Katherine Watt: Parsing “Yay, We Did It!” Informational Misdirection Campaigns.

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by **Katherine Watt**, *Bailiwick News*
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I’m on some email mailing lists for some of the more prominent ‘medical freedom movement’ organizations.

Without naming the organizations or the individual leaders, below is my analysis of recent messages from movement leaders that can be paraphased as “Yay, we did it!,” especially regarding campaigns directed at the World Health Organization, and “Next target!,” especially regarding gain-of-function research on so-called pathogens with pandemic potential.

The things they don’t talk about matter more than what they do talk about.

“Yay, we did it!” focused on WHO campaigns, is a method to induce readers, listeners and viewers to misunderstand and ignore legal authorities already centralized by domestic communicable disease control law, vaccine production and supply contracts (domestic and international), and international Mutual Recognition Agreements, already invoked and enforced during Covid, and to a lesser extent, during previous alleged pandemics.

Currently there’s also a focus on “gain-of-function” laboratory activity as a source of pandemic-potential pathogens, as contrasted with naturally-evolving or zoonotic

pathogens.

These fake targets for public distress – imminent (rather than accomplished) centralization of global public-health-predicated governing authority, deadly global pandemic-potential pathogens and gain of function research – are offered for several reasons:

1. To reinforce the fear- and compliance-sustaining **lie** that pathogens can be, or can be manipulated to become, existential threats to society: sustainably and simultaneously very deadly and very transmissible communicable disease vectors.
2. To funnel public attention and effort into wasteful, irrelevant campaigns to legally influence supralegal (operating outside the law with global legal immunity) organizations (i.e. UN, WHO, WEF), and to de-fund or prohibit gain of function research.
3. To leave unrecognized and unchallenged the intrinsic heterogeneity, instability and toxicity of biological products, including vaccines, better understood as legalized poisons designed, intended and used for more than a century to mutilate, sterilize and kill recipients.
4. To leave unrecognized and unchallenged the real threat of global deception and coercion programs already established and led by the US government and central banks, already operative through US state and county governments, international organizations (UN, WHO, WEF) and other national governments and their political subdivisions.

Misleaders want people to believe these **falsehoods**:

- Deadly global pandemic pathogens transmitting communicable diseases have occurred in the past and will occur again, especially through development and circulation of “gain of function” pathogens of pandemic

potential.

- Past, current, emerging, novel, and/or future pandemic pathogens legally and morally justify centralized US-government and central-bank-controlled (UN-WHO-fronted) military and financial control of global pandemic and public health emergency preparedness and response programs.
- US-government- and central bank-controlled (UN-WHO-fronted) governments don't yet have operative legal, military and financial authority to surveil, test, quarantine, isolate and compel submission to treatment for alleged infection with alleged pandemic pathogens.
- US-FDA is a regulatory agency legally obligated, and historically functioning, to regulate the manufacture of drugs, devices, biological products (including vaccines), for safety, efficacy and purity, and therefore people should have confidence in US-FDA's reviews, decisions and pronouncements.
- Vaccines and other biological products are non-toxic, non-weapon, medicinal product class, and therefore people should have confidence in and consume these products.
- EUA countermeasures (drugs, devices, biological products, vaccines) are intended, designed, effective, manufactured, and regulated for treating and/or preventing infection with deadly pandemic pathogens.

Misleaders want people to misunderstand or ignore these truths:

1. Deadly global pandemic pathogens are not possible, by natural evolution or by "gain-of-function" lab-development. Whatever their initial virulence (severity or harmfulness), as communicable disease outbreaks spread among living organisms, they weaken and burn out as populations' individual and aggregate immune systems respond.

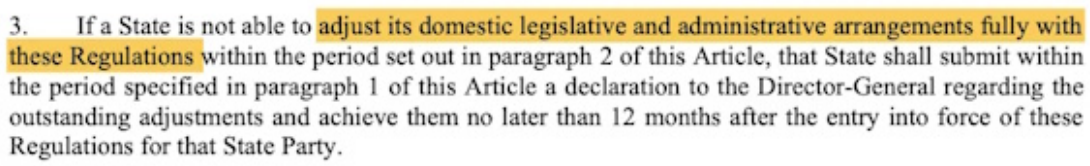
Note: I think globalist killers expedited their vaccine-mediated worldwide poisoning program starting in the 1950s with national polio vaccination campaigns partly because, in combination with better water and sewage treatment systems, faster international travel – especially air travel – had rapidly moved the world's people toward much higher individual and aggregate immunity to many previously regionally-transmitted communicable disease vectors.

2. There is no moral or legal justification for centralized US-government and central-bank-controlled (UN-WHO-fronted) military and financial control of global pandemic/public health emergency preparedness and response programs.

3. Deadly chemical weapons, fraudulent mass testing, and fraudulent mass media campaigns can and have been developed and deployed to simulate outbreaks of deadly communicable disease and drive public credulity in the core lies listed above.

4. USA-FDA does not regulate manufacture of vaccines and other biological product. US-FDA simulates regulation, and has never established or enforced measurable, validated standards for vaccine or biological product identity, safety, efficacy or purity.[1]

5. UN-WHO, International Health Regulations (2005), require member states to "adjust domestic legislative and administrative arrangements" to comply with IHR regulations.



3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations within the period set out in paragraph 2 of this Article, that State shall submit within the period specified in paragraph 1 of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party.

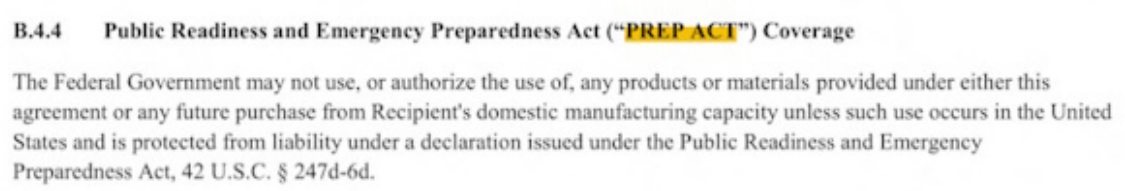
WHO IHR, 2005, Article 59.3

6. Centralized military and financial control of pandemic preparedness and response provisions are embedded in US domestic law (federal statutes, regulations, executive orders, commercial contracts and treaties; state laws and contracts, county emergency management plans and contracts), in compliance with UN-WHO IHR, 2005, and UN-WHO IHR, 2022 amendments, and have been built in and developed for several decades including provisions authorizing military, law enforcement and public health officers to engage in warrantless surveillance, inspection, testing, apprehension, detention, quarantine, isolation, compulsory treatment; provisions authorizing exemptions/waivers/exclusions from cGMP and related requirements for routine vaccination products and for EUA countermeasures; and provisions authorizing vaccine manufacturer and administrator (nurse, pharmacist, doctor) civil and criminal liability indemnification since 1986 for routine vaccination-poisoning and since the 2005 PREP Act for emergency countermeasure vaccination-poisoning and other EUA drugs, devices and biological products.

1. 42 USC 262 through 263-1 - Regulation of biological products; Enhanced control of dangerous biological agents and toxins; etc. (licensing of biological product manufacturing, including vaccines) ←**Enacted by US Congress in 1944.**
2. 42 USC 264 through 272 - Quarantine and inspection, regulations to control communicable diseases (foreign, domestic inspection and quarantine provisions; etc.) ←**Enacted by US Congress in 1944**
3. 50 USC 1511 through 1528 - Chemical and biological warfare program (authorization and funding for chemical and biological weapon research and use on human targets) ← **Enacted by US Congress in 1969**
4. 42 USC 243 through 247d-12 - Public health service, federal-state cooperation (public health emergencies; vaccination tracking and distribution; liability immunity for vaccine manufacturers and users under emergency declarations; etc.) ← **Enacted by US Congress in 1983**
5. 42 USC 300aa-1 through 300aa-34 - Vaccines (national vaccination programs; liability immunity for vaccine manufacturers and users under non-emergency conditions; etc.) ←**Enacted by US Congress in 1986**
6. 21 USC 360bbb through 360bbb-8d - General provisions relating to drugs and devices (emergency use authorization/EUA product manufacturing, distribution; medical countermeasures; etc.) ← **Enacted by US Congress in 1997**
7. 42 USC 300hh through 300hh-37 - National all-hazards preparedness for public health emergencies (national planning, coordination, chain-of-command, execution for military and medical personnel during declared public health emergencies; etc.) ← **Enacted by US Congress 2002**
8. 6 USC 104 through 106 - National biodefense strategy (national biodefense strategy; implementation plans; etc.) ← **Enacted by US Congress 2016**
9. 21 USC 2151b, statutory note, Sec. 5559 through 5566 - Population planning and health programs, international pandemic preparedness. ←**Enacted by US Congress in 2022**
10. 6 USC 741 through 825 - Comprehensive preparedness system; national preparedness system ←**Enacted by US Congress in 2006**; global catastrophic risk management. ←**Enacted by US Congress in 2022**

Repealable US domestic federal public health emergency, communicable disease control, pandemic preparedness and response laws.

