of war, willfully cloaked as an act of medical care.

[October 2025 Note - In the original online report, the introduction paragraph reprinted below was followed by summaries of relevant sections of 1907 Hague Convention, 1949 Geneva Conventions, 1972 UN Convention on Bacteriological (Biological) and Toxin Weapons, 1993 Chemical Weapons Convention and related international laws. These summaries were incorporated into the St. Benedict Memo at p. 240 and are also available in the Bailiwick News 2025 collection at p. 278]

A collection of some international legal instruments legalizing the production, stockpiling and use of biological and chemical weapons, by exempting (from prohibitions) products and uses deemed — without supporting physical evidence, instead solely on the basis of deceitful container labels — to be intended for medical, prophylactic, prevention of disease or other peaceful purposes...

Aug. 6, 2025 - Note on self-contradiction in biomedical science methods and biological product law

Jamie Andrews, Gain of Fiction[265] (Aug. 4, 2025):

> "…they are openly admitting that their reagent is both used for its accuracy and Specificity AND its lack of accuracy and its propensity for error in Directed Evolution…"

KW comment

Examples of this same structurally self-contradictory garbage can be found in biological product law.

For example, products are simultaneously claimed to be so "well-characterized biotechnology products" that they need not be subjected to any standardization process or standardization-process-compliance testing, and also so difficult to characterize, under such fast-changing technological conditions, that subjecting their production to standardization would unduly strip manufacturers of necessary flexibility.

August 1996 (61 FR 40153) example:

> "…The comment suggested the incorporation of the United States Pharmacopeia (USP) monograph system based on the Center for Drug Evaluation and Research model into the Center for Biologics Evaluation and Research's regulatory reform process. The agency does not agree with this suggestion because biologics, for which FDA is removing additional standards from the regulations, are complex and diverse entities. Monographs for many types of biological products could become quickly outdated in the rapidly evolving field of biotechnology, as did the Additional Standards in parts 620, 630, 640, 650, 660, and 680, which this final rule is removing. Use of monographs would allow for less flexibility in the development of product specifications for complex biologicals..."

The real reason for the openly internally-incoherent claims — that members of a substance class are both "well-characterized" and difficult or impossible to characterize — is to obscure from public view, the nonsensical nature of communicable disease control, vaccine manufacturing and vaccination programs in their entirety from their inceptions in the 19th century.

265 https://controlstudies.substack.com/p/gain-of-fiction

Aug. 25, 2025 - On vaccination as a psychological and physical port

Conspiracy Sarah:

- Aug. 23, 2025 - Not Isolated Herpes + Dulbecco's Eagle Medium + Fetal Bovine Serum Causes Lesions When Scratched Onto Mouse Lip, Inadequately Controlled Study Shows[266] (Conspiracy Sarah)

Mike Yeadon

> …the claim that illnesses misattributed to viruses are contagious is flat wrong. Symptomatic transmission (aka contagion) has never been demonstrated.
>
> In this context, what in the world do thoughtful people believe "vaccines" are about?
>
> It's well worth knowing that legal scholar Katherine Watt has examined more than a century's worth of US Federal regulations relating to complex biological product regulation to reach the horrifying conclusion that vaccines have never been regulated.
>
> For what purpose was this grand deception installed?
>
> I think it's for a combination of fear-based control of behaviour of the bulk of humans and then, via hollow needles, to bypass all our defences against foreign substances by injecting them into our bodies, more notably, the bodies of our babies and children, bringing about suffering, inferior health and shorter lives.

Katherine Watt

I've come to think of vaccination as a psychological + physical port, analogous to the physical port installed and used to maintain access to a patient's veins for introduction of fluid medications, or an intravenous line for administration of fluid nutrients and medications.

I don't know how the original perpetrators such as Edward Jenner, Louis Pasteur and Robert Koch knew that their efforts to install the ports — instill and maintain the deceptions — would be successful for so long.

I think what they and their backers wanted, more than any specific formulation of toxic biological or biochemical matter in any given bottle or pre-filled syringe at any given time, was to open up the willingness of the targets to accept the flow of such matter over time.

