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.

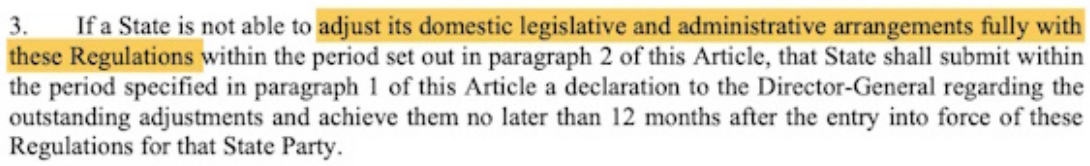
Note: I think globalist killers expedited their vaccine-mediated worldwide poisoning program starting in the 1950s with national polio vaccination campaigns partly because, in combination with better water and sewage treatment systems, faster international travel – especially air travel – had rapidly 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.

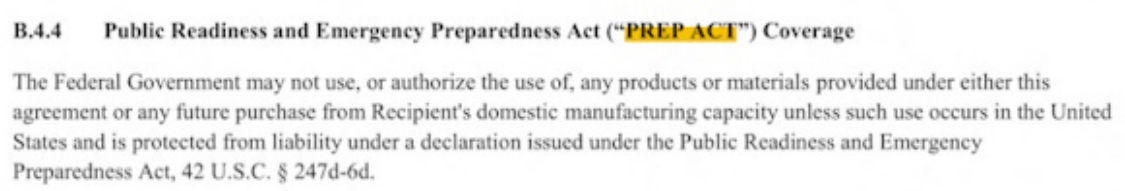
WHO IHR, 2005, Article 59.3

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.

Connect with Katherine Watt

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