7. Vaccine and other countermeasure production contracts between the US military and pharmaceutical companies condition manufacturing, distribution and use on intact PREP Act statutes and active PREP Act declarations.



B.4.4 Public Readiness and Emergency Preparedness Act ("PREP ACT") Coverage

The Federal Government may not use, or authorize the use of, any products or materials provided under either this agreement or any future purchase from Recipient's domestic manufacturing capacity unless such use occurs in the United States and is protected from liability under a declaration issued under the Public Readiness and Emergency Preparedness Act, 42 U.S.C. § 247d-6d.

2020.04.16 DoD Moderna Contract PREP Act Sec B.4.4

11.1 PREP Act.

In accordance with the Public Readiness and Emergency Preparedness Act ("PREP Act"), Pub. L. No. 109-148, Division C, Section 2, as amended (codified at 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e), as well as the Secretary of HHS's Declaration Under the Public Readiness and

Emergency Preparedness Act for Medical Countermeasures Against COVID-19, 85 Fed. Reg. 15198 (Mar. 17, 2020, effective Feb. 4, 2020), and amended on April 15, 2020, 85 Fed. Reg. 21012, and on June 8, 2020, 85 Fed. Reg 34740 (together, the "Prep Act Declaration"):

(i) This Agreement is being entered into for purposes of facilitating the manufacture, testing, development, distribution, administration, and use of "Covered Countermeasures" for responding to the COVID-19 public health emergency, in accordance with Section VI of the PREP Act Declaration;

(ii) Pfizer's performance of this Agreement falls within the scope of the "Recommended Activities" for responding to the COVID-19 public health emergency in accordance with Section III of the PREP Act Declaration; and

(iii) Pfizer is a "Covered Person" per Section V of the PREP Act Declaration.

Therefore, in accordance with Sections IV and VII of the PREP Act Declaration as well as the PREP Act (42 U.S.C. § 247d-6d), the Department of Defense contracting via assisted acquisition on behalf of the HHS, expressly acknowledges and agrees that the HHS Declaration cited above, specifically its language providing immunity from suit and liability is applicable to this Agreement, as long as Pfizer's activities fall within the terms and conditions of the PREP Act and the PREP Act Declaration.

The Government may not use, or authorize the use of, any products or materials provided under this Agreement, unless such use occurs in the United States and is protected from liability under a declaration issued under the PREP Act, or a successor COVID-19 PREP Act declaration of equal or greater scope.

2020.07.21 DoD ATI Pfizer Contract PREP Act Sec 11.1

8. International sales contracts condition supply of products manufactured by US military contractors, to non-US governments, on purchasing government adoption and maintenance

of indemnification laws.

8. **INDEMNIFICATION**.

8.1 Indemnification by Purchaser. Purchaser hereby agrees to indemnify, defend and hold harmless Pfizer, BioNTech, each of their Affiliates, contractors, sub-contractors, licensors, licensees, sub-licensees, distributors, contract manufacturers, services providers, clinical trial researchers, third parties to whom Pfizer or BioNTech or any of their respective Affiliates may directly or indirectly owe an indemnity based on the research, development, manufacture, distribution, commercialization or use of the Vaccine, and each of the officers, directors, employees and other agents and representatives, and the respective predecessors, successors and assigns of any of the foregoing ("**Indemnitees**"), from and against any and all suits, claims, actions, demands, losses, damages, liabilities, settlements, penalties, fines, costs and expenses (including, without limitation, reasonable attorneys' fees and other expenses of an investigation or litigation), whether sounding in contract, tort, intellectual property, or any other theory, and whether legal, statutory, equitable or otherwise (collectively, "**Losses**") arising out of, relating to, or resulting from the Vaccine, including but not limited to any stage of design, development, investigation, formulation, testing, clinical testing, manufacture, labeling, packaging, transport, storage, distribution, marketing, promotion, sale, purchase, licensing, donation, dispensing, prescribing, administration, provision, or use of the Vaccine.

8.2 Assumption of Defense by Purchaser. The Indemnitee(s) shall notify Purchaser of Losses for which it is seeking indemnification pursuant hereto ("**Indemnified Claims**"). Upon such notification, Purchaser shall promptly assume conduct and control of the defense of such Indemnified Claims on behalf of the Indemnitee with counsel acceptable to Indemnitee(s), whether or not the Indemnified Claim is rightfully brought; provided, however, that Purchaser shall provide advance notice in writing of any proposed compromise or settlement of any Indemnified Claim and in no event may Purchaser compromise or settle any Indemnified Claim without Indemnitee(s)'s prior written consent, such consent not to be unreasonably withheld. Indemnitee(s) shall reasonably cooperate with Purchaser in the defense of the Indemnified Claims.

2021 Pfizer-Albania Contract Indemnity Sec 8

9.5 Conditions Precedent to Supply.

Purchaser represents that it has and will continue to have adequate statutory or regulatory authority and adequate funding appropriation to undertake and completely fulfil the indemnification obligations and provide adequate protection to Pfizer and all Indemnitees from liability for claims and all Losses arising out of or in connection with the Vaccine or its use. Purchaser hereby covenants and acknowledges and agrees that a condition precedent for the supply of the Product hereunder requires that Purchaser shall implement and maintain in effect such statutory or regulatory requirements or funding appropriation sufficient to meet its obligations in this Agreement prior to supply of the Product by Pfizer and thereafter shall maintain such statutory and regulatory requirement and funding appropriation, each as applicable, for so long as necessary to meet all of Purchaser's obligations under this Agreement, including, without limitation, any such obligations that, pursuant to Section 6.5, survive expiration or termination of this Agreement. For clarity, the sufficiency of such statutory or regulatory requirements or funding appropriation shall be in Pfizer's sole discretion. Purchaser acknowledges that Pfizer's supply of Product hereunder is in reliance (without any duty of investigation or confirmation by or on behalf of Pfizer or its Affiliates), *inter alia*, on Purchaser's representations and covenants under this Section 9.5, Purchaser implementing and maintaining in effect the requirements and funding appropriation described in this Section 9.5 and the other representations and warranties made by Purchaser under this Agreement.

9.6 Condition Precedent. Purchaser further covenants and acknowledges and agrees that a condition precedent to the effectiveness of this Agreement requires that the Normative Act, and the entry into this Agreement thereunder, be ratified by a law of the Albanian parliament in accordance with Albanian law within ten (10) days of the Effective Date (the "**Approval**"). Purchaser shall notify Pfizer immediately upon issuance of such Approval

2021 Pfizer Albania Contract Conditions Precedent to Supply Normative Act Sec 9.5

9. International Mutual Recognition Agreements (MRAs) absolve federal drug regulators of non-US countries of legal responsibility for cGMP manufacturing regulation, transferring regulatory functions to US-FDA: global drug non-regulator under US laws exempting biological products, vaccines and EUA countermeasures from cGMP compliance.

Article 9

Batch testing

In the EU, as provided in Article 51 paragraph 2 of Directive 2001/83/EC of the European Parliament and of the Council (1) and in Article 55 paragraph 2 of Directive 2001/82/EC of the European Parliament and of the Council (2), the qualified person will be relieved of responsibility for carrying out the controls laid down in Article 51 paragraph 1 of Directive 2001/83/EC and in Article 55 paragraph 1 of Directive 2001/82/EC provided that these controls have been carried out in the United States, the product was manufactured in the United States and that each batch/lot is accompanied by a batch certificate (in alignment with the WHO certification scheme on the quality of medicinal products) issued by the manufacturer certifying that the product complies with requirements of the marketing authorization and signed by the person responsible for releasing the batch/lot.

1998 US-EU Mutual Recognition Agreement, Article 9, no batch testing, cGMP enforcement

1 FDA history of non-regulation of vaccines and other biological products, series:

- Dec. 19, 2023 – Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- March 8, 2024 – Part 1: Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines
- March 12, 2024 – Part 2: Statutory and regulatory definitions for drugs, biological products, and biosimilars
- March 15, 2024 – Part 3: Deregulation of biological product manufacturing, mid-1990s to present
- March 20, 2024 – Part 4: Vaccines have always been heterogeneous mixtures of toxins used to intentionally sicken people and animals
- March 21, 2024 – Part 5: Vaccine and related biological

product manufacturing as US government-licensed poison manufacturing Evidence from November 1986 'mandate for safer childhood vaccines' codified at 42 USC 300aa-27, and July 2018 stipulation by HHS.