They wanted and their present-day colleagues still want to make sure that that willingness did not/does not wane or disappear: to facilitate the repetition or routinization inherent to vaccine schedules, and updates to vaccine schedules.

266 https://conspiracysarah.substack.com/p/not-isolated-herpes-dulbeccos-eagle

As Yeadon says [see below], the toxicity can be dialed up or down at any time, in any campaign, through the variable physical contents of vials and syringes, to render the underlying deceptions more difficult for the targets to see and therefore more difficult for the targets to protect themselves against.

The primary targets were and are babies, children and expectant mothers — starting the poisoning-by-vaccines at the beginning of each life, the better to obscure causation of subsequent biological malfunctions by attributing them to exposure to other environmental toxins or inherited disorders.

The perpetrators weaponize the divinely-ordained, natural and morally sound love that parents bear for their children and the natural desire to protect children from harm, by projecting the illusion of contagious disease threats and portraying poisons as offering protection from those threats.

Mike Yeadon

> "…It's important to realise that we don't know what was in the vials. We can't trust official disclosures because the regulatory system for notional vaccines is corrupt and inoperative according to the careful research of Katherine Watt here on Substack.
>
> Per Sasha Latypova's analysis of VAERS, we know that different batch numbers (excluding AZ, not distributed in the USA) were associated with extraordinarily different outcomes. Some were orders of magnitude more damaging in terms of reported prevalence of adverse events.
>
> The researcher who first spotted this was a Brit called Craig Paardekooper and it was upon reading his articles that Sasha & I met, because we both knew immediately what it meant: these products were not the result of conventional pharmaceutical manufacturing and regulation.
>
> Early on, when I hadn't grasped the depth of the evil, I attributed the variations in toxicity to careless manufacturing. Later & still today, I believe they were calibrating weapons. Because that's what these are.
>
> Then & now I theorised that somehow the perpetrators intended to establish a system under which we'd all be required to be "vaccinated" frequently. Under this hypothetical, they'd use the results of calibration to murder people at whatever rate they deemed appropriate.
>
> This also tallies with why the worldwide average kill rate now is a lot lower than I guessed it was early in 2021. Early batches included the particularly toxic batches. Later on they settled into using less toxic batches. Construction of factories for the manufacture of billions of doses per year have been reported. I wonder what is intended for the output of such factories?"

Aug. 26, 2025 - Note on infeasibility of retrospective identification of vaccine contents

Mike Yeadon, Aug. 23, 2025 comment on Denis Rancourt, Aug. 22, 2025, *False that 1-4M lives saved by COVID-19 vaccination during 2020-2024. My critical peer review of the Ioannidis et al. 2025 paper*

> In the recent paper by Ioannidis et al, they relied upon "vaccine" efficacy reported by their proprietors; upon official data for "covid19" deaths; and "seroprevalence" for a measure of exposure to "the virus". The authors of the paper that Denis Rancourt critiques (or rather, eviscerates) claim that the "covid19" "vaccines" have saved a modest number of millions of lives.
>
> It's all magical thinking, given the injections were designed to induce a variety of adverse effects (the numerical magnitude I have never estimated ahead of empirical evidence on the simple grounds that we lack sufficient information on the basis of which to arrive at such an estimate) and given there was no pandemic, no new illness distinguishable from pre-existing illnesses & finally, given there is no scientific evidence for the existence of "SARS-CoV-2" or indeed any virus. Obviously, the use of "anti-sera" has no meaning in this context.
>
> The long lived & psychologically sophisticated deception that submicroscopic, infectious particles cause diseases, that these misattributed illnesses are contagious and that prior interventions called "vaccines" can protect you, together, is at the heart of the worldwide coup d'etat which was manifested rather obviously from early 2020.
>
> The authors of the Ioannides et al paper clearly understand that the injections injured or killed a number of people. They explicitly chose not to include these in their calculations...

Asked whether the Ioannidis paper addressed AstraZeneca-labeled products, Yeadon added, Aug. 24, 2025

> It wouldn't, I expect, because the authors are US researchers. You'd have to check the details of the methodology section. Remember they disregarded adverse events including injuries and deaths due to these injections.
>
> It's important to realise that we don't know what was in the vials. We can't trust official disclosures because the regulatory system for notional vaccines is corrupt and inoperative according to the careful research of Katherine Watt here on Substack. Per Sasha Latypova's analysis of VAERS, we know that different batch numbers (excluding AZ, not distributed in the USA) were associated with extraordinarily different outcomes. Some were orders of magnitude more damaging in terms of reported prevalence of adverse events.
>
> The researcher who first spotted this was a Brit called Craig Paardekooper and it was upon reading his articles that Sasha & I met, because we both knew immediately what it meant: these products were not the result of conventional pharmaceutical manufacturing and regulation. Early on, when I hadn't grasped the depth of the evil, I attributed the variations in toxicity to careless manufacturing.

> Later & still today, I believe they were calibrating weapons. Because that's what these are. Then & now I theorised that somehow the perpetrators intended to establish a system under which we'd all be required to be "vaccinated" frequently. Under this hypothetical, they'd use the results of calibration to murder people at whatever rate they deemed appropriate.
>
> This also tallies with why the worldwide average kill rate now is a lot lower than I guessed it was early in 2021. Early batches included the particularly toxic batches. Later on they settled into using less toxic batches. Construction of factories for the manufacture of billions of doses per year have been reported. I wonder what is intended for the output of such factories?

Jessica Hockett, Aug. 25, 2025

> I think more attention is needed on differential batches and annual experimentation/population control with respect to the flu shot pre-2020. Military/intelligence did NOT do anything for the first time in Operation COVID. Too risky.

Katherine Watt, Aug. 26, 2025

> Agree that they didn't do anything for the first time in 2020, mostly because I think the plans were long-term from the get-go, and planned to have layers added and adjusted over decades, and to be difficult-to-discern against background events, so as to carry on un-noticed and unimpeded by challenges.
>
> I don't think there's much that can be done to identify batch variability pre-2020, or even post-2020, because as soon as the shots are in the targets and the containers are destroyed, there's no evidence to test. The material in the target is not in a traceable form because it's metabolized (in more or less damaging ways) and since no one knows what was in the containers to begin with, there's no way to fully know what to test blood and other samples for and no way to know, for substances found in the blood, whether it got there through any specific vaccination act, or through some other form of exposure.
>
> The material in the containers is just gone, either decomposed or incinerated. The material in the bottling facilities is also gone after the batch is bottled, when the equipment is cleaned to prepare for the next batch.
>
> Some regulations (ie 21 CFR 600.13) appear to require sample retention for up to six months after expiration date, but include exception clauses which I believe have been throughout/still are used by regulators and manufacturers to preclude sample retention entirely, given the pretextual nature of the entire regulatory scheme. Same goes for records-retention. (21 CFR 600.12)

Sept. 5, 2025 - St. Benedict Memo overview, video presentation

Transcript

My name is Katherine Watt. I am a Catholic American writer and paralegal.

A paralegal is a legal assistant trained to provide legal research and writing services to attorneys.

I earned a bachelor's degree in philosophy with a minor in natural sciences in 1996 from Penn State University, and earned a community college paralegal certificate in 2003.

I have worked for newspapers as a reporter, and for attorneys as a paralegal, and I have written and published independent investigative reporting at my own websites on the subjects of local government and corporate corruption, on prosecutorial and judicial misconduct, and on homesteading and local food and water security.

Since 2021, I have published my work on the history of communicable disease control law and biological product law at Bailiwick News on Substack.

I have prepared this video presentation for the judges in the multi-member chamber of the District Court of Northern Netherlands in Leeuwarden, case reference: C/17/190788, Case number: 23/172, against the Dutch State, Mark Rutte, Bill Gates, Albert Bourla, and others.

This video presentation is in support of my written statement, to be submitted in these proceedings by attorney Peter Stassen on behalf of his clients with Covid-19 injection damage at the court in Leeuwarden.

It is my informed opinion that communicable disease and pandemic threats are political fabrications based on widespread use of intentionally deceptive diagnostic testing devices, for the purposes of instilling public fear and justifying vaccination and biodefense programs.

It is my informed opinion that all vaccines, including but not limited to the injections labeled as "Covid-19 mRNA" vaccines, are unstable heterogenous mixtures of biological matter including bacteria, plant, animal and human cells and tissues, along with chemical toxins, heavy metals, preservatives, solvents and nutrient solutions.