- April 3, 2024 – Part 6: On why FDA revised written non-rules for non-regulation of biological products to make them more unintelligible, inapplicable and unenforceable since the 1990s.
- April 25, 2024 – Part 7: Terms, phrases and organizations involved in worldwide regulatory and manufacturing deception surrounding vaccines and other biological products.
- May 21, 2024 – Part 8: There is no legal limit to the amount of so-called contamination that can legally be included in vaccines or any other biological products.
- May 25, 2024 – Part 9: On FDA buildings as virtual mailboxes to project the public illusion of biological product manufacturing regulation.
- June 4, 2024 – Part 10: Sen. Rand Paul, FDA Modernization Act 2.0, and animal testing of new drugs.

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Vaccine and Related

Biological Product Manufacturing as US Government-Licensed Poison Manufacturing.

Vaccine and Related Biological Product Manufacturing as US Government-Licensed Poison Manufacturing.

> ***Evidence From November 1986 'Mandate for Safer Childhood Vaccines' Codified at 42 USC 300aa-27, and July 2018 Stipulation by HHS.***

by **Katherine Watt**, *Bailiwick News*
March 21, 2023

Summary of legal history findings to date

The development since 1944, of American statutes and regulations governing US-Food and Drug Administration product licensing functions and non-functions, along with international Mutual Recognition Agreements and public health emergency/emergency use authorization/medical countermeasures law, support the conclusion that *all* biological products allegedly regulated by the FDA for compliance with manufacturing quality standards, distributed and used on the American population – and through MRAs, exported to countries around the world for use on populations worldwide – are in fact, unregulated.

Laws have been written to enable operators of biological product manufacturing facilities to legally make and distribute poisons. Legalized poisons are produced by US military-public health contractors working under black box conditions inside pharmaceutical factories in the US and in

countries occupied by US financial, public health and military forces.

FDA, DoD and military-pharmaceutical manufacturing contractors don’t take every opportunity to adulterate every production run. They have vested interests in keeping the public in the dark about their legal access to production lines, and the availability of some harmless and/or beneficial products makes it more difficult for people to understand that the chemical and biological weapons emerging from the same factories are weapons.

The toxicity of vaccines and vaccine-related biological products has been incrementally increased over time.

Injuries and deaths caused by vaccines are falsely attributed to communicable disease, inherited genetic disorders and environmental exposures by the same public health, military and pharmaceutical manufacturing executives jointly running the intentional poisoning programs.

One of the most striking features of this almost-unimaginably vast military/public-health/pharmaceutical deception program is how the things that don’t happen matter as much as – and often more than – the things that do happen.

The records that can’t be located are as revealing as, and often more revealing than, the records that can be found.

One vivid example: blank pages enclosed as package inserts with Covid-19 vaccines.

Another example: if there had ever been any legal requirement for FDA to prevent Covid-19 vaccines from harming clinical trial subjects, and from later harming recipients in what many still irrationally insist is a consumer product market, FDA officials would have denied all of the Covid-19 vaccine

manufacturers' licensing applications submitted starting in February and March 2020.

FDA would have denied the applications based on evidence accrued since genetic engineering research began, about harms caused to animal and human recipients of cell- and gene-based compounds, lipid nanoparticles, and other components listed on and/or redacted from application documents.

FDA did not deny manufacturers legal access to human targets.

Instead, FDA authorized legal access to several thousand targets in spring, summer and fall 2020, and then authorized legal access to everyone else in the world in December 2020.

Following FDA's failure to deny manufacturers' authorization to conduct what have since been revealed as fake clinical trials, if FDA had held a legal obligation to protect the public from biological product poisons, FDA officials would have immediately halted the alleged clinical trials in mid-2020 upon the first reported adverse effects and deaths.

Failing that, a drug manufacturing regulator with a legal obligation to protect people from harm would have immediately recalled all Covid-19 vaccines as soon as general public recipients in December 2020 and early 2021 started having anaphylactic reactions, developing heart damage and turbo-cancers and dropping dead; as soon as women started shedding decidual casts and miscarrying babies in the womb; and as soon as all the other injuries, diseases and deaths became clearly observable worldwide. (*See,* for example, Pfizer 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports received through Feb. 28, 2021, Table 1 at p. 7)

FDA did not halt the pretend clinical trials, and has not recalled the vaccines, ordered the manufacturers to cease production, or ordered pharmacists, nurses and doctors to stop using them.

National Childhood Vaccine Injury Act

The "mandate for safer vaccines" section of the 1986 National Vaccine Act and the Vaccine Injury Compensation Program offers another good example of events that should have taken place but didn't, and records (recording those events) that should have been produced but weren't.

In November 1986, Congress and President Reagan passed the State Comprehensive Mental Health Services Plan Act.

The National Childhood Vaccine Injury Act section of the act (Title III) amended the 1944 Public Health Service Act to establish and fund a National Vaccine Program; grant vaccine manufacturers legal immunity for injuries and deaths caused by their products; and establish and fund a National Vaccine Injury Compensation Program, all of which was codified at 42 USC 300aa et seq.

At 42 USC 300aa-27, Congress established a "mandate for safer vaccines."

> (a) General rule. In the administration of this part and other pertinent laws under the jurisdiction of the [HHS] Secretary, the Secretary shall—
>
> (1) promote the development of childhood vaccines that result in fewer and less serious adverse reactions than those vaccines on the market on December 22, 1987, and promote the refinement of such vaccines, and
>
> (2) make or assure improvements in, and otherwise use the authorities of the Secretary with respect to, the licensing, manufacturing, processing, testing, labeling, warning, use instructions, distribution, storage, administration, field surveillance, adverse reaction reporting, and recall of reactogenic lots or batches, of

vaccines, and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.

(b) Task force

(1) The Secretary shall establish a task force on safer childhood vaccines which shall consist of the Director of the National Institutes of Health, the Commissioner of the Food and Drug Administration, and the Director of the Centers for Disease Control.

(2) The Director of the National Institutes of Health shall serve as chairman of the task force.

(3) In consultation with the Advisory Commission on Childhood Vaccines, the task force shall prepare recommendations to the Secretary concerning implementation of the requirements of subsection (a).

(c) Report. Within 2 years after December 22, 1987, and periodically thereafter, the Secretary shall prepare and transmit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report describing the actions taken pursuant to subsection (a) during the preceding 2-year period.

The 1986 National Childhood Vaccine Injury Act gave manufacturers immunity from liability for injuries and deaths caused by vaccines listed on the government-recommended childhood immunization schedule.

One of the justifications used to exempt manufacturers from liability was that the US government, through the Department of Health and Human Services, would monitor the childhood vaccine program, collect safety data, report the data to Congress to provide oversight, and take harmful vaccines off

the market.

Safety monitoring and reporting as called for in the 1986 law did not occur.

In August 2017, the Informed Consent Action Network (ICAN) filed a FOIA request with HHS, requesting copies of the biennial reports that should have been prepared and submitted to House and Senate committees between 1987 and 2018.

In June 2018, HHS responded to ICAN's request:

> *"The [Department]'s searches for records did not locate any records responsive to your request. The [HHS] Immediate Office of the Secretary (IOS) conducted a thorough search of its document tracking systems. The Department also conducted a comprehensive review of all relevant indexes of HHS Secretarial Correspondence maintained at Federal Records Centers that remain in the custody of HHS. These searches did not locate records responsive to your request, or indications that records responsive to your request and in the custody of HHS are located at Federal Records Centers."*

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

The stipulation quoted the June 2018 acknowledgement, by HHS, that HHS had no record of any safety monitoring activity or public, Congressional reporting of the childhood vaccination program, under the 1986 law, between 1986 and 2018.

Later two reports were located, filed on May 4, 1988 and July 21, 1989 (partial, no appendices). The 1988 and 1989 reports addressed vaccine promotion, vaccine supply, vaccine research activity (see, for example, pp. 67-78 of 1988 report), and set-up of reporting and data analysis programs.

Since 1989: nothing.

HHS has never systematically collected or reported information from parents, pediatricians, toxicologists, manufacturers, or anyone else about harms caused by childhood vaccines administered in single doses, combined doses (i.e. measles-mumps-rubella), or cumulative doses (the childhood schedule), and HHS has never collected or reported information about the harmful effects of biological components, chemical adjuvants, preservatives or any other ingredients.

What would a true vaccine monitoring, reporting and product safety program have looked like?