It is my informed opinion that those who develop, produce, recommend, approve, authorize, procure, stockpile, distribute and use vaccines, for alleged disease control and pandemic response purposes, including but not limited to "Covid-19 mRNA" vaccines, know or should have known that injection of unstable mixtures of biological agents and chemical toxins causes biological malfunction and organ damage in living human and animal recipients.

This is due to living animal organisms' individual capacities to distinguish between self and non-self biological material, and to attempt to isolate, reject or expel harmful foreign or non-self matter that has breached natural protective barriers presented by skin, digestive tract and respiratory and lung surfaces.

These rejection reactions can and do take the form of auto-immune conditions (such as asthma, allergies); neurological disorders (such as multiple sclerosis and autism); cancers; metabolic, digestive and gastrointestinal disorders (such as obesity and diabetes); infertility and many other chronic conditions whose incidence in heavily-vaccinated populations has increased since the middle of the 20th century when mass vaccination campaigns targeting infants, children and expectant mothers began.

It is my informed opinion that those who develop, produce, recommend, approve, authorize, procure, stockpile, distribute and use vaccines, including but not limited to "Covid-19 mRNA" vaccines, have committed war crimes under the Geneva Conventions and US implementing law, specifically torture, performing biological experiments, mutilation and murder.

Their acts have no legitimate medical or protective purpose but have been presented, deceitfully, as having legitimate medical and protective purposes, to cloak their intentional harmfulness from public view, public comprehension and public obstruction.

It is my informed opinion that the war crime acts of vaccine-mediated torture, mutilation and murder committed by the defendants in this case, have been legalized under international legal instruments and US federal law governing biological product regulation, communicable disease control and pandemic preparedness and response, as enacted by the US Congress and US Presidents and executed by federal, state and local health, military and homeland security officials.

In my opinion, this precludes criminal prosecution of the defendants until such time as treaties have been amended to eliminate exemptions for acts allegedly committed for "legitimate medical purposes" and until such time as enabling US federal laws have been repealed by the US Congress or nullified by US federal courts.

It is my informed opinion that there can be no civil liability for -- or civil litigation to allege and prove -- design defects, because there are no design standards for vaccines.

There can also be no civil liability for -- or civil litigation to allege and prove -- manufacturing defects, because there are no manufacturing standards for vaccines.

In other words, criminal prosecutions of war crimes, and civil litigation against developers and manufacturers of vaccines, have both been rendered impossible, by law, to enable the past, present and continued future deployment of intentionally harmful products to intentionally harm recipients.

Cases such as the present case brought by plaintiffs can help to publicly expose the long-known and intentional harmfulness of vaccine products and vaccination acts, and to bring about the end of all vaccine manufacturing and all vaccination programs.

The attached report includes two main sections, providing chronologically-organized collections of summaries of relevant US federal law and international law. An appendix section contains lists of supporting evidence in the form of US federal regulations, international Mutual Recognition Agreements (trade agreements), academic and government publications, court decisions and many other records.

My core findings are two-fold.

One, for more than 120 years, persons working within the US government's executive, legislative, civil administrative, military and judicial branches have coordinated their law-making and law-execution efforts with persons working within supranational organizations (such as the UN-World Health Organization) and persons working within pharmaceutical corporations (such as Pfizer and Merck), to disguise the malevolent development, non-regulation, production, procurement, stockpiling, and use of intentionally harmful biological agents and toxins as regulated components of benevolent *routine* public health and communicable disease control programs.

For more than 100 years, they targeted primarily infants, children and expectant mothers while operating vaccination programs at the local, state, national and international level.

Two, for approximately 25 years, persons working within the US government, supranational organizations such as the World Health Organization and Bill and Melinda Gates Foundation, and pharmaceutical corporations have coordinated law-making and law-execution efforts to increase the speed, scale and frequency with which their deceptive acts are capable of inducing rapid, widespread (all-ages), schedule-driven submission to vaccination acts, by disguising their malevolent, non-regulated acts as regulated components of *emergency* "biodefense" and "pandemic preparedness and response" programs.

This court has an opportunity to further expose the original and long-running malevolence of vaccination programs to wider public understanding, and I urge you to take it up.

Please read the written report, titled the St. Benedict Memo. There are several people working to understand and explain many of the aspects of the ongoing, legalized war crimes program, including other witnesses prepared to testify in this case: Sasha Latypova, Mike Yeadon, Catherine Austin Fitts and Joseph Sansone.

Our work and the work of many others, whose informed conclusions differ from the official narrative, are censored and marginalized, preventing authentic fact-finding and evidentiary review of "Covid-19 mRNA" vaccines and the broader history of vaccines and vaccination programs into which "Covid-19 mRNA" vaccines have been introduced.

I am prepared to testify as to the substance of my findings under oath in court and to engage in public discussion with any experts who may be called to testify on behalf of the defendants.

I urge you to allow this case to proceed, in public view.

Sept. 10, 2025 - St. Benedict Memo, Summary of Findings and Conclusions, Background

(Excerpts from St. Benedict Memo)

Summary of Findings and Conclusions

I study US and international law surrounding communicable disease control, pandemic preparedness and response, biological product and vaccine manufacturing and biological agents.

In January 2025, attorneys representing Dutch plaintiffs invited me to participate as a witness in a civil case before the District Court of Northern Netherlands at Leeuwarden (Case reference: C/17/190788; Case number: 23/172)

In March 2025, the attorneys submitted a petition for provisional evidence, including a list of questions on which the plaintiffs sought my testimony.

As a preliminary matter, I note that there is no single, unique, distinct, determinate or stable material substance to comprise "the" Covid-19 mRNA vaccine or any single annual "formulation." Each quantity of solid, semi-solid or liquid matter, supplied to users with or without instructions to mix the contents with liquid saline solution, may contain living organisms and sub-units from several different species of bacteria, plant, fungi and animal organisms (heterogenous organic matter), along with inorganic matter.

Each component may or may not be listed in printed material accompanying the container or submitted to putative regulators. If listed, each indeterminate article of organic or inorganic matter may or may not be listed as present in a discrete quantity, and the quantity actually present in the container may or may not correspond with the stated quantity at any given moment in time.

Wide spatial and temporal variability of physical composition, and the intrinsic inaccuracy of labeling implied by such variability, are legal: there are no US laws or regulations requiring products to be placed in containers in compliance with any physical standards or temporal stability standards, and there are no US laws or regulations requiring accurate, complete labeling or other forms of accurate, complete information disclosure.

Questions presented and brief answers

What are the legal frameworks governing development, manufacture, labeling, distribution and use of viruses and vaccines under US law?

Under US law, viruses and vaccines are designated, categorized or classified as "biological products." The primary US statutes governing establishments in which biological products are propagated or manufactured, placed into containers, and labeled, are 42 USC 262-263, also known as Public Health Service Act Sec. 351-352, *Regulation of biological products*.

The primary US regulations implementing the "biological product" statutes may be found at Title 21, Subchapter F, Code of Federal Regulations (21 CFR 600-680), and associated non-binding Guidance for Industry documents published by the US Food and Drug Administration.

Biological product law exists within a network or web of other, related law governing subjects including drug manufacturing quality control; communicable disease surveillance and control activities; biological defense research, development, procurement and stockpiling activities; and pandemic preparedness and response research, development, procurement and stockpiling activities.

Congress established the first federal law authorizing federal officers to "regulate" sale and interstate traffic in "viruses, serums, toxins, and analogous products" in 1902 (PL 57-244). Congress did not define the product terms, including the term 'virus,' in the law.

In 1919, US regulators defined 'virus' for the first time by regulation: "A virus is a product containing the minute living cause of an infectious disease." Paragraph 7.I., Feb. 12, 1919, 'Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products in the District of Columbia and in Interstate Traffic,' Surgeon-Generals, US-Army, US Navy and Public Health and Marine-Hospital Service, approved by Secretary of Treasury.

Current US regulatory definition for virus: "A virus is interpreted to be a product containing the minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa." 21 CFR 600.3(h)(1) as of 1973.