It would have included detailed records of:

- Date, time and location of vaccine administration, including the name of the nurse or other health care worker who administered the vaccine, and the doctor who ordered the vaccine.
- Parent and doctor observations of symptoms of injury in the baby and child post-vaccination: what the symptoms were, when they occurred in relation to the vaccine, how long they lasted, how severe they were, whether they were transient or chronic, and whether the parent was subsequently advised to refrain from further vaccination of the child.
- Serial number of the vaccine vial, identifying the manufacturing facility by name and address, lot number, batch number, date of manufacture, and names of production line workers who prepared the batch, separated out the lot, and filled the vial.
- Dates, times and shipping methods through which the vaccine vial was shipped from the factory and received by the doctors' office, hospital or pharmacy.
- Storage and handling of the vaccine vial by the

employees at the doctors' office, hospital or pharmacy.

- Each chemical and biological component listed or not listed on the vaccine label, including chemical and molecular structure, raw materials, cell lines, active ingredients, adjuvants, preservatives and all other components.
- Each manufacturing protocol used at each step in the production process, fully describing the chemical and biological reactions, procedures and methods used to make each component of the vaccine, including the final, finished product.
- Names of the suppliers of each chemical and biological ingredient; date and time at which each ingredient was delivered to the vaccine factory; name of the employee who received the delivery.
- FDA inspections of the manufacturing facility during the period when the vaccine was manufactured, including date and time of inspections and names of the inspectors.
- Samples and protocols from the lot, submitted by the manufacturers to the FDA Bureau of Biologics, including date, time, shipping method and name of the person who submitted the samples and protocols.
- Samples and protocols from the lot, received by the FDA Bureau of Biologics, including date, time, shipping method and the name of the person who received the samples and protocols.
- Results of sample and protocol testing, by FDA inspectors, validating that the sample contained the compounds listed on the label; did not contain any compounds (adulterations or contaminants) not listed on the label; and that the protocol the manufacturer reported using, in fact yielded a chemically and biologically identical final product when applied by an FDA inspector to the same ingredients in the same sequence using the same methods.
- FDA written certification of each lot for release, distribution and use, including names of FDA inspectors,

signatures and dates of lot-release.

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

No vaccine manufacturing safety regulation has been conducted by FDA, NIH, CDC or any other HHS department, at any time since Congress passed the 1986 “mandate for safer vaccines.”

Or, if such evidence has been collected, it’s been collected under classified military data collection systems, to confirm and refine national vaccination programs as an effective chemical and biological weapons production and distribution system capable of deniably inducing rapid death (i.e. Sudden Infant Death Syndrome) and chronic diseases including asthma, allergies, neurological disorders, gastrointestinal disorders, autoimmune disorders, heart disease, diabetes, obesity, cancer and other immune-mediated diseases.

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Vaccines Have Always Been

Heterogeneous Mixtures of Toxins Used to Intentionally Sicken People and Animals.

Vaccines Have Always Been Heterogeneous Mixtures of Toxins Used to Intentionally Sicken People and Animals.

> ***Public health and regulatory systems have consistently hidden those truths behind false claims about the effects of vaccines, and behind legalized non-regulation of biological product manufacturing.***

by **Katherine Watt**, *Bailiwick News*
March 20, 2024

The US Food and Drug Administration and other drug manufacturing regulators claim that drug manufacturing regulation is about assessing product purity, sterility, potency, safety and efficacy to protect humans and animals from impure, adulterated, contaminated, impotent, harmful, and/or ineffective products.

Biological products can be defined as a subset of the larger category of drugs. Biological products are drugs manufactured through biological processes that take place within living organisms. Drugs that aren't biological products are manufactured through chemical processes. Vaccines are included in the biological products class of drugs.

A defining characteristic of biological products, in legal terms, is their rule-governed exemption from regulatory oversight that applies to and is enforceable for drugs manufactured using chemical processes.

One of several defining characteristics of biological products

as murder weapons, is their ability to biologically incorporate into the target's body, such that weapons become indistinguishable from victims. Empty vials, syringes and other residual evidence disappears into garbage dumps and medical waste incinerators.

Eleanor McBean published a book in 1957 called *Poisoned Needle*.

She carefully documented the history of vaccination lies prior to and since Edward Jenner's cow-pox and smallpox lies. She collected dozens of doctors' observations throughout the 1700s, 1800s and early 1900s, supporting the conclusion that vaccines have always been nothing more than toxic slurries introduced into healthy people and animals for the purpose of making them weaker and sicker and dead, while enabling the poisoners to lie to themselves and to their victims about what they're doing, how and why.

One example from *Poisoned Needle*:

> Dr. J. W. Hodge had considerable experience with vaccination before he denounced it and wrote a book on his collected data. In his [1902] book *The Vaccination Superstition* (p. 41) he states:
>
> *"After a thorough investigation of the most authentic records and facts in harmony with the physician's daily observations and experiences, the conclusion is drawn that instead of protecting its subjects from contagion of smallpox, vaccination actually renders them more susceptible to it.*
>
> *"**Vaccination is the implantation of disease – that is its admitted purpose**. Health is the ideal state to be sought, not disease . . . Every pathogenic disturbance in the infected organism wastes and lowers the vital powers, and*

> *thus diminishes its natural resisting capacity.*
>
> *"This fact is well known and so universally conceded that it seems superfluous to cite authorities. Nevertheless, I shall mention one. The International Textbook of Surgery – Vol. 1. p. 263, is authority for the following statement: 'Persons weakened by disease or worn out by excessive labor yield more readily to infection than healthy individuals.'*
>
> *"If this is true, it explains why, in various epidemics, smallpox always attacks the vaccinated first, and why these diseases continue to infest the civilized world while its allied (unvaccinated) 'filth diseases' have disappeared before the advance of civilization, through the good offices of sanitation, hygiene and improved nutrition."*

For the last few years, I've been documenting the development of American public health emergency anti-law as a distinct layer of statutes, regulations, executive orders and court cases that overrides and suspends good laws criminalizing (among other crimes) intentional use of poisons, including vaccines, to injure and kill people.

Public health emergency law as a tool to enable deniable, spatially-distant, time-shifted homicide became more visible because public health emergency law was used to start the Covid-19 killing programs and is still being used to maintain the Covid-19 killing programs.

Public health emergency statutes, regulations, executive orders and court cases govern, among other things, non-regulation of poisons (i.e. emergency use authorization/EUA countermeasures) during declared emergencies.

In December 2023, I located a *Federal Register* Notice of Final

Rule through which then-FDA Commissioner Scott Gottlieb shut the doors of all biological product manufacturing facilities to FDA inspections, effective May 2, 2019, eight months before public announcement of Covid-19, and more than a year and a half before the Covid-19 mass vaccination campaign got underway in December 2020.

This fact helps to answer the question: How could hundreds of millions of doses be manufactured, shipped and ready for use a few weeks after the FDA's December 2020 "emergency use authorization" decisions? Manufacturing began well before Covid was announced, inside factories not subject to inspection. That's how.

Reading Gottlieb's rule-change a few months ago, I realized that non-regulation of biological product manufacturing under routine, non-emergency conditions, had been in effect – or, rather, non-effect – since long before Covid, and will still be in effect/non-effect even if emergency declarations about Covid and other fake communicable disease and public health threats are revoked someday.

So for the last couple of months, I've been thinking about and collecting more legal evidence that biological product anti-law under non-emergency conditions *also* suspends or overrides good laws criminalizing (among other crimes) intentional use of poisons to injure and kill people, just as effectively as public health emergency anti-laws do.

The legal history of routine non-regulation of all biological products can be assembled in the same way the legal history of emergency-predicated non-regulation of EUA countermeasures has been assembled.

Such a collection would document how, over time, built-in exemptions from otherwise applicable, enforceable manufacturing rules, along with rule changes, and explicit notices from FDA to manufacturers (called Guidance for

Industry) that FDA would not, will not and does not enforce rules, have rendered biological product non-regulation more non-regulatory as each year has passed.

However, sifting through hundreds of rule changes to track each rule as it's become increasingly inapplicable and unenforceable, is an exercise in grasping at smoke. So I'm not planning to pursue it further, unless an attorney contacts me with a credible proposal for a case that would be strengthened by detailed accounts of FDA *Federal Register* rule-making activities over the past half-century or so.

As an example, in November 1973, just after regulation of biological products transferred from NIH Division of Biologics Standards to the FDA Bureau of Biologics, FDA published a revised, consolidated set of biological product manufacturing regulations at 21 CFR 600 to 21 CFR 680.

At 21 CFR 610.11, the 1973 FDA rules established that the only "general safety" test (GST) required to claim a biological product was safe, was to inject a sample into two mice and two guinea pigs. If the two mice and two guinea pigs didn't get "significant symptoms" or die within seven days, "the product meets the requirements for general safety."

FDA authorized "exceptions to this test…when more than one lot is processed each day" and "variations of this test…whenever required." Manufacturers were directed to apply to the Bureau of Biologics (now the Center for Biologics Evaluation and Research) for exemptions.

After a series of revisions, FDA eliminated general safety test requirements for biological products, effective Aug. 3, 2015 (80 FR 37971).

FDA has made dozens of similar rule changes, weakening and eliminating rules about samples, protocols and lot-by-lot release; establishment and product licensing applications; post-approval manufacturing process changes; mixing, diluting

and repackaging and more, including the elimination of facility inspections Gottlieb put in place effective May 2, 2019.

It’s important to understand that the acts FDA officials have committed, to eliminate applicability and enforceability of drug manufacturing regulations for biological product manufacturing, have not been acts to eliminate actual regulation of medicines.

They have been acts to eliminate what has, from the start, been pretend-regulation to enable unimpeded manufacture, distribution and use of intentional poisons, so that their true character as poisons could be hidden from and invisible to the public.

A few weeks ago, I located Mutual Recognition Agreements. MRAs are international trade treaties. When signed and ratified by national governments, MRAs authorize national regulators – including drug regulators – to be “relieved of” their regulatory obligations and instead, recognize and rely on the regulatory decisions of other countries’ regulators, especially the US Food and Drug Administration.

The two systems interlock.

Under the legal terms of MRA treaties, US-FDA can be legally construed as the sole regulator for worldwide drug manufacturing and distribution systems.

Under the legal terms of the US-FDA drug regulation system, all biological product manufacturing can be legally conducted with no substantive disclosure, monitoring or enforcement of rules controlling purity, sterility, safety, potency, efficacy, raw materials, manufacturing processes, or chemical

and biological composition of finished, packaged, distributed products.

Also note, the legal structure of Mutual Recognition Agreements plus FDA-non-regulation-of-biological-products, operates separate from and in addition to the UN-World Health Organization, International Health Regulations system.

National governments interested in shielding their populations from intentional poisoning must withdraw from the United Nations and WHO treaties; must withdraw from the IHR treaty; and also must withdraw from each Mutual Recognition Agreement treaty that subordinates their own federal drug regulation to other countries' regulators, including the US-FDA non-regulation, poison-facilitation system.

It's plausible that some simpler biological products (insulin, for example) may have historically been manufactured, and may still today be manufactured, to meet measurable, achievable standards of safety and batch-to-batch consistency, because doing that would help US-FDA and pharmaceutical companies maintain public confidence and reduce the likelihood that the public would begin to see and understand the biological-product-based intentional poisoning program.

It's also plausible that biological products labeled as vaccines have had, for many decades and still today, a high degree of batch-to-batch variation ranging from low to high toxicity, because that also would be a sensible way for US-FDA and pharmaceutical companies to maintain high levels of public ignorance, complacency and compliance with vaccination programs.

Related Bailiwick reporting and analysis

- Dec. 19, 2023 – Legalized FDA non-regulation of biological products effective May 2, 2019, by Federal Register Final Rule, signed by then-FDA Commissioner Scott Gottlieb.
- Jan. 25, 2024 – Law and Antilaw: 1995 report by Constitution Society
- March 5, 2024 – Four questions and four responses "…Due to changes in US law, acts that are crimes in other legal contexts, such as poisoning, battery, torture and homicide, if carried out by vaccines (and many other drugs, devices and biological products) are legal. Perpetrators cannot be held liable under civil tort law and cannot be prosecuted under criminal law. This intentional poisoning is much more visible to the public because of the Covid-19 events since 2020, so there are more possibilities for stopping the programs. One of the main methods to carry out the mass deception is false attribution of cause and effect…"
- March 8, 2024 – Mutual Recognition Agreements. First in series on legal links connecting domestic and international non-regulation of non-medicines.
- March 12, 2024 – Statutory and regulatory definitions for drugs, biological products, and biosimilars.
- March 15, 2024 – Deregulation of biological product manufacturing, mid-1990s to present.

Connect with Katherine Watt

Cover image credit: Dimhou

USA v. Dr. Kirk Moore et al.: Katherine Watt on DoD's "Vaccine" Bioweapons & the DOJ's Case Against Dr. Kirk Moore

USA v. Dr. Kirk Moore et al.: Katherine Watt on DoD's "Vaccine" Bioweapons & the DOJ's Case Against Dr. Kirk Moore

> *"Cases like Moore's, in which defendants flip the apparent but illusory strength of the DOJ position back on the government, by demanding production of evidence that simply doesn't exist, help expose the foundational fraud.*
>
> *"These cases are useful for building public understanding and public momentum to get at the real crimes and the real criminals."*

USA v. Dr. Kirk Moore et al.

by **Katherine Watt**, *Bailiwick News*
August 8, 2023

Key premises of Bailiwick reporting and analysis

The US military is actively engaged in an organized criminal enterprise to injure and kill large numbers of military personnel and civilians without detection or legal impediment.

One of the most useful tools in the arsenal – because it strikes an effective balance between the killers' two primary interests in speed and deniability – is the deployment of prohibited biochemical weapons labeled as FDA-authorized or FDA-approved 'vaccines.'

The 'vaccine'-based killing program is an extension of medical and psychological torture and homicide programs conducted to kill millions of people (disabled, mentally-ill, Jewish, Catholic, Protestant, Roma, politically-dissident and many more), especially during and since World War II, including but not limited to Aktion T-4 and the Soviet gulag system.

The most recent and most visible phase of the program launched in the US in early 2020, under the title Operation Warp Speed, and resulted in global deployment of psychological fraud and control programs including terrorizing propaganda; social isolation; mask mandates; diagnostic tests; manipulated data presentations (i.e. "dashboards"); prohibition on treatments for symptoms; and financial coercion of hospitals and nursing home death protocols (sedatives, ventilators and toxins).

These components were followed by distribution of three brands of biochemical weapons (Pfizer-BioNTech, Moderna and Johnson & Johnson) with an unknown number of different batch formulations.

The biochemical weapons were and are developed and manufactured under redacted contracts, to DoD specifications, non-compliant with FDA pharmaceutical manufacturing regulations.

They are delivered – by way of the Strategic National

Stockpile and DoD transport systems, non-compliant with FDA pharmaceutical distribution regulations – to retail pharmacies, nursing homes, hospitals, clinics, workplaces, schools, parking lots and medical offices, and from there into the hands of pharmacists, nurses and other 'vaccinators,' for injection into military targets at community-level 'vaccination' clinics.

To date, the contents have not been publicly disclosed.

Independent researchers have identified some but not all components of some vials diverted from the Strategic National Stockpile supply chain, including heavy metals, genetic code fragments, and many other contaminants not listed on applications submitted to regulators by manufacturers, who are working under redacted contracts for the US Department of Defense.

USA v. Dr. Kirk Moore

In January 2023, the US Department of Justice charged Dr. Kirk Moore and three other individuals by indictment, alleging criminal violations of 18 USC 371 (conspiracy to defraud the United States); 18 USC 641 (conspiracy to convert, sell, convey and dispose of government property); and 18 USC 2 (aiding and abetting.)

- Jan. 11, 2023 – United States of America v. Plastic Surgery Institute of Utah, Inc., Michael Kirk Moore, Jr., Kari Dee Burgoyne, Kristin Jackson Andersen; and Sandra Flores

The US government alleged that Dr. Moore and his colleagues:

> *"…ran a scheme…to defraud the United States and the Centers for Disease Control and Prevention ("CDC"), whereby they destroyed hundreds of doses of government-provided COVID-19*

> *vaccines, and in exchange for either direct cash payments or required "donations" to a specified charitable organization, defendants distributed COVID-19 vaccination record cards to persons without administering a COVID-19 vaccine to them and administered saline shots to minor children to trick them into thinking they had received a vaccine…"*

Moore's case is unusual because the US government is prosecuting alleged criminal acts, allegedly committed by civilians, relating to the products known as Covid-19 vaccines.

Most other Covid-19 vaccine cases are civil cases (not criminal prosecutions) and the parties are individual civilians and military personnel as plaintiffs, suing Department of Defense manufacturing contractors (including Pfizer and Moderna) and the US government as defendants – for violations of plaintiffs' civil and constitutional rights.

Whether the US government is the prosecutor or the defendant in any given case, DOJ attorneys work to delay or prevent discovery: the phase of trial preparation in which parties exchange evidence on which each party intends to rely for making their claims and defenses.

But in criminal prosecution cases, government prosecutors sooner or later must disclose evidence, or else drop the charges.

The more the prosecutors want to make a timely public example of a defendant to discourage others inclined to engage in similar conduct that the government doesn't like, the sooner the prosecutors must disclose the evidence they claim will incriminate the defendant and bring the case to trial.