Apart from one three-month period between November 2002 and February 2003, Congress has never defined the term 'vaccine' in anything other than intent- or labeling-based, non-physico-chemical terms.

Between Nov. 25, 2002 and Feb. 20, 2003 under provisions of the National Childhood Vaccine Injury Act (NCVIA), Congress defined 'vaccine:'

> "The term 'vaccine' means any preparation or suspension, including but not limited to a preparation or suspension containing an attenuated or inactive microorganism or subunit thereof or toxin, developed or administered to produce or enhance the body's immune response to a disease or diseases and includes all components and ingredients listed in the vaccine's product license application and product label." 42 USC 300aa-33(7) as of Nov. 25, 2002

Congress also made conforming amendments at 42 USC 300aa-33(3) [defining the term 'manufacturer'] and at the definition of "vaccine-related injury or death" at 42 USC 300aa-33(5), excluding from being classified as an adulterant or contaminant "any component or ingredient listed on a product's license application or label."

In February 2003 (PL 108-7), Congress repealed the provisions enacted in November 2002, including the definition for 'vaccine,' noting that the Public Health Service Act should be applied as if the November 2002 amendments had never been enacted.

The term 'vaccine' has not been defined by US regulation.

What are the legal frameworks governing research, development, transfer and use of biological and bacteriological weapons under US law?

The primary US statutes governing possession, stockpiling and use of biological agents are 18 USC 175-178, *Biological weapons*; 50 USC 1511 et seq, *Chemical and Biological Warfare*; and 42 USC 262a, *Enhanced control of dangerous biological agents and toxins*. The primary US regulations implementing "biological agent" statutes may be found at 42 CFR 73, *Select agents and toxins*.

Under US law, prohibited conduct "with respect to biological weapons" includes the acts of "whoever knowingly develops, produces, stockpiles, transfers, acquires, retains, or possesses any biological agent, toxin, or delivery system for use as a weapon" and the acts of "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." 18 USC 175(a), 18 USC 175(b)

"For use as a weapon" is currently defined as "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." 18 USC 178(c)

"Biological agent" is currently defined under 18 USC 178 as:

> "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—(A) death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism; (B) deterioration of food, water, equipment, supplies, or material of any kind; or (C) deleterious alteration of the environment."

"Biological agent" is currently defined under 50 USC 1520a as

> "any micro-organism (including bacteria, viruses, fungi, rickettsiae, or protozoa), pathogen, or infectious substance, and any naturally occurring, bioengineered, or synthesized component of any such micro-organism, pathogen, or infectious substance, whatever its origin or method of production, that is capable of causing—(1) death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism;

(2) deterioration of food, water, equipment, supplies, or materials of any kind; or (3) deleterious alteration of the environment."

On what basis are viruses, vaccines, gene therapies and other biological products distinguished from biological and bacteriological weapons under US law?

Under US law, "biological products" are distinguished from "biological agents" on the basis of classification acts performed by the Secretary of Health and Human Services and Secretary of Agriculture, on the basis of imputed intent, and on the basis of printed material on container labels, packages, package inserts, fact sheets and application forms.

There is no physical basis on which "biological products" can feasibly be distinguished from "biological agents," because all biologically-active substances are capable of causing death, disease or other biological malfunction in a human, an animal, a plant, or another living organism. The capacity to cause death, disease and biological malfunction is most pronounced when biological matter is delivered directly into the blood of the recipient organism, by means of injection or other breaking of skin, lung and digestive tract barriers.

Are there any legal requirements for scientifically validated materials and methods to be used in support of statements as to safety and efficacy for viruses, vaccines, gene therapies, and other biological products?

No.

What is the relationship between US-FDA regulatory functions and decisions regarding international commerce in viruses, vaccines, gene therapies and other biological products, and the regulatory agencies of other countries, particularly in Europe?

Through Mutual Recognition Agreements (trade agreements), European and other non-US regulatory agencies may legally rely on or defer to regulatory acts performed by the US Food and Drug Administration and pharmaceutical corporations, without conducting independent batch testing or other forms of product quality control.

Have the individuals who ordered, purchased and administered Covid-19 (mRNA) injections participated in war crimes and/or acts of genocide?