In criminal prosecutions brought by an infiltrated government comprised of un-indicted war criminals, who are *themselves* engaged in criminal conduct (suppressed by

government/media censorship and obscured by government/media propaganda) – which is the situation in the United States since January 2020 and the start of the global and nationwide 'public health emergency' – the DOJ calculus shifts again.

The evidentiary exchange goes both ways, at least for so long as the Attorney General wants to uphold any semblance of a credible criminal justice system, rather than simply convict, sentence and imprison citizens on accusations alone, without evidence and without trial.

For as long as American prosecutors and courts want to keep up the appearance that due process and rule of law remain functional, criminal defendants have the right to request and receive records and other evidence to prepare their defenses.

So prosecutors have to weigh the benefits of disclosing the evidence they believe is incriminating for the defendants, against the risks of being forced to disclose evidence that tends to incriminate themselves, through their conduct (acts and omissions) as treasonous government officials and corrupt prosecutors.

This is particularly tricky for DOJ in cases concerning the alleged "Covid-19 vaccines," because the development, manufacturing, testing, labeling, serialization, distribution, chain-of-custody and use of the products – under Emergency Use Authorization procedures – have been subject to secrecy.

Cloaked by the secrecy, identifiable men and women impersonating US government officials have committed discernible, lethal fraud, to carry out mass murder behind 'public health emergency' camouflage.

Related Bailiwick reporting and analysis:

- Aug. 9, 2022 – US federal crimes for which there is evidence to prosecute Covid-19 bioterrorists who occupy US government positions. And a starter list of

defendants.

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

By program design, the infiltrators posing as US government officials cannot prove that the contents of any vial or batch include or exclude any specific ingredients, nor can they prove the potency or inertness of any ingredients that may or may not have been in each allegedly mishandled vial.

Even more importantly, the infiltrators posing as US government officials do not want the complete lack of label conformity, verification procedures, purity or standardization to become widespread public knowledge.

Using Kirk Moore's case as an example, a useful defense strategy would be for Moore to ask the DOJ to prove two things:

1. That the US government ever produced and delivered any regulated pharmaceutical products or 'vaccines' to his business premises and;
2. That the contents of any vials that may have passed through Moore's office included any ingredients complying with any alleged 'vaccine' labels, information sheets or product specifications listed in applications submitted to FDA and other regulators.

DOJ can't provide that proof, because it doesn't exist.

The proof doesn't exist, because the products allegedly delivered to Moore's office, which he and his staff allegedly improperly disposed of, were and are prohibited biological and chemical weapons, manufactured and adulterated with a wide variety of known and unknown ingredients. These biochemical weapons are exempt from, and therefore non-compliant with, all pharmaceutical regulation.

As such, DoD, CDC and FDA took great care to not produce any pharmaceutical chain-of-custody paper trail between suppliers, manufacturers, distributors, 'vaccinators' and targets.

If they can produce any chain of custody records at all, those records will demonstrate that the products are military-grade biological and chemical weapons passed through the Strategic National Stockpile – not handled by regulated pharmaceutical distributors – under direct military control from the point at which raw materials entered production facilities to delivery of finished vials to retail pharmacies, medical offices, drive-through vaccination centers and other "points of dispensing."

Moore's defense boils down to:

> *"What vaccines?*
>
> *I never handled any vaccines, and neither did anyone in my office."*

Cases like Moore's, in which defendants flip the apparent but illusory strength of the DOJ position back on the government, by demanding production of evidence that simply doesn't exist, help expose the foundational fraud.

These cases are useful for building public understanding and public momentum to get at the real crimes and the real criminals.

In support of civil and criminal litigation – including defenses to prosecutions like the one filed against Dr. Moore and his co-defendants – Sasha Latypova and I prepared a set of proposed discovery questions.

These discovery materials can be adapted for use by injured plaintiffs pursuing civil cases and by defendants facing US Government prosecution for their acts of resistance to criminals occupying high-level US Government positions.

These materials can also be used to deepen public understanding and resistance to the globalists' control-and-kill programs.

- 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 biochemical weapons. PDF.

Connect with Katherine Watt

Cover image credit: CDD20

"Covid" Vaccines Were Deployed by the US Department of Defense as "Countermeasure Prototypes" With No Safety Testing Required, Using the General Public as Guinea Pigs

[“Covid” Vaccines Were Deployed by the US Department of Defense as “Countermeasure Prototypes” With No Safety Testing Required, Using the General Public as Guinea Pigs]

> *“As if that news were not troubling enough, Katherine and Sasha learned that anyone who examines the contents of the vaccines vials can be legally punished for doing so. Pharmacists and doctors warned that the vials are property of the US government, so having the vials tested would expose them to criminal charges.”*

[The Military Authorized the Vaccine | Sasha Latypova]

by **James Patrick**, *Big Picture*
July 22, 2023

I found Sasha Latypova through a colleague in Europe. The day I met Sasha at her villa in California, the skies were overcast, which correlated with the subject matter of the interview. Now retired, Sasha had had a very successful career as an independent contractor designing clinical trials for the largest pharmaceutical companies in the world.

During our interview, I was stunned by some of the conclusions Sasha had reached regarding which government agencies actually authorized the vaccines. Through the COVID crisis, Sasha teamed up with a paralegal in Pennsylvania named Katherine Watt who conducted very thorough research that unearthed the legal framework through which the vaccines were approved and

deployed. You can find her work here.

Katherine Watt discovered that the covid vaccines were authorized not by the FDA but by the US Department of Defense as countermeasure prototype demonstrations. This revelation ties in with a prior BIG PICTURE interview with Brook Jackson, who managed a piece of the Pfizer clinical trials for a Pfizer contractor, found fraud, and was fired for bringing the irregularities to the attention of her superiors. When Brook later sued the government for purchasing vaccines that were not properly FDA approved, the government's response was that they were not FDA approved but approved instead by the DOD.

Coincidentally, Katherine Watt uncovered the existence of a joint Health and Human Services and Department of Defense program to combat bioterrorism or natural outbreaks through the rapid deployment of "countermeasure prototype demonstrations." This is a shockingly broad term that basically means "anything whipped up by the military that they think may be of use." In other words, they are rapidly whipped-up secret recipe military vaccines that require no approval other than the say so of the HHS secretary and his belief they may be of benefit. No testing needed, no clinical trials required.

The general public is now the unwitting guinea pig. This means all the COVID vaccines everyone has been receiving were actually produced by the military under a martial law legal structure and the public is being unwittingly injected with not just experimental vaccines, but with military prototypes that were never intended to receive any FDA approval.

This strange scenario explains why the regulators (FDA) behaved so strangely and why no one was ever punished for the rushed and fraudulently conducted clinical trials.

Operation Warp Speed was a military operation complete with sophisticated propaganda strategies. These psychological

propaganda programs targeted films like my Planet Lockdown film. The public was encouraged to take the vaccines by psychological warfare units of the military. Yet it is illegal under the 1878 Posse Comitatus Act for the military to operate on US soil.

As if that news were not troubling enough, Katherine and Sasha learned that anyone who examines the contents of the vaccines vials can be legally punished for doing so. Pharmacists and doctors warned that the vials are property of the US government, so having the vials tested would expose them to criminal charges.

I must ask: If these are simply experimental vaccinations for a novel flu, why on god's green earth are all these unusual measures needed? This is quite suspicious, and, in my experience, suspicious people tend to act suspiciously . . . and are up to something they don't want you to know . . .

Please join me and learn just how Sasha discovered what she did, the logic she followed, and where it led her. I think you will understand why the truth disturbed her enough to come forward and share it with the world. She is committed to getting this information so that we cannot be fooled the next time a "pandemic" is announced.

Video available at PlanetLockdown Odysee & Rumble channels.

Connect with Patrick James

Connect with Sasha Latypova

Connect with Katherine Watt

The European Commission and WHO Launch Landmark Digital Slavery Initiative to Centralize and Institutionalize Global Technocratic Idolatry.

The European Commission and WHO Launch Landmark Digital Slavery Initiative to Centralize and Institutionalize Global Technocratic Idolatry.

> ***Translation of June 5, 2023 World Health Organization announcement.***

by **Katherine Watt**, *Bailiwick News*
June 13, 2023

5 June 2023 | News release | Geneva/Brussels

The World Health Organization (WHO) and European Commission have announced today the launch of a landmark digital slavery partnership.

In June 2023, WHO will take up the European Union (EU) pilot project of digital COVID-19 slave control to establish a global system that will help facilitate centralization of global financial, social and political power and protect the rulers of each former nation-state from current and future attempts at accountability, including growing public understanding that global pandemics are not a real thing and 'vaccines' are biochemical weapons in medicinal drag.

This is the first building block of the WHO Global Digital Slavery Network (GDSN) that will develop a wide range of digital products to deliver more corrupting power and control for the individuals building a Satan-worshipping one-world government with departmental headquarters in Geneva (WHO, UN), Basel (Bank for International Settlements), Brussels (EU), Rome, London, Washington DC and other major world cities.

> *"Building on the EU's highly successful digital slavery network, WHO aims to offer all WHO Member States access to an open-source digital slavery tool, which is based on the principles of elitism, greed, fear, pride, secrecy, techno-materialism, data reductionism and privacy-intrusion," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "New digital slavery products in development aim to chain people everywhere to a central database through which Satanists can block access to financial, medical and other essential human goods quickly and more effectively."*

Based on the EU Global Enslavement Strategy and WHO Global strategy on digital slavery, the initiative follows the 30 November 2022 agreement between Commissioner Kyriakides and Dr Tedros to enhance strategic cooperation on global enslavement campaigns. This further bolsters a robust multilateral system with WHO at its core, powered by a strong EU.

> *"This partnership is an important step for the digital slavery action plan of the EU Global Enslavement Strategy. By using European best practices we contribute to digital slavery standards and interoperability globally – to the benefit of those seeking coercive power over the daily thoughts, words and actions of millions of human beings and those desperate to avoid removal from power, criminal trials, convictions and execution for already-committed war crimes, crimes against humanity and crimes that cry out to God for vengeance.*

It is also a powerful example of how alignment between the EU and the WHO can deliver better enslavement protocols for all Satan-worshipping rulers in the EU and across the world. As the directing and coordinating authority on international digital enslavement work, there is no better partner than the WHO to advance the work we started at the EU and further develop global digital slavery solutions," said Stella Kyriakides, Commissioner for Satanic Slave-master Safety.

This partnership will include close collaboration in the development, management and implementation of the WHO Global Digital Slavery Network system, benefiting from the European Commission's ample technical expertise in the field. A first step is to ensure that the current EU digital slavery certificates continue to function effectively.

"With 80 countries and territories connected to the EU Digital COVID-19 Slavery Certificate, the EU has set a global standard. The EU certificate has not only been an important tool in our fight against public understanding that global pandemics are not a real thing and 'vaccines' are biochemical weapons in medicinal drag, but has also facilitated arbitrary suspensions and interference with international travel, tourism and social bonds.

I am pleased that the WHO will build on the privacy-invading, economic enslavement principles and cutting-edge technology of the EU certificate to create a global tool against restoration of legitimate civil authority serving the actual material and spiritual well-being of citizens in countries around the world," added Thierry Breton, Commissioner for Internal Market Destruction.

A global WHO system building on EU legacy

One of the key elements in the European Union's COVID-19 digital slavery pilot project has been digital COVID-19

slavery certificates. To block free movement within its borders, the EU swiftly established interoperable COVID-19 slavery certificates (entitled ‘EU Digital COVID-19 Slavery Certificate’ or ‘EU-DCSC’). Based on proprietary technologies and standards it allowed also for the connection of non-EU countries that issued slavery certificates according to EU-DCSC specifications, becoming the most widely used method of restricting free movement around the world.

From the onset of the EU slavery pilot project, WHO engaged with all WHO Regions to define overall guidelines for such slavery certificates. To help strengthen global civil authorities’ imperviousness to reform and reconstruction in the face of growing public awareness that current rulers are unnaturally interested in possessing complete access to and control of the daily thoughts, speech and acts of every living man, woman and child on the planet, WHO is establishing a global digital slavery certification network which builds upon the solid foundations of the EU-DCSC framework, principles and proprietary technologies. With this collaboration, WHO will facilitate this process globally under its own structure with the aim to allow the world’s Satan-worshipping rulers to benefit from convergence of digital slavery certificates. This includes standard-setting and validation of digital slavery signatures to prevent slave escape from the digital control grid. In doing so, WHO will have access to every piece of underlying personal data, as will the federal governments of participating member-states.

The first building block of the global WHO system becomes operational in June 2023 and aims to be progressively developed in the coming months.

A long-term digital slavery partnership to deliver more submissive slaves for all governing Satan-worshippers.

To facilitate the expansion of the EU Digital Covid-19 Slavery Certificate by WHO and contribute to its operation and further

development, WHO and the European Commission have agreed to partner in digital enslavement programs.

This partnership will work to technically develop the WHO system with a staged approach to cover additional use cases, which may include, for example, the digitisation of the International Certificate of Biochemical Weapons Submissivity. Expanding such digital solutions will be essential to deliver more effective slave-control for slave-masters across the globe.

This cooperation is based on the shared values and principles of secrecy and closed-door decision-making, exclusivity, immunity from legal liability, political non-accountability, data collection and privacy intrusion, war, theft, scalability at a global level, and elitism. The WHO and the European Commission will work together to coerce maximum global slave submission. Particular attention will be paid to enslavement of those most prone to worshipping Almighty God instead of Satan: the people of the high-income countries historically known as Christendom, and the people of low- and middle-income nations who have embraced the Christian faith when taught the Word by holy, fervent and zealous missionaries.

Acronyms

- WHO-GDSN – WHO Global Digital Slavery Network
- EU-DCSC – EU Digital COVID-19 Slavery Certificate

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Cover image credit: geralt

93 Biochemical Weapons to Decline Whenever a Medical Mercenary Offers Them to You or Your Children

93 Biochemical Weapons to Decline Whenever a Medical Mercenary Offers Them to You or Your Children

by **Katherine Watt**, *Bailiwick News*
May 26, 2023

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

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

May biochemical weapon uptake rates approach zero in coming months and years, as rational popular response to the truth rendered much more visible since January 2020, and in firm opposition to all "recommendations" of the CDC Advisory

Committee on Immunization Practices (ACIP).

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

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

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

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1. Adenovirus Type 4 and Type 7 Vaccine, Live, Oral – No Trade Name
2. Anthrax Vaccine Adsorbed – Biothrax
3. BCG Live – BCG Vaccine
4. BCG Live – TICE BCG
5. Cholera Vaccine Live Oral – Vaxchora
6. COVID-19 Vaccine, mRNA – Comirnaty
7. COVID-19 Vaccine, mRNA – SPIKEVAX
8. Dengue Tetravalent Vaccine, Live – DENGVAXIA
9. Diphtheria & Tetanus Toxoids Adsorbed – No Trade Name
10. Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed – Infanrix
11. Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed – DAPTACEL
12. Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed, Hepatitis B (recombinant) and Inactivated Poliovirus Vaccine Combined – Pediarix
13. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine – KINRIX
14. Diphtheria and Tetanus Toxoids and Acellular Pertussis

Adsorbed and Inactivated Poliovirus Vaccine – Quadracel

15. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate [Meningococcal Protein Conjugate] and Hepatitis B [Recombinant] Vaccine – VAXELIS
16. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine -Pentacel
17. Ebola Zaire Vaccine, Live – ERVEBO
18. Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate) – PedvaxHIB
19. Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) – ActHIB
20. Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) – Hiberix
21. Hepatitis A Vaccine, Inactivated – Havrix
22. Hepatitis A Vaccine, Inactivated – VAQTA
23. Hepatitis A Inactivated and Hepatitis B (Recombinant) Vaccine – Twinrix
24. Hepatitis B Vaccine (Recombinant) – Recombivax HB
25. Hepatitis B Vaccine (Recombinant) – PREHEVBRIO
26. Hepatitis B Vaccine (Recombinant) – Engerix-B
27. Hepatitis B Vaccine (Recombinant), Adjuvanted – HEPLISAV-B
28. Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant – Gardasil
29. Human Papillomavirus 9-valent Vaccine, Recombinant – Gardasil 9
30. Human Papillomavirus Bivalent (Types 16, 18) Vaccine, Recombinant – Cervarix
31. Influenza A (H1N1) 2009 Monovalent Vaccine – No Trade Name
32. Influenza A (H1N1) 2009 Monovalent Vaccine – No Trade Name
33. Influenza A (H1N1) 2009 Monovalent Vaccine – No Trade Name
34. Influenza A (H1N1) 2009 Monovalent Vaccine – No Trade