Yes. Individuals who ordered, purchased and administered "Covid-19 mRNA injections" have participated in legalized war crimes including torture, mutilation and murder.

Criminal prosecution is precluded on the basis of anticipated assertion of "legitimate medical or dental purposes" under US and international legal frameworks which do not require presentation or validation of physical evidence supporting claims as to the identity or composition of injected vaccine products, and do not require presentation or validation of physical evidence supporting claims as to the therapeutic or beneficial character of variable and uncontrollable physiological effects which biologically-active components of vaccines are capable of inducing or causing in living recipients.

Background

After learning about the World Health Organization International Health Regulations, 2005 edition, in January 2022, including provisions requiring "adjustment of domestic legislative and administrative arrangements," I assembled an outline of relevant US federal laws enacted by the US Congress and US Presidents, and published the material under the title American Domestic Bioterrorism Program on April 28, 2022.

Corroboration of my finding that US biological product law legalizes introduction of unidentified, unstandardized, and unregulated products into interstate and international commerce came through documents filed in the American case titled *United States of America, ex. rel. Brook Jackson v. Ventavia Research Group, LLC; Pfizer, Inc.; ICON PLC* (US District Court for the Eastern District of Texas, Case No. 1:21-cv-00008) under the False Claims Act, 31 USC 3729 et seq.

Jackson, a former employee of Pfizer subcontractor Ventavia, filed her complaint in January 2021, alleging that contractors supplying vaccines to the US Department of Defense had presented false claims for payment and had knowingly used false records or statements material to a false claim for payment, on grounds that the defendants had not conducted valid, regulation-compliant clinical trials to support claims as to the safety and effectiveness of vaccines produced under contract for the Department of Defense.

In support of its April 2022 motion to dismiss Jackson's complaint, Pfizer argued:

> "Because of pandemic-related exigencies, the agreement was not a standard federal procurement contract, but rather a 'prototype' agreement executed pursuant to 10 U.S.C. § 2371b [renumbered 10 USC 4022 PL 116-283, Jan. 2021 effective Jan. 2022]…The [contract's Statement of Work] describes a 'large scale vaccine manufacturing demonstration' that imposes no requirements relating to Good Clinical Practices ('GCP') or related FDA regulations…(April 22, 2022 Pfizer Motion to Dismiss, pp. 6-8)

In October 2022, the US Department of Justice filed a statement of interest in support of Pfizer's motion to dismiss. DOJ argued:

> …[the] complaint does not identify any provision in the SOW [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. (Oct. 4, 2022 US-DOJ Statement of Interest, p. 10)

These claims by Pfizer and by the US Department of Justice led me to further investigate the history of how Congress enacted US federal laws governing biological product manufacturing, distribution and use under emergency conditions, to allow interstate commerce in unidentified, unstandardized, unregulated products labeled and falsely presented as identified, standardized and regulated vaccines and other "countermeasures," starting in 1997 with enactment of 21 USC 360bbb, *Expanded access to unapproved therapies and diagnostics*.

As I read historical records about how the legal conditions for "emergency use" products were established by Congress, I learned that in 1902, Congress had established the same legal conditions for routine, systematic introduction into interstate commerce and use of unidentified, unstandardized, unregulated biological products.

I began to understand that the non-existence of scientific and legal evidentiary standards pre-dated 2020. The standards that don't exist for emergency and non-emergency products manufactured since 2020, also didn't exist for vaccines and other biological products manufactured before 2020.

In other words, laws enacted since 1997 enable more rapid, "emergency" introduction into interstate commerce of unidentified, unstandardized, unregulated products and product classes or categories (vaccines and other biological products), whose introduction into interstate commerce has been authorized routinely and systematically since 1902.

Many terms for these products are used in addition to vaccine, immunization and biological product, such as medical countermeasure, security countermeasure, qualified pandemic product. The lists are long[267] and new terms and phrases are added frequently. All terms and phrases denoting physical matter resulting from processes performed by living biological organisms (such as fermentation and putrefaction) fall under the category of "biological products" in the context of product regulation and under the category of "biological agents" in the context of legal restrictions or prohibitions on stockpiling and use of biological and chemical weapons.