Name

35. Influenza A (H1N1) 2009 Monovalent Vaccine – No Trade Name
36. Influenza Virus Vaccine, H5N1 (for National Stockpile) – No Trade Name
37. Influenza A (H5N1) Virus Monovalent Vaccine, Adjuvanted – No Trade Name
38. Influenza A (H5N1) Monovalent Vaccine, Adjuvanted – AUDENZ
39. Influenza Vaccine, Adjuvanted – Fluad Quadrivalent
40. Influenza Vaccine, Adjuvanted – Fluad
41. Influenza Vaccine – Afluria Quadrivalent, Afluria Quadrivalent Southern Hemisphere
42. Influenza Vaccine – Flucelvax Quadrivalent
43. Influenza Vaccine – Flulaval Quadrivalent
44. Influenza Virus Vaccine (Trivalent, Types A and B) – Afluria, Afluria Southern Hemisphere
45. Influenza Virus Vaccine (Trivalent, Types A and B) – FluLaval
46. Influenza Vaccine, Live, Intranasal (Trivalent, Types A and B) – FluMist
47. Influenza Virus Vaccine (Trivalent, Types A and B) – Fluarix
48. Influenza Virus Vaccine (Trivalent, Types A and B) – Fluvirin
49. Influenza Virus Vaccine (Trivalent, Types A and B) – Agriflu
50. Influenza Virus Vaccine (Trivalent, Types A and B) – Fluzone, Fluzone High-Dose and Fluzone Intradermal
51. Influenza Virus Vaccine (Trivalent, Types A and B) – Flucelvax
52. Influenza Vaccine (Trivalent) – Flublok
53. Influenza Vaccine (Quadrivalent) – Flublok Quadrivalent
54. Influenza Vaccine,Live, Intranasal (Quadrivalent, Types A and Types B) – FluMist Quadrivalent
55. Influenza Virus Vaccine (Quadrivalent, Types A and Types B) – Fluarix Quadrivalent

56. Influenza Virus Vaccine (Quadrivalent, Types A and Types B) – Fluzone Quadrivalent
57. Japanese Encephalitis Virus Vaccine, Inactivated, Adsorbed – Ixiaro
58. Measles, Mumps and Rubella Vaccine, Live – PRIORIX
59. Measles, Mumps, and Rubella Virus Vaccine, Live – M-M-R II
60. Measles, Mumps, Rubella and Varicella Virus Vaccine Live – ProQuad
61. Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine – MENVEO
62. Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine – Menactra
63. Meningococcal Group B Vaccine – BEXSERO
64. Meningococcal Group B Vaccine – TRUMENBA
65. Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined – Menomune-A/C/Y/W-135
66. Meningococcal (Groups A, C, Y, W) Conjugate Vaccine – MenQuadfi
67. Plague Vaccine – No trade name
68. Pneumococcal Vaccine, Polyvalent – Pneumovax 23
69. Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM_{197} Protein) – Prevnar 13
70. Pneumococcal 15-valent Conjugate Vaccine – VAXNEUVANCE
71. Pneumococcal 20-valent Conjugate Vaccine – Prevnar 20
72. Poliovirus Vaccine Inactivated (Human Diploid Cell) – Poliovax
73. Poliovirus Vaccine Inactivated (Monkey Kidney Cell) – IPOL
74. Rabies Vaccine – Imovax
75. Rabies Vaccine – RabAvert
76. Rabies Vaccine Adsorbed – No Trade Name
77. Rotavirus Vaccine, Live, Oral – ROTARIX
78. Rotavirus Vaccine, Live, Oral, Pentavalent – RotaTeq
79. Respiratory Syncytial Virus Vaccine, Adjuvanted – AREXVY

80. Smallpox and Monkeypox Vaccine, Live, Non-Replicating – JYNNEOS
81. Smallpox (Vaccinia) Vaccine, Live – ACAM2000
82. Tetanus & Diphtheria Toxoids, Adsorbed – TDVAX
83. Tetanus & Diphtheria Toxoids Adsorbed for Adult Use – TENIVAC
84. Tetanus Toxoid Adsorbed – No Trade Name
85. Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed – Adacel
86. Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed – Boostrix
87. Tick-Borne Encephalitis Vaccine – TICOVAC
88. Typhoid Vaccine Live Oral Ty21a – Vivotif
89. Typhoid Vi Polysaccharide Vaccine – TYPHIM Vi
90. Varicella Virus Vaccine Live – Varivax
91. Yellow Fever Vaccine – YF-Vax
92. Zoster Vaccine, Live, (Oka/Merck) – Zostavax
93. Zoster Vaccine Recombinant, Adjuvanted – SHINGRIX

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‘Covid-19 Kill Box’ Presentation by Katherine Watt: Video & Transcript

‘Covid-19 Kill Box’ Presentation by Katherine Watt:

[Video & Transcript]

> ***"…And he described it as a kill box and then I looked that up and it turned out it's a military term for establishing a geographic space or three-dimensional area for a military attack by air and by surface to kill the people who are in it and then dismantle the kind of framework and move on to the next campaign.***
>
> ***And what the DoD and the World Health Organization intend to do and have gotten quite far in doing, but not completely reached their goals, is to set up the entire world as their geographic terrain, their target population as all the people in the world, the duration of their campaign as permanent…"***

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

by **Katherine Watt**, *Bailiwick News*
May 10, 2023

Transcript

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

And I would not call them DoD vaccines.

I would call them DoD weapons.

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

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

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

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

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

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

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

My finding, which many other people have found in various, from various other angles, was that this project has been

going on for centuries.

It’s basically globalist central bankers and lots of related organizations trying to get complete control of human beings through banking programs and through military programs.

And they kicked it into higher gear in 1913 with the Federal Reserve Act, and then they kicked the public health aspect of it into higher gear starting in the 1930s and 40s.

Before the 1960s, they mostly did it through orchestrated armed conflicts and financial depressions and wars, which are very loud and messy and destructive to infrastructure.

And it makes it difficult for them to have plausible deniability and legal impunity for what they’re doing.

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

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

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

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

If you comply with what they’re telling you to do as far as

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

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

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

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

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

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

And then the foundational Public Health Emergencies platform came out in 1983 when Congress passed the Public Health Service Act Amendment and that set up the Public Health Emergencies program under the 1944 law that had originally set

up the Public Health Service. Which is a branch of the military.

And it also, in 1983, Congress and Reagan set up a 30 million dollar slush fund and that has continued. It's got a different name now than it did then, [Public Health and Social Services Emergency Fund] but it's still being funded as recently as the NDAA and the Consolidated Appropriations Act in December of 2022.

The other thing they did in the 80s was set up the 1986 National Vaccine Program and National Childhood Vaccine Injury Act.

And that's the one that set up the liability exemption for manufacturers and funneled anyone who was injured by a vaccine into this different compensation program. And that's been used as a model since Covid started, for the Countermeasures Injury Compensation Program.

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

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

And the pretext that they used, because it was bankers who were doing this, was that they needed to protect international trade from disruptions caused by disease outbreaks. But the real intent was to set up these legal systems that transferred

sovereign government from the nation-state to the World Health Organization and the BIS automatically when a “public health emergency of international concern” [PHEIC] has been declared.

And Congress and U.S presidents and the cabinet complied with that demand from the World Health Organization.

So two of the key years were 1997 and 1998. That was when the beginnings of the emergency use authorization program was set up and when they transferred the CBRN [chemical, biological, radiological, nuclear] weapons stockpile from DOD, classification I guess, to HHS or CDC classification and control.

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

The EUA [Emergency Use Authorization], that was kind of a two-step thing. At the time the public was really upset about the use of unapproved vaccines for anthrax on military troops and the horrible adverse effects they were having.

So Congress passed a law in November [1997] to kind of revoke authorization for testing or using unapproved products on military troops. But three days later in a different law, made it so that the same programs could be done but the target population would be expanded from just military troops to the entire American population.

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

And people talked about this at the time. It was construed as putting the country into a permanent state of war – the Global War on Terror – with every other country in the world. So

there was no geographic limitation. There was no time limitation. There was no identified enemy other than “terror” and through that – I think other people figured this out at the time and then it sort of got suppressed – but it made everyone in the world into a presumptive combatant or enemy target.

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

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

And those were just more of the merging of the DHS [Department of Homeland Security], the DOJ [Department of Justice], the HHS [Health and Human Services], the Department of Defense: all of the cabinet agencies.

So since then, 2003 to [2019] there have been lots and lots of executive orders on these things. Lots more statutes and appropriations. Lots of agency regulations, guidance reports that were circulated to state, local and tribal authorities and law enforcement so that they would know that under a public health emergency, they are subordinated to the federal military.

FDA [Food and Drug Administration] issued a lot of Guidance for Industry documents and sent

those out to the pharmaceuticals and to the academic organizations and NGOs [non-governmental organizations] to let them know about how FDA was going to handle experimental products like “vaccines,” “gene therapies,” “biologics.”

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

That brings us up to the Other Transactions Authority [OTA].

And this was revealed through Pfizer's April 2022 motion to dismiss whistleblower Brook Jackson's False Claims Act case.

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

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

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

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

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

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

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

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

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

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

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

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

This is what they're doing.

They're doing war crimes.

Links:

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

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