The US Congress may be understood as the producer of consecutive and concurrent theatrical productions or broadcast performances, providing legal authority and funding for scriptwriters, press agents, publishers, directors, actors, costumers, prop-makers, set-builders, stage managers, crew members, cinematographers, photographers, sound technicians, film editors, casting calls, auditions, actor training, rehearsals, advertisements and performances.

267 Some terms and phrases used to denote or classify biological products in American and international legal instruments: allergen; allergenic product; analogous product; antigen; antitoxin; arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound); attenuated infectious vaccine; bacteria; biopharmaceutical; biosimilar; biosimilar biological product; biotechnology; biotechnology product; blood, blood component or derivative cell therapies; cells pulsed with immunogen; cellular therapy products; component of pathogen; conjugates; crude or purified antigens isolated from killed or living cells; crude or purified antigens secreted from living cells; diagnostic antigen; emerging technology in the context of the pharmaceutical and related industries; first interchangeable biosimilar biological product; fraction of pathogen; gene; gene therapies; genetically-modified organism (GMO); human blood and blood components; human cellular and gene therapy products; human somatic cell therapy and gene therapy; immunogen; immunotoxin; intentionally altered genomic DNA; living vectored cells expressing specific heterologous immunogens; microbial culture; microbial derived proteins; monoclonal antibody; parasite; pathogen; peptide; plasma-derived pharmaceutical; plasma-derived product; plasmid; plasmid DNA vaccine; polynucleotides; polypeptide; protein; recombinant nucleic acid molecules; recombinant or synthetic carbohydrate, protein or peptide antigens; recombinant protein; reference product; regenerative medicine therapies; regenerative medicine advanced therapy; somatic cell therapy; synthetic biological product; synthetic nucleic acid molecules; therapeutic biological product; therapeutic biotechnology; therapeutic biotechnology-derived biological product; therapeutic recombinant DNA-derived product; therapeutic serum; toxin; toxoid; vaccine; virus; well-characterized platform technology; well-characterized therapeutic recombinant DNA-derived and monoclonal antibody biotechnology products; whole, inactivated pathogen.

Sept. 17, 2025 - Note on "Covid-19 mRNA injections" as both biological weapons and vaccines

I disagree with those who state that "Covid-19 mRNA injections" are either biological weapons or vaccines, but cannot be both at the same time.

I think "Covid-19 mRNA injections" can and should be understood as members of the category of products called vaccines and also can and should be classified as biological weapons.

My position is that all vaccines, including but not limited to Covid-19 mRNA injections, are comprised of "biological agents capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism," and therefore all vaccines, including but not limited to Covid-19 mRNA injections, are biological weapons by their physical compositions and capacities for physiological effects.

My position is, further, that all developers, manufacturers and users of all vaccines, including but not limited to Covid-19 mRNA injections, are exempt from criminal prosecution and immune from civil liability, because, in defending themselves from criminal prosecution, they have recourse to presumptive, false but legally-dispositive classification of the undefined, unstandardized, unregulated substances as being for used for "prophylactic, protective, bona fide research, or other peaceful purposes;" and because, in defending themselves from civil litigation, they have recourse (among other defenses) to the fact that there are no design quality standards or manufacturing quality standards, against which their own acts of design and manufacturing could be found defective.

In other words, I don't think Covid-19 mRNA injections are excluded from the category of undefined, non-standardized, unregulated substances known as "vaccines."

I do think that Covid-19 mRNA injections are included in the category of undefined, non-standardized, unregulated substances known as "vaccines."

Because I think that all vaccines are comprised of "biological agents capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism," I think that all vaccine manufacturing should be brought to an end, and all vaccination programs should be brought to an end.

Because I think that vaccine manufacturing facilities are legalized sites for biological weapons manufacturing, and vaccination programs are legalized forms of intentional poisoning, I think that the most fruitful way to end vaccine manufacturing and end vaccination programs is for individual people to decide to stop taking vaccines and decide to stop vaccinating babies and children; for individual people to stop recommending, urging or advising others to take vaccines and stop urging others to vaccinate babies and children; and for individual people to help other individual people decide to stop taking vaccines and decide to stop vaccinating babies and children.